## The Infant CARE-Index

The CARE-Index assesses parent-infant interaction (C-I, Crittenden, 1981, 2007). It is a videotaped 3-5 minute free-play observation in which the adult is asked 'to play with your child as you usually would'. Unlike the Strange Situation, it highlights parental behavior, but because the procedure does not contain any threat, it tends to show parents at their best. Moreover, adults do what they think is the right thing to do with children, thus, giving an assessment of the best of their potential interaction at times of low stress. It should be noted, however, that in the context of court assessment, all assessments are somewhat threatening to the parents.

The infant CARE-Index is unique because it can be used from birth to 15 months (after which the Toddler version should be used) and with adults who are not the child's parents. There is also flexibility regarding where it can be carried out, e.g., home, office, laboratory, contact room. The videotapes are coded by reliable coders who are blind to all information about the dyad.

Based on directions in the manual, adults are evaluated in terms of sensitivity, control, and unresponsiveness; children in terms of cooperation, compulsivity, difficultness, and passivity. The outcome includes a rating of dyadic synchrony. This is tied to the degree of risk to the child's future development. The CARE-Index was designed as a screening tool and should always be considered in the light of other evidence.

There are more than 40 publications supporting the validity of the CARE-Index, including those addressing its use in situations of maltreatment and maternal psychiatric disorder (cf., Farnfield at al., 2010.)

Limitations: Unpublished data from a thesis (Olrick, 1992) indicate that fathers are generally more sensitive in play than mothers, but that their sensitivity is not related to the child's development; it is likely that this is because the fathers in this study were not the child's primary caregiver. The CARE-Index was designed as a screening tool and should always be considered in the light of other evidence, that is, it is <u>not</u> a stand-alone assessment. In addition, the CARE-Index is <u>not</u> an assessment of attachment. Further, play episodes cannot provide evidence of how the parent will behave when children are distressed and need comfort (Goldsmith, et al., 2004).

## References

- Farnfield, S., Hautamäki, A., Nørbech, P., & Sahhar, N. Dynamic-Maturational Model methods for assessing attachment. *Clinical Child Psychology and Psychiatry*, *15*, 313-328.
- Crittenden, P.M. (2007). *CARE-Index: Infant Coding Manual*. Unpublished manuscript, Miami, FL.
- Crittenden, P.M. (1981). Abusing, neglecting, problematic, and adequate dyads: Differentiating by patterns of interaction. *Merrill-Palmer Quarterly*, 27, 1-18.
- Goldsmith, D., Oppenheimer, D. & Wanlass, J. (2004). Separation and reunification: Using attachment theory to inform decisions affecting the placements of children in foster care. *Juvenile and Family Court Journal, Spring*, 1-13.
- Olrick, J. (unpublished thesis, 1992). Maltreating fathers' internal representational models of attachment relationships, Senior Honors Thesis, University of Miami, Miami, FL.