

# INCORPORATING ATTACHMENT ASSESSMENT INTO CUSTODY EVALUATIONS: THE CASE OF A 2-YEAR-OLD AND HER PARENTS

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Attachment with parents is central to a child's development. It is well established that the quality of this attachment in early childhood is a strong predictor of developmental and psychological functioning throughout the life span. One of the primary issues in custody evaluations is assessing the quality of the child's attachment to each parent and the parents' capacity to foster security and to consider what this might mean for short- and medium-term decisions about their care. The nature of attachment measures is summarized, and the combined use of three attachment-caregiving instruments in a custody evaluation is illustrated through the case of a toddler whose parents were engaged in a high-conflict divorce. The case study demonstrates how, in addition to standard clinical observations, including a set of attachment-based instruments with a standardized psychological test battery provided information critical to a recommendation for custody and parent visitation.

**Keywords:** *divorce; custody evaluation; conflict; attachment; caregiving*

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Children depend on their attachment relationships, trusting that their parents are available to provide protection, comfort, and care; keep them from becoming overwhelmed by life's threats; and to promote healthy social, emotional, and cognitive development (Bowlby, 1969/1982, 1973, 1980; see also Main, Hesse, & Hesse, this issue; Waters & McIntosh, this issue). The quality of a child's attachment to his or her parents is a strong predictor for development and psychological functioning in adulthood (Grossmann, Grossmann, & Waters, 2005; Sroufe, Egeland, Carlson, & Collins, 2005; Sroufe & McIntosh, this issue). Parents, irrespective of culture or background, want what is best for their children and work hard to foster their children's health and development (Garcia Coll & Meyer, 1993). Irrespective of how well parents manage separation and divorce, however, this decision can undermine (at least temporarily) parents' childrearing goals, and divorce confronts children and parents with very real threats of separation and loss. Children do not just get used to it. Separation, divorce, and custody arrangements are difficult adjustments for all and, realistically, how this is handled can potentially have long term effects on a child's development. From this perspective, the goal is to work out a solution that reduces stress and helps children regain some level of homeostasis in at least one parental attachment relationship, if possible (Byrne, O'Connor, Marvin, & Whelan, 2005; Isaacs, George, & Marvin, 2009; Solomon, 2005).

Questions about custody and visitation for young children evoke strongly held personal values and biases about what is best for children. Unfortunately, parents, other family members, and the legal system can become so entangled in disputes and allegations that they lose sight of children's attachment needs. Children under the age of five, whose developmental capacities are limited, may be especially vulnerable in separation and custody decisions (McIntosh, Smyth, & Kelaher, 2010; Solomon & George, 1999ab).

There is no single pathway or factor that determines attachment security. Attachment is context sensitive (Bowlby, 1969/1982, 1973, 1980; Marvin & Britner, 2008; Solomon & George, 1999a). The developing attachment relationship is sturdy and resilient, provided risk and vulnerability factors that threaten security are buffered, especially in early development (Kumsta, Rutter, Stevens, & Sonuga-Barke, 2010; Solomon & George, 1999a; Sroufe, Carlson, Levy, & Egeland, 1999). While a broad

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clinical assessment of multiple factors is obviously needed in each custody evaluation, we suggest in this paper that attachment assessment, using established instruments and analyzed by trained evaluators, is a valuable mechanism for providing clear empirically-based evidence of the risks, vulnerabilities, and buffers in the attachment-caregiving relationship. This becomes increasingly important increases in high-conflict contentious divorce (e.g., Marvin & Schutz, 2009).

There is little uniformity in the training and background of mental health professionals; professionals use a range of different theoretical models and assessments to understand children's needs (Solomon, 2005). Relatively few mental health professionals receive adequate training and experience in young children's development, much less attachment, and may not as such embrace the importance of attachment or its formal assessment (McIntosh, this issue). Some developmentally minded parents and professionals do seek guidance from "attachment theory" to help make these decisions. Many professionals are "certified" as having been trained in attachment based on a 2½-hour lecture presentations from a plethora of programs desperate to fill practitioners' needs. Understanding what constitutes a "parent-child attachment" requires a much broader base of knowledge in this scientific and clinical area.

Case in point, a "seasoned group" of infant mental health practitioners (individuals trained to practice developmentally minded relationship-based intervention with high risk families and who often contribute to evaluations in divorce and parent reunification) were polled to determine their practice comfort level and interests for continuing education and training (Hadadian, Tomlin, & Sherwood-Puzzello, 2005). The survey polled three areas: attachment, behavior, and regulation/adaptation. Attachment was represented on the survey in four items representing two dimensions: "How my child and I get to know one another" and "holding/positioning my child during feeding/mealtimes" (Hadadian et al., 2005, p. 435). Practitioners reported feeling comfortable with their practice and knowledge about attachment, and were significantly more interested in behavior and adaption, explained as more immediately applicable to families' everyday needs. They stated that "behavior problems lead to difficulty in completing developmental intervention activities" (Hadadian et al., 2005, p. 441) and they needed information that they could directly apply with parents, such as play, discipline, sleep and feeding. Interestingly, only the non-Caucasian respondents reported significant interest in attachment and believed their families would benefit from their training. Three points about this study are especially troublesome. First was the oblique, poorly crafted questions that defined attachment in the survey. Second was the practitioners' failure to understand that the attachment in their practice with high risk families was likely the root of many of the problems they were addressing. Third was the ethnic bifurcation in attachment interest.

This study provides only one example of the sad state of assumptions and knowledge, not only in infant mental health, but more generally among mental health and family practitioners and legal advisors. In this paper, we first present basic information about the core set of validated attachment assessments available for use by mental health and legal professionals. We then illustrate the integrated use of three of these measures in a comprehensive attachment-based assessment that we used to inform the evaluation of a 2-year-old girl caught in a custody battle with parents in the midst of a highly contentious, conflict-laden divorce.

