

The assessment. The Toddler CARE-Index with Frustration and Repair (TCI) is a short screening tool that assesses risk in adult-child relationships. It is intended to guide intervention and does not have the thoroughness and research evidence of diagnostic validity that is desirable in legal procedures. It is, however, much less expensive to implement than diagnostic assessments of attachment, such as the Strange Situation.

Unlike assessments of attachment, it can be used with adults who are not attachment figures (such as foster parents, grandparents, and professionals). Its validity is based on the Infant CARE-Index which has more than 40 validating studies (Farnfield, et al, 2010). Only three studies validate the TCI (Crittenden,1992; Künster, et al., 2010; Von der Lippe & Crittenden, 2000) with 2-8 year old children. Künster, et al., and Crittenden compare maltreated and normative 2-5 year-old children.

Like the Infant CARE-Index, the TCI assesses the dyad at its best – in a play interaction. This information is presented as Dyadic Synchrony (Sensitive, Adequate, Mild Risk, and High Risk). Unlike the Infant CARE-Index, the TCI then adds a frustration task that elicits children's response to stress (in this case, a sense of injustice at the frustration imposed by the adult) and, 1 minute later (or less if the distress is great), permits the dyad to repair the breach that the frustration generated. This information is presented as the child's self-protective strategy. These three things (exploration in play, frustration, and repair) provide a brief 'snapshot' of the dyad's ability to regulate itself.

Trained and reliable coders (who have a certificate of Level I or II reliability) code the videos for overall dyadic synchrony and the child's self-protective strategy when frustrated.

Four conditions should be kept in mind when considering any dyad's behaviour during the TCI.

1. Coding: The coder should be trained and reliable in the use of the TCI (a signed certificate of reliability should be provided by the coder and should be within the closing date of the certificate).
2. Published validity: The frustration and repair portions of the procedure are new and not yet fully validated (i.e., there are case-by-case clinical data, but not published group data).
3. Screening tool: The TCI is a screening assessment (as opposed to a diagnostic assessment); it cannot provide the quality of information that a Strange Situation can provide.
4. Need for parental information: The TCI is not a stand-alone tool; without information from a parental Adult Attachment Interview (or Parents Interview), the conditions motivating adult behavior cannot be known. These conditions, more than behaviour in the play/frustration/repair interaction, influence the probability that the adult will be able to become more sensitive in play and protective during frustration with attuned intervention.

References

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