

# Assessing the Use of the Child Attachment Interview in a Sample of Israeli Jewish Children

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## ABSTRACT

**Background:** This manuscript assesses the use of the Child Attachment Interview (CAI) in a sample of Israeli Jewish children in middle childhood in order to add to empirical data on this measure.

**Method:** Forty-one children between the ages of 7 and 13 were consecutively recruited to the study. The clinical sample included 29 children diagnosed with anxiety disorder, major depression or ADHD. The Father Focused Referral (FFR) sample included 12 children whose father was unavailable to them. Participants were administered the CAI and coded by certified personnel.

**Results:** 81.4% concordance was found between maternal and paternal secure-insecure attachment classifications in the clinical sample; 100% of the children in the FFR group were classified as insecurely attached to their fathers suggesting convergent validity for the classification of father attachment; 45.4% of the children in the FFR sample were also classified as insecurely attached to their mothers, pointing to the difference that can be found between the two parental attachment classifications in relevant cases, and therefore to sufficient discriminant validity between the two classifications.

**Conclusions:** The clinical sample concordance rate, which was lower than in previous studies, indicates that parental concordance rates should be further investigated using different samples and countries. The study's findings regarding the difference that can be found between

parental attachment classifications show the instrument's relevance in cases which the parental representations may differ. In these cases, using an instrument that does not examine the attachment toward both parents might not suffice. Study limitations and further implications are discussed.

The Child Attachment Interview (CAI) provides an organized method and means for assessing attachment style in middle childhood (1). The CAI is a semi-structured interview based on the Adult Attachment Interview (AAI) (2) that elicits attachment-related information using direct questioning and conversation. Notable methodological and conceptual adaptations made to adjust the CAI to the developmental, cognitive and emotional characteristics of middle childhood resulted in a measure that captures information regarding the availability and responsiveness of attachment figures as perceived by children (3).

The CAI encompasses two notable strengths. First, it offers a protocol and a coding classification system (1) that enable research scholars and clinicians to use it reliably. Second, while other non-self-report middle childhood attachment measurements exist (e.g., 4), the CAI is the only measure with complete psychometric evaluations (1, 3) that is focused on parental figures representations. The CAI's psychometric properties include (1, 3): (a) high internal consistency of scale scores; (b) adequate reliability; (c) predictive validity for attachment within mother-child

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dyads (AAI-CAI); and (d) construct validity that is partly supported by a sufficient level of agreement between CAI and other attachment measures as well as by a lack of associations between CAI and theoretically unrelated variables such as gender, age and verbal I.Q.

Due to the measure's psychometric properties and its focus on parental figures representations, studies using the CAI have the potential to advance scholars' understanding of the role of attachment towards the parents in the emotional development during middle childhood. For example, in a study that used the CAI to examine the link between mother and child (8-12 years old) depressive symptoms and attachment classifications it was found that higher levels of maternal depressive symptoms were associated with higher levels of child depressive symptoms only in children with lower attachment security (5). The relationship between attachment styles and psychopathology is broadly discussed in the literature (6). Research shows that insecurely attached children are at greater risk to develop anxiety disorders (7), behavior problems (8, 9) and depression during adolescent years (10, 11). According to the attachment theory the repeating interactions between the child and his caregivers creates an Internal Working Model (IWM) (12) which has a significant effect on his or her ability to cope with emotionally arousing situations in the future (13, 14). Subsequently, attachment security is associated with the ability to better manage emotions in relevant situations. For example, higher attachment security is associated with less fear and anger in episodes designed to elicit fear and anger, and less distress in episodes designed to elicit joy (15). In addition, attachment is one of the factors determining degree of ego-control and resiliency in faces of new problems (16). Therefore, the relation between the child attachment classifications towards the parents in different samples (e.g., clinical, non-clinical) can shed light on different pathways of emotional development. Researchers using the CAI have shown among non-clinical samples of school age children in different countries that most children (61%-71%) were classified as having a secure attachment towards the parents (3, 17, 18). In addition, research showed that a clinical sample of children who suffer from psychopathology includes a small yet substantial proportion of secure attachment (26% secure) towards parents compared to a non-clinical sample (61% secure) (3). Similar results were found in a recent study of a clinical sample of adolescents (30% secure) (19), suggesting that while a prospective connection exists between attachment insecurities and vulnerability to disorders, there are other pathways to the development of psychopathology (20).

