Measurement in DDP: Guidance for practitioners and services

Introduction

DDPI are keen to encourage and support the development of an evidence base for DDP.

This guidance is designed to encourage the evaluation and understanding of DDP in a number of settings but in line with the core elements of the model. It is anticipated that this may lead to better evaluation for individuals in practice, for services and may form some basis on which the findings can be reported in the scientific literature. This follows a piloting of several measures by members of the DDP community which have been used to inform the following list.

The DDPI are offering support to those interested in measuring change following DDP. Support is available in the UK, USA and Canada. Please contact Matt Hudson (Assistant Psychologist) matt@ddpnetwork.org who will email the relevant Research Coordinator to your country. Appropriate ethical approval is required. We are also keen to support publication of any evaluation of note and interest and would therefore be willing to read and comment on any papers or project material providing this does not produce any conflict of interest or any potential accusations of bias to the study.

Please note, we recognise that this list is not exhaustive and the research co-ordinators would be interested in measures not listed here which may be suitable or more so. Also all links to measures are correct at time of printing-any significant changes then please let Matt Hudson know. We will review this annually.

General principles in evaluation of outcomes

Aside from the specifics of DDP, there are accepted wisdoms in the measurement of change in therapy; here are two:

The use of both multi-informant (e.g. parent, child, teacher) and multiple methods (e.g. questionnaire, interview and observational) is encouraged to ensure confidence in any assessed change or phenomenon of interest.

Measures may be used at assessment or baseline. Repeating these after treatment may be helpful but consider `sleeper effects', so longer term follow up may capture meaningful changes.

Measuring and evaluating change

Dyadic Developmental Psychotherapy would expect to see change in parent, child as well as the dyad. Whilst there may be very meaningful changes for individuals involved, particularly in the narrative, measures of these are not widely reported or used but would be of interest to research using qualitative methods. In clinical and service settings, the use of measures of objective behaviours is more realistic. The following guidance is organised according to parent, child and parent child measures. We recognise measures of change in one area may

or may not reflect changes elsewhere and **so encourage measurement in all three wherever possible that is: within parent, in the child and between the parent and child.** We group the measures under each of these domains:

a) Parent variables

Better understanding and attunement may be an outcome of the intervention and therefore measures which purport to measure this would be useful to evaluate an increase in skills and understanding of relating to their child, reducing some distress associated with the parenting and increasing a sense of reward in the relationship.

1) Thinking About Your Child (also referred to as Carer Questionnaire-Golding, CPLAAC).

This measure targets the understanding, confidence, stability and level of reported reward the parent experiences with their child. It has been used widely and developed by clinical psychologists working in the field at a time when no specific measures were available for adopted and looked after populations. Content analysis (Granger, 2009) has suggested four main factors: 1) parent skills and understanding, 2) child responsiveness to care, 3) parent child relationship and 4) placement/family stability. Psychometric properties are not available yet though test-retest reliability is good for placement stability and the overall measure (Wassal, unpublished dissertation) and it has very high face validity for parents and professionals. Total scores have most reliably been shown to improve. It has shown change using DDP informed interventions such as Fostering Attachments (now the Nurturing Attachments group) and the Foundation for Attachment group (Sutton & Golding, in press). The questionnaire and scoring can be downloaded here:
https://ddpnetwork.org/library/thinking-child-questionnaire-scoring/

2) Brief parental self-efficacy scale (BPSES)

Shown to improve following DDP informed training, where parental efficacy is seen as a target of change, it may also be helpful when using DDP informed sessions with parents. The BPSES is a five item scale that assesses a parent's belief that he/she can effectively perform or manage tasks related to parenting and can be downloaded here:

http://www.corc.uk.net/media/1279/brief-parental-self-efficacy-scale.pdf

3) Reflectivity

Increased reflectivity may be an expected outcome of interventions whether it be with child and parent or parent only given the approach of DDP in encouraging regulation and recognising the child's view of them as potential attachment figures informed by the child's attachment history.

a) Mind-mindedness (Meins)

This may be useful to measure when considering the effects of training or understanding on a parent's view of their child's mental life. It measures the references to mental to versus behavioural descriptors of the child and more recently of value, the valence (positive,

negative or neutral) of this descriptors. It is designed to convey the tendency of the parent to see the child as a having a mental life with a higher proportion of mental to behavioural descriptors a potentially positive finding. However it is not a measure of reflectivity *per se*. Simple to administer (it asks the parent to describe their child in words either written or spoken), scoring is more complex and requires manualisation and some adherence inevitably may mean it lacks accuracy without inter-rater reliability checks being conducted. It has shown positive change in DDP informed parenting groups but these are not published.

b) Parental Reflective Functioning Questionnaire (PRFQ)

The PRFQ (Luyten et al. under review) is designed to assess parental reflective functioning quickly on a questionnaire measure looking at three factors of pre-mentalising modes, certainty of mental states and parental interest and curiosity in mental states. It has been used in the evaluation of DDP informed interventions including Nurturing Attachments Training Resource and has shown positive effects. It is not freely available yet but should be published this year. Once we receive permission, we will ensure a copy of this measure will be downloaded to the website.

