Proposal for a structured assessment of parenting based on attachment theory: Theoretical background, description and initial clinical experience

Abstract This paper proposes a structured clinical assessment of parenting and illustrates its use within child psychiatry practice. The aim was to develop a structured instrument based on current theoretical knowledge which was simple enough to be clinically viable while being precise and repeatable enough to enable quantification and research. Use is made of inpatient and daypatient resources but the assessment could be modified for outpatient practice. The assessment takes a "diagnostic" approach; concentrating on factors that have been shown in research to be good predictors of parenting dysfunction. These include parental personality, current mental state and degree of current social stress and support (including quality of marital relationship). Additionally, information regarding the adult's representation of early attachment relationships is elicited using the Adult Attachment Interview. Independent assessments of the child and the parent/child interaction are made. Initial clinical experience with this instrument is described and practical and theoretical issues raised by its use are explored.

Key words Parenting assessment - attachment theory - parental dysfunction

Introduction

Most professionals working in child mental health need to make assessments of parenting during the course of their clinical work. Additionally, there is a considerable need for such assessments in relation to court work and children at risk. At least one structured assessment of parenting skills is available in the UK, but mainly orientated towards the need of social workers (12). In practice the majority of psychiatrists probably use a variation of ordinary clinical assessment, structured around particular themes. The structure of such clinical assessments has been discussed in a number of recent papers (23, 32, 36). Meanwhile research continues to elucidate, with increasing specificity, some of the underlying dynamics and determinants for adequate or non-adequate parenting.

This paper proposes a structured assessment of parenting which is explicitly research based. It particularly incorporates important advances in attachment theory which have not as yet found their way into structured clinical practice. It aims to be "diagnostic": that is, it is based on the assumption that there are a variety of possible causes of parenting dysfunction, and that it will be useful to distinguish between them, both for a sophisticated understanding of the problem, and so that specific treatment interventions can be tailored to specific needs. Parenting ability is not here seen as a unidimensional variable or an unchanging personal attribute, but the outcome of a number of (possibly independent) interacting factors that can be disentangled.

There will follow a review of relevant theoretical background, a description of the assessment and a case report describing the assessment in practice.
Theoretical background

Attachment theory

Two particular aspects of research in attachment theory lent themselves to the purposes of the assessment. Firstly the attachment construct has proved itself to be an impressively robust conceptualisation of crucial parts of the parent-child relationship: robust in the stability over time of attachment patterns, which seems greater than other developmental variables such as childhood temperament (5, 17, 34, 35, 41); and also in the predictive power of attachment patterns on later measures of child self-esteem and adjustment (7) and behavioural difficulties (25). In adults the particular aspects of personality functioning felt to be illuminated by attachment theory are the capacity to form intimate relationships and the care giving relationship to the child (21). It is hypothesised that, with the imminent arrival of a child, those aspects of personality related to the attachment dynamic become intensified, and that care giving behaviour (which is part of overall parental behaviour) will be influenced by an adult’s own early attachment experiences. Recent research in this area has shown an association between antenatal assessment of mothers’ internal representation of their early attachment relationships and patterns of mother-infant attachment when the infant is 1 year of age (15). Seventy-five percent of mothers who rated “autonomous” on the Adult Attachment Interview (AAI) (18) prenatally went on to develop secure patterns of attachment with their child as rated in the Strange Situation Test (1) at 1 year. Seventy-five percent of the mothers rated as “dismissive” developed “avoidant” patterns. The results of the “preoccupied” group were more mixed. These results are in broad agreement with two retrospective studies (20, 26). For many clinicians attachment theory has strong face validity as a descriptor of phenomena occurring in child rearing and as a rationale for treatment approaches.

The second relevance of attachment theory was the way in which Bowlby was able to link the methodology of behavioural observation within developmental psychology and ethology, with the subjective world of affect, thought and relationships (4). This linking of internal states with observed behaviour opens up much possibility for research. It also makes a good basis for an assessment used in a day- and in-patient setting, where there is great opportunity for sustained observation of children and families within a controlled environment.

Bowlby emphasised that the attachment relationship should not simply be equated with the parent-child relationship as a whole (5). The attachment relationship was just a part (albeit an important part) of the whole relationship; a part that had a particular focus around the management of distress, anxiety, proximity seeking and separation. If the attachment construct lost this focus and became synonymous with the whole relationship or a re-description of general psychodynamic principles, then much of the conceptual advance and clarification of attachment theory would be threatened. Despite these warnings there has been a tendency in some attachment research (as well as associated clinical practice) for the attachment construct to be taken as the only significant variable within a relationship, with other potentially interacting variables not being included within research designs (see Lamb (24) for a significant critique along these lines). The parenting assessment described here counters this tendency by incorporating other important psychosocial variables into its design: and these will now be described.

Personality and mental state

There is well-established evidence that personality difficulties can have a serious adverse effect on parenting (9, 31, 33). Problems may range from severe difficulties of psychopathy, antisocial personality or borderline disorders, to the more milder personality traits of impulsivity, passivity or dependency, with low frustration tolerance, self-centredness and poor planning abilities. Although rarer, the anankastic or obsesssional personality can also cause severe difficulties. A number of studies have shown how maternal depression can have a profound effect on mother-child interaction, parenting abilities and child development (28, 29, 30).

Social stress and support

There is a large literature correlating social stress and support with maternal mood (6) and parental effectiveness. Parental functioning can be altered by the presence or absence of effective social supports, particularly at times of stress (10, 11, 44). A relatively harmonious and supportive marital relationship has been said to be the most important factor relating to parenting efficacy (31).

The assessment

This assessment of parenting has three parts carried out in parallel but independently by different members of the team:

i) assessment of the parents

ii) assessment of the child, and

iii) observational assessment of parent/child interaction.

In brief, the following methods are used (a detailed protocol is available from the author):