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<b>Service Stream</b>	Families and Young People Services	<b>Category</b>	Foster and Kinship Care
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## The presenting problem

Despite the substantial amount of resources currently invested to consider an applicant's ability to be a primary carer for a child, many applicants still experience the reality of being a foster carer far more challenging than expected. Children in care predominantly experience attachment difficulties, which can cause unmanageable stress for carers who haven't addressed their own psychological vulnerabilities.

Consequently, the carers start to exhibit characteristics of blocked care, i.e. they become more narrowly focused on the child's behaviour and lose sight of the relationship. They shift to a 'fixing the problem' mindset instead of making sense of and investing in the relationship with the child. They lose the ability to reflect and appear to be uncaring, non-empathic, and punitive. In short, they are unable to respond appropriately to the child's trauma-based behaviours. The National Surveys of Child and Adolescent Wellbeing conducted from 1997-2014 and 2015-2022 indicate that children crave stability and that the continuous break down of relationships and placements can have devastating impacts on the child's long-term well-being and feelings of self-worth.

This document aims to provide the Practitioner with a range of tools assisting in the uncovering of potentially problematic psychological vulnerabilities of foster care applicants. In order to uncover psychological vulnerabilities, the tools are unapologetically intrusive. The assessor is not only trying to ascertain the lens through which the applicant views life, but also how that lens was shaped and how the applicant is aware of these processes. The aim is not to open old wounds or to retraumatise the applicant, but rather to discover potential triggers for the applicant, whether they have made sense of their life experience thus far and where they are on their own healing journey. This information will assist the assessor to better predict whether the applicant will be able to contain their own feelings, or whether they will be triggered by a child demanding that their own psychological needs be met. The tools are not prescriptive, they are to be used at the discretion of the Practitioner. Upon completion of the tools, the Practitioner should have a comprehensive source of information to inform the assessment outcome.

## Foster Carer assessment

Before starting the assessment process, it might be helpful to prepare the applicant about what to expect. This might look something like:

*"We all use armour to protect ourselves from painful experiences in the context of relationships, but that armour is heavy and prevents us from growing and being in connection with others in the present including a child in your care. Healthy connection and relationship with an adult who can provide unconditional positive regard is a fundamental need for a child, especially a child who has not had this need met in the past. Therefore, it is vital that you are aware of vulnerable areas in your life that might become problematic when confronted with a child in crisis. The questionnaires and discussions we are about to conduct might feel intrusive and you might struggle to answer some of the questions. This is not a quest for intimate details, but a process to help us to determine your needs before entering into the foster care system. It is a*

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*standard procedure that we conduct with all our foster care applicants. Should you decline to answer any question, we request that you provide a short explanation. For example, it is too painful, or I do not feel this is relevant, etc.”.*

## The tools

This section of the document will provide a brief overview of the tool, what information the assessor is wanting to extract from the tool, the tool itself (see appendices) and interpretation guidelines.

### Adverse Childhood Experiences

The Adverse Childhood Experiences (ACEs) study had its origins in an obesity clinic in San Diego in 1985. Dr Vincent Felitti was perplexed that more than half of the people in his obesity clinic dropped out each year. Dr Felitti's search for an explanation turned into a 25-year quest involving researchers from the Centers for Disease Control and Prevention and more than 17 000 members of Kaiser Permanente's San Diego care program. The research revealed that adverse experiences in childhood were common, is cumulative and that the more ACEs a child has, the higher the risk of developing chronic illnesses. The ACEs questionnaire is typically administered by researchers and health care professionals.

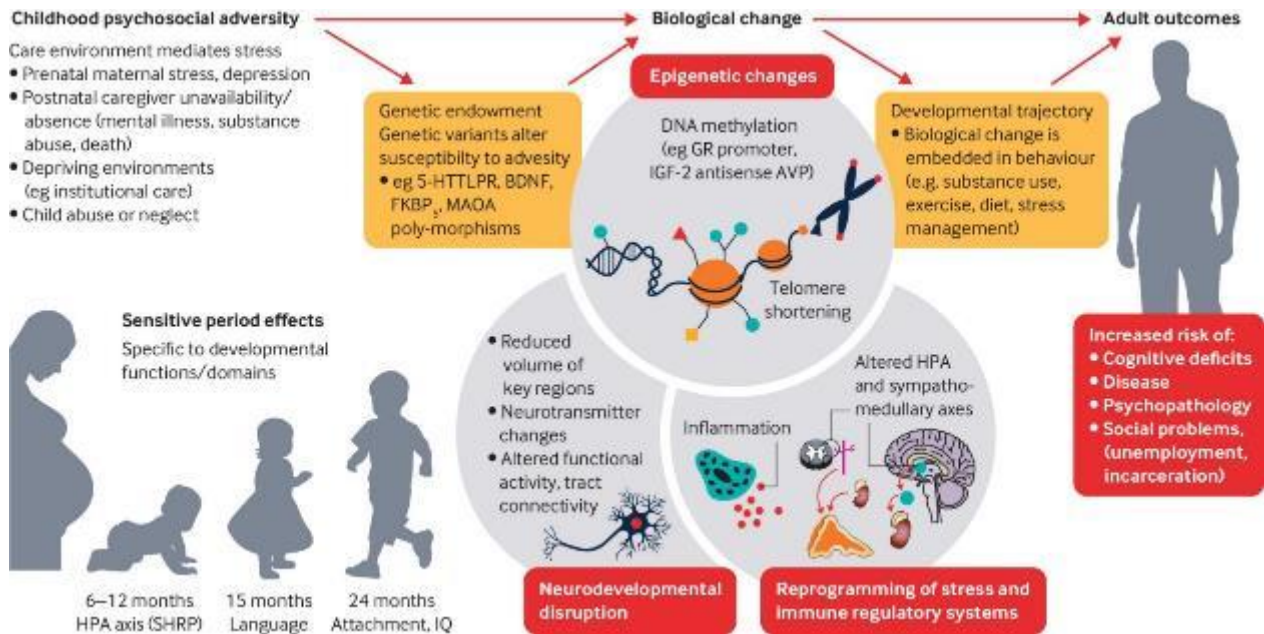
ACEs describe some of the most frequently occurring and intense sources of stress that children may experience early in life, which they unknowingly carry forward into adulthood. These experiences may include multiple forms of abuse, violence between parents or caregivers, neglect, other types of severe household dysfunction, like alcohol addiction or substance abuse, and peer, collective and community violence. Research has found that prolonged and considerable stress during childhood can affect a person's health and well-being for life. It can interrupt early brain development as well as compromise the way the nervous and immune systems function.

The ACEs questionnaire is a ten-item self-report measure created to identify childhood experiences before the individual's 18th birthday that involve neglect and abuse. The study asserts that childhood trauma and stress indicate a higher risk of developing mental health problems later in life, as well as potentially impairs cognitive, emotional, and social development. [See Appendix 1 for ACEs questionnaire.](#)

### What are we looking for?

ACEs can lead to deep biophysical changes in a child that profoundly alter the developing brain. This change in the architecture of a person's brain and immune system also impact how they interact with the world around them, how well they will work, make friends, parent, and engage with people throughout the course of their adult lives. Scientists refer to this correlation as the new psychobiological "theory of everything". It helps people to understand why they are the way they are and how they got that way. An applicant's ACE's score will alert the Practitioner to areas to explore in more detail.

