

**The perceived utility value of two attachment  
measures in care and contact recommendations  
by family counsellors: A pilot study**

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## **ABSTRACT**

### **The perceived utility value of two attachment measures in care and contact recommendations by family counsellors: A pilot study**

**Key Terms: Attachment; Attachment assessment; Attachment measure; Care and contact recommendation; Child attachment; Divorce; Family counsellor; Utility value**

Currently in the South-African context, more than 52% of divorces involve children. This reality created a need for family counsellors to mediate and inform the court on the best interest of affected children concerning care and contact decisions post-divorce. In the current practice at the Family Advocates offices, no validated attachment measures are used to determine the caregiver-child attachment. The lack of validated attachment measures in care and contact recommendations is a concern, since research indicates that the better the attachment with a caregiver, the better the post-divorce adaption of the children.

This study explored the perceived utility value of two attachment measures (*Parental Bonding Instrument* and *Child-Parent Relationship scale*) in care and contact recommendations of family counsellors. This was achieved through training family counsellors to use the *Parental Bonding Instrument* and *Child-Parent Relationship scale* as part of their care and contact assessments.

In addition to following their usual assessment protocol, the family counsellors applied these measures, albeit only for the purpose of the research. The researcher then collected data through conducting semi-structured qualitative interviews with the family counsellors. The qualitative interviews reflected on their opinions and experiences about the value of these measures in making recommendations about the care and contact of children.

This study has the potential to inform the current practice of the family counsellors in order to have an evidence-based assessment with regards to care and contact recommendations. Evidence-based assessments carry a bigger weight as evidence in court, making recommendations more credible.

## OPSOMMING

**Die voorgestelde gebruikswaarde van twee gehegtheid assesseringsinstrumente in versorging en kontak aanbevelings deur die gesinsberaders: 'n Steekproef studie.**

**Sleutelterme: Gehegtheid; Gehegtheid assessering; Versorging en kontak aanbeveling; Egskeiding; Gesinsberader; Gebruikswaarde.**

Tans is daar in die Suid-Afrikaanse konteks meer as 52% van egskeidings waarvan kinders deel is. Hierdie realiteit skep 'n behoefte vir gesinsberaders om as mediators op te tree en inligting aan die hof te voorsien rakende die beste belang van die kind, ingevolge die besluite oor die kind se versorging en kontak na die egskeiding afgehandel is. In die huidige praktyk van die Gesinsadvokaat, word daar geen gevalideerde gehegtheid assesseringsinstrumente gebruik om die ouer-kind gehegtheid te bepaal nie. Die gebrek aan gevalideerde gehegtheid assesserings-instrumente in versorging en kontak aanbevelings is kommerwekkend, juis omdat dit in navorsing uitgewys word dat kinders met 'n beter gehegtheid met hulle primêre versorgers 'n beter post-egskeidings aanpassing het.

In hierdie studie is daar gekyk na die voorgestelde gebruikswaarde van twee gehegtheid assesseringsinstrumente (*Parental Bonding Instrument* en *Child-Parent Relationship scale*) wat gebruik word in versorging en kontak aanbevelings deur gesinsberaders. Die navorser was in staat om dit te doen deur die gesinsberaders op te lei om die *Parental Bonding Instrument* en *Child-Parent Relationship scale* as deel van hulle versorging en kontak assessering te gebruik.

Daarbenewens om hulle gewone proses vir versorging en kontak assesserings te volg, het die gesinsberaders ook die twee instrumente toegepas, slegs vir die doel van die navorsing. Die navorser het data ingesamel deur semi-gestruktureerde kwalitatiewe onderhoude met die gesinsberaders te hou. Die kwalitatiewe onderhoude reflekteer die opinies en ervarings van die gesinsberaders rakende die gebruikswaarde van die twee instrumente wanneer hulle aanbevelings maak rakende die versorging en kontak van kinders.

Hierdie studie beskik oor die potensiaal om die huidige praktyk van die gesinsberaders in te lig sodat hulle 'n meer bewys-gesentreerde assessering kan doen rakende versorging en kontak aanbevelings. Bewys-gesentreerde assesserings met betrekking tot versorging en kontak aanbevelings van kinders dra 'n groter gewig en maak aanbevelings in die hof meer geloofwaardig.

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# CHAPTER 1 ORIENTATION OF THE STUDY

## 1.1 CONTEXTUALIZATION AND PROBLEM STATEMENT

An astonishing number of 25 260 divorces were reported in a period of 12 years (2003-2015) in South-Africa. Of this number, 55.6% of the couples had children younger than 18 years (STATS SA: March 2019). There is substantial literature emphasising the negative effects of family conflict on children. Since 1971, Michael Rutter (1971) emphasised the negative influence divorce has on a child's life. Williams-Owens (2017, p. 42) describes that the negative effect divorce has on children is still a reality today, especially regarding the manifestation of behavioural problems. Furthermore, it is evident that children who experience the divorce of their parents are more likely to have lower levels of educational attainment. It is also concluded that the divorce process has a persistent, mainly negative, effect on children (Frimmel, Halla & Winter-Ebmer, 2016). Even though divorce is known to have a mainly negative effect on children, it does show to have some positive outcomes, especially in post-divorce adaption (Gager, Yabiku & Linver, 2016).

In a pamphlet, the Department of Justice (Seabi, Petunia & Joan, 2018) outlines the role and function of the Family Advocate's office as " a legally qualified official appointed by the Department of Justice and Constitutional Development to promote and protect the best interests of children in civil disputes regarding parental responsibilities and rights". The Family Advocate may, in terms of the law, appoint a family counsellor who is a registered social worker or psychologist to assist them with particular expertise in an inquiry (Seabi, Petunia & Joan, 2018). The focus of the family counsellor is on performing expert assessments of the client's social circumstances, specifically concerning matters such as divorce and parental rights and responsibilities. The family counsellor's second function is to convey their assessment findings in the parlance of the court system (Sheehan, 2012). Family counsellors assist the court by making assessments that are used to aid the court with recommendations regarding care and contact of children through the Family Advocate. As part of their assessment role, a family counsellor has to determine and evaluate the attachment between the child and parents/caregiver to make an informed recommendation with regards to the care and contact of the child (Green, Thorpe & Traupman, 2005).

When the attachment is assessed; the following aspects are usually evaluated (Ludolph & Dale, 2017, p. 3):

- The warmth and supportiveness of the relationship between the child and the parent/caregiver;
- The social and emotional adjustability of the child;
- The child's ability to identify complex emotions in others;
- Relationship capacity;
- Communication between the child and parent/caregiver; and
- The parent/caregiver's ability to be supportive regarding the developmental needs of the child.

These core relationship characteristics, along with the *best interest of the child principle* as set out in the Children's Act and Regulations, Act 38 of 2005; Chapter 2, Article 9, are then applied in all further matters regarding decision-making concerning the child. With regards to the *best interest of the child principle* (as set out in the Children's Act and Regulations, Act 38 of 2005) it is clearly stated that the following needs to be considered when making decisions regarding the child:

- The nature of the relationship the child has with a parent or caregiver;
- The attitude the parent/caregiver has towards the child and the exercise of parental responsibilities and rights concerning the child;
- The capacity of the parent/caregiver to provide for the needs of the child;
- The effect of a change on the child, the need for the child to stay in the care of the parents and to maintain a connection with the child's family;
- The child's physical and emotional security;
- The need for the child to be brought up within a stable family environment; and
- The need to protect the child from harm.

When the *best interest of the child principle* is evaluated against the aspects of attachment in care and contact assessments, it is safely concluded that the *best interest of the child principle* reflects on the attachment of the child with caregivers. This assumption can be made as the above-mentioned best interest of the child principle correlates with the various aspects that are evaluated in the assessment of attachment (Prescott, 2013, p. 7). In essence, family counsellors making recommendations with regards to the care and contact of children, are obligated through the Children's Act and Regulations, Act 38 of 2005, to take the attachment a child has with caregivers into consideration (Isaacs, George & Marvin, 2009, p. 159).

From literature (Ludolph & Dale, 2017) regarding the assessment of attachment in cases of care and contact of children in divorce, it is clear that numerous measures of attachment do exist, although they are not necessarily appropriate to utilize and use as evidence in care and contact cases within the court environment. According to George, Isaacs, and Marvin (2011, p. 484), when attachment measures are utilized within the court, it is important that the instrument is well-established and validated and provides clear empirically-based evidence that can be easily interpreted.

The American Psychological Association Guidelines for Child Custody Evaluations in Divorce Proceedings (American Psychological Association, 1994) emphasizes the need for multi-method evaluations in custody cases. They further add that through considering data from various measures, the scientific validity of the findings can be ensured. Although some literature (Marvin & Whelan, 2003) exists on the utilization of *Child-Parent* attachment measures in care and contact recommendations, such measures are not found to be part of current care and contact assessment practices, as seen in the Family Advocate's office. Yet Isaacs et al. (2009, p. 5) note the fact that when care and contact recommendations are conducted, one of the primary focuses is the assessment of the child's emotional attachment to his/her caregiver/s, as well as how the caregiver meets the child's attachment needs. In addition to Isaacs et al. (2009), the use of Sroufe, Egeland, Carlson, and Collins, (2005), show a significant correlation with attachment measures, according to important developmental outcomes for children. Anecdotally it appears that none of the Family Advocate's offices uses any standardized tools in their assessments, whilst no local studies could be found evaluating the utilization of attachment measures in care and contact assessments. It can therefore be concluded that the establishment of the utility value of using attachment measures in care and contact assessments may offer an initial exploration of using such measures in the local practice context.

Ludolph and Dale (2017) evaluated various measures of attachment and concluded that not all measures could be utilized in a court setting, as some measures were not found to consistently measure attachment in both mothers and fathers. Whilst using *Ainsworth's strange situation measurement*, he found mothers and fathers to shape attachment security differently, causing uncertainty regarding the psychometric properties of this instrument and other attachment measures for older children. Some measurements fully relied upon personal observations (Attachment Q-sort) and not on formally scored procedures.

Ludolph and Dale (2017, p. 16) specify the following characteristics of measures that can be regarded as appropriate to be utilized in the court context. The measures should:

- measure with reasonable face validity;
- allow parents to describe the relationship between them and the child; and
- the parent should be able to identify their characteristics within the relationship.

Furthermore, the study by Isaacs et al. (2009) demonstrated that incremental validity is achieved when qualitative interviews and various tests are combined in care and contact assessments, especially when the results of the attachment measures correspond with the initial assessment without the attachment measures (Isaacs et al., 2009, p. 22).

None of the measurements evaluated by Ludolph (2017) were freely accessible to social workers and intense training is needed for some, where others can only be accessed after payment of substantial amounts of money. However, the two attachment measures, the *Parental Bonding Instrument* (Parker, Tupling & Brown, 1983) and the *Child-Parent Relationship Scale* (Pianta, Nimetz & Bennet, 1997) are freely available and have been tested numerous times (Mashegoane, Debusho, Ramaboea & Mhlongo, 2007; Parker et al., 1983; Pianta et al., 1997; Uji, Tanaka, Shono, 2006), and have reasonable psychometric properties, and can therefore be seen as acceptable to use within the court context. In the case of this study, both attachment measures (*Parental Bonding Instrument* and *Child-Parent Relationship scale*) are well established and have scales that are easy to interpret. Therefore the acceptance exists that the attachment measures are appropriate to use in a court environment. Uji, Tanaka, and Shono (2006) found that the *Parental Bonding Instrument* adds credibility to their evidence in court, as it delivered concrete evidence measured against a scale. These measuring instruments have not yet been tested with regards to the value they add to care and contact evaluations, therefore they will be used to explore the value of the attachment measures in care and contact assessments.

In the current practice of the Family Advocate's office, attachment assessment is quite underemphasized. Ntozini (Personal communication, 17 October 2018, Klerksdorp Family Advocate's office) stated that the Family Advocate's office only uses one general measure to determine the attachment between the child and caregiver. This measure is called the *travel technique*, whereby the counsellor interprets the child's answers to a set of questions ("You and I and only one more person can go on holiday, who will you choose to go with, why do you choose them?"). There are no found articles discussing this mentioned technique or validating it. The use of only one attachment measure that is not validated, indicates a practice gap.

The limited use of attachment measures within the Family Advocate's office points out a definite practice gap, as literature clearly shows that there should be a greater focus on attachment measures with regards to care and contact as a secure attachment between the child and caregiver, which minimises the post-divorce effect on the child (Byrne, O'Connor, Marvin & Whelan, 2005, p. 9). In cases where the child has established a secure attachment with both caregivers, the child will have a smoother, less disruptive transition to the post-divorce environment, with the new arrangement having only a few long-lasting negative effects on the child (Barlow & Stewart-Brown, 2000). Through utilizing attachment measures in cases of divorce, the scientific validity of the care and contact assessments are heightened (Isaacs et al., 2009; Mennen & Keefe, 2005) and the emphasis is placed on the resilience and development of affectionate bonds between relevant parties (Byrne, Connor, Marvin & Whelan, 2005, p. 3).

Utility value is defined as a prediction of usefulness; the ability for an intervention to add value (Sturman, 2003). The actual aim of the study was to explore whether the use of attachment measures will add value to care and contact recommendations that are made by family counsellors, and whether it will be viewed as useful within care and contact investigations.

The problem statement on which the study is focussed is the fact that attachment assessments in care and contact recommendations are underemphasised, and not only attachment assessments, but also the use of validated attachment measures which can be used as evidence within the court context. As set out in mentioned literature, attachment assessment is of importance in care and contact assessments, as it is evident from extensive research that divorce has an impact on the attachment between the caregiver and the child. However, an aspect that gets less attention is the fact that the attachment the child had with the parents before the divorce can be crucial in the child's ability to adapt within the post-divorce environment. Therefore attachment is regarded as a key factor in determining to which degree the divorce will negatively impact the child (Siegel & Hartzell, 2013).

The research has been done as a pilot study. Pilot studies are known to be distinct approaches to early-stage research. As the research topic is relatively new and understudied in the South-African context, it was important to first conduct a pilot study in order to test whether all of the components of the research design will work together before enlarging the population to the South-African context. This study will act as an informative study for more large scale studies (Donald, 2018, p. 2). Before using assessment methods and tools as a general application, it is important to conduct a pilot test first to determine the utility value of attachment measures (Peersman, n.d., p. 8).

## **1.2 RESEARCH QUESTION**

The research question to be answered in this study: What is the perceived utility value of two attachment measures in care and contact recommendations that the family counsellor makes?

## **1.3 AIM OF THE STUDY**

To explore the perceived utility value of two attachment measures in care and contact recommendations that is done by family counsellors in the North West Province.

## **1.4 METHODOLOGY**

### **1.4.1 Research design**

#### **I) Approach:**

A research approach is described as a plan of action that gives direction to conduct research systematically and efficiently (Grover, 2015, p.2).

#### **Qualitative approach**

This pilot study aimed to explore the perceived utility value of two attachment measures in care and contact recommendations which a family counsellor makes. This goal could only be achieved if the opinions of family counsellors who do care and contact recommendations daily, were taken into consideration. Through having a qualitative approach, the opinions and practice experience of the family counsellors have answered the research question.

#### **II) Design:**

A research design is described as the framework of research methods and techniques chosen by a researcher. The design allows researchers to make use of research methods that are suitable for the subject matter and set up their studies up for success. The function of a research design is to ensure that the evidence obtained enables the researcher to effectively address the research problem as unambiguously as possible (Sileyew, 2019).

### **A qualitative descriptive design**

A qualitative descriptive design is characterized to explore an unknown phenomenon in the health science profession (Kim, Sefcik, & Bradway, 2017). The qualitative descriptive design fits this study well, as the information (opinions, experiences and insight) that is gathered through qualitative interviews has been used to explore the possibility of whether attachment measures add value to care and contact assessments in cases of divorce.

#### **1.4.2 Population**

A population of a study is the complete set of elements (in this research persons) that possess some common characteristic defined by the sampling criteria that is established by the researcher (Rubin & Babbie, 2016).

As the study focuses on the divorce context, the population of the study was family counsellors from the Family Advocate's office who work with recommendations in care and contact cases. Currently, in North West province, there are 3 Family Advocate's offices: Klerksdorp, Rustenburg, and Mafikeng, each office having family counsellors in their service. Currently, as advised by Advocate K.H. Masekwameng on 19 March 2019 at 9:10 am, there are a total of six family counsellors in the North West province.

#### **1.4.3 Sample**

In research terms the sample is a group of people, objects, or items that are taken from a larger population for measurement. The sample should be representative of the population to ensure that findings can be generalised to the population as a whole (Alvi, 2016, p. 30).

##### **1.4.3.1 Sampling method**

The sampling method for this study was done purposively. Determining the sample of this study was approached with a prior purpose in mind. The criteria of the elements that had to be included in the study were predefined (Alvi, 2016, p. 31).



#### **1.4.3.2 Sample inclusion criteria**

Only participants who matched the set criteria were included in the study. With purposive sampling, the characteristics of the participants in the sample had to be considered, as their characteristics were directly related to the research question (Etikan, Musa & Alkassim, 2016, p. 7). The following characteristics were present in the sample:

All family counsellors at the Family Advocate's office met the following criteria:

- Registered social workers, working as family counsellors at the Family Advocate's offices.
- Family counsellors conducting care and contact assessments.
- Willing to be trained in an additional approach to assessment, and to use this approach in conjunction with their current assessment practices.

The following guidelines were given to the family counsellors in order to select appropriate family participants, with whom the attachment measures were used:

- Families that form part of the family counsellor's care and contact assessment workload.
- Families with a child or children between ages 6 years and older, but younger than 18 years (complying with the attachment measures).
- English-speaking families.

#### **1.4.3.3 Sample size motivation**

The sample that was used for this study was an all-inclusive voluntary sample.

There is a total of six family counsellors in the North West province, four of the six family counsellors agreed to participate in the study.

The reason for limiting the study to the North West province was that the current practice regarding care and contact assessments at the Family Advocate offices in this province does not include standardised measures. Therefore, the North West province portrayed the ideal context for a pilot study. Practical reasons also motivated the decision to conduct the study in the North West Province. The researcher resides in the North West province and conducting the study in this province limited costs and time.

These are important considerations as the Faculty of Health Science of the North-West University expected this study to be completed in minimum time. It should also be noted that the study was for the partial purpose of obtaining a master's degree in social work.

In order for the family counsellors to have given an informed opinion about the perceived utility value of attachment measures, it was needed that the two measures were used with at least 4 families per family counsellor. By increasing the number of cases on which the participants based their opinion, the sample was increased (Etikan et al., 2016, p. 3). This extent of utilization was sufficient to enable users to thoroughly experiment with the new approach to assessment. During the qualitative interviews, each family counsellor gave feedback on the perceived utility value of the attachment measures, with regards to all the families they have used it with.

#### **1.4.4 Data gathering process**

##### **1.4.4.1 Permission for the study**

With regards to legal authorization, the National Department of Justice, Ms K. Tsolo (Acting Director), granted permission for the study to be conducted at the Klerksdorp, Rustenburg and Mafikeng offices. This permission has been obtained from the National Head of Justice on 19 August 2019.

Goodwill permission was also needed in order to conduct the study at the Family Advocate's offices in Klerksdorp, Rustenburg and Mafikeng. The researcher obtained goodwill permission from Ms Mabote (Provincial Head of the Family Advocates Office) via e-mail communication.

By conducting the research at the Family Advocate's offices, the researcher had to adhere to the rules and regulations of the organization, as well as utilizing resources that were in place at the organization.

##### **1.4.4.2 Entering/gaining access to participants**

The Acting Director of the National Family Advocates Office (Ms K. Tsolo) acted as a gatekeeper. According to the SAGE Dictionary (2006, p. 49), a gatekeeper is defined as a person, usually at the top management of an organization, who controls or limits the researcher's access to the participants. Ms Tsolo is the person at the top of management in the Family Advocate's offices. She was the gatekeeper in this study, as well as the person who granted the researcher permission to conduct the study.

