

The Parents Interview

The assessment. The Parents' Interview is a 1-hour, semi-structured interview that is given to the parent(s) or primary caregiver(s) of a child (PI, Crittenden, 1981). It consists of a series of questions that ask the speakers to consider (a) their childhood experience, (b) their functioning together, and (c) how they work together to raise the child(ren).

A particular feature of the PI is that all the children in the family are present and, although there are toys and activities for them, the parents are asked to manage both the interview and the children. Managing multiple stressful situations at one time simulates the conditions that elicit parenting problems. Significantly, research has shown that psychiatric patients can be reliably identified by non-verbal behavior and non-verbal behavior is more predictive of treatment success and relapse than verbal behavior (Troisi, 1999). For example, 'displacement' activities (such as playing with children rather than attending directly to the interviewer) can signal impending suicide risk (Geerts & Brüne, 2009). During the Parents Interview, there is an opportunity to observe whether parents can attend to the questions or, instead, use the children to distract themselves from uncomfortable topics.

Like the *Adult Attachment Interview*, the PI asks for the same information in multiple ways; this permits exploration of conflicting ideas that could motivate incompatible behaviors. Individuals with less integration of thought and feeling, i.e., with varied and incompatible answers to the same question, are more likely to behave in unexpected and unacceptable ways than individuals with greater awareness of how the past motivates their current behavior.

Unlike other assessments of attachment, the PI explores how the couple functions in their relationship by looking at how they work together to answer the questions. Compared to the *AAI*, it does not capture the range and specificity of unresolved losses and traumas. On the other hand, comparing the array of family strategies shown during the PI with those shown in the individual assessments can suggest whether the family supports its members or is a source of distress. Families who support their members often use less extreme strategies when they are together during the PI than individually.

The PI is video-recorded and then transcribed verbatim. Information is gained by attending to each individual's speech, their relationship to each other, and their relationship with the interviewer. The PI is analysed using the DMM-AAI method of discourse analysis in which the content of the interview is less important than how the speaker thinks about their childhood, as an adult, and how they interact with their partner and the interviewer.

Validity. There is only one published study using the PI (Crittenden, Partridge, & Claussen, 1991). That study indicated that the PI could differentiate four groups of parents: abusing, neglecting, marginally maltreating, and adequate. Numerous IASA

Family Attachment Court Reports have shown that the Parents Interview reveals information about the family's structure and functioning that was not known from the other assessments of attachment, nor mentioned in the documents provided to the court by other professionals.

Outcomes. The PI yields 4 types of information:

An approximation of an attachment strategy, i.e., the way speakers (separately) use information to organize their behavior when they feel threatened or believe their children to be endangered, i.e., their self-protective strategy;

An over-riding distortion of the strategy such as depression;

A brief developmental history of each speaker. This history combines information provided directly by the speaker with information derived from the pattern of errors and transformations (i.e., dysfluency) in the discourse. The history is neither complete, nor accurately balanced, but does tell something about the current perceptions of the speaker and how these might affect their parental behaviour.

Level of Parental Reasoning (LPR), i.e., how the parent thinks about making caregiving decisions for the children. The levels range from inarticulate to simplistic to complex interpersonal decision-making. The LPR suggests the flexibility and sensitivity with which the parent will be able to interpret and respond to the child's behaviour.

Limitations. The coding method is less precise than for the other DMM assessments and sufficient validity studies are lacking.

References

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