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Source: *bmj* adapted from Berens *et al*

### Interpretation of data

There are ten types of childhood traumas measured in the ACE questionnaire. Five are personal – physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect. Five are related to other family members – a parent who is an alcoholic, a mother who is a victim of domestic violence, a family member in jail, a family member diagnosed with mental illness, and the disappearance of a parent through death, divorce, or abandonment. A score of one is allocated for each kind of trauma that a person experienced.

The higher a person's ACE score the higher their risk of health, social and emotional issues. For applicants with a score of 2, Practitioners need to explore how these individuals cope with stress in their day to day lives. The Perceived Stress Scale (see appendix 2) is the most widely used psychological instrument for measuring the perception of stress.

Adults with a score of 4 and higher are at serious risk. Research (Leslie and Cooks 2015) indicates that individuals who experienced high levels of trauma are more likely to engage in authoritarian or permissive parenting styles. Newcomb and Looke (2001) found that maltreatment as a child to be associated with poor parenting practices and that childhood sexual abuse specifically was associated with aggressive parenting behaviours. Additionally, research conducted by Schickedanz *et al* (2018) concluded that maternal ACEs revealed a stronger association with child behaviour problems than paternal ACEs. Higher odds of hyperactivity (ADHD) and emotional disturbance are observed for children of parents with the highest ACE burden.

This information could inform the following assessment domains:

- Motivation to foster;
- Personal background – childhood experiences significant events experiences; and
- Stress management.

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### Traumatic Antecedents Questionnaire

The Traumatic Antecedents Questionnaire (TAQ) is a traumatic experience scale that measures exposure to traumatic events across four age periods and was developed by Bessel van der Kolk in 1992.

The TAQ is a 40-item self-report instrument that gathers information about lifetime experiences in ten domains: (1) competence, (2) safety, (3) neglect, (4) separation from primary caregiver(s), (5) emotional abuse, (6) physical abuse/assault, (7) sexual abuse/assault, (8) witnessing, (9) other traumas (i.e., impersonal traumas such as natural disasters, and serious accident as well as other undefined experiences), and (10) exposure to drugs and alcohol. The first two domains represent experiences of adaptive functioning, while the latter eight domains measure exposure to traumatic or adverse experiences. Domains are assessed across four distinct age periods: birth to 6 years, 7 to 12 years, 13 to 18 years, and adulthood.

### What are we looking for?

The TAQ not only provides a snapshot of the stage of life when trauma occurred for the applicant, but also whether unresolved trauma accompanied the applicant through their lifespan. It can be a bridge to explore sensitive topics, e.g. the applicant indicated that they were injured, kicked or beaten by someone close to them between the ages of 7 to 12. This provides the Practitioner the opportunity to enquire how the situation was handled by the adults in the applicant's life, whether the applicant was able to discuss the incident with a healthcare professional, how did this impact/shape the applicant's view on violence/discipline/providing age appropriate levels of freedom to a teenager in their care, etc. [See Appendix 3 for TAQ.](#)

### Interpretation of data

The long-lasting relational effects of unresolved trauma may impede the capacity of an individual to nurture children and lead to intergenerational cycles of trauma. Conflicting attachment and defence systems are activated in response to trauma. These responses are often maintained into adulthood. It is highly likely that parental fear responses will be triggered by the foster child's distress which may lead to hostile or helpless responses (fight, flight or freeze) to the child's needs.

Cues given by children when needing their carers can be misinterpreted by people with a trauma history as threatening or overwhelming. Fraiberg et al (1975) referred to this as the "presence" of past traumatic experiences in the relationship dynamics between carer and child.

The experience of trauma alone does not necessarily lead to insecure attachment styles. However, trauma that is not resolved or worked through are problematic. Growing research into the neurobiology of attachment demonstrates that healing can occur. Signs of healing include the ability to provide a coherent retelling of their trauma, the ability to identify the conflicting emotions around the trauma, a strength-based focus, and supportive relationships. Healing from trauma also includes the development of reflective functioning; i.e. the capacity to hold and reflect on their experiences.

This information could inform the following assessment domains:

- Motivation to foster; and
- Personal background – childhood experiences significant events experiences.

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### ACE or TAQ?

While both the ACE and the TAQ are trauma screening tools, they serve slightly different purposes. The ACEs questionnaire provides a broad screening indicating the need (or lack thereof) for further assessment. The ACEs questionnaire is a good place to start screening for trauma, but an insufficient place to stop.

If an applicant indicates that they have experienced trauma early in life, the TAQ is better situated for comprehensively capturing and reflecting this. Research conducted by Van der Kolk and Fisler (1994) indicates a correlation between early childhood trauma and loss of self-regulation. If this trauma has not been resolved, the inability to modulate emotions would have accompanied the applicant into adulthood. This inability to modulate their feelings is not only expressed through a range of behaviours such as aggression against others, self-destructive behaviour, eating disorders or substance abuse, but it also interferes with the development of flexible response strategies.

### Genogram

Murray Bowen invented the concept of the genogram as part of his family systems model in the 1970s. Genograms were popularised in clinical settings by Monica McGoldrick and Randy Gerson with the publication of their book *Genograms in family assessment* in 1985. It is widely used in fields such as medicine, psychology, social work, genealogy, genetic research and education.

A genogram is a visual family mapping tool that illustrates family relationships over three generations as well as captures in-depth details about family functioning and processes. Constructing a genogram with an applicant is a way of gathering vital family information in a non-threatening and conversational manner. It is a powerful tool to illustrate the influence of the family system on an individual's behaviour, attitude, belief system, cultural identity.

### What are we looking for?

In family we learn, from our vantage point in the sibling hierarchy, what we consider to be normal. We learn what is normal in terms of closeness and distance, handling conflicts, initiative, and submission, etc. The Genogram Interview is a way to discover each person's version of normal.

The aim is to utilise the genogram as a starting point for discussion as well as opening opportunities for the applicant to evaluate family connections. Look for patterns of behaviour, the impact of major incidents or events (refer to ACES and TAQ) and the quality of relationships.

The focus is on the applicant's ability to provide an integrated, believable account of experiences and their meaning. When discussing relationships, the interviewer's questions will guide the applicant to explore deeper and address the attachment they experienced in close relationships via the Adult Attachment Scale (appendix 4.1).

The Practitioner could utilise the abbreviated Adult Attachment Interview (Appendix 4.2) as a guide for possible questions/areas to be explored. ***Note: To be utilised as a guide only as AAI requires training to be utilised as a research tool.***

The stories the applicant recalls will inform whether they experienced a secure/autonomous, insecure-avoidant, insecure-ambivalent or insecure-disorganised attachments. Potentially problematic attachment styles are:

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- Insecure/dismissive/avoidant – the individual dismisses, denies or devalues the impact of early attachment relationships, e.g. “My dad used the beat us severely when we did not listen, but I still turned out okay.” People with this attachment style usually struggles to express their own needs and might therefore struggle to provide co-regulation for traumatised children.
- Insecure/pre-occupied/ambivalent – the individual displays confusion about past experiences and their current relationships with parents are marked by active anger or with passivity. This style develops in early childhood mostly due to mis-attuned or inconsistent parenting. Low self-esteem, strong fear of rejection or abandonment and clinginess in relationships are characteristics of this style.
- Insecure/unresolved/disorganised – this is the most difficult type of attachment and can often be seen in people who have been physically, sexually, or verbally abused in childhood. People with this attachment style oscillates between two biological drives: the need to belong and the need to survive. Although they want to connect, they pull away.