A mediator is known to be a neutral third party, not directly involved in the research process, but assisting the researcher to conduct the research through enhancing communication between the researcher and the participants (McMurtry, 2016). In this study the Provincial head of the Family Advocate's offices in North West acted as a mediator – she is currently working at all three offices: Ms Mabote acted as a mediator in this study.

The role of the mediator in this study was to assist the researcher with the process to determine available dates in all three offices on which the training of the family counsellors was conducted. The mediator also arranged with all three offices for the researcher to visit them during their weekly office meeting where the study was introduced to them. The mediator was also of assistance in distributing information pamphlets (See Annexure A for information pamphlets). The mediator had direct contact with all three offices, as she visits the offices on a two-week schedule.

#### **1.4.4.3 Obtaining informed consent**

For the interviews, the researcher had to obtain written consent from the family counsellors to be part of the study, as well as to use the data obtained in the interviews for research purposes. A letter of consent was signed by participants. It included consent to use all information that was obtained during the qualitative interview, as well as consent to record the interview (for transcribing purposes). The process of obtaining informed consent was not done by the researcher; it was handled by an independent party. This independent party was a colleague of the researcher, also a social worker: Ms T. Serape.

See Annexure B for a copy of the informed consent form.

After the study had been introduced to potential participants and they were provided with an informed consent form, they had the opportunity to work through the consent form to decide whether they want to participate in the study. The researcher left a box in each office of the administrative official for the family counsellors who wanted to participate in the study to post their names. A week after the researcher had introduced the research to the family counsellors, (this week was also the time wherein the researcher was available for any questions regarding the study), Ms Serape visited the two offices on the day of their office meetings. Only four of the six initial participants participated in the study. The one participant from the Mafikeng office and one from the Rustenburg office informed the researcher before informed consent was obtained that they no longer wanted to participate. Therefore, informed consent was obtained from only the Klerksdorp and Rustenburg offices' family counsellors.

Ms. Serape was available for any questions. Ms. Serape took the names of the family counsellors who were willing to participate out of the box at the administrative offices and met with them individually in an allocated office. She discussed the research process and informed consent with the participants, pointing out, once again, that their participation should be voluntary. They proceeded to sign the informed consent form.

#### 1.4.4.4 Methods of data collection and practical implications

Data collection is described as the process of gathering and measuring information on variables of interest, in an established systematic way which enables one to answer the research question and test and evaluate outcomes (Kabir, 2016).

Prior to the family counsellors implementing and giving their opinion on the perceived utility value of the *Parental Bonding Instrument* and the *Child-Parent Relationship scale*, it was of utmost importance that they underwent training. The training enabled the family counsellors to use and interpret the two instruments, and also to ensure practice quality and a set standard of applying it. *The Parental Bonding Instrument* and *Child-Parent Relationship scale* were used as a supplement in the family counsellors' practice; hence the family counsellors did not replace current assessment practice, but supplemented their qualitative assessments with the two measures in order to explore whether it will add value to their current practice.

The training was done as follows:

The mediator arranged for a training session at the Klerksdorp and Rustenburg offices. All six the family counsellors were invited to attend the session. The researcher presented the training session on the *Parental Bonding Instrument* and the *Child-Parent Relationship scale*. Each training session was approximately one and a half hours long with breaks in between; water was available for participants. During the training, the family counsellors were empowered to utilize the *Parental Bonding Instrument* and the *Child-Parent Relationship scale* as part of their care and contact assessments with both the caregivers and the children concerned. The researcher presented both questionnaires to the participants, familiarizing them with it. The training session consisted of an informative session, giving some background information on both the questionnaires. Thereafter the researcher presented each scale and explained the method of data collection. The family counsellors were also trained in the scoring and interpretation of the *Parental Bonding Instrument* and the *Child-Parent Relationship scale*.

After the training, the family counsellors were tested on their ability to utilize the *Parental Bonding Instrument* and the *Child-Parent Relationship scale*, in order to enable them to know exactly how to apply the attachment questionnaires in practice.

Each family counsellor was given a completed *Parental Bonding Instrument* as well as a completed *Child-Parent Relationship scale*. They had to score and interpret the questionnaires, which was evaluated by the researcher.

During the training, the researcher reminded the family counsellors that the information obtained from the two attachment questionnaires should not be shared with anyone. The parents will not know the results of the attachment questionnaire that the children complete,

and the children will not know the results of the questionnaires their parents completed. The data gathered from the attachment questionnaires were only to assist the family counsellor with their care and contact recommendation.

The training was conducted in the board room of the two offices. Each board room had a door that closed for privacy. There were enough chairs to accommodate all participants at once. Both the boardrooms at the various offices were equipped with a projector, which enabled the researcher to present the training in such a manner that everyone could follow.

The family counsellors had to apply the *Parental Bonding Instrument* and the *Child-Parent Relationship scale* in their care and contact assessments with at least four of their families. The family counsellors were given a month to utilize the two measures, before a qualitative interview was conducted with each family counsellor with regards to the perceived utility value of the attachment questionnaires in care and contact assessments. W. Ntozini (personal communication, 17 October 2018, Klerksdorp Family Advocate's office) noted that approximately 85% of their clients are English-speaking; thus the researcher instructed the family counsellors to only include English speaking families. This also correlated with the language of the measurement scales. The researcher did not have any access to the data of the family counsellor's assessment with the children and their parents. The researcher did not have any access to the data that was obtained from the questionnaires by any means. The only data the researcher worked with was data collected from the qualitative interviews with the family counsellors.

### **Qualitative Interview schedule**

An qualitative interview schedule is basically a list containing a set of structured questions that have been prepared, to serve as a guide for researchers in collecting information or data about a specific topic or issue. The schedule will be used as a guideline by the interviewer. Questions is usually set up with the purpose to test the views of participants regarding a specific phenomenon (Weller, Vickers, Russel, Blackburn, Borgatti, Gravlee, Johnson 2018).

In order to have been able to design an interview schedule that enabled the researcher to gain information which empowered her to answer the research question, a few sources had been used as guidelines of what questions to ask and how to ask them (Alshenqeeti, 2014; Turner, 2010; Weller et al., 2018). Literature regarding the utility value in social studies enabled the researcher to formulate questions to explore the opinion of participants regarding the perceived

utility value of attachment measures in care and contact recommendations (Bathgate & Schunn, 2017; Harackiewicz, Canning, Tibbetts, Priniski, Hyde. 2016).

It was important to keep in mind that the interview was semi-structured, leaving room for the researcher to ask follow-up questions in order for the participant to elaborate and the researcher to have as much information as possible in order to be sure of the findings (Weller et al., 2018).

See Annexure C for the semi-structured interview schedule.

Qualitative interview facilities:

The qualitative interviews were conducted in each of the participants' offices. This ensured participants to be comfortable. All the offices of the family counsellors had doors that could close in order to ensure privacy. All the offices had a desk whereby the researcher made some notes and placed the recording device. Interviews were arranged by taking the daily schedule of the participants and researcher into consideration. The interview was in the form of a conversation that was guided by questions as set out in the qualitative interview schedule. Participants were provided with water during the interview. Interviews lasted about 1 hour and 30 minutes. The interviews were digitally recorded. Participants were informed of the digital recordings during the informed consent. The recordings were used to transcribe the interviews, enabling the researcher to do a thematic analysis.

#### **1.4.4.5 Risks and benefits**

The risk level of the study was minimal, as the study formed part of the general experience of the family counsellors within a care and contact investigation. Therefore, the foreseeable risk was one of minimal discomfort and inconvenience.

The family counsellors were not required to let go of their current practices in favour of an alternative method, but rather expected to add to their current assessment practices. This ensured that the clients of the family counsellors were not at risk of receiving services that are totality experimental. Support was also provided to the family counsellors with the use of the *Parental Bonding Instrument* and the *Child-Parent Relationship Scale*. This ensured that the current standards of the assessment practice were maintained.

The above-mentioned procedure was put into place to ensure that the clients of the family counsellors were not harmed by the experimental use of a new method. Therefore, no risks were present for the clients of the family counsellor to be reviewed in the light of the questionnaires. The questionnaires were only seen as an additional measure in order to evaluate the attachment between the caregiver and child.

#### **1.4.4.6 Confidentiality, privacy and anonymity**

The researcher protected the privacy of the participants by respecting their freedom to participate voluntarily and to indicate their willingness by placing their names in a box. Interviews have been done one-on-one in the privacy of an office. With regards to confidentiality, the identities of the participants were kept anonymous during data processing and discussion of the results; no personal details were used within the study. No names and personal details of any of the participants were noted, and every participant was coded on the transcriptions: e.g. Participant A.

#### **1.4.4.7 Incentives and reimbursements**

There were no costs involved for the participants. All participants received a small token of appreciation from the researcher. This included an NWU branded pen and chocolate to thank them for their time and participation. A formal letter of appreciation was written to the Family Advocate's Provincial Office.

#### **1.4.4.8 Storage and archiving of data**

The family counsellors stored the completed measures according to the policy of the Family Advocate's office. The researcher did not have access to this data, as the study only requests to have the family counsellors' opinion regarding the data. The electronic data gathered through the digital recording of the qualitative interviews have been stored on the researcher's computer immediately after the interview. It was protected with a password that is only known to the researcher. All digital recordings were deleted from the recorder after it was saved on the password-protected computer. All hard copies of data, including notes during the qualitative interview and the transcribed interviews, were stored in a cabinet in the researcher's office. This cabinet has a key that is only accessible to the researcher. Data that were used during the data processing period were stored on the researcher's and the study leader's computer where it was protected with a password. After the completion of the study and the finalization of the dissertation, all data related to the study were handed to COMPRES to be archived for five years, according to their policy.

#### **1.4.5 Validity and reliability**

The following validated attachment measures were used in each family counsellor's care and contact assessment, in order for them to form an enlightened opinion regarding the perceived utility value of these attachment measures during care and contact assessments. The *Child-*

*Parent Relationship scale*, developed by Pianta (1997), as well as the Parental Bonding Instrument (Parker et al., 1983), were the independent variables of the study.

#### **A) Child-Parent Relationship scale**

The *Child-Parent Relationship scale* is a 5-point Likert type scale (1 = “Definitely does not apply” and 5 = “Definitely does apply”) including 30 items classified under three factors. There are 12 items in the conflict sub-dimension, 10 in the affiliation sub-dimension, and 4 in the dependence sub-dimension.

See Annexure D for a copy of the Child-Parent Relationship scale.

In the original study, the data were collected from 714 parents with children between 3 and 12 years of age. The Cronbach’s  $\alpha$  coefficients of the original scale’s sub-dimensions are conflict 0.83, affiliation 0.72, and dependence 0.50. The affiliation sub-dimension measures parents’ ability to build loving and open communication (for instance, “If I am upset, my child tries to comfort me”). The conflict sub-dimension measures parents’ perceptions of a negative and conflictual relationship with their children (for instance, “My child’s feelings toward me can be unpredictable or can change suddenly”). The dependence sub-dimension measures the parent’s perception of their child being able to function independently from them (for instance, “My child reacts strongly to separation from me”).

The score for each sub-dimension can be calculated. To calculate the total score, negative or positive items are added using reverse scoring. A high total score created by the reverse scoring of the positive items indicates a negative relationship, while the total score of the reverse scoring of the negative items indicates a positive relationship between parents and children (Pianta et al., 1997). It was possible to use the *Child-Parent Relationship scale*, as it is available within the public domain (Pianta et al., 1997).

In a study conducted by Driscoll and Pianta (2011), the *Child-Parent Relationship scale* showed good validity when the results from the scale were compared to other measurements. Strong correlations were found between the results of the Child-Parent relationship scale and other measurements used in this particular study.

The researcher acknowledges the potential risk of parents manipulating answers to deliberately create a favourable picture of their attachment with the child concerned. However, in the study by Driscoll and Pianta (2011) with 499 participants, a good correlation with other attachment measures was established when the results were compared. The reliability of the scores also exceeded 0.83. It was also important to keep in mind that the family counsellors did not use the



*Child-Parent Relationship Scale* in isolation, but interpreted it as part of the care and contact attachment assessment process, such as interviews.

Although the *Child-Parent Relationship scale* has not been specifically tested in the South-African context, in a longitudinal study with 443 Chinese participants, the *Child-Parent Relationship Scale* showed no discrepancies regarding the influence of culture on the child-parent relationship (Zhang, 2011). It was therefore recommended that this scale could be used in various cultural groups. The reasoning is thus that this measurement is applicable for use in the South-African context.

## **B) Parental Bonding Instrument (PBI)**

See Annexure E for a copy of the Parental Bonding Instrument

This instrument consists of a mother form and a father form, each with 25 items. It is a 4-point type Likert scale with options ranging from “very like” to “very unlike”. Every parent will fill in the questionnaire for each child separately and independent from one another. The validity and reliability of this instrument were described by the original authors as follows (Parker et al., 1983): With regards to the population, the original data was created from 650 participants. Numerous participants have been studied subsequently. The *Parental Bonding Instrument* (PBI) has been found to have good reliability and validity based on several studies. In the original study, the PBI possessed good internal consistency and retest reliability. Further reassuring data have been derived by examining the test-retest reliability of the PBI over extended periods of a 20-year interval. The PBI has been shown to have satisfactory construct and convergent validity, and to be independent of mood effects.

The PBI is not held under copyright. Therefore, clinicians and researchers are free to use the measure without obtaining permission.

In a Vietnamese study (Uji et al., 2006) the PBI was adapted to suit the needs of younger children (children from age 6). In both the studies the results showed no discrepancies with the original studies, and it has been advised that this scale is suitable to use with children as young as six years old, thus adding to the scale’s appropriateness regarding this study.

The original questionnaire was developed only for the purpose of a young adult to look back on their first 16 years of life and reflect on the relationship they had with their parents. The translated questionnaire used in the Vietnamese study was adapted to be used as a reflection on the current relationship a child between the age of 6-16 has with their parents. The adapted questionnaire that was used in the Vietnamese study was utilized in this study. As mentioned

above, the most children that are affected by divorce is between the age of 1 and 15. This makes the questionnaire appropriate to use. However, for the purpose of the current study only families with children of 6 years and older were included.

The PBI has been used in a South-African study (Mashegoane et al., 2007). During this study, the validity of the scale was not compromised by it being applied in the South-African context. This study has proven that the PBI is appropriate to use within the South-African context. According to Xu, Morin, Marsh, Richards, and Jones (2018:11) in a study to validate the PBI in the UK, it was shown that the instrument showed no complications concerning cultural effects on the validity of the instrument.

#### **1.4.5.1 Trustworthiness**

The qualitative semi-structured interview is a self-constructed interview schedule. This interview schedule was compiled using literature as well as the expertise of the study leader, who advised the researcher on which questions should be focused on. The aim of the study was to discover a determining factor in the questions asked, in order to obtain optimal insight into the subjective experience and opinion of each participant.

In order to enhance the trustworthiness of the study, the researcher implemented the following strategies, as described by Shenton (2004, p. 64-72):

**Credibility:** To help ensure honesty, all participants were granted the opportunity to refuse participation or to withdraw their initial consent. This ensured that the participants were really invested and showed a willingness to share information and their opinions.

With regards to iterative questioning: the researcher asked each question in a different manner. This helped the researcher to rule out discrepancies and gave the participant an opportunity to clear possible confusion.

The researcher was open to opinions and critique which ensured that the research project was dealt with in an objective manner.

During the qualitative interviews, the researcher paid close attention to getting detailed information. This led to an accurate display of the participant's subjective experience and not the researcher's assumptions. To enhance trustworthiness further, the researcher made use of co-coding. With the co-coding, the researcher and study leader coded the data gathered from the qualitative interviews separately, and then compared and discussed the findings. Through

coding the data independently twice, the researcher's bias was reduced and the interpretation of the results was more trustworthy (Peersman, n.d.).

Through maintaining and reporting an audit trail of methodological and analytic decisions of this study, others will be allowed to assess the significance of the research (Carcary, 2009). As it is only a pilot study, maintaining an audit trail will be very helpful for future researchers planning to conduct the same study on a larger scale.

According to Creswell (2005, p. 252), member checking is described as the process in which the researcher asks one or more participants in the study to check the accuracy of the account. In this study, it involved taking the findings back to the participants and asking them (in writing) about the accuracy of the report. This resulted in the researcher portraying a true reflection of the participant's perceived ideas about the utility value of attachment measures and not only the researcher's interpretation of it (Candela, 2019). The researcher kept a diary in which ideas and notes regarding the process were written up. Through the process of bracketing, the study leader knew about the perceptions and thinking pattern of the researcher, enabling both to have a good understanding and thought process, as well as enabling the study leader to pick up on any bias the researcher might have had (Tufford & Newman, 2012).

**Transferability:** In the study, the researcher made sure that a good understanding of the context of the family counsellor who made care and contact recommendations were reached. It was of importance for the researcher to have an understanding of the environment and circumstances contributing to the subjective experience of the family counsellor in order to portray a full picture in an accurate context. This ensured that the family counsellor's opinions and views of this specific context were given and understood. In order for the researcher to have had an understanding of the context of the family counsellors, rigorous academic reading has been done regarding the context of the family counsellors. Informal conversations with family counsellors enabled the researcher to have an understanding of the context wherein the research took place.

**Dependability:** The researcher ensured that data was gathered in as much detail as possible, and that the process of research was described thoroughly. This optimizes the possibility of this research to be duplicated, where, hopefully, the same results will be obtained.

**Confirmability:** The data of the qualitative interviews have not been viewed in isolation. It has been evaluated against literature and previous research studies that have been done on the value of attachment measures within care and contact recommendations. This added to the credibility of the study as a whole.

### 1.4.6 Data Analysis

The first step in analysing the qualitative data was the process of coding. For this study, the researcher utilized an open coding method, where the researcher did not start with a list of code categories deriving from theory, but rather developed code categories through close examination of the qualitative data (Rubin & Babbie, 2016, p. 363). Through the coding process, the researcher utilized the technique of memoing. This technique was implemented through several stages of data processing. It enabled the researcher to capture code meanings, theoretical ideas, preliminary conclusions and other useful thoughts (Rubin & Babbie, 2016, p. 365). When the coding process was complete, the researcher identified various patterns and themes relevant to the topic.

For the qualitative data analyses, the researcher utilized a thematic analysis. This enabled the researcher to pinpoint various patterns within the data. Themes were an important aspect of describing the specific research question (Mojtaba, Hannele & Bondas, 2013). The thematic analysis enabled the researcher to get a true reflection of the experiences, opinions, and reality of the family counsellors regarding the perceived utility value of attachment measures.

The following steps were followed as suggested by ATLAS.ti 8.4, however, analysis was done manually (Friese, 2013):

#### Step 1: Transcribing the data

After the data have been collected and digitally recorded from the interviews, the data had to be transcribed. Transcription is the process of converting digital data into textual data. The data was transcribed manually by the researcher.

#### Step 2: Organising the data

After all the data were transcribed, the data were structured/organized to make the process easier. While organizing the data, the researcher kept the research objectives and research question in mind to organize the data accordingly. The researcher did this by making use of tables to ensure that the data are organized visually clear.

#### Step 3: Coding the data

Through coding, the data were compressed into easily understandable concepts. This involved categorizing the data into concepts, properties and patterns. It enabled the researcher to realise meaning from the collected data. The researcher made use of descriptive coding where the central theme of the data was summarised, as well as pattern coding where the researcher

looked for patterns and used it as the basis for the coding. After the coding of the data, the researcher started to build on various themes and patterns in order to gain insight into the data and derive meaning from it.

#### Step 4: Validate the data

It was of utmost importance to ensure that the data were not flawed. Validating the data was a continuous process that took place throughout the data analysis process. The researcher ensured the validation of the data through the accuracy of the research design, as well as enhancing the reliability to the extent to which the researcher's procedures produced consistent and dependable results.

