TO INVESTIGATE THE USE OF STRUCTURED ASSESSMENT TOOLS FOR USE IN DISPUTED FAMILY LAW MATTERS
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Helen Willetts

19.1.2017
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I am grateful to the Trust for providing me with the opportunity to research assessment practices in the UK of children and their families who have experienced family breakdown and who require decisions to be made about their safety and wellbeing.

We have only recently come to appreciate what has been “hidden in plain sight” (Circle of Security: Hoffman, Cooper, Powell and Marvin, 2014) that is, that a child’s development is dependent on a secure, predictable and responsive relationship with at least one adult. Thanks to the research of John Bowlby and the growing number of researchers and theorists who have followed from him, some of whom I was able to meet during my fellowship, we now understand much more what children need to grow up healthy and happy after instability and distress.

I hope that this fellowship will be helpful to my colleagues who try to achieve the best outcomes for children and their families impacted by separation and divorce.

I want to thank all the many professionals in the UK and beyond who generously gave me their time and shared their expertise in assessments of relationships. I particularly want to thank, Tracy Rydin-Orwin and Retta Bowen who went out of their way to provide me with friendship and a “home away from home” during my time in the UK.

At home in Australia, thanks to those who patiently read this report - Anna Huber who started me on my interest of family assessment, over 10 years ago, and continues to be a mentor to me; Gail Winkworth, who is contagiously encouraging and energetic about work and life.; and Deborah Fry who has been endlessly supportive. I also want to thank Glenda Frew who tirelessly and speedily sourced many articles for me during this fellowship.
Executive Summary

The Federal Circuit Court and the Family Court of Australia make hard decisions about the ongoing arrangements for children in separated families, when children’s caregivers are unable to agree about what is in their children’s interests. Family Consultants, Regulation 7 (contracted Family Consultants) and external experts provide assessment reports which provide information, recommendations and advice to parents and carers about children’s needs and immediate and long term interests. These reports also assist the Courts when Judges make major and long term decisions that affect families and their children.

I applied for this fellowship to progress the discussion and work that has already commenced in Child Dispute Services in the Family Court and Federal Circuit Court in Australia about investigating and evaluating structured assessment tools that could be modified and adapted to enhance assessments of children and their families in the context of family dispute.

The aim of this report is to provide information about specific tools and approaches to assist a working party in the Courts that will develop a “toolbox” of assessment instruments that will support and complement the assessment processes employed by my colleagues and ultimately result in the following advantages:

1. More child focused and appropriate resolution of children’s matters in the courts;
2. Potentially improved short and long term outcomes for children and their families following family breakdown and conflict;
3. Better identification of interventions that can assist children and families experiencing conflict and therefore eliminate or reduce the negative impacts on a child’s development and family relationships;
4. Reduced negative short and long term impacts of litigated proceedings on children, parents and the family system;
5. Decisions and orders for children and their families that are more firmly based on the current empirical evidence base of attachment and child development;
6. Improved satisfaction and confidence in assessments by the courts, by the Australian Community, the judiciary and assessors working in the system.
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## Programme of the Fellowship

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Clinical Psychologist  
Anna Freud Centre | Reflective Functioning on the Parent Development Interview Training |
| 29.4.2016  | Dr Tracy Rydin-Orwin  
Clinical Psychologist  
Children’s Services NHS | CARE –Index |
| 3.5.2016   | Dr Eia Asen  
Psychiatrist  
Anna Freud Centre | Clinical Lead in Assessments in Public Law and Treatment Service |
| 4.5.2016   | Dr Sheila Redfern  
Clinical Psychologist and the multi-disciplinary Team Leader  
Family Assessment Service  
Anna Freud Centre | Assessment in Care Proceeding (Public Law) and Treatment Service |
| 4.5.2016   | Dr David Trickey  
Clinical Psychologist  
Acute Trauma Team  
Anna Freud Centre | Assessment in Care Proceedings of children experiencing acute trauma eg familicide |
| 5.5.2016   | Mr Anthony Douglas  
CEO  
Cafcass | Interface of Public and Private Law and Processes |
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<th>Name</th>
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<tr>
<td>5.5.2016</td>
<td>Mr Peter Richardson</td>
<td>Senior Service Manager National Improvement Service Cafcass</td>
<td>Evaluation and development of tools and matrix</td>
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<td>Staff manager and judicial training</td>
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<td>5.5.2016</td>
<td>Ms Rachel Wilkinson</td>
<td>Enhanced Practitioner Cafcass</td>
<td>Application of matrix to assessment in Private Law</td>
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<td>Ms Kirsty Race</td>
<td>Family Court Adviser Cafcass</td>
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<td>6.5.2016</td>
<td>Dr Ben Grey</td>
<td>Social Worker Cambridge Centre of Attachment</td>
<td>Professional Meeting with other Clinicians in Meaning of the Child (MotC)</td>
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<td>12.5.2016</td>
<td>Dr Danya Glaser</td>
<td>Child and Adolescent Psychiatrist Great Ormand Street Hospital</td>
<td>Assessments for Public Law Matters</td>
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<td>13.5.2016</td>
<td>Dr Steve Farnfield</td>
<td>Social Worker and Senior Lecturer Attachment Studies University Roehampton</td>
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<td>13.5.2016</td>
<td>Ms Rebecca Carr-Hopkins</td>
<td>Social Worker Independent Social Work Matters</td>
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<td>16.5.2016 to 17.5.2016</td>
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<td>19.5.2016</td>
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<td>29.5.2016</td>
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<td>30.5.2016</td>
<td>Circle of Security, Ms M. Kitagawa, Dr Anna Huber, Dr B Ramsauer, Dr Neil Boris, Dr Kent Hoffman</td>
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<td>Tapping working models in story Stem Narratives in 4 – 7 years olds</td>
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<td>Clinical applications of Laussane Trilogue Play</td>
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<td>21.6.2016</td>
<td>Ms Monika Sukthankar Family Court Adviser</td>
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<td>22.6.2016</td>
<td>Family Futures (Mr Alan Burnell)</td>
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<td></td>
<td>Dr Elaine McCullough Assessment Service Manager, Psychologist</td>
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<td></td>
<td>Ms Retta Bowen Child and Adolescent Psychotherapist</td>
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<td>Cafcass Barnet County Court</td>
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<td>Dr Carol Broughton Anna Freud Centre</td>
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<td>28.6.2016 to 29.6.2016</td>
<td>Ms Minna Daum Senior Family Therapist</td>
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<td>Dr Duncan McLean Psychiatrist Anna Freud Centre</td>
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<td>1.7.2016</td>
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<td>5.7.2016</td>
<td>Mr Kevin Ball</td>
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<td>Parent Infant Psychotherapist North East London Foundation Trust</td>
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<td>Lausanne Trilogue Play (LTP)</td>
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Recommendations

1. Continuing support of a Family Court and Federal Circuit Court working party comprising senior management and family consultants to compile a compendium of instruments that can support and extend the assessments of caregiver - child relationships in family law matters.

2. The development of a common framework that can be applied to assessments of children’s “best interests” in family law that considers the behavioural and representational components of the caregiver – child relationship.

3. The tools and instruments that can be used to support and inform assessments would include standardised instruments from the following assessment categories:
   - An interactional observational assessment that is suited to the age of the child.
   - A narrative semi-structured interview with the caregiver to access their relationship with their child and their capacity to provide for the child’s physical, emotional, psychological and intellectual needs.
   - A narrative semi-structured interview for children from approximately 8 years of age to provide information about their experience of care in their families.
   - Projective assessment techniques for children from approximately 3 or 4 years of age to provide information about their experience of care in their families.
   - Questionnaires and projective measures to provide information about children’s development compared with children outside of family law.
   - Questionnaires and measures to provide information about the caregiver’s capacity to care optimally for the child compared with adults outside of family law.

4. Collection of current assessment instruments that are already employed by Family Consultants in assessment should be a starting point for inclusion in the compendium.

5. National training of Family Consultants on the use of tools included in the compendium and, on the evidence base supporting these tools once they have been modified and adapted for use in the Family Law context.

6. Training in assessment procedures based on observation of behaviour in a relational context would include video-based training of interactions, such as provided in training in the assessment models of the Emotional Availability Scales, Maternal Behaviour Q-Sort, Strange Situation Procedures and Circle of Security.
7. Development and application of assessment procedures in the representational (internal) components of the caregiver – child relationship would include training in “reflective functioning” to enable understanding of the caregivers’ capacity to meet their child’s needs.

8. The development of a process for ongoing investigation of, review and update of instruments and approaches to assessments.

9. Review of current time allowed for assessments in family law, considering the additional time required to administer, analyse and incorporate information gained through the use of instruments both in conducting assessments and writing reports.

10. Ongoing regular supervision and support of Family Consultants in the integration and application of new assessment approaches.