Child attachment pattern	Parenting tendencies	Child’s wired assumptions
Secure	Parents are sensitive and attuned to their child’s needs. They can read the child’s cues and to predictably meet the child’s needs.	Even though my parents are not perfect, I know I am safe. My parents meet my needs and I can trust that other people will do that too. My feelings and experiences are real and worthy of being expressed and respected.
Insecure: Avoidant	Dismissing attachment pattern: Parents are indifferent and not attuned to child’s needs.	Even though my parents are around a lot, they do not care about my needs or feelings. I learn to ignore my own feelings and to avoid communicating my needs.
Insecure: Ambivalent	Preoccupied attachment pattern: Sometimes attuned, sensitive and responsive to the child’s needs and sometimes not. Sometimes intrusive.	Because I do not know how my parent will respond, I am constantly on edge. I cannot let my guard down. I cannot trust that people will be predictably there for me.
Insecure: Disorganised	Unresolved attachment pattern: At times severely unattuned to the child’s needs: disorienting; either frightening, frightened or both.	My parents are terrifying. I am not safe, and there is no one to keep me safe. People are scary and unreliable.

Source: *The Power of Showing up*, Dan Siegel

See Appendix 4 for Genogram/Adult Attachment Scale/Adult Attachment Interview.

### Interpretation of data

There are generally three classifications that can result from the adult attachment interview: secure-autonomous, non-autonomous and insecure. An adult who is placed under the category

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of secure-autonomous will generally give an interview that is open, vivid, and honest, even when relating difficult past events. Non-autonomous and insecure interviewees, on the other hand, may present one of three patterns during the interview. These patterns fall under the titles of dismissing, preoccupied and unresolved. A dismissing pattern of discourse will usually be brief, generalised and display many contradictions; a preoccupied discourse is often incoherent and might branch into irrelevant chatter; while unresolved patterns will regularly display a disorganisation of thought, and may consist of many prolonged silences.

The **secure-autonomous person** can have a reasonable conversation about a topic, even a painful one such as abuse, if they have come to terms with what happened. Evidence of active monitoring of thinking and recall is evident in several places within the interview. The person acknowledges that memories are not a true representation of what might have happened.

The **dismissing person** tends to minimise the importance of personal relationships, becoming highly self-reliant instead. There might be an extreme lack of unity between the experience and the positive description being provided by the person; e.g. despite rejection or abuse, the portrait of the parent is consistently positive, and praise might even be offered of the parent.

The speaker might also insist on their inability to recall their childhood. This might be used as an excuse to block further queries or discourse. The speaker might also dismiss the importance of attachment relationships such as a friend's loss of a parent or indicate that relationships are foolish or not worth the time they require.

The **preoccupied person** is too involved in reliving the past to talk about it clearly during the interview. The unresolved person shows signs of lapses in reason, especially when traumatic events are involved. The person might attempt to enlist the interviewer to agree with their views, extensively discuss small recent parental offenses and even angrily address the parent as if the parent were present.

This information could inform the following assessment domains:

- Personal background:
  - Childhood experiences; and
  - Significant life events experiences.
- Social Assessment:
  - Family structure; and
  - Social support.
- Relationships:
  - Present spousal relationship;
  - Significant past relationships; and
  - Parental relationships with children.

## SCHEMAS

Piaget (1954) and Bowlby (1980) argued that parenting behaviours influence many aspects of children's lives and therefore contribute to the early development of internal working models or schemas. Stemming from this Jeffrey Young developed a theoretical framework and

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understanding of Early Maladaptive Schemas (EMS). Schema therapy is an integrative therapy which involves elements of cognitive, behavioural, gestalt and object relations theory.

Young's schema-based model builds on attachment theory. The model states that EMS are longstanding patterns of psychological response that govern how we perceive the world, how we understand what is happening to us, what we feel and how we behave. They often have their origins in early childhood. These schema driven behaviours are often at the root of emotional distress or problematic behaviours that lead people to behave in ways that are self-defeating or even self-destructive. EMSs are automatic and habitual and typically people do not realise the impact they have on relationships and other aspects of life.

When core basic childhood needs such as safety, predictability/consistency, love/nurturance/attention, acceptance/praise, empathy, guidance/protection, and validation go significantly unmet, maladaptive schemas may form as a result. Maladaptive schemas are thus responses to unmet needs. [See appendix 5 for the needs of the normal infant and child.](#)

Responses from the ACEs questionnaire and genogram/adult attachment interview will inform Practitioners about toxic childhood experiences which are the primary origin of early maladaptive schemas.

### Young Parenting Inventory

Jeffrey Young explained that there are five basic schema domains and within these domains are 17 EMSs. The Young Parenting Inventory (YPI) aims to identify parental behaviours that are related to one of 17 negative schemas or core beliefs. These negative schemas or core beliefs developed as a protective measure when core childhood needs were not sufficiently met, thus serving a functional purpose at the time. However, problems may develop when they persist into adulthood and adversely impact the development of relationships.

#### a) Disconnection and Rejection

The essence of this schema domain is about a general expectation that one's basic needs will be met by others in an unpredictable or inconsistent way. Many people who identify with schemas within this domain come from families perceived as cold, detached, explosive, lonely, abusive, or rejecting.

1. Emotional Deprivation – the expectation that one's emotional needs will not be met. There are 3 major forms of deprivation:
  - Deprivation of Nurturance: Absence of attention, affection, warmth, or companionship
  - Deprivation of Empathy: Absence of understanding, listening, self-disclosure, or mutual sharing of feelings from others.
  - Deprivation of Protection: Absence of strength, direction, or guidance from others.
2. Abandonment – the perceived instability or unreliability of those available for support and connection. It involves the sense that close relationships will always end.
3. Mistrust/Abuse – the expectation that others will hurt, abuse, humiliate, cheat, lie, manipulate, or take advantage. It usually involves the perception that the harm is intentional, or the result of unjustified and extreme negligence. It may include the sense that one always ends up "getting the short end of the stick".

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4. Defectiveness/Shame – the feeling that one is defective, bad, unwanted, inferior, or invalid in important respects; or that one would be unlovable to significant others if exposed. May involve hypersensitivity to criticism, rejection, and blame.
5. Social Alienation/Rejection – this EMS involves a deep sense of feeling isolated from the world, disconnected from other people, and not feeling a sense of social belonging to any group or community.

**b) Impaired Autonomy and Performance**

This schema domain is typified by expectations about oneself and one's personal environment interfering with self-belief in one's ability to survive, function independently, or demonstrate success. Typical early family dynamics associated with these schemas are enmeshment, overprotection, or a failure to reinforce one's ability (as a child) to show independent competence (perhaps by doing things for the child rather than teaching the child how to do things for themselves).

6. Vulnerability to harm or illness – exaggerated fear that imminent catastrophe will strike at any time and that one will be unable to prevent it. There is a belief that one has no control over threats of illness or disaster.
7. Dependence/incompetence – the belief that one is unable to handle one's everyday responsibilities in a competent manner without considerable help from others. It often presents as helplessness.
8. Enmeshment – lack of identity as result of overinvolvement with others.
9. Failure to achieve – the belief that one has failed, will inevitably fail, or is fundamentally inadequate relative to one's peers in areas of achievement. It often involves beliefs that one is stupid, inept, untalented, ignorant, lower in status, and less successful than others, etc.

**c) Impaired Limits**

This domain is related to a general lack of responsibility to others, internal limits, and/or future goals. EMS categorised within this schema domain tend to result in difficulty cooperating with others, respecting their rights, and making commitments. People identifying with this domain typically come from families characterised by permissive parenting styles, overindulgence, lack of guidance/direction, or a sense of superiority, accompanied by parental failure to set limits related to taking responsibility or healthy confrontation.