#### Step 5: Conclusion of data analysis

The researcher stated her findings and research outcomes based on the study's research aim. The researcher looked for links between the analysed data and the research question. In order to conclude the data analysis, the researcher presented the data analysis in this final report. This report includes the processes and methods of the research, pros and cons of the research, as well as the study limitations.

### **1.5 SIGNIFICANCE OF THE STUDY**

The study provides an understanding of the experience of the family counsellors and their opinions regarding the utilization of attachment measures. This adds value to attempts to bolster the family counsellor's willingness to change current practice if needed. If an understanding can be created regarding the experience of the family counsellors' attachment measures in care and contact assessments, a larger scale study can be developed in order to generalise the perceived utility value of attachment measures. This will result in the study to contribute to the evidence-based practice of social work, especially in the court environment.

For the family counsellor participants, there were the benefits of them improving their practice, as they receive direct training. This study also provided them with the opportunity to have more confidence in their recommendations to the court regarding care and contact of children, as a result of a heightened scientific validation with the use of attachment measures.

When the perceived utility value of attachment measures in cases of care and contact recommendations can be determined, the family counsellor will be able to make more informed decisions regarding the care and contact of the child with confidence. Therefore, the overall divorce's effect on the child may be minimised, enhancing the social welfare of the child, which in essence is the core function of social work.

## 1.6 TERMINOLOGY

### – Attachment

Attachment is one aspect of the relationship between a child and a caregiver. Its purpose is to make a child feel safe, protected and secure, as well as forming a strong affectionate bond with caregivers (Ludolph & Dale, 2017, p. 3).

### – Attachment assessment

Attachment assessment is a comprehensive assessment that evaluates the quality of the caregiver-child relationship, the strengths and challenges of the caregiver, and how well the child uses the caregiver as a secure base. An attachment assessment provides only one critical piece of information in an overall evaluation, i.e. the quality and nature of the caregiver-child relationship, using research-based and widely accepted scientific procedures to make the determinations. The purpose of this assessment is to provide information on the child's development, as well as to make recommendations to assist with a smooth adjustment to the current custody situation and promote a child's healthy development (Cowan, Cowan & Mehta, 2017).

### – Attachment measure

Attachment measures refer to the various procedures, tools or methods used to assess attachment in children and adults (Leiter, Day & Price, 2015, p. 2).

### – Care and contact recommendations

When parents are unable to reach an agreement on the care of and contact with their children post-divorce, the Family Advocate will evaluate their circumstances with regards to the best interest of the child, and then make a recommendation regarding the care, contact, and guardianship of the child concerned (Sheehan, 2012).

According to the Children's Act and Regulations, Act 38 of 2005, where "care" and "contact" are defined, the following aspects should be taken into consideration when the care and contact of a child are evaluated:

- A suitable place to live in;
- Living conditions that are conducive to the child's health, well-being, and development;

- Necessary financial support;
- Safeguarding and promoting the well-being of the child;
- Protection of the child;
- Guiding the behaviour of the child in a humane manner;
- Maintaining a sound relationship with the child;
- Accommodating any special needs that the child might have; and
- The best interest of the child being the paramount concern in all matters affecting the child.

– Child Attachment

Attachment is the term that is referred to when describing the relationship between a child and the primary caregivers. This relationship forms with regards to the way in which the parent responds to the needs and security of the child. The attachment forms during a gradual process going through different phases. It is important to take into consideration that when an attachment is described, there is a reference to the feelings and actions of the child and not the parent's feelings regarding the child (Brotherson, 2005, p. 1).

– Divorce

Gahler (2006) describes divorce as the separation and complete disruption of a marital relationship. He further described it as being a dissolution of a marital relationship whereby the marriage is broken down within a legal or social context. Divorce is characterised by the dissolution, abrogation or breaking up of a marriage (Obiadi, 2002). Hornby (2001) added that divorce is to end a marriage by legal means.

– Family counsellor

A family counsellor is usually a third party who assists in resolving conflicts between family members during cases of divorce. The main purpose of the family counsellor is to maintain the concerned child/ren's emotional and behavioural functioning. Family counsellors work with both parents/caregivers, as well as the child/ren concerned, in order to solve the problems effectively. The family counsellor has the responsibility to obtain and convey the views of the child to the court (Williams, 2004). The family counsellors work in the Office of

the Family Advocate. For the purposes of this study all family counsellors were social workers.

- Utility value

A prediction of usefulness, the ability for an intervention to add value (Sturnman, 2003)

## **1.7 BRIEF CHAPTER OVERVIEW**

The need for the study was identified by a gap in literature emphasising the need for attachment measures being appropriate to use as evidence in court. The need for this study was further emphasised by a clear practice gap reflecting on the current practice of family counsellors not making use of scientifically validated attachment measures in their care and contact recommendation.

This chapter aimed to layout the study to explore the perceived utility value of two attachment measures (the *Parental Bonding Instrument* and the *Child-Parent Relationship scale*) in care and contact recommendations of family counsellors. This chapter layed out a clear plan to train family counsellors on the two attachment measures. The family counsellors then applied the two attachment measures in addition to their usual assessment protocol. Data was collected using qualitative interviews. The qualitative interviews reflected on the opinions and experiences of family counsellors regarding the perceived utility value of these measures in making recommendations about the care and contact of children.

This study has the potential to inform the current practice of the family counsellors to have an evidence-based assessment with regards to care and contact recommendations. Evidence-based assessments carry a bigger weight as evidence in court, making recommendations more credible

## **1.8 STRUCTURE OF THE REPORT**

This report aims to provide a better understanding of the perceived utility value of attachment measures in care and contact evaluations.

Chapter 2 provides a broad literature overview supporting the importance of attachment assessment in care and contact recommendations. The formation and influence of attachment are discussed in order to understand the influence attachment has on relationships and interactions of a child. Further in this chapter, an understanding of the context of a family in divorce is created in order to know the impact that divorce has on children and their families. In this chapter, information on attachment and assessment is also provided in order to create the



picture of the current practice of family counsellors conducting care and contact evaluations. This chapter provides a strong literature base where the findings of Chapter 3 will be measured.

Chapter 3 reports on the findings of the research study. In this chapter, an in-depth discussion of the experience, views and opinions of the family counsellors on the perceived utility value of attachment measures in care and contact recommendations are discussed. The findings and conclusions made from the data gathered from the qualitative interviews that were conducted with the participants, are measured against the findings of the literature study of Chapter 2.

Chapter 4 concludes this report. All the information discussed in Chapters 1, 2 and 3 are summarized in this report, and an overall conclusion is made with recommendations for future use, further research and practical implementations. In this chapter, the overall research study is being critically evaluated by the researcher.

This report's language editing was done by Mrs Ann-Lize Grewar from Language Matters (See Annexure F). Throughout this report, the APA referencing style was used.

## **CHAPTER 2 LITERATURE STUDY**

### **2.1 Introduction**

Statistics from 2015 suggests that in a period of one year a number of 25 260 divorces was reported and in 55.6% of these divorced children younger than 18 were involved (STATS SA: March 2019). This statistics emphasises the impact that divorce has on children. Divorce entails the child to be separated from attachment figures. Children of divorce do not necessarily show more clearly-defined attachment insecurities. Research stresses the fact that there may be many contributing factors influencing the attachment of children in divorce (Ludolph & Dale, 2017, p. 6). This creates an unanswered question of what are appropriate measures a professional working with children of divorce can use to determine the attachment of the child in a scientific manner? Attachment measures are not always up to standard, measuring more than one of the contributing factors that influence attachment in cases of divorce. According to George, Isaacs, and Marvin (2011, p. 484), when attachment measures are utilized within the court, it is important that the instrument is well-established and validated, and provides clear empirically-based evidence that can be easily interpreted.

Attachment is complex, having many components. It is important to understand the dynamics of attachment, how it is formed, and how it is influenced. It must be noted that attachment is formed by more than just a secure relationship that exists between a child and their caregivers. Once there is an understanding of the dynamics of attachment, one can look into how it is measured and the important role it plays in attachment assessments.

### **2.2 Attachment theory**

The psychological concept of attachment and its theory was originally developed by John Bowlby, a psychoanalyst, looking into the effect of separation between infants and their parents (Heffernan, Fraley, Vicary & Brumbaugh, 2012). Chae, Goodman, Larson, Augusti, Alley, Van Meenen, Coulter (2014, p. 2), stress the fact that the attachment relationship between the child and caretaker has a significant influence on the child's social interaction and behaviour. Bowlby's research implies that the extreme behaviours (crying, screaming and clinging) infants engage in are instinctive responses to the perceived threat of losing the survival advantages of being attended to and taken care of by a primary caregiver. These behaviours make up Bowlby's attachment behavioural system: the system that provides guidance in our habits and patterns of maintaining and forming relationships (Heffernan et al., 2012).

### **2.2.1 Attachment formation in early childhood**

The attachment theory of Bowlby and Ainsworth suggests that children are born with an instinct to form attachments with others, as it will help them to survive. The infant will portray certain behaviour (crying, screaming, clinging) in order to initiate a response from their caregiver. The attachment that forms is based on the way in which the caregiver responds to the infant's behaviour (Heffernan et al., 2012).

This theory also suggests that the age of 0-5 years is a critical period for the development of attachment. If an attachment has not formed during this period, a child will suffer from developmental and behaviour problems, such as increased aggression or reduced intelligence (Newman, 2017).

The term attachment is used to refer to the emotional bond between the child and their primary caregivers (Louw & Louw, 2014, p. 139). It is quite important to understand this relationship as unique and acknowledge that it develops dynamically with regards to the child's experiences regarding the caregiver's sensitivity towards them, as well as the reactions within the family environment, while taking the child's as well as the parents' temperaments and various stressors into consideration.

The five stages in which attachment forms according to Tufford and Newman (2012):

Phase1: During the first three months of a baby's life, they develop the ability to distinguish between humans and objects. Babies are also more able to react to people who seem friendly and engage with them by speaking.

Phase 2: Between three and six months, the baby develops the skills to be able to distinguish between their primary caregiver and a stranger. The baby will react more positively towards their primary caregiver; they will also portray feelings of excitement and react quite enthusiastically towards the caregiver. When the caregiver leaves a room, it will upset the baby. This is regarded as a critical stage in the development of emotional attachment. The baby, as well as the caregiver, start to develop skills which enable them to react and interact with one another.

Phase 3: During the age of six and nine months the baby will deliberately search for their caregiver, they want to stay close to them. When the baby starts to explore their environment, they prefer keeping eye contact with the caregiver. The baby will react to the caregiver with regards to how the caregiver responds to their needs.

Phase 4: Nine to twelve months old is the period in which the baby develops an overall image and impression of their caregiver. The baby has learned to adapt towards the caregiver with regards to the behaviour of the caregiver, as well as how the caregiver reacts towards the needs of the baby.

Phase 5: This stage of attachment development starts at the age of around one-year-old. The child starts to be more sensitive towards their interaction with their caregiver. The child can show signs of care and love towards their caregiver, and the caregiver responds to them with attention, physical contact and love.

During the various phases, attachment starts to develop. The type of attachment which is formed will be a great influencer of the child's personality, as well as the reactions the child will have in stressful situations (Louw & Louw, 2014, p. 141). By understanding the development of attachment forming between children and their caregiver, one would have a greater understanding of the current and future attachment between caregiver and child.

Attachment that is formed between the infant and the caregiver is known to contain the following key elements (Main, Hesse & Hesse, 2011, p. 8):

- The relationship between the child and caregiver establishes a sense of pleasure, safety, as well as being comfortable.
- The attachment which is formed entails a strong emotional bond with one another.
- Loss or a threat of loss (with regards to the relationship) will cause feelings of distress and discomfort.

Zastrow and Kirst-Ashman (2010, p. 129) identified four factors which can influence attachment between an infant and its primary caregiver:

- a) The amount of time the child and caregiver spend together.
- b) The reaction the caregiver has with regards to responding to the child's needs and providing the needed care.
- c) The caregiver's emotional reaction towards the child, and the type of investment they have in the child.
- d) The availability of the caregiver in the child's life.

In an instance where the above-mentioned factors are met in a positive manner, the caregiver would contribute to a positive, nurturing interaction with the child. This will in effect have a positive influence on enhancing a strong attachment.

It is evident that the development of attachment is a process. Literature suggests that various types of attachments are formed. The type of attachment will define and influence the child's personality and the way in which they react towards stress. Louw and Louw (2014, pp. 141-142) describe the types of attachment for babies and infants as follows:

a) Secure attachment

Within a secure attachment, the primary caregiver serves as a safety net where the child can always return after exploring. When the child and the primary caregiver are separated, the child would be visibly unhappy, and when they are reunited the child will show signs of happiness and relief. The child encourages physical contact with the primary caregiver. In the presence of the caregiver, the child will have good reactions towards strangers.

A child having formed a secure attachment with the caregiver will have the following characteristics: trusting the caregiver; the child will feel safe enough in the relationship in order to explore their world; the child is able to engage in positive meaningful relationships with other people; they will also be able to have appropriate interaction with other children (Anwer, Malik, Maqsood & Rehman, 2017, p. 4).

#### b) Avoidant attachment

This child does not experience stress or show any signs of discomfort when the primary caregiver is separated from them. When the child is reunited with the caregiver, the child will avoid the caregiver, and in the presence of the caregiver, the child does not feel safe enough to explore their world. The presence of a stranger does not concern the child, the child will in most cases be avoidant towards the stranger just as towards the caregiver.

A child with avoidant attachment usually has the following characteristics: From a very young age, the child will function independently, and in some instances, the child will even take over the caregiving role of the parent. The child idealizes their parents, and would not acknowledge their parent's shortcomings and faults (Anwer, Malik, Maqsood & Rehman, 2017, p. 4).

#### c) Ambivalent attachment

This child shows signs of being anxious just before separation with their caregiver, and when they are separated the child reacts with unhappiness. When the child and caregiver are being reunited the child will act in an ambivalent way, they will scream, cry and throw a tantrum just to avoid contact with the caregiver. It is unusual that the child will explore their world. This child will be careful to engage with strangers, even in the presence of the caregiver.

A child with an ambivalent attachment will usually have the following characteristics: The child will portray contradicting emotions, especially towards the caregiver; the child will want to be close to the caregiver and the next moment the child will resent the caregiver; the child will be prone to anger and manipulating behaviour in order to get a reaction from the caregiver (Anwer, Malik, Maqsood & Rehman, 2017, p. 4).

#### d) Disorganised attachment

This attachment shows the most uncertainty, it is most evident in cases where children have insensitive caregivers who embarrass them or push their own ideas onto the child. In most cases, children with disorganized attachment are victims of abuse. When the caregiver is reunited with the child, the child will greet the caregiver with enthusiasm, but they will walk away and show signs of conflicting behaviour (Anwer, Malik, Maqsood & Rehman, 2017, p. 5).

The core of a child's attachment is being formed during infancy and early childhood. The responsiveness of the parent towards the child as well as the amount of time spent with the child is some of the main predictors of attachment. The attachment a child has formed with their parents during infancy and early childhood will determine the child's future interactions and their courage to participate in social environments.

### **2.2.2 Attachment formation in middle childhood**

The core of parent-child attachment is formed during early childhood. This attachment that is formed influences a child's attachment in other developmental levels during their life. Research has shown that there are many behaviours in addition to emotion regulation that relates to a child's attachment style. There is evidence of the following connections regarding the influence that infancy attachment has on a child in the middle childhood development phase's behaviour and emotions (Kennedy & Kennedy, 2004):

- Secure attachment

A child with a secure attachment is more likely to see others as helpful and supportive and view themselves as competent and worthy of respect. They relate positively to other people, display resilience, engage in complex play and are more successful during interactions with other children in the classroom. They are better at taking the perspectives of others, showing empathy, and easily trust others.

- Avoidant attachment

A child with an avoidant attachment style is less effective in managing stressful situations. They are more likely to be introverted, withdraw and resist in seeking help. This can lead to them failing in forming and maintaining relationships with others. They show more antisocial behaviour and are prone to aggression. They tend to distance themselves from others in order to reduce emotional stress.

- Ambivalent attachment

A child with ambivalent attachment lacks self-confidence and stay close to their primary caregivers. They may display exaggerated emotional reactions and isolate themselves from their peers.

- Disorganized attachment

A child with a disorganized attachment style usually fails to develop a strategy for coping with separation distress. They tend to have disruptive behaviours, display aggression and socially isolate themselves. They are more likely to see other people as threats, therefore acting more defensively and aggressively.

Bosmans and Kerns (2015, p. 3) explain that in middle childhood the goal of the child's attachment system changes from proximity to the attachment figure to the availability of the attachment figure. When secure attachment has been established in infancy, a child in the middle childhood will have the courage to explore and learn from their environment, as they have a secure base to return to and they know their caregiver will be available (Louw & Louw, 2014).

### **2.2.3 Adolescent attachment formation**

Attachment formation is considered a developmental process that continues far beyond infancy and early childhood. Yet the research on adolescent attachment formation remains relatively modest (Shumaker, Deutsch & Brenninkmeyer, 2009, p. 1). As adolescents develop new intimate relationships their representation of attachment is continuously modified. This modification is as a result of a change in various developmental domains, including social, cognitive, affective and biological areas (Rawatlal, Kliwer & Pillay, 2015, p. 80). Increased capacity and increased environmental demands during adolescence create ideal circumstances for more intimate relationships to develop. During adolescence, their conceptualization of attachment appears to be more complex than in infancy (Akhtar, 2012).

Adolescents' relationships outside the family get condensed and there is progression to independence from their primary caregivers. During this period relationships with peers become prior. Attachment during infancy influences attachment in adolescence (Uytun, Oztop & Esel, 2013, p. 181):

- Secure attachment

Adolescents who developed a secure attachment towards parents are related to ego, respect, affective situations, quality, psychological well-being, good adaption in school, and a good sense of identity. Children and adolescents who have developed secure attachments can create relationships easily, they can cope better with stress, and show less aggression in relationships.



- Avoidant attachment

Adolescents with avoidant attachment might act defensively. These adolescents are ascertained that they have the tendency to take control of people around them as a result of not trusting them, they are unable to express their direct anger, they do not have a feeling of integrity, and they are unable to keep feelings of self-value. In a study done by Rawatlal et al. (2015, p. 84) it was found that teenagers with avoidant attachment are more prone to feelings of depression.

- Ambivalent Attachment

Adolescents who developed avoidant attachment will start to experience problems with their families during this period. Most of the times adolescents have an idea that their parents strip them of their individuality. Due to the fact that they perceive their parents as a danger to their individuality, they start to get involved in conflict situations with their parents. Usually their parents will frequently tell them that they are fed-up with them being adolescents. These adolescents also experience problems in relationships outside the family. Sexual feelings cause confusion. Feelings of attachment are characterized by fear, a feeling of being left out, as well as hostile, anxious and uncertain behaviours.

- Disorganized attachment

Adolescents with disorganized attachment experience feelings of being driven into loneliness, they are unable to show organized behaviour while coping with stress, they have low self-respect, and they will frequently apply violence and disobey rules. Although these adolescents' need for their parents never end, they will always have a great desire to be perceived as an individual independent from their parents.

#### **2.2.4 Attachment in children with disabilities**

For children with disabilities such as autism, attachment is formed quite differently and the attachment theory is not quite true for them, especially with regards to the types of attachment. Clinicians have established an overlap of symptoms in autism and attachment difficulties. Insecure attachment patterns have their origin from early interactions between infants and their caregivers. Children with autism are at greater risk to develop insecure attachments with their caregivers since they have limited social and communication skills (McKenzie & Dallos, 2017, p. 2).