11. Engagement and closer links between universities, academics and researchers working in the area of assessment of children and families with a view to further development of evidence-based assessments that are clinically applicable to the family law population.
Background to the Fellowship

In Australia, a family assessment in the context of family law is defined as “a professional assessment undertaken to assist a court and/or the parties to decide on parenting arrangements for children of separated parents or caregivers” (Australian Standards of Practice for Family Assessments and Reporting). Family Consultants and outside experts are charged with the task of providing these assessments to the Federal Circuit Court and Family Court of Australia to assist in the courts’ determinations regarding the “best interests” of a child in conflicted and litigating families.

There is no standard matrix of tools available in Australia to augment assessments undertaken in family law. There is general consensus in the literature that family law assessments should include reference to attachment theory and research and that a child’s psychological and emotional wellbeing in their relationship with their caregiver/s should require formal assessment using validated and standardised measures of attachment. (Main, Hesse and Hesse 2011, Garber 2009, Byrne et al 2005). Despite this view there is little or no formal research into the validity of or application of these tools in assessment in the family law context.

Assessment Tools Used by Cafcass in the United Kingdom

The Children and Families Court Advisory and Support Services (Cafcass) in the UK has relatively recently embarked on gathering and developing a matrix of tools for use in assessments of children and families who are involved in the Family Courts. This organisation has a similar role to that of the Child Dispute Services of the Family Court of Australia and the Federal Circuit Court in Australia in providing information to caregivers, legal practitioners and the judiciary about the needs, wellbeing and future arrangements for children whose parents have undergone separation and are unable to agree on what is in their child’s best interests. Learning more about the Cafcass matrix was an important part of the research for this fellowship.

The matrix comprises a total of 25 tools that are divided into 5 discrete sections and provide the following information to enable better analysis of the information collected and the provision of written reports and oral advice to the Courts. The sections of the matrix are:

- General information
• Parenting capability

The assessment tools inform and support a professional’s judgement on a case-by-case basis. The matrix is available on the Cafcass website and the organisation makes this framework transparent to all parties – professionals in the field, the judiciary and families who are involved in proceedings in public or private law. The management of Cafcass reported that the matrix was successfully embedded in their practice very soon after it was rolled out to the staff.

**Legislative Parameters of Assessment in Family Law**

The legislation in family law in Australia and the UK puts the child’s needs as the focus of the decision to be made by the courts in matters involving the care of children. The “child’s best interests”, is the principal consideration of the Family Law Courts in Australia when “parenting orders” are made (Section 60 CA Family Law Act, 1975). Under this law children’s best interests are met by:

- The protection of children from physical and psychological harm, abuse, neglect or family violence;
- Ensuring that children have the benefit of experiencing a meaningful relationship with each of their parents;
- Safeguarding the child’s need for proper parenting to reach their optimal developmental potential;
- And ensuring that parents meet their responsibilities for the care, welfare and development of their children.

The “best interests” of the child is the legislative principal when making decisions about parenting orders. The “primary considerations” are set out in Section 60CC (2) of the Act:

- “the benefit of the child of having a meaningful relationship with both of the parents; and
- “the need to protect the child from physical or psychological harm from being subjected to abuse, neglect or family violence.”
The second consideration is afforded the greater weight when orders are made in a child’s best interests.

The “additional considerations” in determining the child’s best interests by the court are outlined in 60CC (3) of the act and are summarised below:

- The “views expressed by the child”;
- The “nature of the relationship of the child” with significant adults;
- The “capacity” of the significant adults to meet the child’s “needs”, including emotional and intellectual.

**Aim of the Fellowship Report**

This fellowship report compiles and summarises a number of tools that are well researched and at the forefront of assessment of child-parent relationships. The aim of this report is to present these instruments for examination and further consideration. A working party in Child Dispute Services of the Family Court of Australia and the Federal Circuit Court in Australia has been established with the function of developing a compendium of tools/instruments and approaches for supporting and developing assessments of children’s relationships with their significant carers in family law.

Although, most of the tools presented in this report have been validated and well researched on a specific population, they have not been validated against a family law population. Many of the instruments have been developed and used for research purposes only, to classify the attachment relationship that a child has with their caregiver/s. Some have been used as standard procedures for treatment. This report endeavours to elucidate common features that the instruments assess and suggest the key areas that are relevant in the development of instruments that could be applied to assessments in family law matters in Australia.

It is important to note that the aim of this report is not to address assessment instruments that test for safety and risk. Assessment of safety and potential harm are contingent child in assessments in family dispute. Child Dispute Services in Australia have been proactive in developing procedures and screening to assess for risk factors for children and other family members and they are used rigorously in all interventions with children and families during assessment in the Family Law Courts.
The aim of this fellowship report is to elucidate assessment procedures that will provide evaluation of the quality of the child’s relationship with significant caregivers and the ability of these caregivers to provide the child with their needs and optimal care and meet their ne

Objectives of the Fellowship

The research for this fellowship primarily occurred in the UK, although as part of the fellowship a literature review was conducted that referenced work of experts in other countries particularly the USA. Attendance at The World Association of Infant Mental Health conference in the Czech Republic as part of the fellowship also provided information from leaders in the field in other countries.

The services and professionals that were seen for the purpose of the fellowship fell into four categories:

1. Services and individuals who worked in Family Law (Private Law);
2. Services and individuals who worked in Child Protection (Public Law);
3. Services and individual professionals who worked in adoption and fostering;
4. Individuals who worked in research looking at child-parent relationships.

The assessment tools reviewed during this fellowship fall into four wide-ranging categories, which consider:

1. Observational Methods
2. Adult and Child Interviews
3. Projective Measures
4. Questionnaires and Standardised Tests

Structure of This Report

This report is divided into five sections. The first of these looks at a proposed framework for the development and application of instruments of assessment in the context of family law assessments. The other sections of the report concentrate on instruments that are employed in
assessment of relationships and they are organised into sections according to the listed categories above.

At the end of each of these sections the features of the instruments and tools that might be modified or applied to family assessments in the family law context are elucidated. There is an appendix, which lists the manuals and protocols of the researched instruments and a list of references used to compile this report.
Framework for Assessment of Caregiver – Child Relationships in Family Law

The task for a Family Consultant completing an assessment of a child’s best interests, for their ongoing care is complex. The following diagram basically provides a description of the process. The framework that follows sets out the elements of a framework that could be utilised to conceptualise the assessment of the quality of the child’s relationships and the capacity of the caregiver/s to provide care for the child.

Assessment instruments that evaluate the child-parent relationship look at two broad components of the relationship - behaviour and meaning. The following model of assessment by Stern-Bruschweiler and Stern, 1989 provides a way of conceptualising the external
(behaviour) and internal(representation) components of infant-parent relationships and how they each relate to the other.

From this model the interactive behaviour (IB) is shaped by the representation (R), or the subjective experience that the child and caregiver bring to the relationship. This representation that an individual holds of a relationship is influenced by the memories and feelings of the history of that relationship.

This model can be translated to assessment processes for any age of child. Different assessment procedures (such as interview procedures with the adult) tap into the caregiver’s representation of the child through their narrative. Depending on the child’s developmental age, interviews and projective measures can be used to understand a child’s subjective experience of a relationship once they are of an age where they are verbally and cognitively able to provide this information. Prior to this time the child’s subjective experience can only be inferred from observation of the interaction.

The Circle of Security (Cooper, Hoffman Marvin and Powell, 2000) provides a graphic display to understand a child and caregiver’s quality of relationship based on the needs of a child and the requirements of a parent/caregiver to fulfill the child’s needs for secure care. The graphic illustrates the various needs that a child has - for exploration (top half of the circle) and emotional support and comfort (bottom of the circle). The caregiver is represented as providing effective and attuned care to the child by presenting a “bigger, stronger, wiser and kind” presence to the child around the child’s needs on “the circle”.

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This model can be conceptually applied to assessments, as a model of secure parent-child relationships. It is useful as a standard for the observed and narrated relationship (of both the parent and child) in an assessment of the nature and quality of the relationship. This model has not been designed or validated for use in family law matters, it was devised as a video based therapeutic treatment intervention for parenting, grounded in attachment theory.
Observational Methods

All services that were studied during this fellowship utilised observation of the adult/child relationship as part of their assessment process. This is particularly important for the assessment of children’s relationships with caregivers during infancy and the pre-school period because of the developmental stage of the child when:

- when the caregiver/child relationship is imperative to the child’s wellbeing and subsequent development;
- the child is most dependent on the caregiver to meet their needs in all areas;
- the child’s developmental capacity.

Non-standardised Protocols Used for Observation

“Standardised” and “non-standardised” approaches are used by assessors to evaluate parent child-relationships.

A clinician who conducted assessments in private law and led a team at the Anna Freud Centre in Private Law assessments said that he intentionally did not use a standardised observational processes during his assessments because he had not experienced the Court to place value on standardised measures in assessments of relationships.

He reported that he asked the parent/caregiver of a pre-verbal children to play with their infant for 5 minutes and he videoed the session and reviewed the video to consider the “state of mind of the adult and the attunement in the relationship”. At times he said he used separation and reunion between the adult and child during an observation. For older and verbal children he set a “family task”, such as building a tower or planning an outing. This clinician also gained information about the relationship by observing how the adult and child/ren interact in the waiting area prior to any formal assessment procedure commencing.