10. Entitlement – the belief that one is superior to other people; entitled to special rights and privileges; or not bound by the rules of reciprocity that guide normal social interaction.
11. Insufficient self-control/self-discipline – pervasive difficulty or refusal to exercise enough self-control and frustration tolerance to achieve one's personal goals, or to restrain the excessive expression of one's emotions and impulses.

**d) Other Directedness**

This domain is characterised by an excessive focus on the wants, needs, desires and reactions of others at the cost of one's own needs. Sacrifices tend to be made in hopes of gaining love and approval or maintaining relational ties to others. People identifying with this domain typically come from families who show conditional acceptance, which can result in denying or over-representing parts of oneself in hopes of gaining love/acceptance.

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Many parents within these families tend to place their own emotional needs/desires or social status/acceptance above the needs of their children.

12. Subjugation – excessive surrendering of control to others because one feels coerced – usually to avoid anger, retaliation, or abandonment. The two major forms of subjugation are:

- Subjugation of needs: suppression of emotional expression, especially anger; and
- Subjugation of emotions: Usually involves the perception that one's own desires, opinions, and feelings are not valid or important to others. Generally leads up to a build-up of anger, manifested in maladaptive symptoms such as passive-aggressive behaviour, uncontrolled outbursts of anger, withdrawal of affection, and substance abuse.

13. Approval seeking/recognition seeking – this schema is related to placing an excessive amount of importance on recognition, attention, or approval from others at the expense of developing a mature and authentic self. Self-esteem may be rigidly tied to the actual or perceived reactions from other people, as opposed to trusting your own intuition or inclinations. For some, this EMS manifests itself through attempting to meet these deep needs by overly emphasising money, appearance, status, power, or prestige. The focus here is about the earnest need for approval and recognition, as opposed to seeking power or control.

14. Self-sacrifice – excessive focus on voluntarily meeting the needs of others in daily situations, at the expense of one's own gratification.

#### **e) Other Vigilance and Inhibition**

This domain includes schemas that share common themes of suppressing spontaneous emotions/decisions/impulses or focusing on a deep desire to adhere to rigid rules and expectations regarding ethical behaviour and performance. The basic cost is authentic happiness, inner peace, overall relaxation, and meaningful relationships. These schemas may develop in families who are demanding (perhaps punitive), hide/avoid emotions, require perfection/high achievement, and place emphasis on avoiding mistakes over happiness and relaxation. There may be a basic fear that without strict adherence to these rigid rules/standards, things may fall apart.

15. Unrelenting standards – the underlying belief that one must strive to meet very high internalised standards of behaviour and performance, usually to avoid criticism. This typically results in feelings of pressure or difficulty slowing down; and a hypercritical nature toward oneself and others. These unrelenting standards typically present as:

- Perfectionism;
- Rigid Rules; and/or
- Preoccupation with time and efficiency.

16. Negativity/pessimism – a pervasive, life-long focus on the negative aspects of life (pain, death, loss, disappointment, conflict, guilt, resentment, unresolved problems, potential mistakes, betrayal, things that could go wrong, etc.), while minimising or neglecting the positive or optimistic aspects.

17. Emotional inhibition – this involves overly suppressing forms of spontaneous emotional expression, action, or communication out of fear that these expressions of emotion will result in shame, disapproval, rejection, or loss of impulse control. There may also be a proclivity toward an overemphasis on rationality with a disregard for emotions.

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Schemas are not all equally active all the time. A complex set of processes determines which ones are active, and how we deal with them once they are active. As mentioned earlier, these processes are mostly automatic and outside the conscious control, so that often people may have very limited awareness of how it affects them. As a result, people are often puzzled by their own reactions, which may take the form of gradual or sudden shifts in mood or feeling, or behaviour or repeated behaviour which is self-defeating or self-destructive. [See Appendix 6 for Young Parenting Inventory questionnaire.](#)

### Interpretation of data

Scoring key	
Competitiveness & Status Seeking	9, 11, 14, 24, 31
Degradation & Rejection	4, 19, 22, 25, 26, 28, 29, 35
Emotional Inhibition & Deprivation	5, 12, 18, 20, 27, 30
Overprotection & Overindulgence	2, 3, 7, 13, 17, 21, 32, 34
Punitiveness	1,6,15,23, 33
Controlling	8, 10, 16, 36

#### *Competitiveness and Status Seeking*

Competitiveness and status seeking are often characteristics of perfectionist and demanding/critical parents. These parents feel that the “right way” to be is to be perfect or achieve at a very high level. Emphasis is placed on keeping things in order, striving for a high status, and to be efficient/avoid wasting time. A high score indicates that the parent expected these perfectionistic standards of themselves and their child. A low score indicates that the parent had more relaxed standards for themselves and their child.

#### *Degradation and Rejection*

The parent often belittles the child, leaving the child to feel defective and isolated from the world. It may result in profound loneliness and shame and often causes social anxiety. A high score indicates a greater intensity of belittling behaviour by the parent. A low score indicates that the parent was not belittling in their behaviour.

#### *Emotionally Depriving Parenting*

These questions reflect a pattern of parenting that deprives the child of emotional nurturing. There are three major forms of emotional deprivation, namely deprivation of nurturance, protection and empathy. The child’s basic needs go unmet or unnoticed. While there are no obvious external signs, these unmet emotional needs become the driving force behind several other schemas. Self-sacrifice is a characteristic of this schema and a way of feeling emotionally valuable to others. Listening to other’s problems becomes a way of getting emotional fulfillment. The item scores are reversed. Thus, a high score reflects a failure of the parent to emotionally nurture the child. A low score reflects appropriate emotional nurturing.

#### *Overprotective and Overindulgence*

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Overprotective parenting may result in children believing that the world is a dangerous place and/or that they are incompetent. The child often relies excessively on external validation and encouragement in areas such as decision making and initiating new tasks. Alternatively, this might also result in an entitlement/grandiosity schema, i.e. the belief that you should be able to do, say, have what you want immediately regardless of whether it hurts others or seem unreasonable. A high score is indicative of an overprotective/overindulgence parent.

### *Punitiveness*

This refers to the belief that people need to be harshly punished for making mistakes. Parents with this schema are critical and unforgiving. They tend to be angry about “wrong” behaviours much of the time. They act on these feelings by blaming, punishing or being abusive. A high score indicates a greater level of punitiveness.

### *Controlling*

Controlling parents lead to children believing that they are not capable of handling day to day responsibilities competently and independently. The parents have failed to provide opportunities for their children to act independently and to develop confidence in their ability to take care of themselves. A high score is indicative of a highly controlling parent.

This information could inform the following assessment domains:

- Personal background:
  - Childhood experiences; and
  - Significant life events experiences;
- Social Assessment:
  - Family structure;
- Relationships:
  - Significant past relationships;
- Capacity to provide quality care:
  - Parenting style.

## **Young Parenting Schema Questionnaire**

Because parenting is a socially constructed role, the society within which parents live most likely exerts the strongest influence on parenting schemas. Culturally regulated customs and practices of childrearing are internalised and become the standards against which acceptable parenting practices are judged.

However, parenting schemas are also shaped by individual experiences parents have as children in their own families and by on-going experiences parents have with spouses, partners, friends, and other important people in their lives. In other words, parents learn some aspects of their role by talking to and imitating other parents. Bowlby (1969) argued that schemas about basic safety and security and the reliability of others in providing nurturance may be some of the first socially relevant schemas we develop and may lay the groundwork for future relationships.