According to Moran (2010), there are eight symptoms which occur in children with autism as well as children with attachment difficulties: atypical play, inflexibility, deficits in emotional regulation, problems with the Theory of Mind (the ability to attribute mental states), poor communication, poor social interaction, problems with executive function, and sensory integration difficulties. These overlapping symptoms make it extremely difficult for professionals to distinguish between autism and attachment difficulties.

Although the literature on the prevalence of autism and attachment difficulties is confusing, it appears as if children with autism portray a higher level of insecure attachment. This is expected, as there is evidence from research suggesting that children with autism and their parents may be subjected to particular stresses that will make secure attachment less likely. A major misconception regarding insecure attachment is that a severe lack of care or maltreatment must be the cause. In reality, most children with insecure attachments are as a result of well-intentioned actions in difficult circumstances (Dallos, 2006).

## **2.3 The role of attachment theory in cases of divorce**

### **2.3.1 Attachment and parent-child relationships**

Attachment between a child and a parent cannot form without regular interaction. Attachment is a particular relationship that entails secure-base behaviour and it goes with a grief and mourning process when the attachment figure leaves. Attachment is built on interaction, therefore regular contact is needed, not only for the child but for the parents as well, in order to maintain a relationship that is useful and meaningful for the child and parent (Sroufe & McIntosh, 2011, p. 468).

Care and contact arrangements of a child after divorce might have a negative effect of loss of the parent-child relationship (Czapiewski, 2014, p. 10). Czapiewski (2014) also emphasises the fact that during as well as after the divorce process there are several losses suffered by children. These losses include loss of dreams, loss of financial stability, loss of biological family, loss of emotional well-being, loss of belonging, and the loss of the parent-child relationship. The losses experienced by children during divorce can be experienced continuously throughout their lives. The psychological distress that is experienced by these children as a result of the losses they suffer is similar to children grieving the loss of a loved one due to death (Hooyman & Kramer, 2006).

### **2.3.1.1 Mother-child relationships**

The quality of mother-child attachment is a key determinant of a child's social and emotional adaptation as well as their cognitive development (De Falco et al., 2014). In a study conducted by Finzi, Cohen, and Ram (2000, p. 92), it was found that there are different predictive factors of parental satisfaction in fathers and mothers. In this study, it was concluded that satisfaction in mothers was anchored in themselves, how they feel, and how they behave towards their children. Murphy, Martin, and Martin (2018) described the primary role of mother-attachment as creating a feeling of safeness and protecting the child from danger.

During the years following a divorce, mother-child relationships undergo change. A study conducted by Osborne, Berger, and Magnuson (2012) has found that divorced mothers experience a decrease in perceived social support and an increase in maternal hardship, parental stress and deprivation. It has been reported that divorced mothers often show less sensitivity, warmth and monitoring of their children compared to families where there are two parents. This change in motherly characteristics is often attributed to stress due to reduced support and income (Wallerstein, Lewis & Rosenthal, 2013, p. 169).

Mothers with a higher socio-economic level are known to recognize and respond better to a child's needs, they structure interaction during play and exploration between them and the children better, and they have a better ability to limit their display of negative emotions during interactions (De Falco et al., 2014). During a divorce, mothers suffer most from their socio-economic level being affected negatively. They usually suffer from a lower income due to their partner's income not being there (Osborne et al., 2012). The lowered socio-economic level due to divorce puts the mother-child relationship at risk.

Another risk factor threatening the mother-child relationship is the fact that mothers are often forced to start working due to a lower socio-economic level as a result of divorce. This further results in mothers being less available to spend time with their children, as well as experiencing more work-related stress (Tas, 2017).

### **2.3.1.2 Father-child relationships**

Fathers' parental satisfaction is known to be determined by the perceptions they have of key women in their lives (Finzi, Cohen & Ram, 2000, p. 92). Fathers are described as significant attachment figures as a result of two distinct attachment roles, namely love and security, and participating in exciting and challenging practices. The primary role of a father in attachment is to promote exploration and giving the child some confidence to venture forth (Murphy et al., 2018).

In a study conducted by Veríssimo, Santos, Vaughn, Torres, Monteiro, & Santos, O. (2011). Quality. (2011, p. 34) it was found that children with a more secure attachment with their fathers have more friends. The type of interaction between a child and their father has a significant effect on children's ability to promote secure relationships with others and dealing better with peers. From their fathers, children learn to deal with more aggressive behaviours and how to regulate friendships. A secure attachment with a father might help a child to develop better friendships and maintain them in complex social networks.

In a study done by Kruk (2010), it is shown that fathers become more disengaged in the relationship with their children when they are removed as the primary caregivers in divorce cases. This results in significant problems with regards to maintaining healthy relationships with their children. Furthermore, in a longitudinal study done by Burns and Dunlop (1998), the loss of the father-child relationship was again emphasised. Their study made use of the Parent Bonding Inventory (PBI). In this study, the parent-child relationship was evaluated during divorce and 10 years later. The study aimed to determine whether a change in the parent-child relationship after divorce does affect any future relationships. Data for this study were collected from adolescents from non-divorced and divorced families.

During this study it was found that children who have experienced divorce during their adolescence described their parents' parenting as less favourable at the time of divorce, but ten years later this was only reflected on with regards to the father-child relationships. This was described as the result that these children were mostly placed in the custody of their mothers.

### **2.3.2 Pre-divorce attachment**

Due to different developmental stages, children react differently to the news of their parents separating. Depending on the attachment that exists between the child and their parents, a child may become happier and less distressed by the news of their parents separating. The other truth is that children may also become depressed and experience intense stress (Lee & Bax, 2000).

Mooney, Oliver and Smith (2009) describe children's initial reactions to the news that their parents are getting separated according to different developmental stages:

- Pre-schoolers are too young to understand the meaning of divorce, therefore they are more likely to be confused and experience a fear of losing both parents. These children tend to blame themselves for the divorce. As a result of pre-schoolers' lack of cognitive ability to understand the divorce process, they often regress developmentally and portray aggressive behaviours.

- Children between the ages of 5 to 8 years old are able to have an understanding of divorce and may become depressed, experience intense grief and sadness. Children of this age group wish for parents to reconcile and will often do anything in their power to try and establish reconciliation themselves. Due to their developmental capabilities, these children are egocentric enough to see the divorce as a personal rejection, but they have enough maturity to not blame themselves.
- Between the ages of 9 and 12 years old, children are more prone to experience feelings of intense sadness and being depressed. However, these children are likely to be angry at one or both parents, they have the ability to see things from their parents' viewpoint. This may result in older children starting to parent their younger siblings, often resulting in conflict situations.
- As a result of teenagers (between the age of 12 to 16 years old) being less dependent on their family, results in divorce are less significant for adolescents. Although divorce might not be significant, it is known that during divorce adolescents experience lower self-esteem and self-worth. Divorce might cause adolescents to question their existence and meaning in life; they also question their own future ability to maintaining long term relationships.

### **2.3.3 Post-divorce attachment**

Cohen and Finzi-Dottan (2005) describe that parent-child relationships after divorce are often problematic, mainly due to the fact that parents are being occupied by a change in economic status and intense emotional adjustments. Due to all the changes taking place, parents may become more irritable, less emotionally available, impatient, and physically unavailable for their children. Children get to be more distressed and experience emotions of anger due to the divorce. They act out and their behaviour puts a strain on the parent-child relationship.

One very important aspect of children adapting well to post-divorce arrangements with minimal negative implication is the maintaining of relationships with both parents. According to Grall (2002), the mother-child relationship is one of the few relationships that are maintained throughout a divorce. This suggests that the mother-child attachment relationship plays a vital role in the post-divorce adjustment process. The type of post-divorce relationship a child has with their fathers might contribute to the child's resiliency (Faber & Wittenborn, 2010).

Maintaining relationships with children is one of the primary tasks of post-divorce families. If a positive reorganization and maintaining of a stable relationship are established, a child will show good social competence with their peers (Page & Bretherton, 2001, p. 17). Mooney et al. (2009, p. 3) describe that there are different factors associated with a child's positive adjustment after divorce: competent and warm parenting, low parental conflict, the good mental health of the parents, social support, and cooperative parenting post-divorce. Secure parents encourage effective regulation, they are responsive and are emotionally available, they also provide appropriate discipline. These factors have been found to relate to resilience in post-divorce adaptations. The secure attachment provides security and creates a buffer for negative effects, as well as encourage resilience in children experiencing divorce (Faber & Wittenborn, 2010).

The attachment the child had with the parents prior to the divorce can be crucial in the child's ability to adapt within the post-divorce environment. Therefore attachment is regarded as a key factor in determining to which degree the divorce will negatively impact the child (Siegel & Hartzell, 2013).

#### **2.3.3.1 Protective factors of divorce on children**

Due to people being so unique in their own individual way causing a variety of personalities, behaviours and relationships, it is no surprise that a lot of conflict and confusion exist between adults. This provides an understanding of a high divorce rate, as it is seen as an event that may continue an unhealthy cycle of attachment in the children of these adults. Even though Frimmel et al. (2016) emphasise the fact that divorce has a persistent, mainly negative effect on families, especially children, there has to be given consideration to some protective factors that also exist in cases of divorce, implying that there can be some positives arising from divorce.

When the amount of conflict and disagreement decrease after a divorce was settled, children adapt significantly better. In the instance where divorced parents have an increased awareness of how their relationship and behaviour affects their children, the parents may have better cooperation and less conflict. This then results in the children's future chance for success in romantic relationships to be increased (Gager *et al.*, 2016).

The parenting style of divorced parents can have a significant impact on the child's post-divorce adaptation. Co-parenting is thought to be an effective method of minimizing the impact on children. Research has shown that parents who work together and make joint decisions with regards to the children are proven to be more successful. A decision to co-parent after divorce may have a significant positive effect on the future success of children (Bastaitis, Ponnet & Mortelmans, 2012).

One of the biggest advantages for children with secure attachment is that those children are capable to flourish in the social world. They have the courage to interact socially and they have the belief that the relationships they form are valuable. With regards to social interactions, children with secure attachments believe that other people are interested in them, they show good ability to portray emotional intelligence, are able to elicit emotional responses from others, as well as dealing with their own emotions that arise through social interactions (Sroufe & McIntosh, 2011, p. 469).

Even though the effects of divorce on children are often known to be harmful, divorced parents overlook the importance of interventions for their children. Interventions are known to reduce the risk and impact of children suffering long and short term consequences from divorce (Donahey, 2018, p. 2). These interventions may include therapy, family counselling or parenting plans, and giving more structure and functionality to separated families.

#### **2.3.4 Attachment and loss in divorce**

Boss and Yeats (2014) mention that people do not always have a good realization of the losses that can be caused by divorce. Losses suffered during divorce can affect a person for a lifetime, and it is therefore known to be an ambiguous loss. A reason for divorce to be an ambiguous loss is a parent being physically absent due to the divorce. Divorce is known to have adverse effects on not only the parents and children involved in the divorce, but also their family, friends and other close individuals.

During a divorce, all individuals involved suffer a sense of mostly emotional loss. Due to this experienced loss, a grief process is needed in order for the individuals to obtain emotional and social well-being (Al-Ubaidi, 2017, p. 1). As described by Williams and Haley (2017) during Bowlby's work on attachment, he and his colleague, Colin Murray Parkes, noticed four stages of grief associated with loss. These four stages of grief are described in terms of attachment styles, and it has been established that your attachment will influence your grief process (Bowlby, 1961):

- Stage 1: Shock and numbness

In the initial phase of grief, the individual feels that the loss is not real, or that it is impossible to accept. The individual may experience physical distress and will be unable to understand or communicate their emotions.

- Yearning and searching

During this phase the individual is very aware of the void, and experience feelings of emptiness. They might try to fill the void with someone else.

- Despair and disorganization

During this stage, the individual starts to accept that things have changed and it won't go back to the way it was before. Feelings of hopelessness, despair and anger may be experienced. The individual will often have a lot of questions and intense focus in order to try and make sense of the situation. During this phase, the individual might start to withdraw from others.

- Reorganization and recovery

In the last phase of the grief process the individual might start to have faith in life again. They will start to rebuild their life, establish new goals and create new habits. The individual will gradually start to trust again, the grief will start to move to the background and won't dictate their thoughts anymore.

One's attachment will influence the way you experience grief. Someone with a secure attachment will move through the stages faster than someone with avoidant attachment, who might get stuck in some stages. Everyone experience grief differently, but by viewing the experience of loss through the attachment theory, some new insight can be gained into the grieving process (Williams & Haley, 2017).

Bowlby (1961) mentioned that the grief process for children and adults stay the same, and by understanding the individual's attachment, they can be assisted in the grieving process in order to enhance their social well-being. Therefore, if the attachment is looked at during the divorce process, one can understand the individual's grieving process and help them to have a smoother transition into the post-divorce life.

When infants have continuous interactions with their caregivers, they learn what to expect and how to adjust their behaviour accordingly. This forms the basis of an individual's internal working model that is used to predict the caregiver's availability and responsiveness. This internal model guides one's thoughts, behaviour and feelings in close relationships through life (Meeus, Oosterwegel & Vollebergh, 2002). It is considered that neurobiological factors cause attachment behaviour to remain unchanged; therefore childhood attachment remains a strong predictor of attachment later in life.



From these descriptions of emotion and behaviour regulation, it is easy to see the connection between the attachment styles in childhood that leads to relationship problems in adulthood (Uytun et al., 2013).

## **2.4 Attachment assessment**

Attachment assessment is known to be a comprehensive assessment that evaluates the quality of the caregiver-child relationship, the strengths and challenges of the caregiver, and how well the child uses the caregiver as a secure base. An attachment assessment provides only one critical piece of information in the overall care and contact evaluation: the quality and nature of the caregiver-child relationship using research-based and widely accepted scientific procedures to make the determinations.

Throughout the literature a few guidelines exist on custody assessments (Courts, 2005; McCurley et al., 2005, p. 281). However, these guidelines are done by international organizations and no available protocols or even guidelines exist in the South-African context within the literature. As mentioned previously, literature suggests that there is a lack of protocol in custody as well as attachment assessments. This is concerning. Even though a few protocols of international organizations do exist, there is no standardized universally accepted protocol, leaving room for inconsistent assessments.

### **2.4.1 Attachment assessment in care and contact evaluations**

During care and contact assessments, attachment is one of the components being assessed in order to get a greater picture of the circumstances surrounding the divorce, as well as the best interest of the children regarding care and contact. Other aspects being evaluated in care and contact evaluations include both caregivers' financial and emotional ability to take care of the children concerned, the child's choice of where they would like to stay, as well as support systems of both caregivers. The purpose of this overall care and contact evaluation is to provide information on the child's development and recommendations to assist with a smooth adjustment to the current custody situation and promote a child's healthy development (Cowan et al., 2017).

According to Garber (2012, p. 12), attachment assessment can inform and improve the best interests of the child in custody evaluations. A custody evaluation is known as a legal process, in which a court-appointed expert or an expert chosen by the parties evaluate a family and makes a recommendation to the court for custody matters, usually including residential custody, visitation as well as a parenting plan (American Psychological Association, 2010).

Custody evaluations are regarded as an international term. In the South-African law context the term care and contact assessment is used to describe the same process (Preller, 2019). When performing the custody evaluation, the evaluator is expected to act in the child's best interests. The assessor should understand the relationship the child has with each caregiver as a unique relationship which evolves with regards to the dynamic composition of the experiences the child has with the caregiver, as well as the sensitive responsiveness the caregiver has towards the child within the family context, while taking into consideration their individual temperaments, the child's development, and reactions to stressors.

## **2.4.2 How are attachment assessments conducted?**

According to Erickson et al. (2007) and Mercer (2009, p. 49), it is suggested that the best practice for attachment assessment is to use multiple tools in order to create a holistic picture of the relationship that exists between the caregiver and child. This is not currently the reality in the South African context, as little scientific measures of attachment are used in custody evaluations. The statement is supported by the fact that there was no available literature found regarding the use of attachment measures in custody evaluations within the South-African context.

### **2.4.2.1 Protocols for attachment measures**

The International Association for the Study of Attachment (IASA) has developed a protocol for the formulation of issues related to attachment and attachment assessment. The purpose of the protocol is to act as a guide for good practice and to begin a process of improving the application of attachment in family court proceedings (Crittenden, 2011, p. 2). This protocol provides guidelines on report writing, expert witnesses in court, as well as the assessment process. There are also suggestions of various tools that can be utilized during custody evaluations.

The assessment process, as described by the International Association for the Study of Attachment, has the strengths perspective as a foundation. The protocol suggests the following assessment tools: CARE-Index for Infants; CARE-Index for Toddlers; Preschool Assessment of Attachment; School-age Assessment of Attachment; Transition to Adulthood Attachment Interview; and Adult Attachment Interview. It is required that appropriate training should be done in order to utilize these attachment measures, making it difficult to be used by everyone as training opportunities are not freely available (Crittenden, 2011, p. 7).

In addition to these suggested tools there are four checklists that have been constructed to guide service planners: Level of Family Functioning; Level of Parental Reasoning; Gradient of Interventions; and Severity of Maltreatment Scales. IASA further recommends a formal course of study to train personnel to a high standard of expertise in assessing attachment for court proceedings. This will allow instructing parties to know with certainty that they are asking the most appropriate persons to look into matters (Crittenden, 2011, p. 7).

In the article of Crittenden (2011, p. 8) various advantages of using a protocol on attachment assessments are emphasised. These advantages makes it clear that a standardized protocol provides for decent practise in custody evaluations with special reference to attachment assessments. These advantages are set out below:

- A careful progression from facts to the interpretation of a recommendation is provided.
- It is a transparent process, visible to readers (family members, the court and other professionals), and replicable by others.
- A level of quality is provided.
- The differentiation of behaviour and information processing facilitates the tailoring of treatment to the individual and the family within their special context.
- A protocol permits personalized specific service delivery.
- A standardized protocol permits specification of counter-recommended treatment approaches; therefore the possible risk for harm is reduced.
- Using a protocol can easily identify where professionals can provide more support with regards to the family's functionality, resulting in the outcomes being more positive and the family being more likely to change and take responsibility.

#### **2.4.2.2 Attachment measures**

Attachment measures refer to the various procedures, tools or methods used to assess attachment in children and adults (Leiter, Day & Price, 2015, p. 2). Attachment measures usually consist of observations, interviews, tests, techniques, and/or questionnaires.

In a checklist developed by Innocenti, Roggman, Cook, Jump Norman and Christiansens (2009), observations are described as nonverbal communication during an interview and various interactions between a child and their caregiver.

Observations of parent-child interactions and relationships is an unstandardized and complex assessment strategy. Threats to validation include unreliable coding systems, reactivity, unrepresentative samples of behaviour, and problematic data compilation and analysis. As with interviews, a need exists for standardized observation measures to be used in the custody context, and therefore evaluators are urged to describe their observations thoroughly and clearly including the inferences that are drawn from observational assessments (Mercer, 2009, p. 10).

Another assessment technique is the clinical interview which requires considerable caution when used in custody evaluations. The interviewer may yield inference that is unreliable or reliable, invalid or valid. However, no structured interviews with well-established psychometric properties do exist, specifically for the use in the custody context (Ackerman & Ackerman, 1997; Mercer, 2009, p. 9). Mercer (2009, p. 10) mentions that although they are dubious about the psychometric properties of interviews, there is some comfort in the fact that, unlike with projective measures, interviews are more understandable and straight forward.

The Adult Attachment Interview (AAI) was developed by Mary Main and her colleagues in 1985 (Kaplan & Main, 1985). The AAI is a semi-structured interview with 20 items that takes about an hour to complete. The AAI has been validated by extensive research. It demonstrates the ability to predict a child's behaviour in a strange situation. This measure taps primarily into a person's state of mind regarding their attachment in their nuclear family (Crowell, Treboux & Waters, 2002; Shmueli-Goetz, Target, Fonagy & Datta, 2008).