### **ASSESSING ATTACHMENT: ATTACHMENT AND CAREGIVING**

The attachment-caregiving bond is the cornerstone of the child-parent relationship (George & Solomon, 2008; Lyons-Ruth & Jacobvitz, 2008; Marvin & Britner, 2008; Sroufe et al., 2005; Thompson, 2008). If the attachment-caregiving bond is ordered and within normal limits, there is a high likelihood that the child will be able to use the security and stability provided by that relationship to explore and develop adaptive relationships with others and to develop a strong sense of self-reliance and social and cognitive competence. If that bond is disordered, however, there is a high likelihood that the child will experience significant current and future problems in emotional regulation, family relationships, teacher and peer relationships, and academic performance, if disruptions in the

attachment–caregiving relationship are not remedied. Additionally, there is a significantly increased likelihood of future legal and psychiatric problems. There is also a sizeable risk that the child, when he or she reaches adulthood, will have significant difficulties in parenting in the area of attachment–caregiving, thus extending attachment problems and their sequelae into the next generation (e.g., Hesse & Main, 2006; Solomon & George, 2006, 2011).

Attachment theory and research provide the most validated theoretical and procedural framework for assessing parent–child relationships for infants and children younger than about 6–7 years of age. In our experience, incorporating this framework into clinical evaluations places mental health professionals, custody evaluators, and the courts in a much better position to assess, and understand a child’s immediate relationship and developmental needs, to predict both positive growth and developmental risk and to construct plans to lower the risks associated with some changes in the child’s life.

Importantly for the family law context, a comprehensive assessment of the attachment–caregiving relationship provides a current snapshot of the child–parent relationship at the time of the evaluation, along with scientifically based evidence regarding children’s and parents’ ability to cope with the stresses associated with the threat of parental separation and conflict. A comprehensive assessment evaluates both components of the attachment–caregiving relationship separately, providing specific information about child and parent buffer and risk factors needed to develop a balanced evaluation. The results of such an assessment can provide the foundation for psychotherapy and/or relationship-based intervention (e.g., Finn, in press; Marvin, Cooper, Hoffman, & Powell, 2002; Webster & Hackett, 2011; Zanetti, Powell, Cooper, & Hoffman, 2011).

Some argue that the dearth of systematic attachment research on divorce and custody invalidates using attachment assessment in this context. Although we agree that there needs to be more work in this area (e.g., Byrne et al., 2005), the interpretation of attachment assessments is broadly based on scientific validation through decades of controlled research with families all over the world, representing a range of different kinds of care arrangements, including families who experience what Solomon and George (2000) termed “assaults to attachment and caregiving” associated with divorce. Related to its use in the context of custody/access decisions, Marvin and Schutz (2009) described an outline of a “transportability analysis,” a form of systematic review that has both scientific and legal precedence in generalizing results to an understudied population. Examination of a broad range of attachment studies suggested that the underlying dimensions and relations among variables of attachment and caregiving, especially response to stressful family conditions, were similar across the entire range of highly studied populations. In addition, attachment assessment procedures were valid in the same way across each of the populations studied, and the high-conflict custody/access population exhibited no variables known to lead to lower validity. In turn, research on populations of parents who are separated and in high legal conflict indicates that *this* population shares a similar core range of problematic variables with the other, high-risk populations on which attachment research has been conducted (e.g., Ackerman & Dozier, 2005; Dallaire & Weinraub, 2005; Moss, Bureau, Béliveau, Zdebik, & Lépine, 2009; Owens & Cox, 1997; Zeanah, Smyke, Koga, & Carlson, 2005). In addition, there are no significant variables or variable relations in this legal-conflict population that are different from those of other populations that have been studied. Marvin and Schutz (2009) concluded:

In terms of quality of evidence, [attachment assessment] has generally achieved the goals set by the Agency for Healthcare Research and Quality (AHRQ) checklist [as cited in Marvin & Schutz, 2009], which includes: 1) Internal validity of the individual studies, i.e., design and implementation to minimize selection, measurement and confounding bias; 2) Quantity of evidence measured by number of studies, sample sizes and clinically significant effect sizes; 3) Consistency of findings across similar and different study designs; and, 4) Generalizability across a range of populations (p. 3).

Using validated attachment measures, therefore, it is likely that professionals can make predictions about the course of the child–parent relationship if the situation were to remain unchanged and pinpoint attachment and caregiving resilience and risk factors that could benefit or undermine the child’s developmental progress. A comprehensive attachment-based assessment facilitates tailoring

**Table 1**  
Patterns of attachment and caregiving

<i>Child</i>	<i>Parent</i>	
	<i>Caregiving</i>	<i>Adult Attachment</i>
<b>ORDERED/ORGANIZED CLASSIFICATIONS</b>		
Secure	Flexible	Autonomous
Avoidant	Rejecting	Dismissing
Ambivalent-Resistant	Confused/Uncertain	Preoccupied
<b>DISORDERED/DISORGANIZED CLASSIFICATIONS</b>		
Disorganized Or Unclassifiable $\geq$ age 3	Helpless	Unresolved/Preoccupied with Trauma

The types of defenses that children and parents use around attachment and/or caregiving are important to understand, but are more complex to describe than this paper allows. Specialized training is needed to recognize and reliably classify the relevant defensive patterns. (For a more detailed explanation of parent and child classifications, the many relevant articles in Cassidy and Shaver (2008) are a good place to begin. See in particular Solomon and George (2008) in that edition.)

recommendations to individual families, as there is no proven established standard for custody or visitation schedules (Marvin & Schutz, 2009; McIntosh et al., 2010; Solomon & George, 1999a).

What is a comprehensive attachment-based evaluation? The attachment relationship is founded on reciprocal child–parent engagement that balances the child’s developmental needs for safety and comfort (haven of safety) with equally important needs for exploration and developing competence (secure base) (Ainsworth, Blehar, Waters, & Wall, 1978). The key term here is *balance*—the attachment relationship is not one or the other of these dimensions, but an integration of the two, both of which need to be assessed. A comprehensive attachment-based evaluation must also assess both the child’s and the parent’s “side” of the relationship. The standard patterns of attachment for children (secure, avoidant, ambivalent-resistant, disorganized) and their adult analogs (secure, dismissing, preoccupied, unresolved) are described by Main, Hesse and Hesse in this Special Issue. The classification patterns are summarized for easy reference in Table 1. Table 2 provides a summary of some measures frequently used to assess these different attachment domains (see Crowell, Fraley, & Shaver, 2008; George & Solomon, 2008; Solomon & George, 2008, for comprehensive discussions).