Schemas about the self and others formed in infancy may be influential, but, from a cognitive science perspective, they are not deterministic. Studies suggest that predictable change occurs in

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schemas when relationships and life circumstances shift, hence the importance of exploring the applicant's genogram.

### **What are we looking for?**

#### *Adaptive parenting schemas*

These schemas are flexible and differentiated enough to help parents identify problems when they occur and not perceive problems when they do not exist. Adaptive parenting schemas allow parents to access a variety of potential responses to childrearing challenges and to enact those responses competently. These schemas enable parents to evaluate how particular childrearing responses worked so that future responses can be even more effective.

#### *Problematic parenting schemas*

These schemas are often overly simplistic and rigid, or they are dominated by negative feelings such as fear, anger, or suspicion. Too much or too little emphasis can be placed on the importance of control and structure in competently rearing children. For example, when parents believe too strongly that they should exercise control over children's behaviour, they are more likely to use harsh discipline and are at risk of abusing their children. They may try to control even when control is not appropriate or possible. Abusive parents are more likely to define punishment as a central feature of what they should do and less likely to see inductive reasoning strategies as effective.

Often those schemas regarding absolute control over children appear to be linked to perceptions of low personal control in the parent-child relationship or even in relationships in general. Perceptions of low personal control are associated with parents' physiological arousal and negative affect when interacting with behaviourally challenging children. In addition, parenting schemas that are dominated by perceptions of low personal control and of inadequacy are related to neglect and failure to provide a physically safe home (e.g. parents who believe that injuries or experiences are due to fate are less likely to take remedial actions). Also, when parents live in poverty and are more vulnerable to catastrophic events beyond their control, they are more likely to believe that children's behaviour problems are also due to external factors, leading to less frequent intervention.

Problematic parenting schemas can also involve maladaptive expectancies of children. Abusive and neglectful parents have been found to have higher levels of unrealistic expectations of the social-cognitive and physical care abilities of children than parents with adaptive parenting schemas. For example, such parents believe that very young children can adjust their behaviour when parents are upset or distracted. They also believe that young children can complete tasks, such as controlling bathroom accidents or getting dressed independently, long before such demands are age appropriate.

When parents' schemas are overly simplistic, they also may miss opportunities to help their children master age-salient developmental tasks. Parents need to be able to assess what their children do and do not understand so they can provide optimal scaffolding to enhance competence.

Problematic parenting schemas determine how parents think about their children and the reasons for their behaviour. These schemas are particularly likely to be dominated by negative affect, such

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as anger. When parents believe that their children are misbehaving to annoy them, they are more likely to respond to children in power-assertive ways.

To identify the presence of maladaptive schemas, practitioners can use formal assessments, such as the Parent Opinion Questionnaire or Young's Schema Questionnaire, which measures parents' expectations about their children. They also rely on parents' narratives, expressions of strong and/or contextually incongruent emotions, and extreme or inappropriate behavioural responses.

Piaget (1954) and Bowlby (1980) found family intrusiveness to be the single most powerful variable for the overall presence of maladaptive schemas. When studying family intrusiveness, they identified an underlying theme of separateness. It is the child versus the family, resulting in the conceptualisation of "them and me" rather than "us". This continues to develop into the idea that relationships are not trustworthy, and that people will continually find a reason to reject you. This thought pattern then becomes the foundation of the Disconnection/Rejection schema.

Family intrusiveness also sends the message that the individual is incapable of making decisions independently. This message becomes ingrained and magnifies over time into the Impaired Autonomy/Performance Schema. The connection between family intrusiveness and Over vigilance/Inhibition Schema seems clear. The family is constantly undermining the individual's decisions and actions. The individual is held to high and often undefined standards while at the same time being constantly reminded of their failures and shortcomings.

Other variables to be mindful of are the maternal variable and inconsistency in authority. The psychological control exercised by a mother is a significant predictor for the development of maladaptive schemas. It sends the message that the mother's needs and wants are more important than the child's. This leads to the development of the Other-Directedness Schema.

Additionally, when a mother and father exercise authority differently from each other, the child is left to work to bridge the gap between mother and father and their own experience. The child might feel torn between their parents, needing to figure out where they belong. This lack of a sense of belonging may develop into a Disconnection/Rejection Schema.

See Appendix 7, p.32 to 35 for Young Parenting Schema Questionnaire.

This information could inform the following assessment domains:

- Personal background:
  - Childhood experiences; and
  - Significant life events experiences;
- Social Assessment:
  - Family structure;
- Relationships:
  - Significant past relationships;
- Capacity to provide quality care:
  - Parenting style.

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## Appendices

### Appendix 1 – ACES Questionnaire

#### Instructions:

Below is a list of 10 categories of Adverse Childhood Experiences (ACEs). From the list below, place a checkmark next to each ACE category you experienced prior to your 18<sup>th</sup> birthday. Then, add up the number of categories of ACEs you experienced and put the total number at the bottom.

ACES Questionnaire		
Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?	<input type="checkbox"/>	
Did you lose a parent through divorce, abandonment, death, or other reason?	<input type="checkbox"/>	
Did you live with anyone who was depressed, mentally ill, or attempted suicide?	<input type="checkbox"/>	
Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?	<input type="checkbox"/>	
Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?	<input type="checkbox"/>	
Did you live with anyone who went to jail or prison?	<input type="checkbox"/>	
Did a parent or adult in your home ever swear at you, insult you, or put you down?	<input type="checkbox"/>	
Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?	<input type="checkbox"/>	
Did you feel like no one in your family loved you or thought you were special?	<input type="checkbox"/>	
Did you experience unwanted sexual contact (such as fondling or oral/vaginal/anal intercourse/penetration)?	<input type="checkbox"/>	
Your ACE score is the total number of checked responses		
Do you believe these experiences have affected your health?		
Not much	Some	A lot

### Appendix 2 – Perceived Stress Scale

The questions are related to your feelings and thoughts during the last month. In each case, you need to indicate how often you felt or thought a certain way.

0 = Never	1 = Almost Never	2 = Sometimes	3 = Fairly Often	4 = Very Often	
1. In the last month, how often have you been upset because of something that happened unexpectedly?	0	1	2	3	4
2. In the last month, how often have you felt that you were unable to control the important things in your life?	0	1	2	3	4
3. In the last month, how often have you felt nervous and “stressed”?	0	1	2	3	4
4. In the last month, how often have you felt confident about your ability to handle your personal problems?	0	1	2	3	4
5. In the last month, how often have you felt that things were going your way?	0	1	2	3	4
6. In the last month, how often have you found that you could not cope with all the things you had to do?	0	1	2	3	4
7. In the last month, how often have you been able to control irritations in your life?	0	1	2	3	4
8. In the last month, how often have you felt that you were on top of things?	0	1	2	3	4
9. In the last month, how often have you been angered because of things that were outside of your control?	0	1	2	3	4
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4

### Appendix 3 – Traumatic Antecedents Questionnaire (TAQ)

This questionnaire asks you to describe experiences you may have had as a young child (ages 0 to 6), as a school age child (ages 7 to 12), as an adolescent (ages 13 to 18), and as an adult. For each item, indicate the degree to which the statement describes your experience at each different age period. **The scale has both frequency and intensity words; please choose the highest applicable number.** If there are any age periods for an item that you are unable to answer, please indicate this by choosing DK (“don’t know”).