The Child Contact Intervention (CCI) by Cafcass

This procedure (Cafcass matrix) used a semi-structured observation protocol and applied the observation to a template that provides a structure to describe behaviours and organise them
into meaningful parts. Different to many other observational processes, it was developed to be utilised without the need of a video recording.

The protocol broadly considers two areas:

1. The child’s needs – specifically developmental, special needs e.g. health and communication;
2. The parent/caregiver’s capacity to meet the child’s needs eg provide emotional warmth, prioritise the child’s needs and set appropriate limits on the child’s behaviour.

The Family Court Adviser is required to make decisions about a number of aspects prior to conducting the observation. These are:

- Whether the assessor takes notes during the observation;
- Whether the assessor should be actively involved in the intervention (in some cases this might be directed by case requirements);
- Whether the assessor records what they see and what speech they hear in relation to each member of the dyad rather than interpreting the meaning of these.

There are 4 versions of the template depending on the child’s developmental age. It is divided into 6 to 7 discrete sections, based around the responses and reactions of each of the participants at the commencement of the interaction, during the development of the interaction and at its conclusion. At the completion of the observation the assessor is asked to summarise the observations and make an overall assessment of:

1. The child’s needs
2. Whether and how the parent met the child’s needs during the observation.
4. Whether the assessor considers that there are exceptional circumstances such as risk of harm to the child.

**Methods used by Family Futures in Observation**

Family Futures is a fostering and adoption agency that uses observation at home, school, child care and contact centres, and during specific interactive exercises in the clinical setting. This service employs a number of guidelines for observation of the relationships. Noticing
details during the observation is referred to as “micro-tracking” the observation. Specifically, the guidelines assist the assessor to gain understanding of the “attachment behaviours” of the child - avoidant, anxious and interactive.

The following guidelines are applied when observing children and adults in assessments.

NB: These guidelines are for observation of the child only.

<table>
<thead>
<tr>
<th><strong>Eye Contact</strong></th>
<th>Quality, frequency and intensity of eye contact between the adult and child.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Contact</strong></td>
<td>Child and adult enjoy being physically close. Inappropriate physical contact e.g. sexualised contact is observed.</td>
</tr>
<tr>
<td><strong>Body Language, including facial expression</strong></td>
<td>Underlying feelings may be observable by the child’s manner, movements etc.</td>
</tr>
<tr>
<td><strong>Processing of Information</strong></td>
<td>The child’s ability to process and comprehend information in a manner that is age-appropriate and to respond to it appropriately.</td>
</tr>
<tr>
<td><strong>Speech Patterns</strong></td>
<td>Whether speech is developmentally appropriate to the child’s age. Whether they present as coherent or fragmented in their narratives. Whether their responses and representations are avoidant or idolised.</td>
</tr>
<tr>
<td><strong>Content of Child’s communication</strong></td>
<td>For example: Verbal expressions of attachment to family members. Ability to talk about unpleasant or traumatic events which indicates that the</td>
</tr>
</tbody>
</table>
The Marschak Interaction Method (MIM) (Marschak, 1960)

The MIM is used by a number of services that conduct assessments in public law matters, such as the Family Assessment Service and the Cambridge Centre for Attachment.

The MIM is not standardised but has a structured process for conducting an observation. It can be used with children of most ages. It takes between 30 and 60 minutes to complete and is usually videotaped. It relies on approximately 8 specific tasks that the parent and child are asked to complete together, such as feeding each other, playing a familiar game together and a separation and reunion. The tasks are designed to present the adult and child with scenarios that elicit physical and emotional closeness. These scenarios also prompt for enjoyment, structuring by the adult of the child and emotional regulation. The separation and reunion activates the child’s attachment system and provides information about “secure base” and “safe haven” behaviour.

At the conclusion of the tasks the observer asks the adult a series of questions about the tasks that they completed with the child. The observer asks 7 questions specifically about the adult’s experience of the interaction with the child.

Standardised Protocols Used for Observation

There are a number of “gold standard” evidence-based and validated instruments that measure attachment relationships. These instruments have been at the forefront of providing a model for the development of clinical protocols and measures for understanding child and caregiver relationships through observation.

These are:

- the Strange Situation Procedure (Ainsworth and Bell, 1970)
• adaptations of the Strange Situation Procedure for pre-school children; Cassidy–Marvin Pre-School Attachment Classification System (PACS), 1992 (cited in Solomon and George, 1999).
• and the Attachment Q-sort (van IJzendoorn et al, 2004).

There are now a large number of standardised observational instruments since the original models were developed. Each of these observe the back and forth exchange between the caregiver and child during a defined period of time, ranging from 5 minutes (in the CARE-Index) upwards to about 40-60 minutes (in the Strange Situation Procedure). Each of the instruments attempt to gain information about whether the child is able to rely on the caregiver as a resource/support. Some instruments introduce scenarios that activate the child’s attachment system, such as separations, frustration tasks and changes of activity.

The most commonly identified standardised observational instruments that were used by organisations and individual clinicians for assessments of child-caregiver relationships were based on the Strange Situation Procedure (SSP). Each of these instruments requires the interaction to be video recorded. Some have a system of interpretation using a template or systemised coding measure or classification.

The Strange Situation Procedure

The SSP is widely used as a research method for classifying the attachment pattern between a child and a specific carer. This procedure is also used clinically in assessment and treatment contexts. It has a strong empirical basis and is validated across populations and cultures. Empirically the SSP is applicable to children of 9 to 18 months of age in research settings but is used for wider infant ages in clinical contexts.

The Strange Situation Procedure is used by the Family Assessment Service at the Anna Freud Centre in their assessments in public law. When the SSP protocol for observation and assessment of classification is used, it is in the context of multi-disciplinary teams. This is because this procedure requires more than one assessor to complete the protocol, and comprehensive training and experience to code the interaction. (The multi-disciplinary teams usually include family therapists, play therapists, social workers and psychologists.)

The SSP procedure is structured around 8 “episodes” of about 3 minutes duration each. As well as placing the child (and parent) in mildly stressful situations that activate the child’s
attachment system, the method looks at the interplay between the child and the parent around the child’s exploration. The SSP measures the infants “attachment relationship” and whether the infant is “securely” attached (the child is confident that the caregiver will predictably and reliably respond to their needs) or “insecurely” attached (the child cannot rely on the caregiver to meet some needs).

The table below shows the episodes in the Strange Situation Procedure

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Infant and carer are introduced to the room for observation</td>
</tr>
<tr>
<td>2</td>
<td>Caregiver and infant interact with a selection of toys provided</td>
</tr>
<tr>
<td>3</td>
<td>Stranger enters room, sits quietly, then interacts with carer, then plays with infant</td>
</tr>
<tr>
<td>4</td>
<td>Carer leaves the room and “stranger” interacts/responds to infant</td>
</tr>
<tr>
<td>5</td>
<td>Carer returns to the room and stranger leaves</td>
</tr>
<tr>
<td>6</td>
<td>Carer leaves the room and child is left alone</td>
</tr>
<tr>
<td>7</td>
<td>Stranger re-enters room and interacts/responds to infant</td>
</tr>
<tr>
<td>8</td>
<td>Carer returns to room and interacts/responds to infant</td>
</tr>
</tbody>
</table>

The interaction is coded and the child is classified according to the pattern of attachment that the child exhibits. In short, a secure behaviour classification (B) indicates that the child can reliably depend on their carer to meet their developmental needs for protection and soothing and to provide a safe and stimulating environment where they can explore. In the context of an insecure attachment of anxious-avoidant (A) the child pattern of relating suggests that they experience their carer as ignoring or rejecting their distress so they have learnt to minimise their reliance on their carer at these times. A child who exhibits insecure attachment or anxious ambivalent/resistant (C) strategies of behaviour has learnt that, by raising their arousal level, they are more likely to have their needs met by the carer. Disorganised or unclassifiable behaviour is suggested when the child does not exhibit an organised pattern of behaviour.
The Atypical Maternal Behaviour Instrument for Assessment and Classification (AMBIENCE) Coding on the Strange Situation Protocol

A clinical team at the Anna Freud Centre working with families where the child/ren were considered at risk, use the dimensions of the AMBIENCE coding system as applied to the SSP observational protocol to assess child- parent relationships for public law proceedings and/or formulate treatment plans. The lead clinicians in this team considered that these observed unpredictable and sometimes confusing behaviours of the child that suggested a disorganised pattern of relating with the caregiver were more easily recognised and more comprehensively understood when the dimensions contained in AMBIENCE were employed during assessments.

