

The Preschool Assessment of Attachment

The assessment. The PAA assesses a child's self-protective strategy in a specific attachment relationship, indicating (1) whether the child identifies the parent as a source of danger or protection or both and (2) what strategy he or she uses for self-protection. Based on published studies (see below), the PAA is currently the best assessment of attachment in 2-5-year-old children with evidence that it differentiates maltreated and emotionally troubled children as well as children of troubled mothers from more normally developing children.

The PAA uses the modified Strange Situation Procedure that accommodates children's ability to walk, talk, and open doors. In the PAA, the parent/caretaker and the child are in an unfamiliar setting suited for videotaping. The dyad is taken through eight 3-minute episodes which gradually increase the amount of stress, thus eliciting the child's attachment strategy, culminating in a 3-minute period when the child is left entirely alone. The behavior of the child in threatening moments (separations from the attachment figure) and in moments when support is available (the primary attachment figure or a surrogate attachment figure) reveals the child's self-protective strategy.

Securely attached children both manage their own feelings well and also call for and/or welcome the parent back upon reunion. Anxiously attached children either (1) ignore the parents' departure and return or (2) make excessive demands upon the parent during departure and reunion. Children at risk can also show (3) extreme forms of the patterns, (4) combinations of the two patterns or (5) appear depressed and helpless in the face of danger. Children who have experienced out-of-home placement often show especially cautious strategies as though afraid seek closeness or display desire for comfort.

Advantages of the PAA. The most significant advantage of the PAA is that it is most robust assessment of attachment at 2-5 years, but because it requires a laboratory setting with three people (the stranger, the camera person and a manager), it cannot be used for screening (as can the CARE-Index). The PAA is particularly sensitive to nuances of attachment behavior in high risk contexts. Consequently, as the risk increases, there is a corresponding decrease in the number of children classified as securely attached. This reduces the proportion of 'false secures' found with other methods of assessing attachment.

Outcomes. A PAA yields the following types of information:

The child's attachment strategy with this particular adult.

The possibility of an overriding distortion of the strategy or an indication that the strategy is not functioning effectively for the child such as unresolved trauma, loss or depression in the child.

Limitations. A PAA can only be used with an attachment figure, i.e., a caregiver of substantial temporal duration with the child). The results of the PAA are specific to the attachment figure in the procedure and children often have different strategies with

different parents/carers. Additional Strange Situations, for other attachment figures, should be in a different location, with different people, and spread as widely as possible apart in time. Another limitation is that the PAA gives little understanding of the adult's behavior. Like all assessments of attachment, the PAA must be classified 'blindly' by an authorized coder (who presents a current and valid reliability certificate from The Family Relations Institute). After classification, the PAA must be interpreted clinically in the light of the history and assessments of the attachment figure. A PAA cannot determine whether a child is attached, nor how 'strong' the attachment is.

References

- Ainsworth, M. D. S., Bell, S. M., & Stayton, D. D. (1974). Infant-mother attachment and social development: "Socialization" as a product of reciprocal responsiveness to signals. In M. P. M. Richards (Ed.), *Integration of the child into a social world* (pp. 99-135). Cambridge: Cambridge University Press.
- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Hillsdale, NJ: Lawrence Erlbaum.
- Chisholm, K. (1998). A three-year-follow-up of attachment and indiscriminate friendliness in children adopted from Romanian orphanages. *Child Development*, *69*, 1092-1106.
- Crittenden, P. M. (2004). *The Preschool Assessment of Attachment. Coding manual*. Unpublished manuscript, Miami, FL, USA.
- Crittenden, P. M., Claussen, A., & Kozłowska, K. (2007). Choosing a valid assessment of attachment for clinical use: A comparative study. *Australian and New Zealand Journal of Family Therapy*, *28*, 78-87.
- Fagot, B. I., & Pears, K. (1996). Changes in attachment during the third year: Consequences and predictions. *Development and Psychopathology*, *8*, 325-344.
- Hautamäki, A., Hautamäki, L., Neuvonen, L., & Maliniemi-Piispanen, S. (2010). Transmission of attachment across three generations. *European Journal of Developmental Psychology*, *7*, 618-634.
- Moilanen, I., Kunelius, A., Tirkkonen, T., & Crittenden, P. M. (2000). Attachment in Finnish twins. In P. M. Crittenden, & A. H. Claussen (Eds.), *The organization of attachment relationships. Maturation, culture and context* (pp. 125-140). Cambridge: Cambridge University Press.
- Rauh, H., Ziegenhain, U., Muller, B., & Wijnroks, L. (2000). Stability and change in infant-mother attachment in the second year of life: Relations to parenting quality and varying degrees of day-care experience. In P. M. Crittenden, & A. H. Claussen (Eds.), *The organization of attachment relationships. Maturation, culture and context* (pp. 251-276). Cambridge, New York: Cambridge University Press.
- Spieker, S. J., & Crittenden, P. M. (2010). Comparing the validity of two approaches to attachment theory: Disorganization versus danger-informed organization in the preschool years. *Clinical Child Psychology and Psychiatry*, *15*, 97-120.