*Behavioral* measures provide a direct window to the child’s attachment behavior and the caregiving behavior that directly impacts the child. *Representational* measures assess internal working models of attachment and caregiving, states of mind that provide a window into what children and parents are thinking and feeling about attachment. Representational measures organize and guide interactive behavior, but they are not a substitute for direct observation. For this reason, representational measures should be supplemented with behavioral assessments. We show in the case study that no single assessment is sufficient to describe the attachment–caregiving relationship; using the assessments together (carefully considering what is age appropriate for the child’s assessment) provides a view of how behavior and representation are balanced (or unbalanced). Behavioral measures are essential to determine current parent-child interaction patterns. Representational measures provide information about the thinking and experiences that guide parents’ interactions with their child; in addition, these assessments provide information about parents’ potential that may not be visible (or as clearly visible) from the behavioral assessment.

## CHILD MEASURES

The child’s side of the relationship requires systematic observation of attachment behavior. Young preschool-aged children sometimes lack the language, social-emotional, and cognitive capacities needed for representational assessment. Optimally, and especially if children are over the age of 3½ to 4 years, behavioral assessments are supplemented with representational measures.

**Table 2**  
Examples of some attachment assessments applicable to divorce and custody evaluations

Age	Measure/procedure	Classification groups	Kind of information + scales	Length of assessment	Clinic requirements	Training
Infant /Toddler (Under 3)	Strange Situation (SS) Ainsworth et al., 1978; Main & Solomon, 1990	<input type="checkbox"/> Child classification groups Secure; Organized insecure (avoidant, ambivalent-resistant); Disorganized	<input type="checkbox"/> Video record: attachment "in action" <input type="checkbox"/> Interactive rating scales (e.g., proximity seeking, contact maintaining, disorganization) <input type="checkbox"/> Measures attachment under stress <input type="checkbox"/> Widespread use across many community and clinical populations; well established research base.	<input type="checkbox"/> 21 minutes <input type="checkbox"/> Analyzed from videotape	<input type="checkbox"/> Observation/ consulting room <input type="checkbox"/> Stranger <input type="checkbox"/> Video	<input type="checkbox"/> Modest training to administer <input type="checkbox"/> Rating and classification: training seminar + reliability <input type="checkbox"/> Reliable judges available for analysis
Preschool—latency age	Strange Situation (SS) Main & Cassidy, 1988; Cassidy & Marvin, 1992; Britner et al., 2005; Marvin & Britner, 2008.	<input type="checkbox"/> Child classification groups <input type="checkbox"/> Attachment figure classification groups Secure; Organized insecure; Disorganized (punitive, caregiving, insecure-other)	<input type="checkbox"/> Video record: attachment "in action" <input type="checkbox"/> Interactive rating scales for child and parent (e.g., proximity seeking, contact maintaining, disorganization) <input type="checkbox"/> Measures attachment and caregiving under stress <input type="checkbox"/> Growing use and research base	<input type="checkbox"/> 21–60 minutes, depending on age of child <input type="checkbox"/> Analyzed from videotape	<input type="checkbox"/> Observation/ consulting room <input type="checkbox"/> Stranger <input type="checkbox"/> Video	<input type="checkbox"/> Modest training to administer <input type="checkbox"/> Rating and classification: training seminar + reliability <input type="checkbox"/> Reliable judges available for analysis
<b>Child Secure Base Behavior—Naturalistic Observation Assessment</b>	Attachment Q-Set (version 3) Waters, 1995	<input type="checkbox"/> Items sorted into a fixed distribution for security, dependency and related constructs. Scored as continuous variables. <input type="checkbox"/> Not originally designed as a classification assessment.	<input type="checkbox"/> Distilled record of generalized naturalistic behavior <input type="checkbox"/> Balance of attachment and exploration behavior <input type="checkbox"/> Good for assessing balance in low stress situations and child's ability to use caregiver as a secure base for exploration and a source of comfort when distressed. <input type="checkbox"/> Widespread use and research base	<input type="checkbox"/> Ideally, 2–3 observations, of 60–90 minutes each. <input type="checkbox"/> Trained observer-produced Q-sort is best.	<input type="checkbox"/> Naturalistic observations in home, outdoor, and waiting room settings.	<input type="checkbox"/> Modest training to administer <input type="checkbox"/> Requires familiarity with infant and child behavior and Q-sort analysis
<b>Child Attachment—Doll Play Representational Assessments</b>	Attachment Doll Play Assessment (ADPA) George & Solomon, 1990–2007.	<input type="checkbox"/> Child classification groups: Secure; Organized insecure; Disorganized (punitive, caregiving)	<input type="checkbox"/> Video record of attachment representation <input type="checkbox"/> Attachment-derived defensive processes <input type="checkbox"/> Good for discriminating 4 attachment groups <input type="checkbox"/> Used in foster care and maltreatment groups <input type="checkbox"/> Growing use and research base	<input type="checkbox"/> 30 minutes <input type="checkbox"/> Analyzed from videotape	<input type="checkbox"/> Observation space—neutral space preferred but has been administered in the home <input type="checkbox"/> Play materials <input type="checkbox"/> Video	<input type="checkbox"/> Administration: modest <input type="checkbox"/> Coding & classification: training seminar + reliability <input type="checkbox"/> Judges available for analysis