The following table is modified from the “Dimensions of Disrupted Maternal Affective Communication” Lyons-Ruth (1999b) that are considered in AMBIENCE. It provides a structure for observations of disorganised patterns.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Affective errors</td>
<td></td>
</tr>
<tr>
<td>a. Contradictory cues, for example mother invites the child to approach but physically distances herself at these times.</td>
<td></td>
</tr>
<tr>
<td>b. Nonresponsive or inappropriate responses, for example the mother does not offer to comfort an infant who is distressed.</td>
<td></td>
</tr>
<tr>
<td>2. Disorientation</td>
<td></td>
</tr>
<tr>
<td>a. The caregiver is confused or frightened by the child.</td>
<td></td>
</tr>
<tr>
<td>b. Disorganised or disorientated, for example mother exhibits an affect that does not match with the environment</td>
<td></td>
</tr>
<tr>
<td>3. Negative-Intrusive</td>
<td></td>
</tr>
<tr>
<td>a. Verbal – for example the mother mocks or teases the child</td>
<td></td>
</tr>
<tr>
<td>b. Physical – for example, the mother intrudes on the child</td>
<td></td>
</tr>
</tbody>
</table>
The CARE-Index

The CARE-Index is an observational evaluation of an adult-infant pattern of interaction. It is considered suitable as a screening tool to assess risk in the adult–child relationships. It is applicable for babies/infants from 0 to approximately 2.5 years of age. For research purposes, the Toddler CARE-Index which has a similar categorization as the CARE-Index is recommended for children over 15 months of age. The protocol for the Toddler CARE-Index is still being developed and it is understood to involve a “frustration task” which places the child under stress, thereby activating the attachment relationship. The CARE-Index is an applicable observational instrument for parents or caregivers of either gender.

The CARE-Index involves a video-taped 3 to 5 minutes play interaction. It can be conducted in any setting i.e. clinical or naturalistic setting. It requires a basic set of toys that are developmentally appropriate. It is suggested that these include: baby rattles, a stuffed animal, small dolls, blocks that stack, a container that will hold the blocks, cups and dishes, books and cars. The instructions that the parent is provided with prior to the interaction are: “Play with your baby as you usually would. You can use the toys or not, as you choose. Sit so you are comfortable and don’t worry about the camera”.

Coding of the CARE-Index

The CARE-Index provides assessment of the separate relationship patterns of the individuals in their relationship with each other. The relationship pattern of the child – cooperative,
difficult, compulsive and passive and the relationship pattern of the adult – sensitive, controlling and unresponsive. The CARE-Index considers risks in the dyadic relationships.

The CARE-Index specifically considers 7 behavioural aspects in the interaction:

1. facial expressions
2. vocal expression
3. position and body contact
4. affection
5. turn taking
6. control
7. choice of activity.

Other Observational Assessment Instruments

The CARE-Index has similarities with two other recently developed instruments that were researched during this fellowship, which are both applicable to observation of infant children with their caregiver:

1. Parent Infant Relational Assessment Tool (PIRAT) Broughton 2013
2. Relational Health Screen (RHS) University of Oslo. Moe et al

Parent Infant Relational Assessment Tool (PIRAT)

The Parent Infant Relational Tool has been developed as a clinical tool for use in assessments and not as an instrument for the purposes of research. It is applicable to children aged between 0 to 24 months. Unlike the vast majority of other assessment instruments it does not rely on a video recording to code the observed interaction. It can be conducted as a “live” 10 minutes observation by professionals from a wide array of backgrounds, such as health care nurses, social workers, therapists and psychologists. A recent study has identified good to excellent inter-rater reliability after 3.5 days training despite it being coded by professionals from different specialist backgrounds.
Coding system for PIRAT

PIRAT provides “global” rating scales of the “dyadic attunement” between a child and the caregiver. These are coded along a 5 point scale from “0” – “well attuned” and “no concern” through to “pervasive failures of attunement” and “severe concern”.

The measure includes the following two “interactional scales”.

1. Infant – Parent Scale:
   - Infant’s seeking of contact
   - Responsiveness to contact
   - Responsiveness to stranger
   - Ability to communicate needs
   - Ability to be comforted
   - Quality of contact, such as aggressive, clinging, frightened, sexualised, dissociative.

2. Parent – Infant Scale:
   - Parent’s initiation of physical contact
   - Parent’s initiation of emotional contact
   - Parent’s playfulness in relation to infant
   - Pleasure in parenting
   - Hostility and blame
   - Quality of contact, such as intrusive, frightening, sexualised, dissociative, avoidant, consistency/predictability.

The Relational Health Screen (RHS)

RHS assesses parent child interaction at 6, 12, 18 and 24 months. The method for scoring is sensitive to the developmental ages of the child. At each developmental stage, as listed below, the following categories of behaviour (on an accumulating basis) are considered in the context of the interaction:

<table>
<thead>
<tr>
<th>From 6 months of age</th>
<th>Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enjoyment</td>
</tr>
<tr>
<td>Age Group</td>
<td>Components</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>From 12 months of age</td>
<td>All of the above and:</td>
</tr>
<tr>
<td></td>
<td>- Initiation</td>
</tr>
<tr>
<td></td>
<td>- Imitation</td>
</tr>
<tr>
<td>From 18 months of age</td>
<td>All of the above and:</td>
</tr>
<tr>
<td></td>
<td>- Shared goal</td>
</tr>
<tr>
<td></td>
<td>- Co-operation</td>
</tr>
<tr>
<td></td>
<td>- Recognise others affective state</td>
</tr>
<tr>
<td></td>
<td>- Response to challenge</td>
</tr>
<tr>
<td>From 24 months of age</td>
<td>All of the above and:</td>
</tr>
<tr>
<td></td>
<td>- Shared pretend play</td>
</tr>
<tr>
<td></td>
<td>- Joint communication</td>
</tr>
</tbody>
</table>

**Family Systems Observational Assessment**

**Lausanne Trilogue Play (LTP)**

The LTP assessment protocol is not applicable to family law matters because it assesses the triadic relationship between both parents and the child. It has been included in this report because, many of the domains that the protocol contains may be useful to incorporate into a family assessment – both as factors to consider during an observation and also as part of an interview with the caregivers and with the child.

It assesses the family relationship along the following domains:

1. Participation of family members
2. Distribution of appropriate leadership
3. Structuring of the task
4. Fluidity versus rigidity in parental management
5. Whether the parents are able to co-parent
6. The quality of the marital relationship in terms of its effect on the family interaction
7. Whether the parents are able to set appropriate limits
8. Whether the family members share a positive affect.
9. Whether the child/ren are able to exercise appropriate autonomy

Observational Protocols Specifically Used to Assess Parent Child Relationships in Clinical Settings

The Marschak (discussed previously), The Circle of Security (COS) (Cooper, Hoffman Marvin and Powell,2000) and the Crowell Parent Child Structural Play Procedure (Crowell and Feldman 1988) and Zeanah et al are instruments that are used clinically for assessment and treatment. The COS and Crowell Procedure both have three parts to them.

1. A framework for the components of the adult/ child relationship;
2. A structured protocol for observation of the interaction (external component of the relationship);
3. A semi-structured interview with the adult following the observed interaction (internal/representational component of the relationship).

The Circle of Security (COS) and Crowell Procedure

In addition to the Circle of Security providing a framework for understanding the parent – child relationship, this model provides a standard procedure in which to observe the relationship of infant and pre-school children.

Zeanah and his colleagues (1997) provide a structure for identifying the salient features of child-caregiver relationships during an observation. This model proposes seven domains that can be observed between a child and caregiver during an interaction.
Features of Child/Caregiver relationships adapted from “Domains of Infant-Caregiver Relationship” (Zeanah et al, 1997)

<table>
<thead>
<tr>
<th>Caregiver Domain</th>
<th>Child Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional availability</td>
<td>Emotion regulation</td>
</tr>
<tr>
<td>Nurturance and empathic responsiveness</td>
<td>Security/self-esteem</td>
</tr>
<tr>
<td>Protection</td>
<td>Vigilance/self-protection</td>
</tr>
<tr>
<td>Teaching</td>
<td>Learning/curiosity/mastery</td>
</tr>
<tr>
<td>Play</td>
<td>Play/imagination</td>
</tr>
<tr>
<td>Discipline/limit setting</td>
<td>Self-control/cooperation</td>
</tr>
<tr>
<td>Instrumental care/structure/routines</td>
<td>Self-regulation/structure</td>
</tr>
</tbody>
</table>

The observational procedure used in the Circle of Security intervention and the protocol used by Zeanah and his colleagues known as the Crowell Procedure both provide a structured observational process that takes between 30 to 50 minutes to administer. In both of these procedures the adult and child are presented with specific tasks, changes in activities and/or events. For example, the Crowell Procedure and COS include separations and reunions occurring between the child and caregiver. They both include tasks that are designed to prompt enjoyment (bubbles and book reading), structuring and emotional regulation (graduated difficulty of tasks and clean up). The Crowell Procedure also uses specified tasks to induce the child’s frustration levels and to activate the child’s attachment system.