Studies using the CAI have also exhibited high rates of concordance between maternal and paternal secure-insecure attachments, ranging from 92% in children (3) to 94.8% in adolescents (19). The phenomena of non-concordant relationships with different attachment figures had been previously discussed in the literature and studies show that infant attachment towards the mother and father can be relatively divergent (e.g., 21-23). According to Shmueli-Goetz and colleagues (3), the high concordance rate found while using the CAI raise the question of whether school-age children also have different IWMs for these two figures. The authors suggest that the high concordance rates found may imply one IWM and a need to create a unified attachment style report for the two attachment figures as formulized in the AAI.

Studies on the CAI did not examine, however, the concordance rates in cases where the relationship with both parents is known to be different. In these cases, the concordance rates may be smaller. For example, in a study examining attachment classifications towards both parents in a sample of school-age children using the Kerns security scale (24) the concordance rate between parental classifications was dependant on different factors including sense of child's competence and gender. Subsequently, Main et al. (25) found cases in which assessments of future attachment representation were highly predictable from infants' attachment classification towards the mother and not towards the father. These data led scholars to believe that the construction of the working model that is based on the relationship towards the principle attachment figure may be much influential than the other (26-28).

It seems that one would expect different IWMs in childhood when one parental figure is more present or the relationships with the parents are quite different. It is thus essential to examine the applicability to use the CAI to identify lower concordance rates in relevant cases in which differences between parental representations may be expected. It is also worth noting that considering this question in the context of the properties of the CAI measure is important in understanding children's emotional development, since insecure attachment towards one parental figure may have a dramatic negative impact on the child's general attachment behaviors. Keeping the above considerations in mind, we address the following points. First, while the authors of the CAI provided data establishing it as a reliable, valid and promising measure of child-parent attachment (1, 3), we sought to add to empirical data currently available for the CAI in middle childhood by examining the distribution of the CAI mater-

nal and paternal attachment secure-insecure classifications and the concordance between them in a clinical sample of Israeli Jewish children in middle childhood. Specifically, this study will add to empirical data on CAI as one of the few studies conducted on a clinical non-English speaking sample of school age children (e.g., 29). Second, the construct validity of the CAI was supported in previous studies examining the associations between this measure and several self-report and demographic variables (1, 3, 18), as well as in a study on Italian sample of children showing the relation between insecure attachment classifications and parental neglect or abuse (29). In the current study we sought to further establish this validity by measuring secure-insecure attachment classifications and parental concordance rates in a sample of children who have one parent that is not positively present in their life and another parent who may be positively present. Small parental attachment concordance rates in this sample may support the measure's construct validity by presenting its ability to distinguish between different parental attachment representations in relevant cases and the importance of examining both representations in middle childhood.

## METHOD

### PARTICIPANTS

The sample included 41 children between the ages of 7 and 13 ( $M=10.18$ ,  $SD=2.00$ ) who were consecutively recruited at three different sites and were diagnosed by two senior child and adolescent psychiatrists according to DSM-IV.

Twenty-nine children (62.1% boys) were recruited at the child and adolescent outpatient clinic of the Tel Aviv Community Mental Health Center (clinical sample). This sample included 11 children (five boys) diagnosed with anxiety disorders, 10 children (six boys) with major depressive disorder, and eight children (seven boys) with attention deficit hyperactivity disorder.

The Father Focused Referral (FFR) sample included 12 children (58.3% boys): Six children (five boys) and their parents were recruited from an adult outpatient psychiatric unit specializing in the treatment of post-traumatic stress disorder. All six of these children had a father who was diagnosed by their clinician as currently suffering from PTSD and for at least two years. In these cases, children lived with their father and mother in the same house. In addition, six children (two boys) and their families were referred to our clinic by the court and social welfare authorities due to parental alienation. Children were considered to have parental alienation if their mothers actively denigrated their

fathers and the children had refused to visit the father for a minimum of four months. All children from the FFR sample were not diagnosed with a mental disorder (e.g., depression, anxiety, ADHD). No group differences were noted with regard to gender and age. Therefore, these variables were not included in subsequent analyses.