4) Parenting well-being and stress

Parenting stress may be expected as an outcome of relationships which are resistant to care and regulation, therefore measures of parenting stress may be helpful.

Parenting Stress Questionnaire (Abidin, 1999). This is suitable for children ages 0-12 and has been both widely used and has well tested psychometric properties. It has however shown less change in earlier versions of DDP informed interventions and so care should be considered when evaluating whether the intervention in question might reasonably tackle stress *directly* with the parent(s).

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

With the potential for the well-being of parents to be compromised, due to a number of factors including the attachment needs of their child, the WEMWBS is a validated measure of mental well-being (age 13-74) and can be helpful in assessing this needs but has also been shown sensitive to change following DDP informed group interventions. It can be download here:

http://www.biomedcentral.com/content/supplementary/1477-7525-5-63-S1.pdf

b) Child variables

There are several areas in this domain in which may be expected to change as a result of DDP.

1) Goals

Specific behavioural outcomes may be relevant and important to the parent and child. Measuring specific goals, developed in line with the model of DDP, may be sensitive to change.

Goal setting using a simple Likert scale (0-10) of how close to realisation of the goal may be helpful but unlikely to be useful in isolation from other measures. In the UK, CORC offer guidance on these measures. For free downloads of measures see:

http://www.corc.uk.net/resources/measures/

The Thinking about Your Child Questionnaire allows for behaviours of concern recorded by the parent to be recorded and rated for their frequency and intensity see above. The specific behaviours of concern have been shown to show change in some evaluation studies of Fostering Attachment Group (now the Nurturing Attachments Group).

2) Emotional and Behavioural Well Being

In the UK, the **Strengths and Difficulties Questionnaire** (Goodman) is widely used in the field is which allows for child, teacher & Parent reports of five factors of functioning 1) emotional distress 2) conduct 3) hyperactivity 4) peer relationships and 5) prosocial behaviour. This has been very widely used and has good psychometric properties including being sensitive to change. It can be downloaded here for free: http://www.sdqinfo.org/

The **Brief Assessment Checklist for children and adolescents** (Tarren-Sweeney) has been developed for populations where maltreatment is evident and benefits from being able to discriminate between such groups from those who have not been exposed. This measure has several versions depending on gender and age. It has psychometric properties. It is free but the manual needs to be purchased for interpretation. It can be found here: http://www.childpsych.org.uk/

3) Trauma Symptoms

The Trauma Symptom Checklist (TSCC-Briere) and/or the **Impact of Events Scale** (Children's Impact of Events Scale-8 item version-CRIES-Yule) which examines the level of intrusive and avoidance symptoms (found in one off trauma events) may be useful for those who have such specific troubling and unresolved events.

The Trauma Symptom Checklist requires purchasing. It includes measures of dissociation and is available here:

http://www4.parinc.com/products/product.aspx?Productid=TSCC

The CRIES is available for free download here:

http://www.childrenandwar.org/measures/children%E2%80%99s-revised-impact-of-event-scale-8-%E2%80%93-cries-8/

4) Emotional regulation

In the presence of better attuned, co-regulating care, there may be expected outcomes in the areas of self-regulation for the child which may form part of executive functioning. Therefore a measure of executive function may be helpful.

The Behaviour Rating of Executive Functioning Questionnaire (BRIEF)

The BRIEF is designed to screen for executive functioning difficulties and can be used to assist with an understanding of the potential impact of adverse environmental conditions such as neglect and maltreatment on brain development. The BRIEF is also useful in evaluating children with a wide spectrum of developmental and acquired neurological conditions. Executive functioning involves the organisation of planned behaviour and regulation of emotions. The BRIEF has two scales which relate to Behaviour Regulation and Metacognition. Self-report versions for adolescents are also available, with teacher and parent report forms. It can be purchased here:

http://www4.parinc.com/Products/Product.aspx?ProductID=BRIEF

The Brief Affective Neuroscience Personality Scales (BANS)

The Affective Neuroscience Personality Scales (ANPS) were developed to measure behavioral traits related to six affective neurobiological systems (play, seek , care, fear, anger and sadness).

The Brief ANPS were developed by Frederick Barrett and has 33 questions that assess the parent's capacity in the 6 neurobiological systems. The Measure can be downloaded from the author:

http://www.academia.edu/3108107/A_Brief_Form_of_the_Affective_Neuroscience_Personality_Scales

Should change be expected, we would expect to see a decrease on the fear, anger and sadness scales and increase on the play seek and care scales as we help parents move from blocked care and increase their empathy for their child's struggles.

The Behaviour and Emotion Rating Scale (BERS-2)

Developed by Epstein, this scale examines the child's interpersonal strengths, functioning in and at school, affective strength, intrapersonal strength, family involvement, and career strength. Three different perspectives available: parent, teacher & child.

http://www4.parinc.com/Products/Product.aspx?ProductID=BERS-2

Neuropsychological testing

Direct assessment using neuropsychological testing of executive function (NeuroPsychological Assessment-NEPSY or Behavioural Assessment of Dysexecutive Syndrome-BADS) may be helpful and should be explored when considering outcomes balancing fatigue of testing against the benefits of evaluating change.