These two assessment instruments also use an interview of the adult following the observation to gain an understanding of the adult’s internal representation of their relationship with the child. The interviews that have been designed to follow from the Crowell Procedure – known as the Working Model of the Child Interview (WMCI: Zeanah and Benoit 1995) and the Circle of Security Interview (COSI, Cooper, Hoffman, Marvin and Powell, 2000) – ask the adult about their experience of the preceding interaction with the child and ask detailed questions about their relationship with their child. The COSI also asks
the caregiver about their own experiences as a child and the parenting that they experienced when they were growing up.
Common elements of observational assessments of adult–child relationships

Emotional availability of the adult

The instruments that assess the quality of the adult–child relationship focus closely on the caregiver’s “sensitivity” or emotional availability in relationship with the child and the child’s reciprocated emotional regulation.

The CARE-Index, PIRAT, RHS and the Crowell Procedure provide specific classification of the attunement between the adult and child as observed. For example, the CARE-Index includes the domains of “affection” and associated observable behaviours such as “facial expression”, “vocal expression”, “body position” and “contact” that provide information about the “attunement”, emotional availability and responsiveness of the caregiver in relationship with the child. Areas of observation in PIRAT and RHS also look at this relational domain. For example in the RHS – “engagement”, “enjoyment”, “responsiveness” and “attention” (RHS) and in PIRAT -“infant’s seeking of contact”, “responsiveness to contact”, “ability to communicate needs”, and “ability to be comforted”.

Zeanah et al (2000 and 2008) suggests that the affective components of the relationship are termed “emotional availability/emotion regulation” and “nurturance, valuing, empathic responsiveness/security and self-esteem”.

The Circle of Security defines the attunement in the relationship as “the hands” as represented in the graphic. COS considers that an “attuned” caregiver is able to follow the child’s needs with a confident presence, while being able to co-regulate the child’s emotional needs. This is further simply illustrated by the caption referring to the parent as “bigger stronger wiser and kind”.

The meaning of the relationship

The other aspect that is pivotal to assessments of the quality of the adult–child relationship is the meaning that the adult attributes to the relationship with the child and it is assessed through a combination of the observed interaction and an interview protocol of the adult. The
meaning that the caregiver ascribes to the relationship is dependent on the ability of the adult to “reflect” on the relationship. Specific interviews that assess the caregiver’s internal representations consider the adult’s reflective functioning (RF) – the capacity to recognise and understand one’s own thoughts, feelings, intentions and behaviours as well as those of another person.
Development of an observational assessment in Family law matters based on empirical instruments of observation

As a starting point, there are two priority tasks to formulating a standardised approach to the assessment of child caregiver relationships for family law:

1. The development of a procedure for observing child – caregiver relationships that could be varied according to the child’s developmental age and applicable to caregivers of both genders and caregivers who may not be the biological parents of the child.
2. The development of a method to interpret the behaviour observed and provide understanding of the quality of the relationship along significant domains that are characteristic of relationships between children and their caregivers.

The following table provides events and tasks that could be included in an observational method to be used in assessments for family law. The tasks and events would be predicated on the child’s developmental age and be varied accordingly. Consideration would be required when assessing a number of children comprising a sibling group as to whether to observe all the children together for some or all of the observation or to observe children individually with their caregiver/s.
Free play with specific play equipment provided by the assessor depending on the child/ren’s age range.

Complete a specific task/s together eg draw a picture together, or build a structure with blocks/Lego together, or design something with play-doh, or plan a family outing, play an unfamiliar game together etc. This may include a number of tasks that become increasingly challenging for the child.

Interact together with a familiar game or activity, such as bubble blowing, particular board game or other game eg eye-spy.

Separation from the caregiver of between 3 -5 minutes depending on the age of the child to be truncated if the child becomes distressed.

Followed by a reunion.

Story reading, with the adult and child/ren selecting a book from a limited range provided.

An example the key observable components of an interaction between a child and caregiver that could be incorporated into an understanding of the relationship quality is presented in the table below.

<table>
<thead>
<tr>
<th>Affective Quality – Adult Domain</th>
<th>Affective Quality – Child Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emotional Availability</strong></td>
<td><strong>Emotion Regulation</strong></td>
</tr>
<tr>
<td>E.g. authentic, contingent affect, warm responsive, available to child, eye contact, pleasure in the interaction is exhibited.</td>
<td>E.g. calm, focused, engaged, soothed when aroused, comfortable, relaxed movements, eye contact, enjoyment, responds to caregiver.</td>
</tr>
<tr>
<td>Nurturance/valuing/empathic responsiveness</td>
<td>Security/self-esteem</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>E.g. accepting and respectful of child, enjoyment of child.</td>
<td>E.g. relaxed, looks to adult for support and guidance while able to play and explore environment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Protection</th>
<th>Vigilance/self-protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.g. watches over child, is aware when child is uncertain, sets appropriate limits on child ie when potentially unsafe.</td>
<td>E.g. able to explore environment freely, looks to parent when aroused or uncertain, accepts limits of caregiver.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teaching</th>
<th>Learning/curiosity/mastery</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.g. gives guidance, facilitates play, non-interruptive, makes suggestions, uses verbal and physical communication to support child’s play, appropriate pacing.</td>
<td>E.g. Age appropriate autonomy, takes opportunities to explore, attempts new and different activities, initiates play.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Play</th>
<th>Play/imagination</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.g. follows child’s lead, non-intrusive, takes turns, shows enjoyment, appropriate pacing.</td>
<td>E.g. devises games, requests adult involvement, shared and pretend play, initiates play.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Discipline/limit setting</th>
<th>Self-control/cooperation</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.g. Firm, appropriate, remains in control, no role reversal.</td>
<td>E.g. takes direction, attentive to adult, inclusive of adult appropriately.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Instrumental care/structure/routines</th>
<th>Self-regulation/structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.g. easy rapport, appears comfortable with structure, provides care appropriately, reminds child of routines.</td>
<td>E.g. Responds appropriately to structure, accepts care from adult.</td>
</tr>
</tbody>
</table>
Interview Instruments

Interview assessments of parents/caregivers

The Parent Development Interview (PDI) and the Adult Attachment Interview (AAI) were used by clinicians in the UK, when assessing adult child relationships. There are many other interviews that assess parent child relationships that were not specifically researched as part of this fellowship:

- The Attachment Style Interview (ASI) Bifulco (2005) was used by Family Futures.
  (limited information provided in previous section)
- The Circle of Security Interview (COSI) (Cooper, Hoffman Marvin and Powell, 2000)
  (limited information provided in previous section)
- The Caregiving Interview (George and Solomon, 2008)

The Adult Attachment Interview (AAI: George, Kaplan & Main et al, 1984)

The AAI is a validated, standardised and semi-structured adult interview used by a small number of assessors in Private and Public Law in the UK. This tool classifies the attachment style of the adult by asking questions about the caregiver’s own experience of their caregiving relationships. It classifies that adult’s attachment pattern as “autonomous”, “dismissing”, “preoccupied” and “unresolved”. It is a well validated tool and the adult attachment classification has been found to be predictive of the child’s attachment classification in the Strange Situation Procedure. The AAI is the prototype for many subsequent interviews that assess the caregiver – child relationship.

The AAI consists of about 20 questions and is video-recorded. The protocol for the AAI is available online and the reference for this is cited in the Appendix of the report.

Parent Development Interview (PDI; Aber, Slade, Berger, Bresgi & Kaplan, 1985)

The PDI is a validated, standardised and semi-structured interview that has been applied to caregivers of children from about 3 months of age up to the age of approximately 16 years of
age. Ideally, the caregiver is asked the questions about each of their children individually. Some clinicians stated that when applying the PDI in clinical assessment, they would for the sake of efficiency, ask the parent to choose only one of their children and answer in relation to their relationship with that child only.

The full PDI consists of 39 questions and the short version has 29 questions. This short version is most commonly used in clinical settings. The interview questions consider five dimensions of the relationship, as follows:

<table>
<thead>
<tr>
<th>Dimensions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Parent’s representation of the child – “View of the Child”</td>
</tr>
<tr>
<td>2. Parent’s representation of the relationship with their child – “View of the Relationship”</td>
</tr>
<tr>
<td>3. Parent’s representation of themself as a parent – “Affective Experience of Parenting”</td>
</tr>
<tr>
<td>4. Parent’s perceptions of their child’s response to separations, parental unavailability – “Separation/Loss”</td>
</tr>
<tr>
<td>5. Intergenerational factors – “Parents’ Family History”</td>
</tr>
</tbody>
</table>

**Understanding and Interpreting the PDI**

The PDI elicits a rich array of information regarding the nature and quality of the caregiver/child relationship and how the caregiver represents their relationship with the child. It considers the caregiver’s reflective capacity. Specifically, the interview gains information in the following broad areas:

- Whether the parent/caregiver can hold the child in their mind but as separate from them;
- Whether the parent/caregiver can present a coherent and organized narrative regarding their child;
- Whether the parent/caregiver can talk about their child without undue defensiveness about their relationship with the child;
• Whether the parent/caregiver can demonstrate through the narrative that they can provide a secure base and safe haven for the child;
• Whether the parent/caregiver can appreciate the child’s need for other relationships, with family members, etc

Many professionals interviewed during this fellowship did not use any standardised instruments to code or rate the caregiver’s reflective capacity as exhibited in their responses on the PDI. Most clinicians however used their own understanding of the adult’s Reflective Functioning (RF) to understand the adult’s perceptions and their capacity as carers without using any formal assessment process.

