

### **Note on Attachment Measures and External Coding**

The incorporation of standardised assessment measures that are attested by research is integral to my work. These require a number of practices that are unusual in Social Work assessment practice and so bear some explanation. Please note that I do not use all of these in every assessment, but only where appropriate and helpful to a particular situation!

The ***Adult Attachment Interview*** is an interview of an adult asking them to evaluate their own childhood experiences. It is an interview that elicits information about an adult's current self protective strategy in relationships, something that has far reaching consequences in an adult's relationships with their children, their partner(s) and the outside world. It is grounded in extensive research. Interpretation of the interview is from a standardised coding procedure which involves extensive training and also the testing of reliability to an internationally accepted standard. A transcript of an audio taped interview is prepared which is then classified blind to the current circumstances of the adult, to ensure that these does not 'colour' the reading of the transcript. For these reasons, the Adult Attachment Interview is audio recorded and an anonymised transcript is prepared and sent to an external coder for classification. The brief classification and coding report provided for me by the external coder is not made available to the Court, as it is technical and only meaningful to those who have been trained in classifying and coding the Adult Attachment Interview. However, important conclusions are evidenced fully in my report, and thus open to challenge.

The ***Attachment Story Stem Completion task*** is an assessment of attachment of children aged 3 ½ to 12 years old using story beginnings that a child is asked to complete, assisted by doll figures. Considerable research has established a link between the way in which children complete story stems (or story beginnings) that raise common attachment or relationship dilemmas or fears, with their actual relationships and behaviour (as assessed through other measures). The children's stories that come out of this are neither 'fantasy' nor simple descriptions of actual experience. Rather, they provide a window into the child's 'script', or 'model', of relationships. They provide a map of the child's expectations of care and protection from his or her key relationships. The ways in which a child defends himself or herself from the fears encountered in the stories have been shown to be revealing of the child's strategies of relating to his or her main caregivers. This measure of attachment is classified by means of a video and audio recording, to provide visual evidence of non verbal communication, as well as a transcript of the audio dialogue. The video recording is an important tool partly because the activity is itself acted out with the figures, and partly because many children will communicate with the figures and other behaviour rather than with words.

**The School Age Assessment of Attachment** is similar to the story stems in that it is story based, but involves the child telling stories based upon pictures that raise attachment themes. This is a verbal interview, and so is only recorded in audio transcript prepared. I am not yet accredited to classify the School Age Assessment of Attachment, so in the small number of cases where I consider it important to use this measure (either instead of or in addition to the Story Stem completion task), an anonymised transcript will be sent to an accredited external coder for classification.

**The Care Index** is a method of classifying a short (3-5 minute) videotape of an adult playing with their child. It is a measure primarily of the adult's sensitivity in caregiving, but also attests to his or her relationship with the child, and screens for cases of risk. It is suitable from birth to 3 years. I am not accredited to classify the Care Index, so where it is helpful or necessary to use this measure, I send the video taped session anonymously to an accredited external coder. I have the training and experience necessary to interpret the findings of this measure. Further information about the Care Index can be found at Dr Crittenden's website, [www.patcrittenden.com](http://www.patcrittenden.com)

**Separation Videos** The first measure of attachment to be developed was the Strange Situation, a videotaped observation of short separations between and mother and infant in a laboratory setting. This is still one of the most effective ways of assessing the attachments particularly of infants and toddlers, but the conditions of the measure is difficult to recreate in the process of Social Work assessments. However, where appropriate, I have found short videos of contrived separations within contact sessions to be extremely useful in assessing attachment relationships, particularly with preschool children. These videos are not formally coded, but are interpreted from my own experience and training in this field.

## **General Points**

Whilst I quote from transcripts prepared where appropriate, I do not file them in the Court proceedings, and oppose either audio or video recordings being themselves made part of the proceedings without a specific order of the Court. This is for 2 reasons:

1. Firstly, although the principle reasons for coming to particular conclusions are contained within my report, these measures are technical and should only be interpreted with appropriate training and expertise.
2. Secondly, in my opinion it is an invasion of privacy of the adult and child concerned which would inhibit the openness of both children and adults in assessment if this became common practice. Pertinent facts are quoted or described in my report so that my judgements are open to challenge, without including irrelevant material which may be nevertheless be intimate and personal and unnecessary to share. In the rare cases (it has not happened to me yet) where factual matters contained within such recordings are disputed, then it is possible for

the tapes to be viewed independently. Finally, consent is sought from the children and adults concerned and I do not proceed without it.

### **Advantages of these Measures**

- 1) They are well attested in research and thus observations are evidenced based.
- 2) The use of standardised measures that involve considerable training and testing of reliability ensures that observations are truly comparable, and less subjective.
- 3) Use of audio and video recording allows for a depth of observation and analysis that is not possible for the simple observer.
- 4) Recording provides the context in which behaviour or speech of a parent or child is placed. It therefore allows for much fairer assessment, as the impact of the interviewer is visible for assessment, and disputed about what happened or what was said can be checked.
- 5) These measures give cogent evidence as to how and adult or child might behave in conditions of stress and anxiety, not simply how the adult believes they will or they ought to behave.
- 6) Standardised measures and external coding mean that a true indication is given about an adult or child's functioning in the *present*. Whilst the assessment process must involve a proper understanding of past behaviour, it is important to look genuinely at whether change has occurred, and whether past risks really are applicable now (or by contrast whether apparent change is genuine and likely to last).
- 7) My own experience of using these measures in social work assessment testifies to their value in unlocking many previously troubling and puzzling situations and highlighting key issues.
- 8) Given the depth of information that each of these measures yield in a relatively short time, they are actually very cost effective!

**Ben Grey October 2006**