For each question and age group use the highest applicable number:

- 0 = never or not at all
- 1 = rarely or a little bit
- 2 = occasionally or moderately
- 3 = often or very much
- DK = don’t know

1. I generally feel safe and cared for.																			
Ages 0 to 6					Ages 7 to 12					Ages 13 to 18					Adult				
0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK
2. Someone made sure I got up in the morning and went to school.																			
Ages 0 to 6					Ages 7 to 12					Ages 13 to 18					Adult				
0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK
3. I was really good at something (like sports, a hobby, school, work, or some creative activity).																			
Ages 0 to 6					Ages 7 to 12					Ages 13 to 18					Adult				
0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK
4. I had good friends.																			
Ages 0 to 6					Ages 7 to 12					Ages 13 to 18					Adult				
0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK
5. I felt close to at least one of my brothers or sisters.																			
Ages 0 to 6					Ages 7 to 12					Ages 13 to 18					Adult				
0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK
6. Somebody in my family had so many problems that there were little left for me.																			
Ages 0 to 6					Ages 7 to 12					Ages 13 to 18					Adult				
0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK
7. I felt that nobody cared whether I lived or died.																			
Ages 0 to 6					Ages 7 to 12					Ages 13 to 18					Adult				



0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK
8. I had someone to talk with outside my family when something was bugging me at home.																			
Ages 0 to 6					Ages 7 to 12					Ages 13 to 18					Adult				
0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK
9. My parents confided things in me that made me feel uncomfortable.																			
Ages 0 to 6					Ages 7 to 12					Ages 13 to 18					Adult				
0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK
10. My parents were divorced or separated.																			
Ages 0 to 6					Ages 7 to 12					Ages 13 to 18					Adult				
0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK
11. I lived with different people at different times (like different relatives or foster families).																			
Ages 0 to 6					Ages 7 to 12					Ages 13 to 18					Adult				
0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK
12. Someone close to me died.																			
Ages 0 to 6					Ages 7 to 12					Ages 13 to 18					Adult				
0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK
13. I had a serious illness and/or had to be hospitalised for a medical problem.																			
Ages 0 to 6					Ages 7 to 12					Ages 13 to 18					Adult				
0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK
14. Someone I was close to was very sick, or in an accident for which they needed to be hospitalised.																			
Ages 0 to 6					Ages 7 to 12					Ages 13 to 18					Adult				
0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK
15. I received news that someone close to me had been seriously injured or violently killed during an accident, fight or crime.																			
Ages 0 to 6					Ages 7 to 12					Ages 13 to 18					Adult				
0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK
16. In my parent's eyes, nothing I did was ever good enough.																			
Ages 0 to 6					Ages 7 to 12					Ages 13 to 18					Adult				
0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK	0	1	2	3	DK
17. People in my family called me insulting names.																			

Ages 0 to 6	Ages 7 to 12	Ages 13 to 18	Adult
0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK
18. The rules in my family were unclear and inconsistent.			
Ages 0 to 6	Ages 7 to 12	Ages 13 to 18	Adult
0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK
19. The punishments I received were unfair.			
Ages 0 to 6	Ages 7 to 12	Ages 13 to 18	Adult
0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK
20. My parents hurt each other physically when they argued or fought.			
Ages 0 to 6	Ages 7 to 12	Ages 13 to 18	Adult
0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK
21. I spent time out of the house, and no one knew where I was.			
Ages 0 to 6	Ages 7 to 12	Ages 13 to 18	Adult
0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK
22. People in my family were out of control.			
Ages 0 to 6	Ages 7 to 12	Ages 13 to 18	Adult
0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK
23. I witnessed physical violence in my family.			
Ages 0 to 6	Ages 7 to 12	Ages 13 to 18	Adult
0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK
24. Someone in my family got medical attention because of violence.			
Ages 0 to 6	Ages 7 to 12	Ages 13 to 18	Adult
0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK
25. Someone in my family had a problem with alcohol or drugs.			
Ages 0 to 6	Ages 7 to 12	Ages 13 to 18	Adult
0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK
26. I abused alcohol and/or drugs.			
Ages 0 to 6	Ages 7 to 12	Ages 13 to 18	Adult
0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK
27. My caregivers were so into alcohol and drugs that they couldn't take care of me.			

Ages 0 to 6	Ages 7 to 12	Ages 13 to 18	Adult
0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK
28. I was beaten, kicked, or punched by someone close to me.			
Ages 0 to 6	Ages 7 to 12	Ages 13 to 18	Adult
0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK
29. I was in a situation in which I was convinced I would be physically injured or lose my life.			
Ages 0 to 6	Ages 7 to 12	Ages 13 to 18	Adult
0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK
30. Someone outside my family attacked me.			
Ages 0 to 6	Ages 7 to 12	Ages 13 to 18	Adult
0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK
31. I saw dead bodies.			
Ages 0 to 6	Ages 7 to 12	Ages 13 to 18	Adult
0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK
32. I was involved in a serious accident.			
Ages 0 to 6	Ages 7 to 12	Ages 13 to 18	Adult
0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK
33. I was in a natural disaster.			
Ages 0 to 6	Ages 7 to 12	Ages 13 to 18	Adult
0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK
34. I saw sexual things that scared me.			
Ages 0 to 6	Ages 7 to 12	Ages 13 to 18	Adult
0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK
35. Someone (older) touched me sexually against my wishes or tried to make me touch them.			
Ages 0 to 6	Ages 7 to 12	Ages 13 to 18	Adult
0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK
36. Someone forced me to have sex against my will.			
Ages 0 to 6	Ages 7 to 12	Ages 13 to 18	Adult
0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK
37. Someone threatened me with physical harm unless I did something sexual.			

Ages 0 to 6	Ages 7 to 12	Ages 13 to 18	Adult
0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK
38. I believed one of my brothers or sisters was sexually molested.			
Ages 0 to 6	Ages 7 to 12	Ages 13 to 18	Adult
0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK
39. I have had another very frightening or traumatic experience where I felt intense fear, helpless, or horrified.			
Ages 0 to 6	Ages 7 to 12	Ages 13 to 18	Adult
0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK
40. Something terrible happened to me that still remains a mystery to me.			
Ages 0 to 6	Ages 7 to 12	Ages 13 to 18	Adult
0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK	0 1 2 3 DK
How upsetting was it to answer these questions?			0 1 2 3 DK

### Appendix 4.1 – Adult Attachment Scale

The following questions concern how you **generally** feel in **important close relationships in your life**. Think about your past and present relationships with people who have been especially important to you, such as family members, romantic partners, and close friends.

Respond to each statement in terms of how you **generally** feel in these relationships.

Please use the scale below by placing a number between 1 and 5 in the space provided to the right of each statement.

1 ----- 2 ----- 3 ----- 4 ----- 5

Not at all  
characteristic  
of me

Very  
characteristic  
of me

Statement	Score
1. I find it relatively easy to get close to people.	
2. I find it difficult to allow myself to depend on others.	
3. I often worry that other people don't really love me.	
4. I find that others are reluctant to get as close as I would like.	
5. I am comfortable depending on others.	
6. I don't worry about people getting too close to me.	
7. I find that people are never there when you need them.	
8. I am somewhat uncomfortable being close to others.	
9. I often worry that other people won't want to stay with me.	
10. When I show my feelings for others, I'm afraid they will not feel the same about me.	
11. I often worry that other people won't want to stay with me.	
12. I am comfortable developing close relationships with others.	
13. I am uncomfortable when anyone gets to emotionally close to me.	
14. I know that people will be there when I need them.	
15. I want to get close to people, but I worry about being hurt.	
16. I find it difficult to trust others completely.	
17. People often want me to be emotionally closer than I feel comfortable being.	
18. I am not sure that I can always depend on people to be there when I need them.	