**Reflective functioning**

Reflective functioning refers to the capacity of the caregiver to understand their own and their child’s “mental states” i.e. desires, beliefs, intentions, feelings, hopes and the meaning of the child’s behaviour from the perspective of the child. The adult’s ability to reflect on their relationship with the child is very important to a child’s optimal development because it results in the following important experiences for the child:

1. A healthy attachment relationship with their parent/caregiver;
2. Understanding and learning to manage their primary affect states and intentions;
3. A healthy and integrated sense of themselves;
4. The capacity to process social relationships.

The research in Reflective Functioning indicates that a caregiver who is reflective regarding their child would respond in an interview such as the PDI in the following ways:

• Understand that the child’s behaviour is related to the child’s feelings;
• Understand that the child has different feelings from those of the adult;
• Understand that how they feel affects how their child feels;
• Understand that the caregiver plays a big role in helping the child regulate their emotions;
• Understand the developmental needs of the child and how these change over time.

The following responses would indicate an inability of the adult to reflect on their child’s needs:
• Concentrating on the child’s outward behaviour without being able to consider the child’s internal or subjective experience;
• Inability to appreciate the child’s varied and changing developmental needs;
• Inability to regulate their own emotional state when aroused, such as when providing an example or memory of an emotionally difficult experience or challenging time with their child;
• Negative attributions of the child based on the child’s behaviour;
• Inability to be predictably emotionally available to the child.

Structured Coding Systems for Analysing the Parent Development Interview.

There are two empirically based instruments that have been specifically developed to code or interpret the PDI interview:

Reflective Functioning on the Parent Development Interview (PDI-R: Slade, Aber, Berger, Bresgi, & Kaplan, 2003)

This coding system is applicable to assessment of the caregiver’s relationship with a child from approximately 3 months of age up to the age of 16 years. This method is applied to responses on 15 “demand questions” in the recorded and transcribed interview with the caregiver and is rated across the following criteria based on the caregiver’s representation of the relationship with the child:

• “Awareness of the Nature of Mental States” eg. that mental states of another cannot be “known” but only interpreted and they are susceptible to disguise and limitations of insight.
• “The Explicit Effort to Tease Out Mental States Underlying Behaviour” eg. recognising that there are different perspectives underlying behaviour, knowing that your own mental state impacts on your ability to consider another’s behaviour.
• “Recognising Developmental Aspects of Mental States” eg understanding that mental states vary across time and at different developmental stages.
• “Mental states in Relation to the Interviewer” eg acknowledging the separateness of minds and not assuming knowledge by the interviewer pertaining to their experience.
The caregiver’s capacity to reflect on the relationship is coded on a scale from “1” (‘bizarre or hostile’ reflective functioning) to “9” (‘full or exceptional’ reflective functioning)

**Meaning of the Child (MotC) (Grey 2014).**

This coding system was developed for clinical assessment of children and families in children’s court proceedings and is applicable to a wide range of children. This coding system of the PDI provides an indication of the risk to the child’s optimal development. It codes the recorded and transcribed interview on six coding dimensions that focus on the way the caregiver represents their relationship with the child.

- Procedural Memory – unconscious learned behaviour eg riding a bike, learned ways to relate in new experiences, learned patterns of speech which may intensify or minimise affect.
- Imaged Memory – memory that is associated with the senses. In the MotC – “Secure adults tend to employ lively images within coherent speech; Adults who feel threatened by their children may use negative and arousing images of them; adults who are unconnected to them (their child) use few images of their children at all, or idealised images of a fantasy child”.
- Connotative Language – language that affects the affective state of the listener.
- Semantic memory- generalised memory about what “ought” to happen according to the individuals own rules governing behaviour and relationships.
- Episodic Memory – actual examples provided during the interview of behaviours.
- Reflective Integration – integrating information and making connections between information from a number of sources. It can be confused with psychological jargon, pat phrases, rationalisations.

In each of these categories the relationship pattern that the caregiver shows with the child is classified according to whether it is “sensitive”, “controlling” or “unresponsive”.

Development of Caregiver Interview Assessment in Family Law in Australia

The PDI is an assessment instrument that could be applied to the family law context. Apart from it providing an array of information about the caregiver child relationship it has the following aspects that make it practical in the context of assessments:

1. The interview can occur in a clinical setting.
2. The interview is applicable to a wide range of ages of children.
3. The interview requires only one professional to administer the interview.
4. The interview can be administered to any caregiver of a child, no matter the relationship (for example a step-parent).
5. It provides a standardised procedure for interview.

Difficulties with using this instrument in the family law context are:

1. That best practice standards require that it is video recorded for review and interpretation following the interview.
2. Other questions relevant to the issues before the Court would also require investigation during the interview, such as the applications and responses of the adult parties that would be separate to the questions contained in the standardised interview.
3. A standard method would be required to understand the information that is elicited during this interview and how to include relevant relational information in an assessment report.

The PDI and AAI (and from reading and prior knowledge of the WMCI and the COSI) contain the following common features that provide information about the nature of the caregiver child relationship and the capacity of the caregiver to meet the child’s needs for “secure base and safe haven”.

1. Coherence of the caregiver’s narrative about the relationship with the child.
2. The caregiver’s representation of the child and themselves.
3. The caregiver’s capacity to reflect on the child’s thoughts, feelings and intentions.

Understanding and interpreting the information gained from the PDI in a standardised manner for use in family law assessments could be achieved via the methods-Reflective Functioning
on the Parent Development Interview and the Working Model of the Child Interview. The application of either of these methods would require Family Consultants to undergo training and ongoing specific supervision. The time and cost associated with training and implementation of either of these models may justify modification of these instruments to application to family law assessments.

The following grid suggests a way of collecting, organizing and interpreting information gained from an interview procedure such as the PDI. It incorporates common elements contained in the research and literature regarding attachment relationships, children’s needs for secure care and caregiver’s capacity as indicated from the adults’ ability to reflect on their children’s experiences and needs.
<table>
<thead>
<tr>
<th>The parent/caregiver can hold the child in their mind but as separate from them.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shown by whether the parent/caregiver can provide a narrative and examples of attributing the child as having its own mind and therefore different feelings, needs, intentions to that of the caregiver.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The parent/caregiver can present a coherent and organized narrative regarding their child.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shown by whether the parent/caregiver can be clear, succinct, relevant and provide examples of the relationship that is consistent with their descriptions during the interview.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The parent/caregiver can talk about their child without undue defensiveness about their relationship with the child.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shown by the parent/caregiver being able to talk about uncomfortable experiences with and difficult emotions and feelings connected to their interactions with the child.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The parent/caregiver can demonstrate through the narrative that they can provide a secure base and safe haven for the child.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shown by the parent/caregiver acknowledging the appropriate developmental needs of the child to independently explore their environment with the parent remaining available to them to scaffold their play and the parent/caregiver acknowledging that the child will require the parent/caregiver to be available to regulate their emotions at times of stress.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The parent/caregiver can appreciate the child’s need for other relationships, family members, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shown by the parent/caregiver providing opportunity and support for the child to interact with others and the wider community.</td>
</tr>
</tbody>
</table>
**Interview Assessments of Children**

**Child Attachment Interview (CAI) (Shmueli-Goetz et al, 2001)**

The CAI is a validated and semi-structured narrative assessment designed to gain information from children between the ages of 8 to 16 years about how they view themselves and their relationships with attachment figures.

The CAI interview is designed to activate the attachment system by placing the child under some stress, inherent in the context and setting of the interview. (The interviewer is a stranger and the interview is best conducted in an unfamiliar setting.)

The CAI asks the child 19 questions, including “prompts” to elicit further information from the child and support the child to tell about their relationships with caregivers. It requires the child to provide examples of their responses so the information gained is corroborated and real and not idealised or unrealistic.

The interview commences with a question regarding whom the child considers comprises their family. It asks the child to describe themselves and their relationships with significant caregivers. The interview requests that the child provide information about: their experiences of conflict and how they are negotiated in their family; and how they gain comfort and support from caregivers. It solicits information about the child’s experiences of loss and separation. It ends by asking the child to speculate about how they would like their adult self to be. The CAI protocol is included in the Appendix of the article by Shmueli-Goetz, Target, Fonagy and Datta (2008), although it has been further developed.

The interview is video recorded and a verbatim transcript is prepared and scored from the video recording.

The scoring of the CAI relies on identifying “relational episodes” (RE) within the narrative – “Any part of a narrative when a child describes an interaction between themselves and an attachment figure” (CAI Protocol, 2007). The classifications are attributed to the child by scoring the relational episodes across 10 dimensions. These include as reflected in the table:
1. Emotional openness – interface between affect, mental states and behaviour.

2. Balanced descriptions of attachment figures without solely focusing on the positives (idealisation) or negatives (dismissal).