**Table 2**  
**Continued**

<i>Age</i>	<i>Measure/procedure</i>	<i>Classification groups</i>	<i>Kind of information + scales</i>	<i>Length of assessment</i>	<i>Clinic requirements</i>	<i>Training</i>
Preschool/Early School (3.5–9 years)	Attachment Story Completion Task (ASCT) (Bretherton et al., 1990, 2008; Gloger-Tippelt et al., 2002, 2007).	4-way attachment classification system (secure, avoidant, ambivalent and disorganized) <input type="checkbox"/> Age related changes in coding.	<input type="checkbox"/> Rating scales based on classifications, Q-set and theme codes. <input type="checkbox"/> Subset of ASCT stories incorporated in MacArthur Story Stem Battery (Bretherton, Oppenheim et al., 2003). <input type="checkbox"/> Widespread use and research base; Used in divorce specific studies	<input type="checkbox"/> 30 minutes <input type="checkbox"/> Analyzed from videotape, and/or transcription	<input type="checkbox"/> Observation space <input type="checkbox"/> Family figures and small props <input type="checkbox"/> Video camera	<input type="checkbox"/> Administration: modest <input type="checkbox"/> Interviewer should have clinical experience with children <input type="checkbox"/> Coding & classification: training seminar + reliability
<b>Adolescent and Adult Attachment—Representational Measures</b>						
13 years +	Adult Attachment Interview (AAI) (George, Kaplan, Main, 1984, 1985, 1996; Main, Goldwyn & Hesse, 2003. See Hesse, 2008, for details.	<input type="checkbox"/> Adult attachment groups (parallel to child groups) Secure; organized insecure; unresolved; cannot classify <input type="checkbox"/> Attachment trauma assessed for abuse and loss	<input type="checkbox"/> Transcript record of childhood attachment experiences. <input type="checkbox"/> Scales: Coherence, States of mind, Experience <input type="checkbox"/> Used with adolescents <input type="checkbox"/> Widespread use across many community and clinical populations; well established research base.	<input type="checkbox"/> 60–75 minutes <input type="checkbox"/> Analyzed from transcript (typically 25–40 pages)	<input type="checkbox"/> AAI interview protocol <input type="checkbox"/> Private space <input type="checkbox"/> Audio tape <input type="checkbox"/> Transcription	<input type="checkbox"/> Administration & transcription: intense. Av. 20–30 page transcript; 8–10 hour transcription time. <input type="checkbox"/> Rating & classification training seminar + reliability. <input type="checkbox"/> Judges available for analysis
13 years +	Adult Attachment Projective Picture System (AAP) (George et al., 2001; George & West, in press	<input type="checkbox"/> Adult attachment groups (parallel to child groups) Secure; Organized insecure; Unresolved <input type="checkbox"/> Attachment trauma sensitive	<input type="checkbox"/> Transcript record of responses to standardized attachment situations (pictures) <input type="checkbox"/> Attachment-derived defensive processes. <input type="checkbox"/> Attachment constructs (e.g., internalized secure base, synchrony) trauma <input type="checkbox"/> Good for use with parents with psychiatric settings and some application with adolescents <input type="checkbox"/> Growing use and research base	<input type="checkbox"/> 20–30 minutes <input type="checkbox"/> Analyzed from transcript (typically 3–4 pages)	<input type="checkbox"/> AAP stimulus picture set <input type="checkbox"/> Private space <input type="checkbox"/> Audio tape <input type="checkbox"/> Transcription	<input type="checkbox"/> Administration & transcription: easy. Av. 3–4 page transcripts; 40 minute transcription time. <input type="checkbox"/> Coding & classification training seminar + reliability <input type="checkbox"/> Coding for trauma + reliability also available <input type="checkbox"/> Judges available for analysis

*Child-Parent Attachment—Caregiving—Interactive Behavior Assessments*

**Table 2**  
**Continued**

<i>Child-Parent Attachment—Caregiving—Interactive Behavior Assessments</i>	<i>Measure/procedure</i>	<i>Classification groups</i>	<i>Kind of information + scales</i>	<i>Length of assessment</i>	<i>Clinic requirements</i>	<i>Training</i>
<b>Parent Caregiving—Representational Assessments</b>						
Adolescent and adult parents of children aged infant to adolescent	Caregiving Interview George & Solomon, 1989, 2008	<input type="checkbox"/> Caregiving groups that parallel child attachment groups Secure Organized insecure (rejecting, uncertain) Helpless	<input type="checkbox"/> Transcript record of descriptions of parenting and interaction with child. <input type="checkbox"/> Attachment-derived defensive processes <input type="checkbox"/> Good use for parents with trauma <input type="checkbox"/> Growing use and research base	<input type="checkbox"/> 60 minutes <input type="checkbox"/> Analyzed from transcript	<input type="checkbox"/> Caregiving Interview protocol <input type="checkbox"/> Private space <input type="checkbox"/> Audio tape <input type="checkbox"/> Transcription	<input type="checkbox"/> Administration & transcription: intense. Av: 20 page transcript; 6–10 hour transcription time. <input type="checkbox"/> Rating & classification training seminar + reliability. <input type="checkbox"/> Judges available for analysis
Adult parents of children ages 3–12	Caregiving Helplessness Questionnaire (CHQ) George & Solomon (2011)	<input type="checkbox"/> Not intended for attachment classification. <input type="checkbox"/> Scales reflect disorganization in caregiving	<input type="checkbox"/> 3 scales derived to indicate features of disorganized caregiving <input type="checkbox"/> Screen for disorganized caregiving <input type="checkbox"/> Good use for parents with trauma <input type="checkbox"/> A recent measure with growing use and research base	<input type="checkbox"/> 10 minutes <input type="checkbox"/> 26-item questionnaire	<input type="checkbox"/> CHQ questionnaire	<input type="checkbox"/> Administration: paper and pencil or read and fill out for parent <input type="checkbox"/> Calculate three scales
Adult parents of children—infant—preschool	Parent Development Interview PDI; Aber, Slade, Berger, Bresgi, & Kaplan, 1985; PDI-R; Slade, Aber, Bresgi, Berger, & Kaplan, 2004). See Slade (2005) for details.	<input type="checkbox"/> Not intended for attachment classification. <input type="checkbox"/> Scales that parallel parent interactive scales + states of mind scales	<input type="checkbox"/> Transcript record of perceptions and evaluations of parenting. <input type="checkbox"/> Growing use and research base	<input type="checkbox"/> 60 minutes <input type="checkbox"/> Analyzed from transcript	<input type="checkbox"/> PDI Protocol <input type="checkbox"/> Private space <input type="checkbox"/> Audio tape <input type="checkbox"/> Transcription	<input type="checkbox"/> Administration & transcription: intense. Av: 20 page transcript; 3–5 hour transcription time. <input type="checkbox"/> Rating & classification training seminar + reliability.

*Note:* This table provides a profile of some major attachment-related instruments applicable to custody evaluation for which there is either an established or an emerging empirical base. It is not an exhaustive list. Like all psychological instruments, it is important to note a few things about these measures:

- These measures employ different methods and each assesses something different; they should not be seen as interchangeable.
- In the context of custody evaluation, these instruments and scales are best used in an integrated manner, rather than as stand alone assessments, as the case study later in this article describes.
- Some measures are well established and are regarded as “gold standards” against which other procedures are validated in concurrent and predictive validity studies (e.g., the Adult Attachment Interview [AAI] and the Strange Situation). Some are newer and their use and empirical base is growing. The validation of any instrument changes as more research is done, and it is beyond the scope of this article to detail the empirical base behind each measure. Published peer-reviewed articles in high-quality journals, particularly replications by independent researchers, are regarded in psychology and law as good indices of validity.
- Original sources detailing psychometric properties for each measure should be consulted for all applications to custody matters. George and Solomon (2008—parent interviews), Solomon and George (2008—child measures), Hesse (2008—AAI), and other papers within Cassidy and Shaver (2008) are recent sources for detail on the empirical base of child and adult attachment measures.