The semi-structured Child-Attachment Interview (CAI) was developed by Shmueli-Goetz, Target, Fonagy, and Datta (2008) for children in the age group 7 to 11 years old. It is based on the Adult Attachment Interview (AAI) that was adapted specifically for children by focussing on representations of their relationships with their caregivers and attachment-related events. The scores of the interview are based on non-verbal and verbal communication (Shmueli-Goetz et al., 2008).

The Attachment Interview for Childhood and Adolescence (AICA) was also developed from the AAI. This interview deems to be age-appropriate for adolescents and the classifications of secure, dismissing, unresolved and pre-occupied are the same as with the AAI (Crowell et al., 2002, p. 1).

Research does provide information regarding the properties of various attachment measures, some developed for children and others for adults. Throughout literature the use of the Strange Situation Attachment measure has been used numerous times and is described as the oldest, best-researched measure to use with children. Therefore this measure is most likely to be involved in claims of science-based assessments (Mercer, 2009, p. 6; Ludolph & Dale, 2017, p. 13-19).

In various studies and literature, Ainsworth's Strange Situation Measure of Attachment is regarded as the best when it comes to pre-school children (Dale & Ludolph, 2017). This measure is a relatively brief process and requires a laboratory setting. It entails that the child and caregiver are separated several times, leading to slightly distressing the child. When the child and caregiver are reunited, various categories are used to measure the type of secure or insecure attachment with regards to the nature of the reunion. The Strange Situation Measure has been used more extensively than any other instrument in developmental psychology. In a longitudinal study where the Strange situation was utilized as an attachment measure, it was found that attachment status in toddlers predicted the attachment status of ten-year-olds. This prediction was only with regards to the attachment towards mothers. Predictions were made with regards to predicting attachment in ten-year-olds, regarding Sensitive Play with child and father (Grossmann & Grossmann, 2009). Researchers found that Sensitive Play with toddlers is a better attachment measure for fathers than the Strange Situation, as mothers and fathers form attachments in different ways.

The Strange Situation Measure seems to have some limitations with special regards to the forensic practice. The short sessions may be too short to create a holistic accurate image of the complexity of relationships between a child and their caregivers. In order to be able to implement and make use of the measure, extensive training is needed. Furthermore, in order to be able to implement this measure, a special laboratory is needed. This makes it difficult for practitioners to implement, as it requires a lot of financial expenses and time (Ludolph, 2012).

The narrative story stem technique is a commonly used technique in custody assessments. This method uses dolls and narratives which enables a child to tell a story. The dolls represent different family members, the beginning of the story is enacted by the interviewer, then handing over the dolls to the child to complete the story. The narrative technique is designed to gain access to the child's internal working models of their attachment relationships (Buchsbaum, Toth, Emde & Cicchetti, 1992).

Like the narrative story stem technique, the picture response techniques are designed to gain access to the child's internal working model of attachment relationships. Attachment related pictures are shown to the child, and the child is asked to respond or comment on them (Megel & Heermann, 1994, p. 240).

With regards to attachment assessments, some validated attachment measures are used in care and contact assessment. However, there are only a few validated, tested measures of attachment available. It is also not always practical to make use of them, due to the fact that most attachment measures need intensive training, for instance, the interactional analysis, and neither are all of these measures freely available for public use. However, the Child-Parent relationship scale, as well as the Parental Bonding Instrument, are two validated and tested measures of attachment that are used for attachment assessments. These measures are also relatively easy to use and are freely available on the public domain.

The Child-Parent Relationship scale is a 5-point Likert type scale (1 = "Definitely does not apply" and 5 = "Definitely does apply") including 30 items classified under three factors. There are 12 items in the conflict sub-dimension, 10 in the affiliation sub-dimension, and 4 in the dependence sub-dimension. In the original study, the data were collected from 714 parents with children between the ages of 3 and 12.

When the results of the Child-Parent Relationship scale was compared to other measuring instruments, it showed that good validity and a strong correlation existed between the Child-Parent Relationship Scale and other measures used in a study by Driscoll and Pianta (2011).

Although the Child-Parent Relationship Scale has not been specifically tested in the South-African context, in a longitudinal study with 443 Chinese participants the Child-Parent Relationship Scale showed no discrepancies regarding the influence of culture on the child-parent relationship. It was recommended that this scale could be used in various cultural groups. The reasoning is therefore that this measurement is applicable for use in the South-African context (Zhang, 2011).

The Parental Bonding instrument consists of a mother form and a father form, each with 25 items. It is a 4-point type Likert scale with options ranging from "very like" to "very unlikely". Every parent will fill in the questionnaire for each child separately and independently from one another. This instrument was validated and described as reliable in the original study conducted by Parker, Tupling and Brown (1983). The Parental Bonding Instrument is not held under copyright. Therefore clinicians and researchers are free to use the measure without obtaining permission.

The Parental Bonding Instrument has been used in a study in South-Africa (Mashegoane et al., 2007). During this study, the validity of the scale was not compromised by it being applied in the South-African context. This study has proven that the Parental Bonding Instrument is appropriate to use within the South-African context.

Although literature identifies tested methods of evaluation/assessing attachment, the question remains whether these methods are scientific enough to use in a legal context with regards to making a recommendation regarding the care and contact of children within circumstances of divorce. Before the scientific appropriateness of attachment measures can be determined there should first be explored if attachment measures have utility value in care and contact evaluations.

### **2.4.3 Important considerations in attachment assessments**

A child's secure relationship with a caregiver must be understood as both a reflection of the caregiver's sensitive responsiveness as well as the support from the family with regards to the relationship, just as we understand a child's insecure relationship with a caregiver as a reflection of the relative emotional unavailability of the caregiver as well as considering other contextual factors influencing the relationship (Garber, 2009). Even though it is important for a person conducting the assessment to act in a culturally sensitive way during the assessment, it has been established that culture does not have a significant impact on the way attachment is formed. Through a literature review of 20 published studies (1988 to 2008), it was concluded that attachment theory is essentially universal, with culturally specific expressions of infant and caregiver behaviours related to specific societal values and beliefs (Mckenna, 2009, p. 5).

Garber (2012, p. 13) stresses that professionals conducting attachment assessments should also have a better understanding of the dynamics and adaptive ability of relationships between children and their caregivers. Acute pressure of on-going conflict between parents' contested custody and impending adult separation may temporarily distort the quality of the relationship between the child and one or both of the caregivers.

One should view the relationships between the child and caregivers within the context, whereby the quality of the relationship should be observed within the most natural, undisturbed environment and it's historic development (Mccurley, Murphy & Gould, 2005, p. 292).

One critical element which should be considered when assessing the quality of the child-caregiver relationship is observing the willingness of the child to approach the caregiver for support and reassurance in ways which are seen as developmentally appropriate, especially when the child experiences stress (Pepito & Montalbo, 2019, p. 230).

An assessment of both caregivers reflecting on their opinion of their own capacity regarding their sensitive responsiveness towards the child in an age-appropriate way is needed, especially when under stress (Murphy, Martin & Martin, 2018, p. 99).

Another critical element is considered to be the quality of each caregiver's observed support and acknowledgement towards the other caregiver with regards to their relationship with the child, while having an understanding that the quality of the child's relationship with each caregiver can be undermined or reinforced through extra-dyadic influences (Garber, 2012). Within this context extra-dyadic influences refer to emotional or physical intimacy that occur outside the relationship of the two caregivers, thus intimate relationships that might exist between one caregiver and another person (girlfriend/boyfriend) (Seedall, Houghtaling & Wilkins, 2013, p. 2).

Each caregiver's relationship history should be understood, and the dynamics of their relationship with their parents should be considered. It should be considered that there is an association between the adults being emotionally responsive, and the adult's capacity to be emotionally responsive towards the child (Richter, Griesel & Manegold, 2004, p. 8).

Through extensive reading of Ludolph (2012, p. 6), a few factors were identified which can be considered as descriptive and predictive of the value of child attachment. Firstly, the early attachment status can most likely be measured by the warmth and supportiveness of the relationship between the parent and child. This factor definitely considers the best interest of the child. The second factor to be considered was determined in a longitudinal study conducted over a period of 30 years (Sroufe & McIntosh, 2011, p. 16), where it was evident that attachment in infancy determines the child's ability to adapt socially and emotionally. In another study it was found that young boys who had secure attachments as infants had a greater ability to control extensive emotions like anger (Moullin, Waldfogel & Washbrook, 2014).

In a study by Nair and Murray (2005, p. 18) regarding the secure attachments of pre-school children as compared in divorced and intact families, it was found that pre-schoolers with secure attachments have a greater ability in identifying complex emotions in others, and in later years it results in better relationship capacity. The identification of complex emotions in others may be considered as a factor determining child attachment.



Various studies concluded that if a secure attachment exists between the mother and child, the mother will likely to be in contact with the child and be more appropriately supporting with regards to the various developmental needs of the child (Ludolph & Dale, 2017, p. 3). This can provide a custody assessor with important information with regards to the competency of the parent.

The abovementioned factors might be considered in creating a standardized protocol when evaluating the quality of attachment between the parent and child for a recommendation with regards to care and contact cases within a forensic social work context. These measures can be considered as appropriate to use, as it measures concrete data/findings and not the opinion or interpretation of the observer, as in the case of the attachment evaluation measure like Ainsworth's strange situation methodology (Main et al., 2011).

#### **2.4.4 Who conduct care and contact assessments**

According to the American Psychological Association (1994), mental health experts are used to conducting custody assessments. Mental health experts include psychologists, psychiatrists and social workers. Mental health experts provide an important service to families and the court by providing competence, objectivity and impartial information in the process of assessing the best interest of the child. They demonstrate a clear sense of direction and purpose in conducting child custody assessments, perform their roles ethically, and provide transparency through clarifying the nature and scope of the assessment for all parties involved.

Professional persons conducting attachment assessments as part of care and contact assessments in the South-African context, are usually family counsellors as appointed by the family advocate in the Department of Justice. Family counsellors are also known as forensic social workers as a result of their specialized knowledge within the legal context. What stands out about social workers within the legal context is the advanced ability to gather information, assess and make a diagnosis as it affects and predicts behaviour, as well as motivation and capacity for rehabilitation or recovery within a legal context (Williams, 2004).

In South Africa, forensic social workers appointed at the Office of the Family Advocate, private social workers as well as psychologists and psychiatrists in private practises, also conduct care and contact assessments (Foxcroft, Paterson, Le Roux & Herbst, 2004).

What makes a forensic social worker the better professional to assist the court in making a decision with regards to the care and contact of a child, can be attributed to their perspective of working from a holistic approach, looking and assessing the client within its context, while taking into consideration the social context, family systems, environment influences, as well as other contributing influences and circumstances (Maschi & Killian, 2011, p. 14). With regards to care and contact cases, the forensic social worker will not only look at the ability of the parents to provide in the child's need financially, but also emotional support systems, the child's attachment with the various parents, the economic and social environment, as well as the opinion of the child (Sheehan, 2012, p. 7).

According to Green, Thorpe, and Traupman (2005) social workers is seen as a good asset in the legal system as they make use of their generic skills, especially the awareness of various systems (family, interpersonal and social systems), which they adapt towards the needs of the justice system. They also have the advanced skills of report writing and focused assessments. What makes their work valuable is their investigative nature, objectivity and their ability to make crucial decisions. Social workers also have the ability to link clients with resources and systems, which will result in greater service delivery towards the client (Kelly & Ward, 2002, p. 9).

Sheehan (2012, p. 12) adds that the specialized field brings about advanced skills and knowledge, which is believed to improve the perception of the role of the social worker in court, as well as bring improvement with regards to the perception of the worth of their work with justice personnel. This can potentially lead to proper acknowledgement of their expertise within the complex environment of the legal systems. Forensic social workers offer their capacity to educate legal practitioners regarding family dynamics, child development, child dynamics, as well as the influence it has on child and adult behaviour. The link between social work and the legal context suggests that it is a specialized field of social work, with the main challenge to preserve common understandings of social work with the new demands for social work expertise within specialized settings (Sheehan, 2012, p. 12).

## **2.5 Discussion**

Child custody cases are viewed as complex social problems. As a result of the complexity of divorce cases, couples seldom show the ability to act rational and in the best interest of the child, therefore a neutral third party is needed to help resolve matters. Furthermore, social workers specialize in a forensic field, equipping them with an understanding of the unique functions and structures of law and courts (Drisko & Grady, 2015, p. 11).

Attachment is complex, having many components. It is of importance to understand the dynamics of attachment, how it is formed and how it is influenced. It must be noted that attachment is formed by more than just a secure relationship that exists between a child and their caregivers.

Attachment describes how individuals, from birth to adolescence, protect themselves when feeling threatened. An attachment assessment discovers the mental processing and behaviour that has been learned by individuals in order to feel safe and secure. Therefore attachment is regarded as significant in the decision-making process in care and contact cases. Through observations and assessments of attachment, one can address the immediate state of the relationship, as well as the history that shaped the relationship. From this, the likely effects of maintaining things as they are, or of possible interventions, can be estimated (Crittenden, 2011).

Assessment of child-parent attachment relationships can lead to (a) appropriate interventions to be selected, (b) the use of interventions amplifying family problems can be avoided, (c) the family's resources and vulnerabilities can be identified, (d) issues can be addressed regarding the family's functioning when they are together, and (e) it can be determined who the family members are who are central in changing the family's functioning. Information obtained from assessing the parent-child attachment can prevent an escalation of the family's problems (Crittenden, 2011, p. 3).

In order to establish and maintain a good parent-child relationship after divorce, continuous contact between the parent and child is needed. When the dynamics of a divorce context is taken into consideration, it is evident that this is challenging for parents to have continuous contact with their children, especially because of care and contact arrangements. As a result of care and contact arrangements, some parents sometimes only get to see their children every other weekend, or even only every other school holiday.

These arrangements automatically limit the time parents can spend with their children to have regular contact and maintain good relationships. This in itself proves that post-divorce arrangements have an influence on the type of relationship that will exist between parents and their children, and that it is almost obvious that relationships between parents and children suffer due to divorce (Sroufe & McIntosh, 2011, p. 468).

For most children divorce represents a temporary disruption in attachment security with both parents. This is portrayed in the form of children acting out, having behaviour problems, and experiencing anger and depression. Even though some families can manage the divorce process effectively, interventions will be beneficial for others. Interventions will help families to strengthen attachment relationships and foster resiliency in order to reduce risk factors for children (Faber & Wittenborn, 2010).

Interventions are however based on proper attachment assessment. Assessment of child-parent attachment relationships can lead to (a) appropriate interventions to be selected, (b) the use of interventions amplifying family problems can be avoided, (c) the family's resources and vulnerabilities can be identified, (d) issues can be addressed regarding the family's functioning when they are together, and (e) it can be determined who the family members are that are central in changing the family's functioning. Information obtained from assessing the parent-child attachment can prevent an escalation of the family's problems (Crittenden, 2011, p. 3).

The outcomes of children who spent their earliest years in deprived circumstances have been studied from infancy until adolescence. During these studies it has been determined that these children showed significant deficits regarding attachments and relationship capacities, and that it has not improved notably after being in better circumstances (Rutter, Beckett, Castle, Colvert, Kreppner, Mehta & Sonuga-Barke. 2007, p. 20). The implication of this is, if the child has been in a toxic environment for a long period of time (exceeding 1 year) resulting in the divorce of parents, the child will have great difficulty with regards to social relationships and will also struggle to show any signs of positive effects regarding nurturing relationships with any adult (Ludolph & Dale, 2017, p. 3). This means it is of utmost importance that the family counsellor has a great understanding and extensive knowledge with regards to family dynamics, as well as the implication of circumstances leading to divorce which may have an influence on child attachment.

One of the main aspects of attachment that can be used to provide the court with more meaningful information is the need for security. During a divorce, the children, as well as the parents, will experience doubts regarding their security in themselves and one another. Security can be influenced by divorce to such an extent that it reduces availability, accessibility, and responsiveness from caregivers. The parents' ability to moderate the effect of the insecurity and separation will be an important factor in the quality of the attachment and positive outcomes. If there is a secure attachment, the effect of the divorce on the child will be minimised (Talley, 2012, p. 255).

It is of utmost importance for a family counsellor to include the assessment of child attachment in the investigation with regards to the care and contact of the child, as wrongful judgement and placement of the child with a caregiver with which the child has an insecure attachment may result in long-lasting negative effects on the child (Talley, 2012). In a study with a population of 100 children (as described in Cowan, Cowan, and Mehta, 2017, p. 5) a conclusion has been reached that divorce and marital problems produce mood and emotional instability within the caregiver, and thus could have an adverse effect on the adjustment as well as the attachment of a young child.

Assessment of attachment relationships is an important component of a comprehensive clinical report in care and contact matters. It is also of importance in court reports, as it permits scrutiny of the basis of the expert's recommendation. Integrating data of attachment assessment findings with other observations and evaluations is essential to developing recommendations.

## **2.6 Conclusion**

Infancy is the most crucial developmental stage with regards to the attachment which is formed between a parent and a child. Attachment is formed over time, and creates a secure base from which a child can engage in social interactions later in life. The attachment that is formed in infancy is a great predictor of how a child will handle life challenges, one of these challenges being the divorce of parents.

Divorce itself has lasting negative effects on the lives and capabilities of children and their parents. If a child has secure attachments and parents work together to enhance the protective factors of divorce, a child will portray good resilience and be able to have a good post-divorce adjustment where the negative effects that the divorce has on the child will be minimised.

This stresses the importance of appropriate measures of attachment in care and contact evaluations in order to ensure a child's positive post-divorce adjustment.

# CHAPTER 3 FINDINGS

## 3.1 Research findings

The results of this study will be discussed with regards to the aim of this study. This study aimed to explore the perceived utility value of two attachment measures in care and contact recommendations that is done by family counsellors. This was a pilot study and 4 interviews with family counsellors working for the Family Advocates office in North West province was held. Data was collected through the means of semi-structured qualitative interviews that took approximately 90 minutes per participant. The researcher collected data between 15 November 2019 and 31 January 2020.

The findings of this study reflect the views, opinions and experiences of the family counsellors conducting attachment assessments as part of care and contact evaluations.

## 3.2 Profile of the participants

Set out in the table below are the profiles of the four participants:

**Table 3-1: Participant profiles.**

Participant	Years of experience	Male/Female
A	6	Female
B	9	Male
C	3	Female
D	5	Male

A total of 4 participants participated in this pilot study. Invitations to participate in this study were sent to all family counsellors in the North West province. There are a total of 6 family counsellors in the North West province: 2 in Klerksdorp, 3 in Rustenburg and 1 in Mafikeng. From the start of the study, one family counsellor decided not to participate, and during the study another family counsellor retracted consent.

The researcher asked for permission for this study to be conducted in the Northern Cape and Freestate provinces as well but was unsuccessful. In the end, the pilot study had 4 participants.

All participants of this pilot study were qualified social workers, having obtained a Bachelor of Social Work (BSW) degree from a tertiary institution. All participants were working as family counsellors at the Family Advocate’s offices of the North West province. The participants were trained by the researcher to utilize, score and interpret the Parental Bonding Instrument and the Parent-Child Relationship Scale.

The participants formed their opinions and views, and shared their experiences with regards to using two quantitative attachment questionnaires with parents and children. The researcher is satisfied that the views and opinions of the participants were well informed as the Parental Bonding Instrument was used with a total of 33 parents and the Child-Parent Relationship Scale was used with a total of 37 children.

The number of children and parents filling in the quantitative attachment questionnaires from the participants is set out in Table 3.2 below:

**Table 3-2: Number of families the attachment questionnaires were used with.**

Participant	Number of children	Ages of children			Number of parents	Number of families
		6 – 8 years	9 – 12 years	13 – 15 years		
A	12	3 (6; 7; 7)	7 (10; 11 ; 9)	2 (13; 13)	10	5
B	9	6 ( 6; 7; 7; 8; 6; 6)	2 (10; 12)	1 (13)	12	6
C	10	4 (8; 6; 6; 7)	4 (9; 10; 11; 11)	2 (14; 13)	7	4
D	6	3 (6; 7; 7)	2 (9; 12)	1 (14)	4	2
<b>TOTAL</b>	<b>37</b>	<b>16</b>	<b>15</b>	<b>7</b>	<b>33</b>	<b>17</b>

From the profile of the children it is evident that they match the criteria of children being affected by divorce. According to Preller (2019) children between the ages of 1 and 15 years old are most affected by divorce. In this study all children on whom questionnaires were used were between the ages of 6 and 15 years old.