3. Use of examples that are detailed and relevant when describing an interaction between the child and attachment relationship

4. Overwhelming or uncontained anger when describing Relationship Episodes with the caregiver.

5. Anxiety/depression pertaining to relationships with caregiver.

6. Idealisation of relationship with caregiver.

7. Minimising or dismissing the importance of relationships with caregiver.

8. Ability to resolve conflict as shown in the narrative and provide an example.

9. Disorganised/atypical behaviour, e.g. dysregulated/disorganised/controlling/dissociated.

10. Coherence of narrative and ability to provide examples.

For research purposes, the interview provides an overall classification of the child’s attachment pattern – Secure, Dismissing, Preoccupied or Disorganised – with respect to mother and father independently and/or other significant attachment relationships. For the purposes of assessment in the context of family law, this interview provides a rich source of information about:

- How the child represents attachment and other significant relationships;
- Whether the child experiences their caregivers as providing a “safe base” and “secure haven” for them;
- How the child represents themself in their relationships with significant adults;
- Whether the child is able to regulate their own emotions and attention;
The child’s sense of their identity and self-esteem.

Cafcass Interviews with children

Cafcass has developed a number of interview guides that Family Court Advisers (FCAs) use to assist in the interviews of children who are involved in assessments associated with Private Law matters. In a meeting with two Family Court Advisers during this fellowship, they said that these guides are very useful in assessments and that they routinely used them in their assessments. Forms/booklets present areas of enquiry about the child that the Family Court Adviser can formulate into questions or discussion points with the child or can be completed directly by the child in a hardcopy or via electronic means. These documents can be filed as part of a report in Court. The following forms/booklets are used:

1. Fact sheet for children about “My Needs Wishes and Feelings”
2. “My Needs, Wishes and Feelings Summary”
3. “How It Looks to Be Me”
4. And “My letter to the Judge”

Specifically, these resources ask the child specific questions and they use projective questions such as “3 wishes” and a timeline – all of which elicit information about:

- The child’s wishes and hopes;
- The child’s expectations of relationships currently and into the future;
- The child’s preferred outcome of the court proceedings;
- The child’s level of involvement in the dispute;
- The child’s development and their associated needs and required support;
- Risks from the perspective of the child.

Development of a child interview assessment in Family Law in Australia

The Cafcass interview model and the CAI each prompt for different information that is relevant to assessments in family law. The resources used by Cafcass ask direct questions of the child about the child’s experiences, feelings and future expectations rather than eliciting information about the internal model the child holds about their relationships. The CAI
provides information about how the child views themselves and whether the child is able to rely on their caregivers to predictably meet their needs. This information is valuable for an understanding of the child’s: needs; relationships with caregivers; resilience; sense of identity; and self-esteem – all of which are relevant for assessment reports in the family law.

As a starting point the table below provides a way of identifying and organising information gained from the interviews with a child that can be incorporated in assessments in family law.

<table>
<thead>
<tr>
<th><strong>The child is able to see themself as valued by the parent as an individual with separate feelings needs and intentions.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Shown by the child providing a narrative and examples of times when their views and behaviours did not concur with those of the parent without them feeling overwhelmed, rejected, anxious, angry etc by the caregiver.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>The child can present a coherent and organized narrative about their experiences and their relationship with the caregiver.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Shown by the child providing clear, succinct, and relevant examples of the relationship during the interview.</td>
</tr>
<tr>
<td>Shown by the child not depicting the caregiver in an idealised way.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>The child can talk about their relationship with their caregiver without undue defensiveness</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Shown by the child being able to talk about uncomfortable experiences with and difficult emotions and feelings connected to their interactions with the caregiver.</td>
</tr>
<tr>
<td>The child does not minimise or dismiss the importance of the relationship with caregivers.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>The child can provide examples of times when they experienced their caregiver as providing them with a secure base and safe haven.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Shown by the child experiencing the caregiver as available to regulate their emotions at times</td>
</tr>
</tbody>
</table>
of stress.

The child demonstrates being emotionally direct and sincere even when talking about difficult times and feelings.

The child can provide examples of resolving conflicts with others.

<table>
<thead>
<tr>
<th>From the child’s narrative they experience an array of relationships with others such as family members and peers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shown by the child providing examples and experiences of being supported and encouraged by the caregiver to interact with others and the wider community.</td>
</tr>
</tbody>
</table>
Projective Measures

Once children reach pre-school age and beyond, they are able to vocalise and think symbolically. Gaining understanding of children through their play, drawing and pictures provides information that can no longer be as readily gained from observation. Children of the preschool age are better able to use play and other measures in addition to simple interviews to provide information about relationships, how they view themselves and others and their expectations of care from others.

Projective measures also provide a child with the ability to enact or re-enact what they are unable to say in words such as past traumatic events.

Story Stems

Using “story stems” as a research method with children aged between 4 to 7 years of age commenced more than 20 years ago with work by Inge Bretherton in the Attachment Story Completion Task. There have been a number of story stems developed since Bretherton’s earlier work:

- The MacArthur Story Stem Battery MSSB – Bretherton and Oppenheim (2003)
- The Attachment Doll Play assessment (ADPA) George and Solomon (1990)
- Child Attachment and play assessment (CAPA) Farnfield 2009

A story stem commences with an emotional high point and the request for the child to resolve the dilemma that is introduced in the beginning of the story by the child “showing and telling” what happens next using a doll or animal “family” and appropriate props.

Story stems are a non-intrusive way to ask a child about their own experiences without asking direct questions about their family. Story stems have been found to elicit information from children around the areas of:
• Safety and protection;
• Expression of emotion;
• The child’s experience of parental/adult containment of arousal;
• The child’s experience of empathy and help.

**Story Stem Assessment Profile (SSAP)**

Almost all assessments of children and their relationships that were researched during the fellowship, used story stems as a way to understand the child’s inner world, for children from 4 years up to 8 years of age. During the fellowship, the Story Stem Assessment Profile (SSAP) was the most commonly identified projective assessment instrument used by assessors in Private and Public Law in the UK.

The SSAP was originally developed as a projective tool for children who presented for assessment to the Great Ormand Street Hospital clinical teams in welfare matters. It was initially developed to:

- Provide expert reports to the Children’s Court;
- Provide assessment and treatment of children who had experienced emotional abuse;
- Understand the impact of other forms of abuse on presenting children.

The SSAP provides information about the children’s internal representations of themselves and others, including their attachment figures. It is a validated measure for children between the ages of approximately 4 years to 8 years of age. It involves providing the children with 13 story beginnings. It takes approximately 1 hour to administer, although there are two shorter forms, a subset comprising about half the 13 stories. They are video recorded and the verbal narrative is transcribed and used to code the assessment.

The SSAP is rated on a 3 point scale according to whether the child “demonstrates”, “articulates” or “exhibits” a particular aspect in the story. The SSAP contains 38 separate codes divided into 5 domains:
<table>
<thead>
<tr>
<th>Engagement codes</th>
<th>• How readily the child engages with the story task.</th>
<th>For example:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No engagement;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Initial aversion;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Inability to close the story or completing it prematurely;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The child attempts to change the story stem.</td>
</tr>
<tr>
<td>Child representations</td>
<td>• How the child represents or depicts the “child” in the story</td>
<td>For example:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Seeks help or comfort from an adult, peer or sibling;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Maintains mastery in the face of stress;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Acknowledges child distress;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Child is injured or dead;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The child is excessively compliant.</td>
</tr>
<tr>
<td>Adult representations</td>
<td>• How the child represents or depicts the adult in the story</td>
<td>For example:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Adult provides comfort;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Adult protects the child;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Adult affectionate /praising;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Adult sets limits;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Adult unaware;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Adult rejecting.</td>
</tr>
<tr>
<td>Child and adult representation</td>
<td>• How the child depicts/represents the relationship between the</td>
<td>For Example:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Aggression;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sexual</td>
</tr>
<tr>
<td>child and adult behaviour/reference; Pleasurable domestic life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disorganisation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Incongruity, bizarre, catastrophic elements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For example:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Catastrophic fantasy;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Atypical/bizarre elements</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The SSAP has been used in studies of maltreated children (Hodges and Steele, 2000). These studies have looked at a comparison group of children who are adopted at an early age and non-maltreated children from non-clinical populations. The internal representations of a subject child being assessed can be compared with the “construct scores” of children rated “secure”, “insecure”, “defensive avoidant” and “disorganised” with the scores obtained from the clinical and non-clinical samples.

**Application of Story Stems in Assessment in Family Law**

The SSAP and other story stem batteries could be used as an assessment instrument that could be applied to the family law context with minimal modifications. Story Stem procedures provide a method that is non-threatening for the child and a way for an assessor to understand the experiences and relationships of children who are of a developmental age where they have limited language and capacity to provide responses to interview questions. Story stems are practical to administer in the assessment process for family law matters:

1. The administration of the story stems can occur in a clinical setting.
2. The administration requires minimal equipment.
3. It requires only one professional to administer the instrument.
4. The child’s narrative provides an understanding of the child’s experiences of their caregivers, other members of the family and wider social network without the specific requirement to utilise a standard scoring or interpretation system.