**Behavioral Attachment Assessments.** The *Strange Situation* is a separation-reunion procedure conducted in a standardized observation or consulting room to determine a child's attachment pattern or classification group (Ainsworth et al., 1978; Cassidy, Marvin, & the MacArthur Group, 1987–1992; Main & Cassidy, 1988) and can be used beginning at age 1 through the preschool years, and up to age 6–7 years (Marvin & Britner, 2008; Britner et al., 2005). The *Q-sort* methodology assesses relative security based on 4–5 hours of observations of child–parent interaction in the home and can be used for children ages 1 to 5 years. The *Q-sort* method can be used to generate Strange Situation classification groups (van IJzendoorn, Vereijken, Bakermans-Kranenburg, & Riksen-Walraven, 2004; Waters, 1995).

**Representational Attachment Assessments.** Doll play procedures are used to assess attachment patterns based on careful examination of children's responses to attachment-based story stem prompts using family dolls and props. Some key procedures include the *Attachment Story Completion Task* (Bretherton, Ridgeway, & Cassidy, 1990) and the *Attachment Doll Play Assessment* (George & Solomon, 1990–2007; Solomon, George, & De Jong, 1995). Doll play assessments can be done in the consulting room or the home (if quiet and assured of no parent interference). The Attachment Doll Play Assessment evaluates defensive structure as it is defined in attachment theory, namely, as the patterns individuals use to filter and transform attachment distress, so as to prevent as much as possible becoming overwhelmed by anxiety, sadness, and fear (Bowlby, 1980). Attachment defense patterns provide an excellent indicator of stress and coping mechanisms.

## PARENT MEASURES

Assessing the parent's side of the relationship requires information about two important dimensions of parenting—caregiving and adult attachment. Caregiving assessments are relationship specific, that is, they provide information about the parent's relationship with a particular child. Adult attachment assessments provide information about the parent's representation and current thinking of his or her own childhood attachment experience. Knowing the pattern of adult attachment provides important information about how a parent's childhood attachment experiences may contribute to the stresses associated with parenting and, in the case of divorce, expectations of self, the other parent, and response to conflict.

**Behavioral Caregiving Assessments.** Several good frameworks (e.g., Britner, Marvin, & Pianta, 2005; Ainsworth's Maternal Sensitivity Scales, 1969) exist for guiding and evaluating observations of parent response to the child in play and in separation, as observed in the Strange Situation. These observations support evaluations of the parent's reciprocal interactive behavior that complement our understanding of the child's attachment pattern (Britner et al., 2005; George & Solomon, 2008).

**Representational Caregiving Assessments.** Interviews are used to assess caregiving representation, the parent's current thoughts and feelings about being the parent of a particular child. Interviews provide information about caregiving events that may be ambiguous or are not observable during the Strange Situation (e.g., visitation, separation and reunion, common daily activities such as parenting while trying to get ready for work) (George & Solomon, 1989, 1996, 2008; Pianta, Marvin, Britner, & Borowitz, 1996; Pianta, Marvin, & Mong, 1999; Pianta, O'Connor, & Marvin, 1993; Slade, Belsky, Aber, & Phelps, 1999; Slade, Grienberger, Bernbach, Levy, & Locker, 2005). These interviews would provide a different perspective of child–parent interaction observed in the home if using the *Q-sort* method. The *Caregiving Interview* (George & Solomon, 1988, 1993, 2005, 2007, 2008) identifies caregiving patterns analogous to the Strange Situation classifications and evaluates defensive processes. Uniquely, the Caregiving Interview defines and has validated defensive processing from an attachment perspective, and has been used in divorce research (Solomon & George, 1999c).



**Adult Attachment Assessments (AAIs).** There are two validated adult attachment measures; both provide attachment classification groups that parallel the *Strange Situation* classifications. One well established measure is the AAI (George, Kaplan, & Main, 1984, 1985, 1996; Main, Goldwyn, & Hesse, 2003). This interview guides parents in describing memories and feelings about attachment experiences and their parents during childhood and reflecting on these experiences now as an adult (see Main, Hesse, & Hesse, this issue, and George & Solomon, 2008, for details). The other is the *Adult Attachment Projective Picture System* (AAP, George & West, 2001, in press), which has a growing empirical base, and which we use in the following clinical example. Attachment is assessed based on a parent's response to a set of attachment-theory derived picture stimuli. The AAP is a measure that provides unique information about the attachment-based defensive structure and felt protection. Importantly, there is growing evidence that this methodology is trauma sensitive, an important feature for use within the court population. The AAP can be combined with an abbreviated AAI, so as to supplement the AAP classification and defense pattern with specific information about parents' childhood experiences.

There are two common misunderstandings about adult attachment that need to be addressed here. The first is regarding what constitutes adult attachment. Many believe that adult attachment and caregiving are the same dimension. This fallacious assumption is generated by the common tendency to equate the term attachment with the term bond, and by the strong correspondence reported in the literature between a parent's AAI classification and the child's *Strange Situation* classification (Hesse, 2008). Only a caregiving assessment can address the *current* parent-child relationship. The second misunderstanding is regarding "attachment style." Attachment style is an adult personality construct that applies to adults in a romantic couple (married or dating relationships) and validated largely on an adult partner's reported sexual satisfaction in their relationship (Bartholomew & Horowitz, 1999; George & West, in press; Hazan & Shaver, 1987). Experts agree that these approaches use attachment theory differently and developmental and personality style measures do not assess the same constructs (Crowell, Fraley, & Shaver, 2008; de Haas, Bakermans-Kranenburg, & van IJzendoorn, 1994).