### **3.3 Themes and sub-themes**

Semi-structured one-on-one interviews were guided by an interview schedule of questions in the interest of gathering data.

As part of the introduction of the interview, the researcher asked some explorative questions on the current practice of the family counsellors and their application of the questionnaires. The researcher got a good idea of what their current practice entails. When probed, all of the participants were able to elaborate on various components of their current practice with regards to attachment assessments.

It is clear from the information provided by the participants that there are several techniques used to assess parent-child attachment. The techniques that were identified by the family counsellors are as follows: Feelings cardboard, Birds Nest, Travel to the Moon, and My World. The techniques explained by the participants are known as narrative or story stem techniques in the literature. Narrative techniques are described in the literature as being part of Gestalt Therapy. Even though Gestalt Therapy techniques are not validated, they do have a strong theory base. Being based on the humanistic approach, it works with a person's awareness and their awareness skills, rather than using classic psychoanalytic reliance or the interpretation of the unconscious (Geldard, Geldard & Yin Foo, 2018; Wheeler & Axelsson, 2015). Wheeler and Axelsson (2015) further describe Gestalt Therapy as being truly integrative, including cognitive, sensory, interpersonal, affective and behavioural components. In Gestalt Therapy, the patients are encouraged to be creative in doing awareness work. Through making use of narrative techniques, one gains access to a child's internal working model of attachment relationships. A child is shown a picture or probed to tell a story with regards to their personal experiences (Buchsbaum, Toth, Emde & Cicchetti, 1992).

The narrative technique provides meaning and direction and creates a broad picture of the reality the person lives in. Using the narrative technique holds some risk with regards to credibility. This technique leaves room for a story to be glorified or something to be said without thinking of the truth or plausibility.



The evaluator must make use of a lot of comprehensive exploring to test the credibility of the information given (Van Wessel & Ho, 2018, p. 9). The researcher could not find any substantial literature portraying the validity with regards to the use of narrative or story stem techniques.

Even though the participants used various tools, the tools did not provide them with definite evaluation outcomes enabling them to conclude whether the parent-child relationship portrays a secure or disorganised attachment. When using these assessment tools, family counsellors are making their assumptions on the parent-child attachment based on their observations and practice experience. Van Wessel and Ho (2018, p. 39) explain that one of the biggest challenges of narrative assessment techniques is the evaluation of evidence. There are no concrete measuring guidelines to interpret the findings against it, thus leading to the evaluator having to depend on their impressions and interpretation skills.

With regards to the application of the two attachment questionnaires, it was evident that the family counsellors have used the questionnaires appropriately, as discussed during the training. Questionnaires were introduced to the children and the parents during the introductory stages of their assessments. Scoring was done as prescribed in the questionnaire's scoring guidelines.

On completion of the data analysis the researcher identified 4 themes and 9 subthemes. See Table 3.3 for a summary of the themes and subthemes:

**Table 3-3: Summary of themes and sub-themes**

THEME		SUBTHEME
1	Time-consuming	1.1. Time to complete questionnaires
		1.2. Explaining to the children
		1.3. Scoring
2	Children struggled	2.1. Language
3	Value-added	1.1. Strengthen recommendations
		1.2. Validate findings
		1.3. Giving clarity and a better picture of attachment
		1.4. Evidence in court
4	Future use	4.1. Yes, but

## **THEME 1: Time-consuming**

It was found that three aspects of the utilization of the attachment measures were regarded as time-consuming. These three aspects are further discussed in the subthemes.

### **Subtheme 1.1: Time to complete the questionnaires**

During the qualitative interviews, the researcher has identified the theme of various aspects of the utilization of the two attachment measures being time-consuming, especially taking into consideration the practice reality of the family counsellors. During the interviews some of the participants stressed the fact that they only have limited time to conduct care and contact assessments:

*“We conduct 2 to 5 assessments per day, thus a tight schedule” – Participant C*

*“However, it appears to be time-consuming given the information it seeks to obtain. Thus, it prolongs the length of the sessions given the number of children”. – Participant C*

*“... it was difficult based only the scope of work and time allocated when consulting with parents. We only see parents once unless there is a follow-up which are most of the time minimal; Not enough time to use it with all of the parents; Assess everybody on one day. One assessment with parents take 2-3 hours. Most of time only see parents once.” – Participant D*

The practice reality of participants should be taken into consideration. Family counsellors only have limited time in which they have to conduct care and contact assessments, giving only limited time to interview parents and children. Adding only two more attachment measures to their care and contact evaluations has a big impact on the increased amount of time they spend on the evaluations

### **Subtheme 1.2: Explaining to the children**

During the interviews the researcher explored more on aspects being time-consuming. Some participants mentioned that some questions had to be explained to the children, taking up a lot of time. One response was:

*“It was a bit time consuming and some of the children did not understand the questions. One has to explain further for children to have more understanding.”* – Participant D

It appeared as if one aspect taking up more time than anticipated is that the family counsellor had to spend some time explaining some of the questions to the children. This took extra time in comparison with children being able to read and complete the questions themselves.

*“I mostly utilized the question with children from 8 to 13 years of age. This choice of age group was informed by the ability to comprehend questions and to understand what it requires without having to go deep in explanation.”*

– Participant C

Participant C also confirmed that children being 8 to 13 years old did not have difficulty completing questionnaires, therefore the fact that these children supposedly could read and write should be taken into consideration. It is also important to take note of the fact that the children who were able to complete questionnaires on their own lessened the time spent on assessments.

As a result of some children struggling to understand questions and the participants having to explain some questions to the children, the usual care and contact assessments of the family counsellor took longer than usual. The completion of the questionnaires took up more time than the family counsellors bargained for, resulting in the use of additional attachment measures being time-consuming.

### **Subtheme 1.2: Scoring**

Some of the participants have mentioned that the scoring of the questionnaires took up a lot of time:

*“After I received the completed questionnaires I sat down and looked at the guide the scoring guide and calculated the scores but it was a bit of work to do that because you have to understand which items belong to which category and how to score them so it was difficult”* – Participant B

*“The scoring also took some time.”* – Participant D

This was the first time the participants have applied the questionnaires in practice, therefore it is a relatively new tool and takes time to master. The results of the questionnaires are also not needed immediately, therefore a suggestion can be made for family counsellors to specifically schedule a time wherein they do the scoring so that it does not take up time during the interview/assessment process.

It seems as if the use of a scoring guideline helped the participants to have a good understanding of the scoring of the questionnaires.

*“The scoring and interpretation was done as shown on the scale. I did not have trouble in understanding the usage of the scale as he already has knowledge in relation to scoring and interpretation of scales.”* – Participant C

*“You mos showed us in the training, so I took the papers you give to us with the training, there it shows how I need to score it. First I think I did not understand this scoring, but I remember we practice it in the training so I went back, and I saw this was not so difficult to do.”* – Participant D

Although the participants did find the scoring relative easy, two participants indicated that they have experienced difficulty in scoring and interpreting the Child-Parent Relationship Scale.

*“When I was at the scoring point I struggled a bit”* – Participant A

*“You know what I tried to interpret the scores but really I couldn’t because it wasn’t like making sense to me I put it in the scoring guidelines that they gave to use”* – Participant A

*“It was a bit difficult I understood how to add the scores”* – Participant B

Participant B has also mentioned that the Child-Parent Relationship Scale was not that useful, merely because of the fact that the participant has struggled with the scoring. In future to ensure that all participants have a clear understanding of the scoring and interpreting of the tools to be used, intensive training is needed, as well as a follow-up session to clear up all unclarity, uncertainty or struggles.

Even though the participants have identified some aspects of the utilization of attachment questionnaires being time-consuming, the researcher is of the opinion that some practical arrangements can limit the time that assessments take. Participants can make some practical arrangements to reduce the time that the completion of the questionnaires took.

Participant B, for instance, took some initiative and asked a colleague to assist a younger child with the completion of the questionnaire while he interviewed the parents.

*“I asked for assistance from my other colleague to assist the child because like the other child was I think 8 years old so I thought maybe she will be able to do the questionnaire on her own so I explained to my colleague to say okay you go with the child through this questionnaire you explain the responses and you take the relevant answers.”*

The more the family counsellors apply the questionnaires, the more comfortable they will be and the process will automatically be a bit faster.

## **THEME 2: Children struggled**

The researcher explored the participants' experiences using the questionnaires with the parents and with the children. All agreed that the parents posed no problem. They understood the questions and completed it without incident. The experience with the children, however, differed considerably. Even though most of the participants mentioned that the children understood the questions, two of the participants noted that younger children with a mother tongue other than English had difficulty in understanding some of the questions.

From the findings of this study, it is evident that children younger than 8 experienced difficulties in completing the questionnaires independently. Even though the sample inclusion criteria for this study was only for English speaking families (completing the questionnaires) to be included, it seems as if some children's home language were not English.

The researcher is of the opinion that the families identified themselves as English speaking, but in reality, they still spoke another language, like Tswana, at home with the children.

## **Subtheme 2.1: Language**

When probing the participants with follow-up questions on what exactly was making it difficult for the children to understand they responded as follows:

*“There were only a few children, I think it is because the children I used this questions with, their first language is not English, and there is some words that was a bit difficult. But when I said the words in their home language, it was Tswana, they understood better.”* – Participant D

It appears as if the main reason for the children having difficulty understanding some of the questions is to be contributed to a language barrier. As Participant D explained, mostly children with their mother tongue being Tswana had trouble understanding some of the words. Participant C added that English speaking children between 8 and 13 years old did not experience problems in understanding questions.

As described by Mara (2014, p. 55), your first language development has a direct impact on your ability to process and understand a second language. If a child does not have effective writing and reading strategies in their home language, they will not have sufficient skills to understand, read and write in another language. Children 8 years and younger do not have the sufficient skills to read and write in their home language yet; they are still acquiring the new skills and therefore these children will also have immense difficulty in understanding, reading and writing in another language (Thurman, 2015). In this study, the young Tswana speaking children experienced difficulty in understanding and responding to questions in English, their language development and home language might be used as an explanatory factor in explaining why they struggled.

Children who can read use their knowledge, skills and strategies to determine what the meaning of words are. For children to have a knowledge of vocabulary, they first have to read (Ahmad, 2018, p. 2). Even though children only start to read formally at the age of 6-7 when they start their school career, reading remains a significant predictor of children's linguistic outcomes (Niklas, Cohrssen & Tayler, 2016).

It is therefore important to take note of a child's ability to read when a child is asked to complete a questionnaire. From literature, it is evident that knowledge of vocabulary and linguistic skills depend on a child's ability to read. Therefore, if a child can not read, will experience definite difficulty in understanding questions.

*“I mostly utilized the question with children from 8 to 13 years of age. This choice of age group was informed by the ability to comprehend questions and to understand what it requires without having to go deep in explanation.”*

– Participant C

Participant C also confirmed that children being 8 to 13 years old did not have difficulty completing questionnaires, the fact that these children supposedly could read and write should be taken into consideration.

### **THEME 3: Value-added**

Analysing the various responses of the participants, it was clear that the utilization of attachment measures in care and contact recommendations mainly added positive value for the participants. The researcher asked the participants whether the use of the questionnaires added any value to their care and contact recommendations, and the following subthemes were identified regarding their responses:

#### **Subtheme 3.1: Confidence**

Two of the participants noted that the use of the questionnaires led to them having more confidence in making care and contact recommendations. The reason for this added confidence is that the participants felt that the questionnaires are validated measures, that if tested they experience a feeling of knowing what they are doing.

*“Yes (it gave more confidence)”* – Participant A

The fact that the participants experienced having more confidence in making their care and contact recommendations when they made use of validated attachment measures correlates with the researcher's findings in the literature. Jewell, Gardner, Susi, Watchorn, Coopey, Simic, Eisler (2019) as well as Richter, Griesel, and Manegold (2004) have found that when assessors make use of validated attachment measures, they will experience feelings of having more confidence as a result of the heightened scientific validation with the use of the instruments.

*“I would not really put it as confidence but as more knowledge in relation to relationship as explained above. Making use of the tools would give a more clearer picture and understanding.”* – Participant C

Even though Participant C mentioned that the use of attachment measures did not make a significant difference in the confidence experienced when making care and contact recommendations, Participant C did, however, mention that making use of the attachment measures provided them with a clearer picture and better understanding of attachment. This is also a result of the use of attachment measures contributing a positive change to the way the participants made their care and contact recommendations.

### **Subtheme 3.2: Validate findings**

One positive attribute the utilization of attachment measures in care and contact recommendations made to the practice of the participants is validating their findings.

*“because like when I assessing the child I will be using the techniques I told you about and then compare it with the findings of this questionnaire. Then it really makes it qualify what I’ve discovered through the techniques that I used.”* – Participant A

*“I feel this questions make the recommendation stronger because you can say according to the questionnaire this parent and child have a better relationship or attachment and it is not something that is your own assumption.”* – Participant C

*“The questions gives something you can measure the answers of the parents against, with the questions you do not have to make a guess on how the attachment is, if you use the scoring you can get a good idea of how the relationship is. And the results of the questions gave the same conclusion of attachment as the other tools that is used, and this has value as the questionnaires validated the findings of the tools, like the birds' nest.”* – Participant D

When tested, scientific measures of attachment which have been used the findings, immediately has more validation and value. Although people who make use of attachment measures make use of some scientific measures, they still have to draw their conclusions regarding the type of attachment that exists between caregivers and their children.



The conclusions of the assessors' findings are strengthened when their conclusion is supported by the findings of the scientific measures they have used (Jewell et al., 2019). In the case of this study, it was true that adding two scientific attachment measures added more validity to the findings and conclusions of the attachment measures, as concrete evidence obtained from the questionnaires was available for the participants to evaluate it against.

### **Subtheme 3.3: Giving clarity, and a better picture of attachment**

During the qualitative interviews, it came to light that the participants felt that the use of the attachment measures enabled them to get a better picture and have a greater understanding of attachment.

*“Because some of the questions theory I picked up there are very essential assessing the involvement of the parent in the child's life so some of the questions here in this questionnaire we going to add them in my techniques”*  
– Participant A

*“however it has helped me to make informed decision and to have better understanding of the type of relationship the child has with each of the parents and that between each parent and the child.”* – Participant B

*“They helped me to paint a better picture of which it is sometimes difficult to obtain using my usual assessment methods. One would have a better understanding of the child's needs and which parents is able to provide them consistently and with regards to parents, it made them realise how important the obvious things add to their relationship with the children and thus securing their attachment”* – Participant C

*“For me, it was good to see what the actual attachment is between the parent and the child, and not categorizing it as good or bad attachment like I usually did. I think attachment assessment is important in our world because the relationship between the child and their parents will play a big role in the way they will adapt after the divorce and when care and contact arrangements are made”* – Participant D

It is evident from the literature (Faber & Wittenborn, 2010; Mooney, Oliver, & Smith, 2009, p. 3) that suggestions are made for people assessing attachment to have knowledge of attachment, how it is formed and affected, and how it influences different aspects of one's life. Without knowledge of attachment, one would experience difficulty to view a parent-child relationship within context. When a person who is assessing attachment has an understanding of attachment, they can make a positive contribution to the child's ability to adapt positively with regards to post-divorce arrangements. Mooney, Oliver, and Smith (2009, p. 3) described that different factors are associated with a child's positive adjustment after divorce, i.e. low parental conflict, competent and warm parenting, the good mental health of the parents, social support, and cooperative parenting post-divorce. Secure parents encourage effective regulation, are responsive and emotionally available, as well as provide appropriate discipline. These factors have been found to relate to resilience in post-divorce adaptations. A secure attachment provides security, creates a buffer for negative effects, and encourages resiliency in children experiencing divorce (Faber & Wittenborn, 2010).

Siegel and Hartzell (2013) mentioned that the attachment a child had with their caregivers before the divorce can be an important predictor of how a child will adapt within the post-divorce environment. Therefore attachment is regarded as a key factor in establishing to which degree a divorce will negatively impact a child. If the person assessing attachment does not have a good understanding of attachment is, there might be a potential risk of them endangering the child in terms of not being able to adapt well after the divorce.

Participant D noted that there was one specific case where she doubted some information provided by a parent, and when scoring and interpreting the questionnaire, the data confirmed her suspicion. Participant C also added that the questionnaires assisted him to get some information that is somewhat difficult to obtain with an interview. This shows that the use of the questionnaires assisted the participants to make better-informed decisions on the attachment between the parents and their children.

#### **Subtheme 3.4: Evidence in court**

According to George, Isaacs, and Marvin (2011, p. 484), when attachment measures are utilized within the court, it is important that the instrument is well-established and validated and provides clear empirically-based evidence that can be easily interpreted. Both the attachment measures that have been used by the participants are well-established and validated, therefore the assumption can be made that they have appropriate properties approving them to be utilised as evidence in court.

Even though the attachment measures are validated and have appropriate properties scientifically validating them, most of the participants felt that these measures alone will not be appropriate for use as evidence in court.

Participant C noted that the measures alone cannot be valued as evidence in court, due to the mere fact that more intense training would be required:

*“In my own opinion presenting them as evidence in court would be difficult as one would have to prove to court that it has been thoroughly trained to make use of the measurements. Thus, to be able to present them as evidence, one has to be formally trained not merely going through the scales and understanding the questionnaires.” – Participant C*

Upon exploration on the reasons that the participants add to the attachment measures not being appropriate to be used as evidence in court, the main idea gathered was that the attachment measures will not be strong enough to use on their own, but by using it in conjunction with other tools it will heighten the value of the measures making it more appropriate to use as evidence in court.

*“I think in isolation there will not be as strong thing but together all the other tools like the others” – Participant B*

*“I think in conjunction with the techniques I use it gives more value” – Participant A*

*“I think it is helpful if you get some collaboration and information that you get qualitatively and even if you do quantitatively you still get the same interpretation and then I think it gives more confidence” – Participant B*

Erickson, Lilienfeld, and Vitacco (2007), as well as Mercer (2009, p. 49) have emphasised the importance of the best practice for attachment assessment being the use of multiple tools to create a holistic picture of the relationship that exists between the caregiver and child. Furthermore, the American Psychological Association Guidelines for Child Custody Evaluations in Divorce Proceedings (American Psychological Association, 1994) emphasizes the need for multi-method evaluations in custody cases. They explain that the scientific validity of the findings can be ensured through considering data from various measures.

Ziv and Arbel (2020) describe the attachment theory as a valuable framework that can facilitate a better understanding of the mechanisms by which early relationships are formed. They added that the caregiver, by providing (or not providing) a secure base, helps in shaping the child's current and future relationships. These relationships that are formed by children are dynamic and has a lot of components, it is therefore needed that several/more than one attachment measures are used to give attention to various aspects influencing attachment. As explained by the participants, the attachment measures that were used in this study have the potential, when being used in conjunction with other assessment tools, to have heightened validity to be used as evidence in court in care and contact recommendations.

#### **THEME 4: Future use**

During the qualitative interview, the researcher asked the participants if they would recommend the use of the two attachment measures in their practice for future use. The participants added valuable considerations for further practice implementations:

##### **Subtheme 4.1: Yes, but...**

Most of the participants were positive about the recommendation of the attachment measures, but they explained that the reality in the practice of working as family counsellors at the Family Advocate's office would make it difficult to implement.