Difficulties with using story stems in the family law context are:
1. Story Stems have not been validated with a family law population but the SSAP has been validated on a clinical population.

2. Best practice standards require that the procedure is video recorded for review and interpretation following the interview. It is difficult to take adequate notes during the administration of the stems.

3. Training in the SSAP or another Story Stem battery would be most beneficial for application by professionals and this comes with cost and time implications.
Other projective and representational models used in family assessments.

During the fellowship the following models were noted to be used by clinicians in assessments of children’s relationships.

<table>
<thead>
<tr>
<th>Model</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sand tray play</strong></td>
<td>The sand tray represents the child’s world and the child is asked to choose a figure to represent themself and five other objects to represent important people in their lives. The child is asked to tell the story of their play.</td>
</tr>
<tr>
<td>(originally developed by Lowenfeld and Kalff in 1920s)</td>
<td></td>
</tr>
<tr>
<td><strong>Time lines</strong></td>
<td>The child draws a line to represent their life to date with partitions into years representing the age of the child. The child is asked to go backwards from the present and record significant events, people and feelings.</td>
</tr>
<tr>
<td>(Rose and Philpot 2005)</td>
<td></td>
</tr>
<tr>
<td><strong>Family drawing and Kinetic Family Drawing</strong></td>
<td>The family is asked to draw a picture together and discuss the picture together or the child is asked to draw a picture of their family doing something</td>
</tr>
<tr>
<td>(Burns and Kaufman 1972)</td>
<td></td>
</tr>
<tr>
<td><strong>Social Atoms</strong></td>
<td>The child is asked to draw an object to represent themself (not a stick figure) and then asked to draw additional objects to represent significant people in their lives. The child is encouraged to position the objects the distance that represents closeness or distance from the child.</td>
</tr>
<tr>
<td>(Jones 2004)</td>
<td></td>
</tr>
<tr>
<td><strong>Bene Anthony Family Relations Test</strong></td>
<td>This was originally developed as a psychometric test but the test is not considered valid in some of the content and</td>
</tr>
<tr>
<td>(Bene and Anthony 1957)</td>
<td></td>
</tr>
</tbody>
</table>
is therefore used as a projective tool that considers the child’s perception of family relations. The tool asks the child to “post” cards containing statements about their perceptions of relationships with family members.

**Picture Response Tests**

The following picture response tests were not specifically researched during this fellowship but further investigation of these may prove useful as a way of making assessments of children’s experience of relationships family law matters.

- The Separation Anxiety Test (SAT) - George and Solomon
- School Aged Assessment (SAA) - Crittenden

**Application of other projective and representational models in Assessment in Family Law**

Each of these assessment methods has potential relevance to assessments in family law and further investigation of these would could occur as part of the development of tools. This list is not exhaustive and there are likely to be many other tools that are applicable to assessments.
Questionnaires and Psychometric Tests

Questionnaires and psychometric or psychological tests can be used as a standardised and objective measure of a variety of characteristics. For a test to provide useful and applicable information in assessments it would need to be reliable and valid – and, where possible, a comparison would need to be provided against normative data.

The tests and questionnaires listed below were identified by assessors during the fellowship. The validity and reliability of these tests was not researched as part of this fellowship.

**Strengths and Difficulties Questionnaire (SDQ)**

http://www.sdqinfo.com

The most commonly used psychometric test that was employed in assessments of family relationships was the Strengths and Difficulties Questionnaire (SDQ). This test is applicable for children aged between 4 years and 16 years and provides information regarding the child’s behaviours, emotions and relationships. It has reports from a parent, a teacher and a self-report for children old enough to complete. The questionnaires are divided according to the age of the child.

This test is used by Cafcass and is contained in their matrix. It is also available for download from the Cafcass website.

**Questionnaires and Tools used by Cafcass**

Cafcass has a large array of questionnaires in their matrix. The two workers that were interviewed during the fellowship considered, in addition to the SDQ, that the following guides are particularly useful when making assessments of family relationships. Each of these tools is available on the Cafcass website, under e] “Forms Templates and Tools for External Practitioners”.

- Impact Parent Conflict Tool – which considers the emotional impact of parental conflict on children.
- Safe Contact Indicator Tool – a structure to analyse the benefits and risks of a child having contact with a parent.
• Resilience and Vulnerability Matrix— which lists the factors that contribute to a child being resilient or vulnerable, along with the environmental aspects that exacerbate or improve the situation for the child.

**CORE Outcome Measure (CORE-OM)**

A self-report questionnaire for adults consisting of 34 questions that asks the client how they have been feeling during the previous week in 4 domains:

- Well-being
- Symptoms/problems
- Life Functioning
- Risk

The responses are averaged to provide a mean score that indicates current psychological distress, from healthy to severe. This test was used clinically in one of the assessment teams to inform assessments, such as around risks in parenting and to examine the impact of therapeutic work on parental functioning.

**The Revised Child Anxiety and Depression Scale (RCADS-P)**

[http://www.childfirst.ucla.edu/resources.html](http://www.childfirst.ucla.edu/resources.html)

A self-report questionnaire consisting of 47 items for children/young people aged 8 to 18 years, with subscales. There is also a version that assesses parent’s reports of youth symptoms of anxiety and depression.

This measure provides information on the following:

- Total anxiety scale
- Total internalising scale.

Gaining scores in these scales is calculated by the scores in the subscales:

- Separation anxiety disorder
- Generalised anxiety disorder
- Panic disorder
- Obsessive compulsive disorder
- Major depressive disorder
- Social phobia

This scale was used in assessments to inform how the child is functioning compared to other children of the same age.

**The Parent Reflective Functioning Questionnaire (PRFQ)**

An 18 item questionnaire consisting of subscales that assess the parent/caregivers reflective functioning on 3 subscales:

1. Curiosity around mental states
2. Efforts to understand mental states and how they relate to behaviour
3. Refusal to acknowledge mental states and their influence on behaviour

This questionnaire is scored by looking at the parent’s/caregiver’s responses on each of the subscales. This test was used in assessments to provide an indication of the parent/caregivers ability to reflect on the child’s needs and the meaning of the relationship with the child.

**Parenting Stress Index – Short Form**

This is a parent self-report consisting of 101 items. It is also available in a short form. It is used for parents of children aged 3 months to 10 years. There is also a version of the test for parents of adolescents. It was used by one of the assessment teams in the UK to identify problems in the parent-child relationship, around attachment and social skills. The table below shows the domains scored on the test.

<table>
<thead>
<tr>
<th>Child Domain</th>
<th>Parent Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distractibility/Hyperactivity</td>
<td>Competence</td>
</tr>
<tr>
<td>Adaptability</td>
<td>Social isolation</td>
</tr>
<tr>
<td>Reinforces parent</td>
<td>Attachment to child</td>
</tr>
<tr>
<td>Demandingness</td>
<td>Health</td>
</tr>
<tr>
<td>Mood</td>
<td>Role restriction</td>
</tr>
</tbody>
</table>
Acceptability | Depression
---|---
| Spouse

**Application of Questionnaires and Psychometric Tests in Family Law Assessments in Australia**

Inclusion of psychometric testing and/or questionnaires in family law assessments would provide additional information about children’s functioning and their relationships. Questionnaires and Psychometric tests when applied in the family law context may have the following benefits:

1. Psychometric testing is standardised and scientifically based.
2. Many psychometric tests are normed against the population. Gaining information in the family law context about variations in characteristics and behaviours of children and their caregivers may be useful in addressing children’s best interests in assessments.
3. There is a wide array of tests available and most of them are easily administered and scored.

Difficulties with applying psychometric tests to assessments in the family law context:

- Professionals from some disciplines may not be permitted to administer some tests.

This list of tests is far from exhaustive and there are a huge array of tests that are potentially applicable to assessment processes.
Conclusion

The difficult and multifaceted task for Family Consultants of providing assessments that assist caregivers of children, the legal profession and ultimately Judges to make decisions about a child’s “best interests” has prompted the commencement of investigation of evidenced based tools and procedures that can be utilised in these assessments.

There is a myriad of assessment tools and approaches that have been primarily developed for the purpose of researching relationships and providing therapeutic treatment. This fellowship has presented some of these tools and identified common elements of them that would provide a springboard for devising a compendium of standardised assessment tools. Putting together a compendium of instruments and approaches to support and assist Family Consultants (and other outside experts) is a difficult and continuous task and will require ongoing monitoring and review as the research into child development and attachment advances. The successful implementation of new models and frameworks to progress assessments also requires clinical and organisational support and training of Family Consultants.

It is intended that this fellowship will contribute to providing improved outcomes for children and families in family law proceedings and better structure and support for Family Consultants delivering assessments of children’s “best interests” to the Courts.
References


- Australian Standards of Practice for Family Assessments and Reporting. Family Court of Australia, Federal Circuit Court of Australia and Family Court of Western Australia


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Appendix


• https://www.cafcass.gov.uk/media/215237/child_aged_11-16.pdf