Expression of Feelings Questionnaire

The Expression of Feelings Questionnaire also looks at emotional dysregulation (see section 5 below).

5) Attachment disturbance and disorder.

The dimensions of inhibition and disinhibition consistent with disorder of attachment may be usefully measured to assess any changes in degree of security, in this case how well the child turns to the parent for comfort and co-regulation. This refers to Reactive Attachment Disorder which has two subtypes; the inhibited and disinhibited (the latter now being referred to as Disinhibited Social Engagement Disorder).

The Expression of Feelings Questionnaire (Rushton, Mayes, Dance, & Quinton, 2003) measures these dimensions and emotional regulation by parental report. There are few psychometric properties of the measure. There is a teacher version.

CAPA-RAD measures these dimensions more formally with interview rather than parental report only and will give an indication of Disinhibited Social Engagement Disorder and Reactive Attachment Disorder. This is available here for download: http://www.gla.ac.uk/media/media_484180_en.pdf

Observational scale for Reactive Attachment Disorder. This waiting room checklist can be used reliably for measuring symptoms of Reactive Attachment Disorder. This is available here for download: http://www.gla.ac.uk/media/media_474328_en.pdf

Relationships Problems Questionnaire allows a measure of the degree of inhibition and disinhibition and there is a teacher and parent version. The parent version can be downloaded here: http://www.gla.ac.uk/media/media_475581_en.pdf

Teacher version here: http://www.gla.ac.uk/media/media_475582_en.pdf

Representations of attachment such as the **Manchester Child Attachment Story Task (MCAST)** Green et.al., (2010) or the **Story Stems Assessment** (Hodges et al., 2003) both using stem methodology, may be useful though do not necessarily correspond to security classifications *per se*. As play based (projective) measures, they are suitable for 4-8 year old children. They require some formal training. See Anna Freud website for Story Stems Training events: http://www.annafreud.org/training-research/training-and-conferences-overview/

Whilst preferred, it is not anticipated given the age of the children in therapy and the resources of individuals/services that gold standard measures of attachment security will be indicated such as the Strange Situation. These are widely known and sued in research settings and not referred to further here. More suitable for clinical services population may by the **Childhood Attachment Interview** (Fonagy) but this too requires transcription and coding. See here for training events: http://www.annafreud.org/training-research/training-and-conferences-overview/training-at-the-anna-freud-national-centre-for-children-and-families/child-attachment-interview-training/

c) Parent/child relationship variables

These primarily refer to the dimensions of co-regulation, which may be captured by the above measures but may require some direct observation. Also consider that change in one area of regulation (e.g. for child or parent) may demonstrate improved relationships.

Consider looking at the capacity for co-regulation using observational or questionnaire measures. These are discussed here:

1) Observational methods:

The Emotional Availability (EA) Scales (Biringen etal., 1998; Biringen, 2008)

These require training but offer promise in their focus and approach particularly as they examine both the adult and the child's contribution: adult sensitivity, structuring, non-intrusiveness, and non-hostility, and child's responsiveness to adult and involvement of adult. See below for information:

http://www.emotionalavailability.com/wp-content/uploads/2009/08/Emotional-Availability-Trainings-Description.pdf

Marshak Interaction Method

The Theraplay Marshak Interaction Method (MIM) is used to base-line and make assessments to inform Theraplay®. Theraplay® is an attachment-based intervention which focuses on the adult-child relationship. It is structured around four dimensions of healthy parenting – Structure, Nurture, Engagement and Challenge. These four dimensions shape the assessment and intervention by focusing on the following:

Structure: the parent's capacity to set limits and to provide an appropriately ordered environment

Engagement: the parent's ability to engage the child in interaction whilst being attuned to the child's states and reactions

Nurture: the parent's capacity to meet the child's needs for attention, soothing and care

Challenge: the parent's capacity to encourage the child's efforts to achieve at a developmentally appropriate level.

The MIM (Marshak Interaction Method) assesses the child's ability to respond to the parent's efforts to parent according to these four dimensions. It also offers the opportunity to observe the strengths of both parent and child and their relationship and whether a course of Theraplay is required. The MIM consists of a series of simple tasks designed to elicit a range of behaviours in the four named dimensions. The tasks evaluate the parent's capacity in each dimension and the child's response to their parent's efforts. This measure may be meaningful for parents in seeing any changes in the above but does not have threshold scores or quantifiable dimensions to examine the statistical significance of change.

Conclusions

In this guide, we have outlined some suggested measures across a range of domains. This list is not exhaustive and will be reviewed annually by the Research Coordinators for the UK, USA and Canada. We hope they give some direction in your evaluations of your work and demonstrating their effectiveness with families.

Disclaimer

The contents are included in good faith and permissions have been sought for those measures available on the website. There is no financial gain to the DDPI in representing any listed measures here. The measures are used for guidance only and clinical judgment overrides this.

Dr Ben Gurney-Smith

Chartered Clinical Psychologist DDPI Research Coordinator UK

Dr Sian Phillips

DDPI Research Coordinator USA & Canada

Published version April 2017

Review date April 2018