*"Analysis tool, as much as the tools are very good and empirically tested, the nature of our day-to-day work leaves less time for one to thoroughly make use of the tools. It would not be possible for one to make use of them in each and every case, given the fact that they are time-consuming. It would be recommended to schedule a specific session just for the questionnaires" – Participant C*

*"If we use it in the future I think it will be better to have two definite sessions with the families so that in one session you only do the questionnaires because if you use the questionnaires in the same time as with the interviews it takes a lot of time, and then the appointments gets too long, especially for the children, it gets too long they do not sit still and concentrate like they should." – Participant D*

Participant C and D mentioned that some procedures can change, for instance, separate sessions on separate days for the parent's and children to complete the questionnaires. Family counsellors only have limited time available to conduct care and contact assessments. Sometimes they have to see 2 to 3 families per day, limiting the time for intense long-lasting assessments. It will be recommended that the family counsellors make some practice arrangements to minimise the time it takes to complete questionnaires, for instance, the parents can complete the questionnaires when the children are being interviewed, or colleagues can be asked to assist the family counsellors to help the children to complete the questionnaires.

*“There are things that are difficult to implement. Somewhere at the higher levels, people are more obsessed with the numbers to say okay you need to finalise this number of matters and then sometimes you have to find ways cutting corners reducing things that will consume a lot of your time and also with this questionnaires” – Participant B*

The management system of the Family Advocate's office needs to be kept in mind. Participant B mentioned that the current managerial system would make it impossible to implement the use of additional attachment measures. Upon further probing and exploration, the participant explained that top management is more focused on numbers, (the total families being assessed) than necessarily focusing on the quality of the assessments and recommendations. Shanks (2016) mentions that it should be kept in mind that management systems have to report to higher entities, and most of the time goals are not set out by management but by Provincial or National entities. It is important to also keep in mind that management systems do not always have the necessary authority to make decisions regarding current practice or change. In a study conducted by Radin and Scavarda (2013) it was found that, especially in the social work profession, the managerial systems often clash with actual work practices, due to management not always having a clear picture of the practice reality of social workers. If management can be made aware of the importance and influence that attachment assessments in care and contact recommendations might have on the current practice of family counsellors, they might change their viewpoints and practices.

Participant A added that she will add certain questions that were in the questionnaires to her current assessment practice.

*“Because some of the questions theory I picked up there are very essential assessing the involvement of the parent in the child's life so some of the questions here in this questionnaire we going to add them in my techniques”*

*– Participant A*

Although the use of validated attachment measures is emphasised in literature (Byrne, O'Connor, Marvin & Whelan, 2005; Mennen & Keefe, 2005; Mercer, 2009), the family counsellor participants in this study made limited use of validated attachment measures. This is confirmation that there is a gap in practice and a need for appropriate, validated attachment measures to be used in care and contact evaluations. The response of this participant shows that the attachment questionnaires that were used in this study do in a way address the gap in practice, as the participant suggested that some of the questions could be used in her current assessment practice.

Participant A suggested that the utilization of two attachment measures in care and contact recommendations had a positive impact on her current practice.

*“It makes an impact on the recommendations that I'm gonna take. It is a positive impact it gives me the idea of what is going on in the child's life”*

*Participant A*

This suggests that the two attachment questionnaires do add positive value and it is recommended by this participant to be used in the future, as it provided the participant with a better understanding of the context of the child's life and the relationships the child has.

Although most of the participants felt that the use of two attachment measures in care and contact recommendations should be recommended for future use, one participant felt that they prefer making use of the Interactional Analysis.

*“prefer Interactional Analysis, but will integrate the scales”* – Participant D

Even though the participant did note that he preferred making use of the Interactional Analysis, he also mentioned that he will make use of the questionnaires and integrate it with other tools. Once again emphasizing a multi-method assessment adding to the validity of one's findings.

### 3.4 Conclusion

This study aimed to explore the perceived utility value of two attachment measures in care and contact recommendations that is done by family counsellors. The aim was achieved by conducting a pilot study. This pilot study entailed 4 interviews held with family counsellors working for the Family Advocate's office in North-West. Data was collected through the means of semi-structured qualitative interviews, that took approximately 90 minutes per participant.

Four participants took part in this study, all four being qualified social workers working at the Family Advocate's office of the North West province as family counsellors. The attachment questionnaires, which the participants used to form their opinion on the utility value of attachment measures, were utilized with a total of 33 parents and 37 children. The number of individuals the questionnaires were used with indicates that the participants had enough experience to have an informed opinion.

During the introduction of the qualitative interview, it was evident that the practice reality of the participants sometimes made it difficult for them to use the questionnaires effectively. One has to keep in mind that the participants had very limited time available to use the questionnaires in their care and contact evaluations. Not only did the use of an extra measuring tool add extra time to their care and contact evaluations, but factors resulting from using the questionnaires itself also proved to be time-consuming. The participants explained that explaining some of the questions to the children and scoring the questionnaires took a lot of time. Not only do family counsellors have limited time available to conduct care and contact assessments, but the organisational operational system also proved to be difficult with regards to adjusting their assessments. Although only one participant stressed the fact that the operating system shows a bigger concern with the number of families assessed than the quality of the assessment, it can indicate a need for further investigation on how the operating system in the organisation supports or hampers the assessment quality and processes. It was clear from the findings that the participants used limited scientifically validated attachment measures in their current practice. They mainly make use of Gestalt Therapy techniques.

The participants used and applied the questionnaires appropriately, as well as scoring and interpreting the results that they got from the questionnaires accurately, as they were trained. Even though some of the children struggled with understanding some words in some of the questions, the researcher is of the opinion that this problem can be avoided in the future. Before children should be asked to complete a questionnaire, their reading and writing abilities need to be evaluated.

One has to be certain of the population the questionnaires will be used with to disregard any problems that may arise as a result of language barriers, especially in the South-African context where there are 11 official languages. The researcher did not foresee for language problems to arise, but the fact that it did, emphasises the importance of the language of assessment tools

Overall, it seems as if the utilization of attachment measures did add value to the practice of the participants. Participants reported having heightened confidence in using attachment measures as part of their care and contact evaluations. Furthermore, the questionnaires showed positive attributes into the practice of the participants with regards to the validation of their findings and giving clarity, as well as a better picture of attachment.

Even though the thought is that the use of the two attachment questionnaires is not appropriate to use as evidence in court, it was found that when it will be used together with other tools, the validation would be elevated, adding to the scientific value of attachment measures in care and contact evaluations.

Overall the use of attachment in care and contact evaluations are being recommended by family counsellors for future use. The utility value of attachment measures in care and contact recommendations seem to be positive. A realization was created on the importance of attachment assessment, and if some changes occur in practice, these two attachment measures are believed to have a positive impact on care and contact assessments.



## **CHAPTER 4 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

### **4.1 Introduction**

This chapter provides a summary of the study as a whole. It presents the conclusions and offers recommendations for care and contact practice, education and research based on the study findings.

### **4.2 Summary**

The study was conducted in partial fulfilment of the requirement for the degree, Magister in Social Work in Forensic Practice. The researcher endeavoured to master fundamental aspects of research and aimed throughout the project to demonstrate a deeper understanding of (and confidence in) the application of the research process.

A need for the study was acknowledged when literature indicated a gap regarding the scientific value of attachment measures that are used in care and contact evaluations to be presented as evidence in court, and also a dearth of protocols which stipulates what practises and evaluations are considered as scientifically adequate to be used within a legal forensic context. The testimonies offered by child custody evaluators are often based on clinical impressions, sometimes supplemented by assessment instruments with a problematic scientific foundation, but then presented as scientific and evidence-based.

Furthermore, it was determined that the current practice of family counsellors conducting care and contact evaluations only have limited use of attachment measures. The literature emphasises that questions exist regarding the scientific value of attachment measures, and it is evident that in the current practice of family counsellors they do not make much use of attachment measures, let alone said measures being scientifically validated. The limited use of attachment measures having scientific value is crucial in the practice of family counsellors, as they make recommendations to the court and their reports serve as evidence, needing to be evidence-based and scientifically substantiated. The need for further research has been identified through the practice gap of the limited use of attachment measures within the Family Advocate's office, as well as the literature gap emphasising the use of scientifically validated attachment measures. The literature clearly shows that there should be a greater focus on attachment measures with regards to care and contact evaluations, as a secure attachment between the child and caregiver has potential to minimise the post-divorce effect on the child.

The actual aim of the study was to explore whether the use of two attachment measures will add value to care and contact recommendations that are made by family counsellors, and whether it will be viewed as useful within care and contact investigations.

To achieve the aim of the study, the following research objective was set out: to explore and describe the perceived utility value of attachment measures in care and contact evaluations done by family counsellors. To achieve this objective, a pilot study was conducted with four participants; all four participants worked as family counsellors at the Family Advocate's office of the North West province, being registered social workers. The family counsellors were trained in using, scoring and interpreting two attachment measures (*the Child-Parent Relationship Scale* and *the Parental Bonding Instrument*). After the training of the participants and having them use the attachment measures with 17 families, including 37 children and 33 parents, data were gathered through the means of qualitative interviews. The qualitative descriptive design allowed family counsellors to give their opinions, experiences and insight with regards to the utility value of attachment measures in care and contact evaluations.

With regards to data analyses, the researcher firstly transcribed all the interviews. The researcher and study leader independently undertook a coding process. Through the coding process code meanings, theoretical ideas, preliminary conclusions and other useful thoughts of the participants were captured. The researcher and study leader mutually decided on what themes and subthemes will suit the discussion best after a consensus discussion was conducted. Four themes and 10 subthemes were identified. The thematic analysis enabled the researcher to get a true reflection of the experiences, opinions, and reality of the family counsellors regarding the perceived utility value of attachment measures.

## **4.3 Conclusion**

### **4.3.1 Conclusion regarding the literature study**

From the study it was evident that infancy and early childhood development are the most important development stages with regards to the attachment being formed between children and their caregivers. Attachment forms continuously over some time and it creates a secure base from which a child can engage in social interactions later in life. The type of attachment that is formed during infancy will be a great predictor of how a child will handle life's challenges, of which one can be the divorce of parents.

It is found that even though divorce has primarily negative effects on a child's life, there are some protective factors of divorce playing an important role in the child's adaption with post-divorce arrangements. It is also important to take note that, with appropriate interventions, families can also be assisted to reduce the risk and impact of children suffering from long-term consequences as a result of divorce.

The issue of appropriate scientific measures of attachment to be used as evidence in court as part of care and contact recommendations have been emphasised throughout literature and it remains a continuous issue in the practice of family counsellors. The attachment measures that have been applied in this study are both validated measures of attachment, each with scientific properties, making it fit the criteria of measuring well-defined concepts being regarded to have suitable credibility, and therefore being appropriate to be used as evidence in court.

In the literature it was found that there are substantial benefits for children in divorce to be placed in the care of a caregiver they have a better attachment with, as it increases the potential for children to adapt better in post-divorce arrangements. When assessments regarding the attachment of children and their caregivers in divorce can be conducted properly, positive, protective factors can also be identified to lessen the negative effect of divorce on children. Better attachment assessments can cause for potential risk factors to be identified during the attachment assessment in care and contact evaluations; the family counsellor will be able to assist the family with various interventions to adapt appropriately and minimise the negative effect of post-divorce arrangements.

The argument presented in the literature is that when appropriate, validated attachment measures can be used in the care and contact evaluations, family counsellors will be enabled to make better-informed decisions with regards to the post-divorce care and contact arrangements of children involved.

#### **4.3.2 Conclusion regarding the research method**

The qualitative descriptive design is shown to have been an adequate method to answer the research question. The qualitative interviews have enabled the researcher to get an understanding of the experience, opinion and views of family counsellors regarding the utility value of two attachment measures.

The research method assisted the researcher to answer the research question of the study, as well as achieving the aim of the study. Through applying the research method, the researcher was able to find that the two attachment measures do have utility value when they are used in care and contact evaluations.

The researcher got to understand the work of the family counsellors within their practice context. This allows the researcher to evaluate the future use and implementation of these attachment measures within their practice. Furthermore, this method provided the researcher with enough information to make a recommendation regarding future studies as well as the future use of the two attachment measures.

Even though it seems as if the use of two attachment measures has a good utility value when used as part of care and contact recommendations, a few limitations regarding the method of the empirical study were identified.

Young children seem to have struggled to complete and understand some of the items on the *Parental Bonding Instrument*. This resulted in assessment sessions being much longer than anticipated. Family counsellors had to spend extra time explaining and translating questions to the children. The researcher acknowledges that if the questionnaires had been in their home language (Tswana), the children would have been better able to complete the questionnaires on their own, resulting in the assessment time not being so much extra. From the study, it was evident that in the South-African context children is only able to complete questionnaires independently from the age of 8 years old when they show good reading and writing abilities. Even though families with the home language English was an inclusion criterion, it seems as if families presented themselves and English speaking, but in reality, they are still speaking another language like Tswana at home with their children.

The scoring and interpretation of the Child-Parent Relationship Scale was found to be challenging and described as difficult by two of the participants. These participants struggled to fully understand the scoring guidelines and therefore they were not able to completely interpret the results. The researcher acknowledges that more time spent on detailed training of the participants in scoring and interpreting the scale probably could have remedied the situation.

Being a pilot study, the experiences, views and opinions of only 4 participants were gained. The researcher acknowledges the fact that more participants would have provided more varying information, reflecting on a bigger picture of the practice reality of the family counsellors, as well as their opinions and experience of using the two attachment measures.

### **4.3.3 Conclusion regarding the findings**

The study provides an understanding of the experience of the family counsellors and their opinions and views regarding the utility value of attachment measures. This adds value and attempts to bolster the family counsellor's willingness to change current practice if needed. If an understanding can be created regarding the experience of the family counsellors' attachment measures in care and contact assessments, a larger scale study can be developed to generalise the perceived utility value of attachment measures. This will result in the study contributing to the evidence-based practice of social work, especially in the court environment.

For the family counsellor participants, there were the benefits of them improving their practice as they receive direct training. The use of validated measures also provided them with more confidence in their recommendations to the court regarding care and contact of children, as a result of a heightened scientific validation with the use of attachment measures. Therefore, the overall effect of the divorce on the child may be minimised, enhancing the social welfare of the child, which in essence is the core function of social work.

During the qualitative interviews, it was mentioned that some of the young children experienced difficulty in completing the questions of the Parental Bonding Instrument. It was said that the reason for the children struggling was their home language not being English, and the children's reading and writing abilities. When questionnaires are used, especially with children, it is of utmost importance to take note of their home language as well as their reading and writing ability.

The researcher became more aware of the role of the practice reality of the family counsellors. The family counsellors have limited time available to conduct care and contact evaluations and they are expected to conduct 3 to 5 assessments per day. Adding more assessment tools (two attachment measures) limit their available time even more. The managerial system makes it difficult to implement the use of new assessment tools, as they are more likely to concentrate on the number of assessments being done than the quality. When the results of this study will be discussed with the management of the family counsellors, there is the possibility that they realise the importance of attachment assessments in care and contact evaluations as well as the need of implementing the new tools in practice.

During the qualitative interviews, the researcher found that the participants are slightly uncertain about the two attachment measures being used as evidence in court. This correlates with the literature findings where it was highlighted that even in literature there is no certainty of which attachment measures seem scientific enough to use as evidence in court. Even though there was some uncertainty, the participants felt that the use of the attachment measures will add significant value if they are used in conjunction with other attachment measures. The use of multi-method assessments is also emphasised in the literature study.

Overall, the use of attachment measures in care and contact evaluations are being recommended by family counsellors for future use. This study provides preliminary indications of the positive utility value of attachment measures in care and contact recommendations.

#### **4.3.4 Conclusion regarding the research aim**

The purpose of the pilot study was to determine the perceived utility value of two attachment measures in care and contact recommendations of family counsellors. This purpose was fulfilled by conducting qualitative interviews with the participants. The findings of the empirical study show that the use of two attachment measures in care and contact evaluations have good utility value as it contributed to more confidence, better validation of findings, and creating a better picture of attachment in the current practice of family counsellors.

#### **4.4 Recommendations**

##### **4.4.1 Recommendation for the Office of the Family Advocate**

- The Office of the Family Advocate should consider incorporating validated attachment measures as part of their care and contact assessment protocol.
- All Family Counsellors should receive proper training in the application of the use of validated attachment measures.
- The Office of the Family Advocate can consider making use of the *Child-Parent Relationship Scale* and the *Parental Bonding Instrument* as attachment measures in their care and contact recommendations.
- The Office of the Family Advocate should recognise the importance and influence of attachment assessments in care and contact evaluations and recommendations, and should allow more time per assessment.

#### **4.4.2 Recommendation for research**

- This study should be replicated on a larger scale to validate the utility value of the two attachment measures.
- A recommendation is made in terms of a replication study. The researcher recommends that this study be replicated in another context wherein it is expected of social workers to make conclusions regarding attachment between a child and caregiver. A recommended context is social workers working in the child-protection environment who conducts foster care assessments to determine attachment between the child and the foster parents as well as the biological parents.
- In a replication study, the training of the participants should be improved. The researcher recommends that after the family counsellors have been trained on the questionnaires, they have to go and apply it on at least three case studies. Thereafter another training session should be scheduled whereby participants should be provided with an opportunity to ask questions or dissolve any uncertainty.
- A follow-up large scale pre-test post-test experimental study can test whether there is a difference in recommendations being made with and without using the attachment measures.
- Another follow-up study can establish what attachment with which parent will lead to a better placement post-divorce, where the relationship will lead to less negative consequences and better adaption.
- The Parental Bonding Instrument should be translated and validated into official South-African languages for use in studies in the South-African context.

#### **4.4.3 Recommendation for future use of the two questionnaires**

- It should be noted that the scale is not validated in a translated form.
- To avoid a barrier like a language difficulty, it should be ensured that the children with whom the tool are being used, have sufficient reading, writing and English language abilities.
- Children with insufficient reading, writing and English language abilities can be assisted by a family counsellor.
- When the Parental Bonding Instrument is being used with children, their language, age and development should be taken into consideration. The assessor should take note of the child being able to read and write. A child's age should be a good predictor of their ability to read and write.
- It is recommended that family counsellors incorporate the Child-Parent Relationship Scale in their current assessment protocol.
- Some practical arrangements can aid in saving assessment time when using the two questionnaires. While the family counsellor has an interview with the parents, the children can complete the questionnaires with the assistance of a colleague, and when the family counsellor interviews the child, the parents can complete their questionnaires. This will result in the questionnaires not taking up assessment time.