## ETHICAL USE OF ATTACHMENT-BASED ASSESSMENTS

As with all psychological assessments, the ethical use of attachment measures requires training in administration and valid scoring. The measure's validity, and acceptability for use in court and in treatment, is compromised by unethical or sloppy use. Many mental health professionals use (or misuse) attachment assessments in ways that they would never consider using other psychological assessments.

How does one obtain expertise in attachment-based assessment? (1) Get training in the procedural administration. (2) Attend training in order to learn to score the assessments and get certified; or, send the results to an established reliable coder. Trainings are excellent venues to learn about attachment and obtain the background needed to interpret the assessment results. (3) Develop a broad background base in attachment theory and research. Knowing more than a single feature of attachment is needed in order to avoid connecting a finding to one piece of theory and not other important facets. The final perspective will need to integrate congruencies and discrepancies from a multimethod assessment battery.

## THE CASE OF A 2-YEAR-OLD AND HER DIVORCING PARENTS

In the case study that follows, we describe the comprehensive assessment model we have been using in our work for custody evaluations.<sup>1</sup> This model follows the recommendations of the American Psychological Association Guidelines for Child Custody Evaluations in Divorce Proceedings (2010). These guidelines stress the psychological best interests of the child by focusing upon parenting attributes, the child's needs, and the resulting fit. They urge psychologists to strive to gain and

maintain specialized competence, to use multimethod assessments, and to maintain a scientifically sound approach. Evaluations have typically utilized individual and conjoint interviews, psychological testing, and the use of collateral sources (Isaacs, Montalvo, & Abelsohn, 2000; Schutz, Dixon, Lindenberger, & Ruther, 1994). The field is only recently paying attention to the importance of measuring attachment in child custody evaluations (McIntosh, this issue).

For this case, extensive parent information was collected through individual and joint interviews, conversations with collateral sources, court orders, prepared statements by each parent, and parents' e-mail correspondence were reviewed. Formal evaluation of psychological adjustment was completed with traditional personality assessments. The psychological assessment component utilized two well-known personality measures—the MMPI 2 and the Rorschach (Exner, 1993).

This attachment-based assessment focuses on the couple's youngest child. The psychologist for this case, Dr. Isaacs, approached the other two authors, Dr. Marvin, a behavioral assessment expert, and Dr. George, a representational assessment expert, for training in administration of the attachment procedures and preparing the raw results for analysis (e.g., interview transcription, video). Once trained, Dr. Isaacs sent the assessment "data" to Drs. Marvin and George for blind analysis (i.e., without any detailed information regarding the case or each other's evaluations). The results were sent independently to Dr. Isaacs. The evaluation team then discussed the findings and formulated conclusions. The discussion examined consistencies, discrepancies, and complexity in the results and served as the foundation for the final evaluation and recommendations for custody and visitation.

## **SUMMARY OF BACKGROUND HISTORY**

### **FATHER**

Mr. P was the oldest of three children. His parents both worked outside the home. He described his mother as loving and bubbly, and he noted that she did not like bad news. He said his mother had blinders for bad news. Mr. P described his father as happy-go-lucky, energetic, and giving. Mr. P's parents separated when he was three and divorced some time later. He described his parents' relationship after the divorce as cordial. He lived with his mother and spent alternative weekends and 2 weekdays with his father. His mother remarried and had two more children. Mr. P was physically healthy, had no past or present psychiatric diagnoses or addictions, and had no reported childhood loss, abuse, or trauma.

### **MOTHER**

Mrs. P was the oldest child of two siblings. Her father worked in industry and her mother did not work outside the home. Mrs. P described a happy childhood and moral upbringing. Mrs. P described positive and supportive relationships with family members and her siblings. Her father died in a work-related accident when Mrs. P was a teenager. Her mother died after Mrs. P had married and had a child. Mrs. P was physically healthy, had no addictions, and no other reported abuse or trauma besides her parents' deaths. She sought counseling after they died, which she described as helpful. Psychological evaluation after her mother's death found no evidence for clinical depression.

### **FAMILY**

Emily, the child being evaluated, was 2 years old. She was the youngest born child to Mr. P, age 40, and Mrs. P, age 38. Emily had two older brothers, ages 7 and 9. The parents had been married for 9 years and separated for 1½ years at the time of the evaluation. Mr. and Mrs. P began their relationship as friendly neighbors and they subsequently dated for a year before their relationship became serious. Mrs. P worked full-time as a teacher and Mr. P was in professional graduate school. Dedicated to his

schooling, Mr. P preferred not to marry right away. Mrs. P moved with him to another state where they lived together as a couple while he completed his schooling. They married and, after several years, moved back near their home town, close to their families. Mrs. P worked as a substitute teacher until her first child was born, and then decided to be a “stay at home mom.” Mr. P’s profession was demanding and he was away from home for long hours at a time.

Shortly after the birth of their second child, Mr. P became involved in his first affair. The affair fizzled and he asked to come back home. The couple decided to work things out in marriage counseling, but Mr. P only went to a few sessions. Emily was conceived unexpectedly. Mr. P was seeing several other women regularly before Emily’s birth. He had been having an affair for about a year when Emily was born, and had even told his coworkers that he and Mrs. P were getting a divorce. The parents separated and again tried marriage counseling. Mr. P quit counseling after a short time, but started individual psychotherapy. He stayed in his extramarital relationship and finally filed for divorce when he decided that the differences with his wife were irresolvable.

Mr. P wanted full custody of his children. The year prior to the evaluation was highly litigious. The couple tried shared parenting, but was unable to settle on a custody plan. There were fights witnessed by the children. The police were called in more than once by each party, there were restraining orders in place, and Mr. P was arrested on several occasions.

Mr. P’s allegations against Mrs. P were severe. He alleged that Mrs. P had mental health problems and was alienating his children from him. He complained that she was uncooperative and overreacted when challenged. Mrs. P’s primary complaint was that her husband was insensitive and his work prevented him from being with his children.

### PSYCHOLOGICAL TESTING: PERSONALITY MEASURES

These results are discussed here in light of the couple’s allegations.