## MEASURES

**Child Attachment Interview.** This semi-structured interview was developed to assess attachment security by evaluating children's mental representations of attachment relationships (1). Development of the interview and the coding system was based on the AAI. The CAI focuses on attachment-related experiences such as meaningful behaviors in the context of attachment and separation (30) and on the partitioning of a narrative into discreet episodes within the relationship (31).

In comparison to the AAI a more flexible approach was used to adapt the interview (i.e., CAI) to children. This flexibility enabled the children to meet the demands of the interview and focus on their current relationship with their parents and on recent attachment-related behaviors. The interview protocol contains 14 questions (e.g., what happens when your mom gets upset with you?) designed to elicit children's representations of primary attachment figures (1). The protocol also includes focused prompts used to assist children in producing attachment-related narratives.

The CAI coding and classification system comprises eight subscales designed to assess the child's current attachment-related state with respect to primary attachment figures. These subscales are: Emotional Openness, Balance of Positive/Negative References to attachment figures, Use of Examples, Preoccupied Anger, Idealization, Dismissal, Conflict Resolution and Overall Coherence. Three of these subscales, Preoccupied Anger, Idealization and Dismissal, are rated separately for each attachment figure, resulting in a total of 11 subscales. These three subscales are differentiated based on the assumption that they reflect context-specific attachment strategies that may differ between the two parental figures and do not reflect a general capacity. Additionally, unlike the other subscales, these three subscales are indicators of insecurity. That is, a higher score on these three subscales refers to lower rates of attachment security. A simple behavioral analysis of the children's responses within the interview situation (e.g., maintenance of eye movement) is included while assessing the subscales. A score between 1 and 9 is assigned to each subscale based on careful analysis of the narrative and on nonlinguistic assessment. In addition

to these subscales, the CAI yields binary secure-insecure distinction and four levels of security-insecurity (sub classifications: Dismissing, Secure, Preoccupied, Disorganized) using an algorithm for combining the subscale ratings (1). As the concordance rates in previous studies focused on the binary secure-insecure distinction and due to the sample size of our study, the authors decided to report only on secure-insecure classifications.

## PROCEDURE

This study was approved by the Institutional Review Board. The parents signed an informed consent form and the children also gave their agreement to participate in the study. The interviews were conducted by two psychologists and two senior social workers. The recorded interviews were coded by clinical psychologists trained in the administration and coding of the CAI at the Anna Freud Centre in London, for which they received CAI accreditation after reaching satisfactory inter-rater reliability rates. Coding of the current research was conducted under the supervision of Dr. Shmueli-Goetz from the Anna Freud Centre who examined and approved the interviews' coding. Three participants (two from the clinical sample) were not coded for father attachment subscales or classification due to lack of information gathered in the interview. Therefore, we analyzed a sample of 38 participants when examining paternal attachment classifications and differences between samples in paternal subscales.

## RESULTS

The results are presented in two main sections. In the first section we examined the CAI parental secure-insecure classifications and concordance rates. We used cross-tabulation of the samples (clinical and FFR) and conducted relevant statistical tests to examine CAI parental classifications difference. In the second section, we explored the CAI subscales across the clinical and FFR samples.

### CAI PARENTAL CLASSIFICATION CONCORDANCE IN THE CLINICAL AND FFR SAMPLES

Table 1 presents the cross-tabulation between the samples (clinical and FFR) and type of parental attachment. Overall, secure attachment towards the mother appeared in 37.9% of the clinical sample and in 58.3% of the FFR sample. Chi square test of independence showed that the samples did not differ significantly in the distribution of mother's secure and insecure attachment [ $\chi^2(1) = 1.43, p = .23$ ]. While 33.3% of

the children in the clinical sample were classified as securely attached to their fathers, 0% of the children in the FFR sample were classified as securely attached to their fathers. Chi square test of independence showed that the clinical and FFR samples differed significantly in the distribution of father's secure and insecure attachment [ $\chi^2(1) = 4.80, p = .03, f = 0.36$ ]. The CAI distribution of concordances between maternal and paternal classifications is presented in Table 2. Overall, the concordance in the clinical sample was 81.4% and in the FFR sample the concordance rate was 45.5%.