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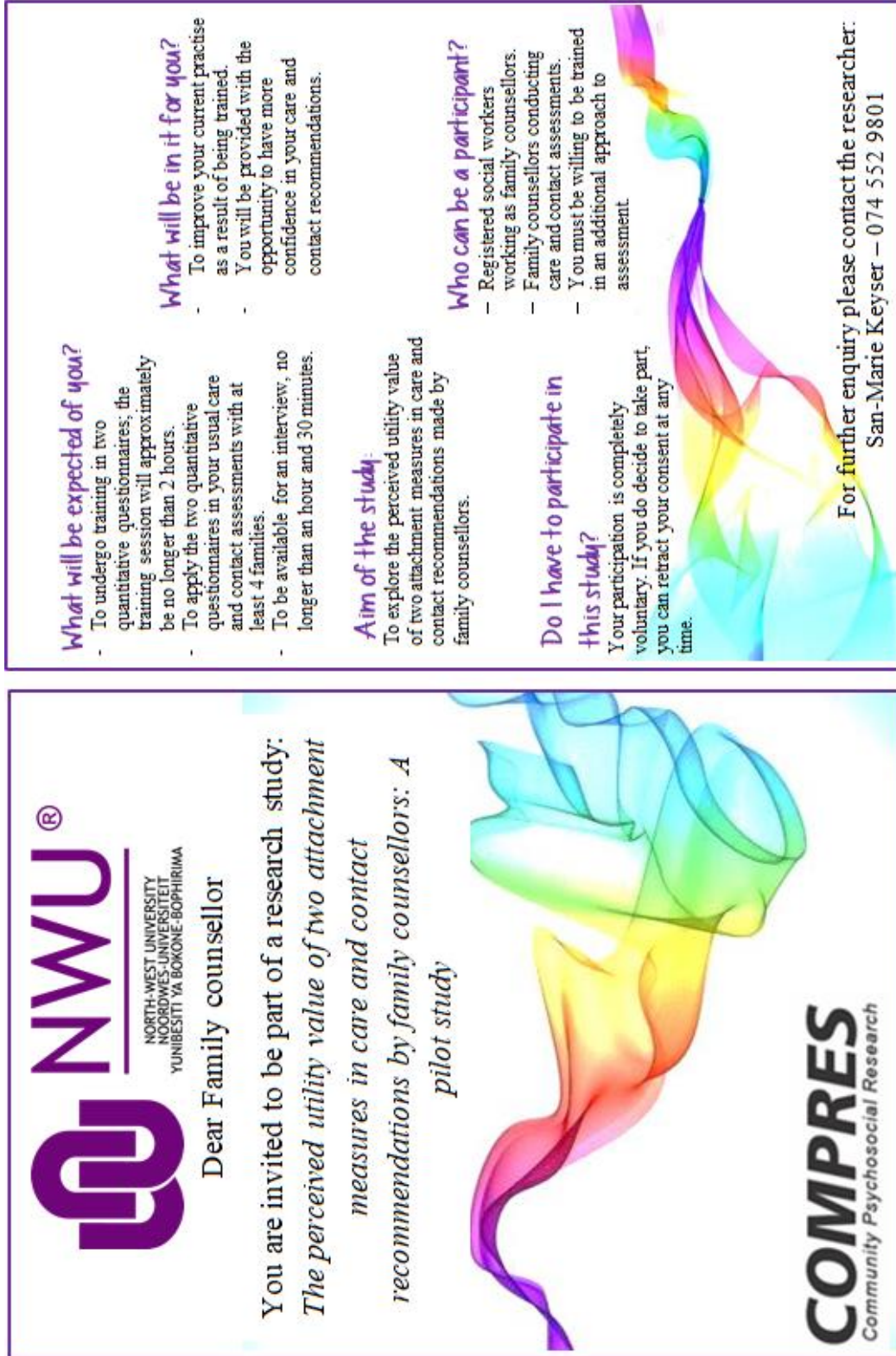
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# ANNEXURES

## ANNEXURE A – INFORMATION PAMPHLET



The pamphlet is divided into two main sections. The top section (left side of the image) contains the NWU logo, the title 'Dear Family counsellor', and the study description: 'You are invited to be part of a research study: The perceived utility value of two attachment measures in care and contact recommendations by family counsellors: A pilot study'. The bottom section (right side of the image) contains the COMPRES logo and contact information. The central text area is divided into four columns with headings: 'What will be expected of you?', 'What will be in it for you?', 'Aim of the study', and 'Do I have to participate in this study?'. A fifth column on the far right is titled 'Who can be a participant?'. A decorative wavy graphic in shades of purple, blue, and green runs vertically through the right side of the text area.

**NWU**<sup>®</sup>  
NORTH-WEST UNIVERSITY  
NOORDWES-UNIVERSITEIT  
YUNIBESITHI YA BOKONE-BOPHIRIMA

Dear Family counsellor

You are invited to be part of a research study:  
*The perceived utility value of two attachment  
measures in care and contact  
recommendations by family counsellors: A  
pilot study*

**COMPRES**  
Community Psychosocial Research

**What will be expected of you?**

- To undergo training in two quantitative questionnaires; the training session will approximately be no longer than 2 hours.
- To apply the two quantitative questionnaires in your usual care and contact assessments with at least 4 families.
- To be available for an interview, no longer than an hour and 30 minutes.

**What will be in it for you?**

- To improve your current practise as a result of being trained.
- You will be provided with the opportunity to have more confidence in your care and contact recommendations.

**Aim of the study:**

To explore the perceived utility value of two attachment measures in care and contact recommendations made by family counsellors.

**Who can be a participant?**

- Registered social workers working as family counsellors.
- Family counsellors conducting care and contact assessments.
- You must be willing to be trained in an additional approach to assessment.

**Do I have to participate in this study?**

Your participation is completely voluntary. If you do decide to take part, you can retract your consent at any time.

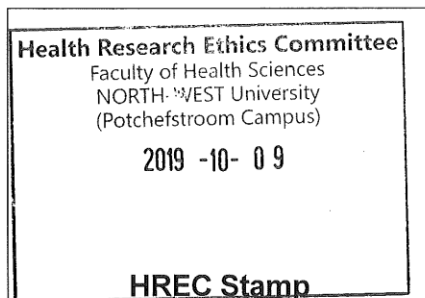
For further enquiry please contact the researcher:  
San-Marie Keyser – 074 552 9801



## ANNEXURE B – INFORMED CONSENT



Private Bag X1290, Potchefstroom  
South Africa 2520  
Tel: +2718 299-1111/2222  
Fax: +2718 299-4910  
Web: <http://www.nwu.ac.za>



### INFORMED CONSENT DOCUMENTATION FOR FAMILY COUNSELLORS WORKING AT THE FAMILY ADVOCATES OFFICES .

**TITLE OF THE RESEARCH STUDY:**

The perceived utility value of two attachment measures in care and contact recommendations by family counsellors: A pilot study.

**ETHICS REFERENCE NUMBERS:** NWU-00464-19-S1

**STUDY LEADER:** Prof. E.H. Ryke

**POST GRADUATE STUDENT:** San-Marié Keyser

**ADDRESS:** Building E8, room 207, North-West University

**CONTACT NUMBER:** 018 299 1687

You are being invited to take part in a **research study** that forms part of a Masters study. Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher or person explaining the research to you any questions about any part of this study that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research is about and how you might be involved. Also, your participation is **entirely voluntary** and you are free to say no to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part now.

This study has been approved by the Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU-00464-19-S1) and will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DoH, 2015) and other international

## ANNEXURE C – SEMI-STRUCTURED INTERVIEW SCHEDULE

### Qualitative Interview Schedule

*Good day, I am San-Marié Keyser, a researcher conducting a study at the Family Advocates office with the family counsellors. The purpose of this interview is to get your views, opinion, experience and input with regards to the perceived utility value of two attachment measures that you used during your care and contact recommendations.*

1. Participant number:
2. Family counsellor at:
3. How many years of experience do you have as a family counsellor?
4. Tell me more about your current practice (before implementing the two attachment measures) of assessing attachment in care and contact recommendations.

*Now I would like us to talk about how you used the attachment measures in your care and contact recommendations.*

*First, let us talk about the Parental Bonding Instrument.*

#### **Verification and implementation of the Measurement Instruments.**

1. At what stage in your care and contact assessment did you introduce the questionnaire?
2. How did you use the questionnaires?
3. How did you proceed to score and interpret the results?
4. How did you experience using the questionnaire?
  - Was it difficult to use; If yes, what made it difficult to use?
  - Did the respondents easily understand the questions?
  - Were the results easy or difficult to interpret; what made it easy/difficult?

*Let us talk about the Child-Parent Relationship Scale (repeat above questions for this scale).*

*Now let us talk about your opinion regarding the utility value of attachment measures in care and contact assessments.*

#### **The perceived utility value of the Attachment measures.**

1. Tell me more about your opinion on the attachment measures strengthening your care and contact recommendations.
  - In what way did the attachment measures strengthen/did not strengthen your recommendations?
  - What is your opinion on using attachment measures as evidence in court?
2. Was there a difference in the way you made care and contact recommendations when you used the questionnaires?
  - Do you feel that the use of the quantitative attachment measures gave you more confidence to take care and contact recommendations?
  - In what way did the attachment measures develop your assessment skills?
  - Do you feel that the attachment measures help you to make more informed decisions about the care and contact of children?
3. Would you recommend using the Parental Bonding Instrument and the Child-Parent Relationship scale in care and contact recommendations?

- What makes you recommend it or not?
- What do you think will better the quality of care and contact assessments regarding measures of attachment?

*I would like to thank you for your time in taking part in my research study, as well as making a contribution towards enhancing the family counsellor's practice.*

## ANNEXURE D – CHILD-PARENT RELATIONSHIP SCALE

Date:

ID No:

### Child-Parent Relationship Scale

Robert C Pianta, 1992

Please reflect on the degree to which each of the following statements currently applies to your relationship with your child. Using the scale below, circle the appropriate number for each item.

Definitely does not apply	Not really	Neutral, not sure	Applies somewhat	Definitely applies
1	2	3	4	5

1	I share an affectionate, warm relationship with my child	1	2	3	4	5
2	My child & I always seem to be struggling with each other	1	2	3	4	5
3	If upset, my child will seek comfort from me	1	2	3	4	5
4	My child is uncomfortable with physical affection or touch from me	1	2	3	4	5
5	My child values his/her relationship with me	1	2	3	4	5
6	My child appears hurt or embarrassed when I correct him/her	1	2	3	4	5
7	My child does not want to accept help when he/she needs it	1	2	3	4	5
8	When I praise my child, he/she beams with pride	1	2	3	4	5
9	My child reacts strongly to separation from me	1	2	3	4	5
10	My child spontaneously shares information about him/herself	1	2	3	4	5
11	My child is overly dependent on me	1	2	3	4	5
12	My child easily becomes angry at me	1	2	3	4	5
13	My child tries to please me	1	2	3	4	5
14	My child feels that I treat him/her unfairly	1	2	3	4	5
15	My child asks for my help when he/she really does not need help	1	2	3	4	5

Please turn over - there are a few more questions on the other side ....

16	It is easy to be in tune with what my child is feeling	1	2	3	4	5
17	My child sees me as a source of punishment & criticism	1	2	3	4	5
18	My child expresses hurt or jealousy when I spend time with other children	1	2	3	4	5
19	My child remains angry or is resistant after being disciplined	1	2	3	4	5
20	When my child is misbehaving, he/she responds to my look or tone of voice	1	2	3	4	5
21	Dealing with my child drains my energy	1	2	3	4	5
22	I've noticed my child copying my behaviour or ways of doing things	1	2	3	4	5
23	When my child is in a bad mood, I know we're in for a long & difficult day	1	2	3	4	5
24	My child's feelings toward me can be unpredictable or can change suddenly	1	2	3	4	5
25	Despite my best efforts, I'm uncomfortable with how my child & I get along	1	2	3	4	5
26	I often think about my child when at work	1	2	3	4	5
27	My child whines or cries when he/she wants something from me	1	2	3	4	5
28	My child is sneaky or manipulative with me	1	2	3	4	5
29	My child openly shares his/her feelings & experiences with me	1	2	3	4	5
30	My interactions with my child make me feel effective & confident as a parent	1	2	3	4	5

[Circle as appropriate]

Completed by:                      Mother   /   Father   /   Other, specify .....

ANNEXURE E – PARENTAL BONDING INSTRUMENT

*PARENTAL BONDING INSTRUMENT*

Parental bonding in a child between 9 and 16 can fill in:, the child needs to fill in two forms, one for the mother and one for the father.

*This questionnaire lists various attitudes and behaviours of parents. Place a tick in the most appropriate box of how your mother is*

		<b>Very like</b>	<b>Moderately like</b>	<b>Moderately unlike</b>	<b>Very unlike</b>
1	Speaks to me in a friendly voice				
2	Doesn't help me as much as I need				
3	Lets me do those things I like doing				
4	Is emotionally cold to me				
5	Understands my problems and worries				
6	Is affectionate to me				
7	Lets me make my own decisions				
8	Doesn't want me to grow up				
9	Controls everything I do				
10	Invades my privacy				
11	Talks to me about everything				
12	Frequently smiles at me				
13	Babies me				
14	Doesn't understand what I need or want				
15	Lets me decide things for myself				
16	Makes me feel I am not wanted				
17	Can make me feel better when I was upset				
18	Does not talk with me much				
19	Makes me feel dependant of her				

20	Makes me feel I cannot look after myself unless she is around				
21	Gives me as much freedom as I want				
22	Lets me go out as often as I want				
23	Is overprotective of me				
24	Does not praise me				
25	Lets me dress in any way I please				

## ANNEXURE F – LANGUAGE EDITING CERTIFICATE

This certificate declares that the thesis with the title **The perceived utility value of two attachment measures in care and contact recommendations by family counsellors: A pilot study** by S. Keyser was edited by:

Ann-Lize Grewar

BA in Language and Literature Studies

BA Hons in Translation Studies

SATI-membership number 1002647

SATI Accreditation: APSInterp Afr-Eng

Chairperson of SATI North-West Chapter

Professional Editor's Guild membership number BOS008

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Signed on 18/03/2020

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Language Practitioner  
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Disclaimer: The editor cannot take responsibility for any changes made after the signed date on this certificate.



## ANNEXURE G – HREC APPROVAL LETTER



Private Bag X1290, Potchefstroom  
South Africa 2520

Tel: 086 016 9698  
Web: <http://www.nwu.ac.za/>

North-West University Health Research Ethics  
Committee (NWU-HREC)

Tel: 018 299-1206  
Email: [Ethics-HRECAppl@nwu.ac.za](mailto:Ethics-HRECAppl@nwu.ac.za) (for human  
studies)

09 October 2019

### ETHICS APPROVAL LETTER OF STUDY

Based on approval by the North-West University Health Research Ethics Committee (NWU-HREC) on 09/10/2019, the NWU-HREC hereby approves your study as indicated below. This implies that the NWU-HREC grants its permission that, provided the general and specific conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

<b>Study title: The perceived utility value of quantitative attachment measures in care and contact recommendations</b>																															
<b>Principal Investigator/Study Supervisor/Researcher: Prof EH Ryke</b>																															
<b>Student: S Keyser-24161454</b>																															
<b>Ethics number:</b>	<table border="1"><tr><td>N</td><td>W</td><td>U</td><td>-</td><td>0</td><td>0</td><td>4</td><td>6</td><td>4</td><td>-</td><td>1</td><td>9</td><td>-</td><td>A</td><td>1</td></tr><tr><td colspan="3">Institution</td><td colspan="5">Study Number</td><td colspan="2">Year</td><td colspan="5">Status</td></tr></table>	N	W	U	-	0	0	4	6	4	-	1	9	-	A	1	Institution			Study Number					Year		Status				
N	W	U	-	0	0	4	6	4	-	1	9	-	A	1																	
Institution			Study Number					Year		Status																					
<u>Status:</u> S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation																															
<b>Application Type: Single study</b>	<b>Risk:</b> <table border="1"><tr><td><b>Minimal</b></td></tr></table>	<b>Minimal</b>																													
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<b>Commencement date: 09/10/2019</b>																															
<b>Expiry date: 31/10/2020</b>																															
<b>Approval of the study is provided for a year, after which continuation of the study is dependent on receipt and review of an annual monitoring report and the concomitant issuing of a letter of continuation. An monitoring report is due annually at the end of October until completion.</b>																															

<b>General conditions:</b> <i>While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, the following general terms and conditions will apply:</i> <ul style="list-style-type: none"><li>• <i>The principal investigator/study supervisor/researcher must report in the prescribed format to the NWU-HREC:</i><ul style="list-style-type: none"><li>- <i>Annually on the monitoring of the study, whereby a letter of continuation will be provided annually, and upon completion of the study; and</i></li><li>- <i>without any delay in case of any adverse event or incident (or any matter that interrupts sound ethical principles) during the course of the study.</i></li></ul></li><li>• <i>The approval applies strictly to the proposal as stipulated in the application form. Should any amendments to the proposal be deemed necessary during the course of the study, the principal investigator/study supervisor/researcher must apply for approval of these amendments at the NWU-HREC, prior to implementation. Should there be any deviations from the study proposal without the necessary approval of such amendments, the ethics approval is immediately and automatically forfeited.</i></li><li>• <i>Annually a number of studies may be randomly selected for active monitoring.</i></li><li>• <i>The date of approval indicates the first date that the study may be started.</i></li></ul>
--

- In the interest of ethical responsibility, the NWU-HREC reserves the right to:
  - request access to any information or data at any time during the course or after completion of the study;
  - to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process;
  - withdraw or postpone approval if:
    - any unethical principles or practices of the study are revealed or suspected;
    - it becomes apparent that any relevant information was withheld from the NWU-HREC or that information has been false or misrepresented;
    - submission of the annual monitoring report, the required amendments, or reporting of adverse events or incidents was not done in a timely manner and accurately; and/or
    - new institutional rules, national legislation or international conventions deem it necessary.
- NWU-HREC can be contacted for further information via [Ethics-HRECApply@nwu.ac.za](mailto:Ethics-HRECApply@nwu.ac.za) or 018 299 1206

**Special in process conditions of the research for approval (if applicable):**

- a. Please provide the NWU-HREC with the goodwill permission letters from the three Family Advocate Offices in Klerksdorp, Rustenburg and Mafikeng.

As the study progresses the aforementioned conditions should be submitted to [Ethics-HRECProcess@nwu.ac.za](mailto:Ethics-HRECProcess@nwu.ac.za) with a cover letter with a specific subject title indicating "Outstanding documents for approval: NWU-XXXXX-XX-XX." The letter should include the title of the approved study, the names of the researchers involved, that the documents are being submitted as part of the conditions of the approval set by the NWU-HREC, the nature of the document i.e. which condition is being fulfilled and any further explanation to clarify the submission.

The *e-mail*, to which you attach the documents that you send, should have a *specific subject line* indicating the nature of the submission e.g. "Outstanding documents for approval: NWU-XXXXX-XX-XX". The e-mail should indicate the nature of the document being sent. This submission will be handled via the expedited process.

The NWU-HREC would like to remain at your service and wishes you well with your study. Please do not hesitate to contact the NWU-HREC for any further enquiries or requests for assistance.

Yours sincerely,



Digitally signed by Wayne Towers  
Date: 2019.10.09  
22:31:27 +02'00'

---

Prof Wayne Towers  
Chairperson NWU-HREC



Digitally signed by Prof Minrie Greeff  
Date: 2019.10.13  
18:51:06 +02'00'

---

Prof Minrie Greeff  
Head of the Faculty of Health Sciences Ethics Office

Current details: (23239522) G:\My Drive\9. Research and Postgraduate Education\9.1.5.4 Templates\9.1.5.4.2\_NWU-HREC\_EAL.docm  
20 August 2019

File Reference: 9.1.5.4.2

# ANNEXURE H – SOLEMN DECLARATION AND PERMISSION



NWU Higher Degrees Administration

## SOLEMN DECLARATION AND PERMISSION TO SUBMIT

### Solemn declaration by student

I, **San-Marié Keyser**

declare herewith that the thesis/dissertation/mini-dissertation/article entitled (**exactly as registered/approved title**),

The perceived utility value of two attachment measures in care and contact recommendations by family counsellors: A pilot study

which I herewith submit to the North-West University is in compliance/partial compliance with the requirements set for the degree:

Master of Social Work in Forensic Practice

is my own work, has been text-edited in accordance with the requirements and has not already been submitted to any other university.

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Signature of Student

San-Marié  
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Signed on this 18th day of March of 2020

### Permission to submit and solemn declaration by supervisor/promoter

The undersigned declares that the thesis/dissertation/mini-dissertation/article:

- complies with the A-rules and the technical requirements provided for in the Manual for Master's and Doctoral studies and in faculty rules;
- has been checked by me for plagiarism (by making use of TurnItIn software for example) and a satisfactory report has been obtained;
- and that the work was language edited before submission for examination.

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- complies with regards to faculty rules on submission or acceptance by an accredited scientific journal;
- complies with regards to faculty rules on peer reviewed conference proceedings;
- the student is hereby granted permission to submit his/her article/mini-dissertation/ dissertation/thesis for examination.

Signature of Supervisor/Promoter

EH Ryke  
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