#### FATHER

Mr. P’s MMPI-2 profile was within normal limits, though he was defensive and self-righteous. He did not acknowledge the level of distress that a person in the middle of a custody fight would typically experience. Mr. P’s Rorschach showed that he was under a great deal of stress, was enormously frustrated, and felt helpless to control important things in his life. His stress was distracting and interfered with his concentration. Mr. P seemed to have more than adequate psychological resources but he did not make use of the resources at his disposal, even in non-stressful situations. Mr. P’s coping style was an inconsistent mix of feeling and thinking coping strategies. He had difficulty making decisions and others would be likely to view him as vacillating and unpredictable. The Rorschach suggested that his decisions, once reached, were rigid and he would not be receptive to new ideas or being reoriented in a different direction.

Mr. P had trouble identifying and regulating feelings. He tested as more likely than most to be susceptible to mood problems (e.g., depression, irritability, cyclical moodiness). He demonstrated a need to keep feelings at bay; he did not want to know what he really felt. His main feeling-deflection strategy was to blur feelings with details. Mr. P was interested in making connections with other people, but feelings of isolation accompanied his desire.

#### MOTHER

Neither the MMPI-2 nor the Rorschach likely demonstrated the full degree of Mrs. P’s strengths or problems. Her MMPI-2 profile was within normal limits, but she was defensive, limiting the instrument’s ability to provide information about her. Mrs. P claimed to be feeling little distress or anxiety, and was the kind of person who had fortitude and self-restraint in the face of adversity. She responded defensively to the Rorschach as well, testing as someone who was low in psychological resources.

There was no evidence of mental health disturbance in Mrs. P's evaluation. The test results, however, did show a great deal of anger. Although her judgments and perceptions were typically in a realistic range, her judgment was likely impaired when she thought others constrained her autonomy. Mrs. P avoided nuances and wanted to simplify situations and apply overarching guiding rules. She was labile and comfortable with drama, but risked misperceiving herself and others. Mrs. P did not identify well with others, which complicated her ongoing interactions, but there was no evidence of feelings of isolation.

## COMPREHENSIVE ATTACHMENT EVALUATION

The comprehensive attachment evaluation we used in this case included the following assessments: The Strange Situation (Cassidy et al., 1987–1992) was conducted with Emily and each parent, with an added clean-up session. These structured observations provided behavioral information about the balance in relationships between attachment distress (haven of safety) and exploration (secure base), in addition to providing observations of behavior management and affect management. The Caregiving Interview (George & Solomon, 1996, 2002, 2005, 2008) was used to assess each parent's caregiving representation. The AAP (George & West, 2001, in press) was used to assess each parent's adult attachment representation. These adult measures both assess defensive patterns (indicators of stress and coping potential), and we were interested to see how patterns related to caregiving and adult attachment separately informed our observations of child–parent interaction. The likelihood of different adult defensive patterns regarding *current* and *past* relationships increases in the presence of stress and trauma (Solomon & George, 2011). The reader will find the classification scheme provided in Table 1 and descriptions of the assessments in Table 2 useful in following the discussion of these assessment results.

### FATHER

**Attachment and Caregiving Behavior.** The Strange Situation evidenced that Emily's attachment with her father was ordered and within normal range, but on the borderline between secure and insecure-ambivalent-resistant. On the child side of the relationship, Emily was able to use her father as a haven of safety, but the secure base dimension of their partnership was out of balance. She was very upset during separation but quieted quickly when her father returned (safe haven behavior). Her play, however, required Father to stay close by on the floor (poor secure base behavior). On the parent side of the relationship, Father delighted in Emily; but Father could be passive and confusing, which are caregiving patterns that elicit the dependency, worry, and anxiety associated with the child's ambivalent-resistant pattern. Although reunion, not separation, is the main focus when evaluating the Strange Situation, coherence across the entire procedure is also important (Ainsworth et al., 1978; Main & Solomon, 1990). Father appeared especially confused and distressed by separation. He had more difficulty leaving the room than what is typical for parents of secure children. He vacillated between distracting Emily (e.g., promises of juice when he returned) and sending mixed signals (e.g., "I'll be right back" followed by "Daddy's not going anywhere."). There were also some signs of disorganization in their relationship, although not sufficient to judge the relationship as disorganized. Father's passivity when Emily sought contact when she was distressed was sometimes on the edge of lifelessness, with moments when Emily and Father appeared to be caught in frozen limbo. Father's passivity also showed up in the cleanup task. He seemed unable or disinterested to take the "parent executive role" during cleanup. Emily firmly refused to clean up and Father cleaned up the toys by himself.

**Caregiving and Adult Attachment Representation.** The results of both the Caregiving Interview and AAP suggested ordered but insecure relationship representations—uncertain/disconnected and

preoccupied, respectively. The underlying defensive posture for these classifications is cognitive disconnection, a defensive exclusion pattern that blocks seeing the “big picture,” which is obscured by a smoke screen of contradictory details.

Father was sweetly sentimental about parenting in the Caregiving Interview, and talked about enjoying snuggling and being silly with Emily. He expressed a strong desire to be a good father. Feelings, not events, however took center stage in their relationship. He dwelled on staying positive, but his own emotional equilibrium eclipsed Emily’s attachment needs. Father indicated during the Caregiving Interview that he was not in control of his work schedule, and that work, at least for now, had to be his highest priority. He often described circumventing taking on the parental executive role in activities that would have benefitted from parental scaffolding. He would later evaluate these activities as situations that went badly, and admitted frustration due to poor planning. There was almost no discussion of Emily’s competencies and no thinking related to fostering exploration and age-appropriate play (secure base).

His AAP classification as preoccupied suggested that his parents did not consistently notice, express concern for, or respond to his attachment needs. The AAP responses confirmed that he was so confused about attachment that he was not able to think about or even “see” attachment distress or events. His representation of self and others was laden with contradiction, and he lacked integrative capacity. Father neither demonstrated the ability to take constructive action nor connection to others in relationships. He never portrayed the self as seeking comfort or assistance from attachment figures.

Father’s representations also contained a salient undercurrent of disorganization. He described during the Caregiving Interview that he became helpless and overwhelmed by Emily’s needs. His own psychological safety took precedence, especially if he believed his response would fuel Mother’s incriminations. Father’s AAP indicated that he was marginally aware of frightening childhood attachment experiences. He could not, however, face the reality of how frightening his parent’s abdication of care really was for him and he walled off or camouflaged his feelings.