**Table 1.** Cross-tabulation of Sample Groups by Parental Secure and Insecure Classification on the Child Attachment Interview (CAI)

	Maternal		Paternal	
	Secure	Insecure	Secure	Insecure
Clinical sample	11 37.9%	18 62.1%	9 33.3%	18 66.7%
FFR sample	7 58.3%	5 41.7%	0 0%	11 100%
Total	18 43.9%	23 56.1%	9 23.7%	29 76.3%

**Table 2.** Sub-Group Distribution by Parental Secure and Insecure Classification on the Child Attachment Interview (CAI)

Sample	Father	Mother	
		Secure	Insecure
Clinical sample	Secure	25.9% (7)	7.4% (2)
	Insecure	11.1% (3)	55.5% (15)
FFR sample	Secure	0% (0)	0% (0)
	Insecure	54.5% (6)	45.5% (5)

### CAI SUBSCALES

Independent samples *t* tests were used to compare the CAI subscales between the two general samples (i.e., clinical and FFR samples). Due to statistical power considerations stemming from the small sample size no type-one error corrections were conducted. These results, shown in Table 3, revealed that compared to the clinical sample, the FFR sample scored significantly higher on the Use of Examples and Anger with Father subscales. That is, during the interview, children in the FFR sample used more relevant examples and reflected higher rates of unresolved anger towards the father.

## DISCUSSION

The aims of this study were (a) to provide an additional source of empirical data regarding the use of the CAI

**Table 3.** Means, Standard Deviations and independent sample t-tests of the Child Attachment Interview (CAI) Subscales by Clinical and Father Focused Referral (FFR) Samples

Measure	Clinical sample (n=29)	FFR sample (n=12)	t	Cohen's d
Emotional Openness	4.79 (1.58)	5.41 (1.68)	-1.14	-.38
Balance	4.18 (1.16)	4.50 (.64)	-.89	-.34
Use of Examples	4.93 (.84)	6.08 (1.08)	-3.69**	-1.19
Anger with Mother	1.82 (1.28)	1.33 (1.15)	1.14	.40
Anger with Father	1.52 (.87) <sup>a</sup>	2.64 (1.69) <sup>b</sup>	-2.09*	-.83
Idealization of Mother	2.41 (1.55)	1.83 (1.34)	1.13	.40
Idealization of Father	2.45 (1.66) <sup>a</sup>	2.27 (1.56) <sup>b</sup>	.30	.11
Dismissal of Mother	2.58 (1.56)	2.83 (1.95)	-.44	-.14
Dismissal of Father	2.38 (1.70) <sup>a</sup>	3.36 (1.91) <sup>b</sup>	-1.58	-.54
Conflict Resolution	4.23 (.90)	4.71 (.81)	-1.59	-.56
Coherence	4.57 (.89)	5.00 (1.11)	-1.31	-.43

**Notes:** Standard Deviations appear in brackets. \* $p < .05$ . \*\* $p < .01$

<sup>a</sup> the calculation was based on a sample of 27 children (see procedure).

<sup>b</sup> the calculation was based on a sample of 11 children (see procedure).

in a clinical sample by examining maternal and paternal attachment classifications and the concordance between them in a clinical sample of Israeli Jewish children; (b) to further establish construct validity by examining CAI attachment classifications and concordance rates in a sample of children with a father not positively present in their life.