### Scoring the Adult Attachment Scale

- Secure = high scores on Close and Depend subscales, low scores on Anxiety subscales.
- Anxious = high scores on Anxiety subscales, moderate scores on Close and Depend subscales.
- Avoidant = low scores on Close, Depend, and Anxiety subscales.

A high score is defined as being above the midpoint on a 5-point scale, and a low score as below the midpoint.

\*\*\*\*\* Reverse code the appropriate items \*\*\*\*\*.

RECODE AT8 AT13 AT17 AT2 AT7 AT16 AT18

(1=5) (2=4) (3=3) (4=2) (5=1)

\*\*\*\* Compute the three attachment dimensions \*\*\*\*.

COMPUTE CLOSE = MEAN (AT1, AT6, AT8R, AT12, AT13R, AT17R).

COMPUTE DEPEND = MEAN (AT2R, AT5, AT7R, AT14, AT16R, AT18R).

COMPUTE ANXIETY = MEAN (AT3, AT4, AT9, AT10, AT11, AT15).

### Abbreviated Adult Attachment Interview

I'm going to be interviewing you about your childhood experiences, and how those experiences might have affected your adult personality. So, I'd like to ask you about your early relationship with your family, and how you think it might have affected you. We'll focus mainly on your childhood, but later we'll get on to your adolescence and then to what's going on right now. This interview often takes about an hour, but it could be anywhere between 45 minutes to an hour and a half.

1. Could you start by helping me get orientated to your early family situation, and where you lived and so on? Could you tell me where you were born, whether you moved around much, and what your family did at various times for a living?
2. I'd like you to try and describe your relationship with your parents as a young child if you could start from as far back as you can remember?  
*Discuss the family's style of relating: touch, visual, auditory? Who pursued whom for closeness? Who distanced to get away from closeness? In which relationships were you a pursuer? A distancer? Around what issues?*  
*Explore the relationship intensity: conflictual, over close, calm, distant? Did you experience your parents and authoritarian, egalitarian or having limited control? Were the rules in your family applied strictly, democratically, leniently, or inconsistently? Were decisions made by negotiation or impulsively?*
3. Can you give me five adjectives or words that reflect your relationship with your mother during childhood? I'll write one down as you give them to me and when we have all five, I'll ask you to tell me what memories or experiences led you to choose each one.
4. Can you give me five adjectives or words that reflect your childhood relationship with your father during childhood? I'll write each one down as you give them to me and when we have all five, I'll ask you to tell me what memories or experiences lead you to choose each one.
5. Now I wonder if you could tell me, to which parent did you feel the closest, and why? Why isn't there this feeling with the other parent?

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6. When you were upset as a child, what would you do, and what would happen? Could you give me some specific incidents when you were upset emotionally? Physically hurt? Ill? Happy?
7. What is the first time you remember being separated from your parents?
8. Did you ever feel rejected as a young child? Why do you think your parents did those things – do you think he or she realised that he or she was rejecting you?
9. Were your parents ever threatening with you in any way – maybe for discipline or even jokingly?
10. In general, how do you think your overall experiences with your parents have affected your adult personality?
11. Why do you think your parents behaved as they did during your childhood?
12. Were there any other adults with who you were close, like parents, as a child?
13. Did you experience the loss of a parent or other close loved one while you were a young child, or as an adult?
14. Were there many changes in your relationship with your parents after childhood?
15. What is your relationship with your parents like currently?

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## Appendix 5 – The Needs of the Normal Infant and Child

### 1. *The need for safety and stability.*

This need may not be met where children are born into unsafe situation such as into times of natural disasters or into families where there is endemic violence.

### 2. *The need for secure, loving, and reliable bond with one or more caregivers.*

This need may not be met when the main caregiver is not a warm, loving person who enjoys giving care, or where the main caregiver becomes unavailable through illness, depression, or economic hardship, or in a family where there is abuse and violence.

### 3. *The need to be supported over the course of growing up, in moving from helplessness and dependence to a sense of competence (to function in the world), autonomy (ability to make one's own choices).*

This need may not be met where need 1 is not met and children feel overwhelmed and unsafe in the world. Similarly, it may not be met where caregivers fail to meet need 2 and fail to give consistent loving support to children as they venture out into the world and learn how it works. It will also not be met where caregivers are overprotective or are attached to having children who are dependent and helpless and have difficulty letting them grow up and become independent.

### 4. *The need to find appropriate expression for emotions and needs in a way that leads to also needs being met.*

As children grow, if they have the right kind of loving support, they learn to identify and express their feelings and needs in appropriate ways.

### 5. *The need to learn how to flexibly manage and control one's emotional and behavioural reactions.*

This need may not be met when the need for safety and stability is not met, as children may experience such extreme emotions that it is beyond their capacity to modulate them. This need may not be met when the need for a stable loving relationship is not met, since learning to manage one's emotions takes place in the interaction with a warm loving caregiver. Where parents are harsh and punitive, children may internalize their punitive voices as a means of maintaining self-control.

### 6. *The need to express oneself spontaneously, playfully, and creatively.*

Playfulness and spontaneity are normal features of human behaviour, and with development, mature into warmth and creativity. When these aspects of behaviour are neglected or actively discouraged or punished, individuals may lose their capacity for spontaneity and playfulness.

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### Appendix 6 – Young Parenting Inventory

Listed below are statements that you might use to describe your parents and how they treated you. Please read the statements and decide how well it describes your parents. Choose the highest rating from 1 to 6 that describe your father and mother when you were a child and write the number in the spaces before each statement. If someone substituted as your father or mother, please rate the scale for that person. Give your first impression and move on to the next item. Do not dwell on any item.

RATING SCALE			
1 = Completely untrue		2 = Mostly untrue	
4 = Moderately true		5 = Mostly true	
		3 = Slightly more true than untrue	
		6 = Describes him/her perfectly	
Item No	Father	Mother	Description
1			Abused me physically; did things like hitting me or throwing things at me.
2			Worried excessively that I would get hurt.
3			Did too many things for me instead of letting me do things on my own.
4			Criticised me a lot.
5			Had a hard time being playful.
6			Abused me verbally: did things like calling me names, screaming at me, swearing at me, or threatening me.
7			Worried excessively that I would get sick.
8			Made me feel guilty if I did not put his/her needs ahead of mine.
9			Put a lot of emphasis on my getting good grades and getting ahead in life.
10			Was demanding: Expected to get things his/her way.
11			Believed that if I was smarter or more talented it made me superior to others who were less so.
12			Was uncomfortable expressing his/her feelings to others; even to people s/he knew well.
13			Spoiled me or was overindulgent in many ways.
14			Placed strong emphasis on success and competition.
15			Would punish me when I did something wrong.
16			Would make me feel guilty if I did not go along with him/her.
17			If I didn't feel like doing a difficult or unpleasant task, I could usually get him/her to do it for me.
18			Felt uncomfortable being silly and childlike.
19			Made me feel like the black sheep of the family.
20			Was uncomfortable expressing affection.
21			Did a lot of things for me because s/he didn't want me to get hurt.

22			Treated me as if I was stupid or untalented.
23			Would punish me harshly if I did something wrong.
24			Expected me to do my best at all times.
25			Would call me names (like stupid or idiot) when I made mistakes.
26			Saw me as having little to contribute.
27			Did not have a sense of humour.
28			Put me down and made me feel ashamed of myself if I didn't do well.
29			Saw me as lacking common sense.
30			Was private; rarely discussed his or her feelings.
31			Was concerned with social status and appearance.
32			Overprotected me.
33			He/she relied more on punishment than praise and rewards.
34			Treated me as if I was fragile.
35			Made me feel unloved or rejected.
36			Put a lot of pressure on me to meet all of my responsibilities.

