

- **IASA Family Attachment Court Reports**

The International Association for the Study of Attachment (IASA) has developed a protocol for assessing attachment for court reports and planning in cases of mental health concerns (Crittenden, Farnfield, Landini, et al., 2013). The essence of the IASA Court Protocol is the use of *validated assessments* by *reliable coders* for *all family members* to yield *evidence* (rather than clinical opinion) regarding family attachment relationships. Evidence is to be clearly differentiated from interpretation through the use of ‘Notes’ and presented in a report that builds from (1) theory and assessments to (2) person-specific assessment results to (3) integration of all that is known in a Family Functional Formulation to (4) using 1-3 to answer the questions posed before the assessment was begun and recommending indicated and contra-indicated next steps. Throughout the process of gathering and integrating evidence should be clear to all readers of the report.

Because there are many assessments, each of which requires a range of skills, the IASA Family Attachment Court Protocol allows for three levels of expertise.

Level I - *IASA family attachment reports*.

In the fullest report, the “forensic-clinical” attachment expert with additional authorization to formulate cases receives the letter of instruction, codes the assessments, writes the report and recommendations, and answers the questions in the letter of instruction independently. The expert must indicate the order in which the assessments were coded because this indicates what the coder knew about family members in each subsequent assessment. The report should have all four parts listed above and provides the highest level of integration around DMM ideas. Its limitations are the coder’s error rate and his or her experience, insight, and wisdom in recommending services or procedures to address the problems of maltreating families.

Level II - *DMM-formulated reports*.

Alternatively, the authorized attachment expert may classify all the assessments, read the history and write a functional formulation, but do so for inclusion with another expert’s report. For example, the expert assigned to evaluate parenting capacity may include the attachment report within his or her report. In this case, the recommendations are made by the professional who received both the letter of instruction and the attachment report. “Forensic/clinical” accreditation is required. The limitations are the limited awareness by the coder of the findings of other experts and the error rate for classification of the coder. In DMM-formulated reports, Parts 1, 2, and 3 for an IASA family attachment report are written by the expert on attachment.

Level III - *DMM-informed reports*.

Coders with “coder” level accreditation may function as coders only, working with court-appointed forensic experts. These coders submit their classification to the forensic expert who received the letter of instruction. The expert then integrates the attachment results into the expert’s full report and responds to the questions in the letter of instruction. In these cases,

different coders may be used for different assessments. The important limitations are the coders' lack of opportunity to find congruencies among the assessments, the higher error rate for "coder" data than for "forensic/clinical" data, and the sometimes limited understanding of attachment by the forensic expert. In a DMM-informed report, the accredited attachment coder writes Part 2 of the report for a specific assessment. The forensic expert then uses the various attachment reports as fits his or her understanding of the case.