### CONCORDANCE AND PARENTAL ATTACHMENT CLASSIFICATIONS IN THE CLINICAL SAMPLE

The 81.4% concordance between maternal and paternal attachment classifications found in our clinical sample was somewhat lower than the 92-94.8% concordance found in previous studies (3, 19). This difference may be explained by the different characteristics of the samples. Nevertheless, our clinical sample is similar to that studied by Venta et al. (19) in its proportions of psychiatric diagnosis. Additionally, our study's sample age distribution is similar to that in the original paper by Shmueli-Goetz and colleagues (3), reducing the possibility that age differences are the source of this gap. Therefore, future studies with larger samples are needed to clarify the expected range of concordance between maternal and paternal attachment classifications. The proportion of secure attachment classification in our clinical sample (26%) was similar to that in Shmueli-Goetz et al.'s clinical sample (26%). This finding may be congruent with the concept that attachment insecurity can be viewed as a general vulnerability

to mental disorders (32) and that being securely attached increases resilience but does not eliminate all pathways of psychopathology development (20).

To summarize, the findings regarding the CAI parental classifications and concordances in the clinical sample partially support those of previous studies. The secure attachment classification is relatively similar to that in previous studies. Rates of concordance among parental attachment types, in contrast, should be examined in further research using different samples and countries.

### CAI CONSTRUCT VALIDITY

Overall, the current study supported the construct validity of the CAI. First, the finding that 100% of children in the FFR group were classified as insecurely attached to their fathers suggests convergent validity for the classification of father attachment. Research has shown that people who suffer from PTSD have a low capacity to be emotionally available for their family needs, a low capacity to sustain relationships (33) and severe problems in parenting skills (34). In addition, children from the Alienation group were not in an ongoing contact with their fathers. Therefore, it is reasonable to assume that the father figures of children from the FFR sample were not emotionally available to them, as shown and validated in their attachment classifications. Second, only 45.4% of the children in the FFR sample were also classified as insecurely attached to their mothers, resulting in a small concordance rate between the two parental attachment classifications. To the best of our knowledge, this concordance is the smallest found in published studies regarding the CAI. It points to the difference that can be found between the two parental attachment classifications in relevant cases, and therefore to sufficient discriminant validity between the two classifications. This preliminary finding suggests the importance of using two scales in relevant cases, one for each parental figure. Further research using a larger sample of children with different attachment classifications towards both caregivers should be carried out to examine the question of whether children have different IWMs for their two parents. Finally, the finding regarding rates of the father subscales in the FFR sample partially supports the CAI's convergent validity: The FFR sample exhibited lower attachment quality on two of the three father subscales compared to the clinical sample (i.e., Preoccupied Anger and Dismissal), with only one significant difference (Preoccupied Anger towards the father). Overall, the CAI's general construct validity appears to be established on the attachment classification level (i.e., secure-insecure) and reinforce the empirical

findings of previous studies showing sufficient construct validity for the instrument (1, 3, 29).

### LIMITATIONS, FUTURE DIRECTIONS AND CONCLUSIONS

Several limitations of the current study should be noted. The study was conducted with a small sample, making it difficult to draw conclusions in few cases. It is worth noting that the maternal security rates across samples (presented in Table 2) differed by 20%, but this might not revealed a statistically significant difference because of the sample size. In order to detect the difference of 20% with 80% power the required samples sizes for the conducted Chi-square are 162 and 65, respectively (we considered unequal sample sizes for the two groups because the original data had unequal sample sizes). Future research comprising a larger sample of school-age children can help confirm the directions of our findings while revealing new findings as well. Additionally, the clinical sample consisted of children suffering from a mental disorder at the time the CAI was administered. It is therefore difficult to establish a direct relation between mental health condition and attachment classification. Future research with a prospective design could address this question more adequately.

Despite these limitations, the preliminary findings of the current study contribute to the instrument's reliability and validity. Specifically, they show the instrument's relevance in cases where the parental representations may differ. In these cases, using an instrument that does not examine the attachment toward both parents might not suffice. Future research could answer this notion while using also attachment measures that does not relate to attachment classification towards both parents (4). The findings also show the relevance of further examining the CAI distributions in different samples. This approach may benefit scholars in understanding the properties of attachment and their relation to mental disorders.

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