Scoring key	
Competitiveness & Status Seeking	9, 11, 14, 24, 31
Degradation & Rejection	4, 19, 22, 25, 26, 28, 29, 35
Emotional Inhibition & Deprivation	5, 12, 18, 20, 27, 30
Overprotection & Overindulgence	2, 3, 7, 13, 17, 21, 32, 34
Punitiveness	1,6,15,23, 33
Controlling	8, 10, 16, 36



### Appendix 7 – Young Schema Questionnaire – Short Form

#### Instructions:

The following are statements that a person might use to describe themselves. Please read each statement and decide how well it describes you. When you are not sure, base your answer on what you emotionally feel, not on what you think to be true. Choose the highest rating from 1 to 6 that describes you and write the number in the space before the statement.

RATING SCALE		
1 = Completely untrue of me      2 = Mostly untrue of me      3 = Slightly more true than untrue 4 = Moderately true of me      5 = Mostly true of me      6 = Describes me perfectly		
Item No	Score	Description
1		Most of the time, I haven't had someone to nurture me, share themselves with me, or care deeply about everything that happens to me.
2		In general, people have not been there to give me warmth, holding and affection.
3		For much of my life, I haven't felt that I am special to someone.
4		For the most part, I have not had someone who really listens to me, understand me, or is tuned into my true needs and feelings.
5		I have rarely had a strong person to give me sound advice or direction when I'm not sure what to do.
*ed		
6		I find myself clinging to people I'm close to, because I'm afraid they'll leave me.
7		I need other people so much that I worry about losing them.
8		I worry that people I feel close to will leave me or abandon me.
9		When I feel someone, I care for pulling away from me I get desperate.
10		Sometimes I am so worried about people leaving me that I drive them away.
*ab		
11		I feel that people will take advantage of me.
12		I feel that I cannot let my guard down in the presence of other people, or else they will intentionally hurt me.
13		It is only a matter of time before someone betrays me.
14		I am quite suspicious of other people's motives.
15		I'm usually on the lookout for people's ulterior motives.
*ma		
16		I don't fit in.
17		I am fundamentally different from other people.
18		I don't belong, I'm a loner.
19		I feel alienated from other people.

RATING SCALE		
1 = Completely untrue of me      2 = Mostly untrue of me      3 = Slightly more true than untrue 4 = Moderately true of me      5 = Mostly true of me      6 = Describes me perfectly		
Item No	Score	Description
20		I always feel on the outside of groups.
*si		
21		No man/woman I desire could love me once he/she saw my defects.
22		No one I desire would want to stay close to me if he/she know the real me.
23		I'm unworthy of the love, attention, and respect of others.
24		I feel that I am not loveable.
25		I am too unacceptable in the very basic ways to reveal myself to other people.
*ds		
26		Almost nothing I do at work is as good as other people can do.
27		I'm incompetent when it comes to achievement.
28		Most other people are more capable than I am in areas of work and achievement.
29		I'm not as talented as most people are at their work.
30		I'm not as intelligent as most people when it comes to work.
*di		
31		I do not feel capable of getting by on my own in everyday life.
32		I think of myself as a dependent person, when it comes to everyday functioning.
33		I lack common sense.
34		My judgement cannot be relied upon in everyday situations.
35		I don't feel confident about my ability to solve everyday problems that come up.
*di		
36		I can't seem to escape the feeling that something bad is about to happen.
37		I feel that a disaster (natural, criminal, financial, or medical) could strike at any moment.
38		I worry about being attacked.
39		I worry that I'll lose all my money and become destitute.
40		I worry that I'm developing a serious illness, even though, nothing serious has been diagnosed by a physician.
*vh		
41		I have not been able to separate myself from my parent(s) the way other people my age seems to.

RATING SCALE		
1 = Completely untrue of me      2 = Mostly untrue of me      3 = Slightly more true than untrue 4 = Moderately true of me      5 = Mostly true of me      6 = Describes me perfectly		
Item No	Score	Description
42		My parents and I tend to be over involved in each other's lives and problems.
43		It is very difficult for my parent(s) and me to keep intimate details from each other without feeling betrayed or guilty.
44		I often feel as if my parent(s) are living through me – I don't have a life of my own.
45		I often feel that I do not have a separate identity from my parent(s) or partner.
*em		
46		I think that if I do what I want, I'm only asking for trouble.
47		I feel that I have no choice but to give in to other people's wishes, or else they will retaliate or reject me in some way.
48		In relationships, I let the other person have the upper hand.
49		I've always let others make choices for me, so I really don't know what I want for myself.
50		I have a lot of trouble demanding that my rights be respected and that my feelings be taken into account.
*sb		
51		I'm the one who usually ends up taking care of the people I'm close to.
52		I am a good person because I think of others more than of myself.
53		I'm so busy doing for the people that I care about that I have little time for myself.
54		I've always been the one who listens to everyone else's problems.
55		Other people see me as doing too much for others and not enough for myself.
*ss		
56		I am too self-conscious to show positive feelings to others (e.g. affection, showing I care).
57		I find it embarrassing to express my feelings to others.
58		I find it hard to be warm and spontaneous.
59		I control myself so much that people think I am unemotional.
60		People see me as uptight emotionally.
*ei		
61		I must be the best at most of what I do; I can't accept second best.
62		I try go to do my best; I can't settle for "good enough".
63		I must meet all my responsibilities.

RATING SCALE		
1 = Completely untrue of me      2 = Mostly untrue of me      3 = Slightly more true than untrue 4 = Moderately true of me      5 = Mostly true of me      6 = Describes me perfectly		
Item No	Score	Description
64		I feel there is constant pressure for me to achieve and get things done.
65		I can't let myself off the hook easily or make excuses for my mistakes.
*us		
66		I have a lot of trouble accepting "no" for an answer when I want something from other people.
67		I'm special and shouldn't have to accept many of the restrictions placed on other people.
68		I hate to be constrained or kept from doing what I want.
69		I feel that I shouldn't have to follow the normal rules and conventions other people do.
70		I feel that what I have to offer is of greater value than the contributions of others.
*et		
71		I can't seem to discipline myself to complete routine or boring tasks.
72		If I can't reach a goal, I become easily frustrated and give up.
73		I have a very difficult time sacrificing immediate gratification to achieve a long-range goal.
74		I can't force myself to do things I don't enjoy, even when I know it's for my own good.
75		I have rarely been able to stick to my resolutions.
*is		

### Scoring the YSQ – Short Form

Items on the questionnaire are clustered according to specific schemas. These clusters of items are separated by an asterisk and a two-letter code that is an abbreviation for the schema.

ed	Emotional Deprivation
ab	Abandonment
ma	Mistrust/Abuse
si	Social Isolation
ds	Defectiveness/Shame
di	Dependence/Incompetence
vh	Vulnerability to Harm & Illness
em	Enmeshment
sb	Subjugation
ss	Self-Sacrifice
ei	Emotional Inhibition
us	Unrelenting Standards
et	Entitlement

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is      Insufficient self-control/ self-discipline

Scores for each schema are found by counting the total number of items within each schema rated either 5 or 6. For example, a client who rates one item on the \*ed cluster with a 5, and two items with 6's, would score 3 for Emotional Deprivation. Any score of 2 or more is meaningful. If very few schemas or no schemas, rate high for an applicant, we can usually assume that the applicant is a schema avoider (avoidant coping style). Relying on information gathered via the other tools will assist to determine which schemas are relevant for the applicant.

Related Documents