## MOTHER

**Attachment and Caregiving Behavior.** Emily’s Strange Situation with her mother was ordered and within normal range, but also borderline. Her classification bordered between insecure-avoidant and secure. Their interaction fostered secure base exploration, but the haven of safety dimension of their partnership was out of balance. On the child’s side of the relationship, Emily responded coolly to her mother’s return following separation, even though she evidenced some tension during the separation. She engaged comfortably with her mother in play, however, demonstrating that her mother’s secure base was a resilient factor in their relationship. On the parent’s side of the relationship, Mother pressured Emily to be competent in play, especially early on during the procedure, and disregarded allowing her to play as she wished. At the beginning of the assessment, Mother barraged Emily with questions, again demonstrating that her daughter’s competence appeared to be a higher priority for her than supporting autonomy and enjoyment. She calmed down as the procedure continued and supported her daughter’s exploration; Emily then felt comfortable to communicate her delight in her Mother’s contribution. Mother had no problem taking the executive role during cleanup, being quite directive at first, but becoming more balanced as the cleanup progressed.

**Caregiving and Adult Attachment Representation.** The results of both the Caregiving Interview and AAP suggested that Mother’s adult representations were ordered and secure. This means that she viewed attachment and caregiving as a balanced and mutually enjoyable relationship.

Mother’s Caregiving Interview demonstrated classic caregiving themes associated with secure/flexible caregiving, including mutual and vicarious joy, and commitment. Mother was sensitive to Emily’s developmental capabilities. The strongest feature of her caregiving representation was her capacity for reflection. Her position as stronger and wiser never wavered and was not threatened, even

when Father was being an adversary. Mother was committed to buffering Emily against unnecessary distress, especially during separations and trade-offs with Father.

Two main characteristics defined Mother's AAP classification as secure/flexible. One was her representation of attachment figures as available, sensitive, and contingently responsive. The other was her representation of self as taking advantage of solitude to engage in the hard work required to think about attachment distress and develop plans for future action.

Deactivation was the main defensive strategy evidenced in both of Mother's adult assessments. Deactivation works to cool down emotional intensity, likely supporting Mother's "stiff upper lip" and her ability to defuse or neutralize potential frustration or worry. Her AAP suggested that these strategies were developed during childhood from experiences in which attachment figures likely emphasized the importance of resolving problems. When stress increases, deactivation can undermine the attachment-caregiving balance by shifting emphasis to exploration (secure base) when comfort and care are most needed (safe haven). Mother's AAP demonstrated her capacity to push others away if threatening or the situation got too tense. If this pattern is not balanced by flexibility, it fosters feelings of being distanced and rejected and the quality of the child's attachment relationship is poised to be avoidant.

### SUMMARY

The results of the assessments did not easily line up. There were discrepancies between the personality test results and the attachment evaluations, and some discrepancies among the attachment and caregiving behavioral and representational assessments. Given the results of the personality testing, it was not surprising that Mr. and Mrs. P were having a very difficult time dealing with one another. Both were defensive and out of balance. Based only on the personality assessments, we might have predicted that neither parent was suited to provide attachment security, and it would have been difficult to develop recommendations for custody and visitation based on these results. Yet, information about personality and mental health does not necessarily inform attachment (Solomon & George, 1999a). The attachment and caregiving assessments were needed to better understand how these parents' personality problems were (or were not) being played out in their relationship with Emily.

The parents' representational assessments were more consistent than the behavioral observations in the Strange Situation. Father was struggling with ambivalent confusion and passivity, and the results also corroborated Mother's main allegations of insensitivity and work focus. Father also struggled with frightening isolation (corroborating his Rorschach). The intensity of trauma evidenced in the AAP was analogous to individuals with known attachment trauma (Buchheim & George, 2011). Father's childhood was likely not as satisfying as he portrayed. Mother's assessment as secure/flexible boded well for her future capacity for sensitivity and reflection. These assessments confirmed, however, Mother's tendencies under stress to push too hard for Emily's competence and they corroborated Father's view that she refused to cooperate.

Representational assessments provide information about the parents' potential. The Strange Situation is the litmus test as to how this potential is being played out during attachment events. The combination of these approaches to evaluating the attachment context of this child was essential; each assessment complemented the others, with the structured interviews adding incremental information to the formal observational data. Emily's attachment behavior in the Strange Situation was within normal range, but the borderline classifications combined with the parent assessment discrepancies with observations of their interactive behavior were worrisome. The imbalances we observed in these assessments are characteristic of the attachment risk associated with strong parent conflict (McIntosh et al., 2010; Solomon & George, 1999a). While extensive parental conflict is not good for any child, our combined assessment confirmed that the biggest risk factor for Emily's attachment was her parents' fighting. If these parents continued fighting, especially in Emily's presence, her borderline-ordered attachment would be at risk for greater insecurity, including becoming disordered/disorganized. Our first recommendation, then, addressed the parents' need to manage their anger and

figure out how to work together more amicably. We suggested that they work with a parenting coordinator with the goal to resolve or better contain their parenting conflict.

Our second recommendation was for joint custody, with a regular visitation schedule that limited the number of overnights with Mr. P because of Emily's young age and what we learned about her attachment patterns. Mrs. P had the capacity to serve as a haven of safety and secure base for Emily in a way that her husband did not. Fatherly love was not an adequate substitute for his indecision, lack of a caregiving plan, and abdication of caregiving when threatened. There was no evidence of disorganization in the mother-daughter relationship. This recommendation was made with the clear message that the parents needed to work out their conflict, and the recommendation included high stakes if one or both did not cooperate in an effort to do so.

## CONCLUSIONS

We began this article by suggesting that attachment-based assessments play an essential role in providing systematic information about child-parent relationships that cannot be obtained in other ways. We summarized some of the major, validated assessments available and their specifics, to provide readers with easy access to a range of assessments available for their use. The case presentation demonstrated how our combined use of traditional personality assessments and attachment-based measures increased the incremental validity of the overall clinical evaluation. The attachment-based assessment drew our attention beyond the mechanics of care to the emotional underpinnings in these relationships. These measures provided insight into the general findings of adult personality instruments and helped us interpret the accrued collateral interviews and other information. We propose that one of the strongest advantages in using attachment-based measures is that they allow a community of researchers and evaluators to compare data from a large number of cases and situations. Their scientific credibility provides evaluators with insights about established developmental risk and resilience factors for children and parents confronting the stress of divorce and custody negotiations.

## NOTE

1. All identifying details in the case have been altered.

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