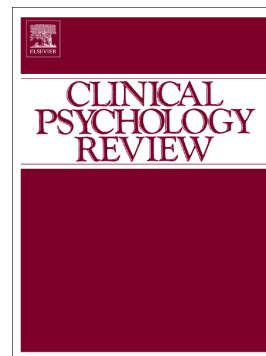


Accepted Manuscript

Attachment measures in middle childhood and adolescence: A systematic review of measurement properties

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PII: S0272-7358(18)30326-X
DOI: <https://doi.org/10.1016/j.cpr.2018.12.004>
Reference: CPR 1728
To appear in: *Clinical Psychology Review*
Received date: 19 July 2018
Revised date: 3 December 2018
Accepted date: 31 December 2018

Please cite this article as: Tom Jewell, Tessa Gardner, Karima Susi, Kate Watchorn, Emily Coopey, Mima Simic, Peter Fonagy, Ivan Eisler , Attachment measures in middle childhood and adolescence: A systematic review of measurement properties. *Cpr* (2019), <https://doi.org/10.1016/j.cpr.2018.12.004>

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Title: Attachment measures in middle childhood and adolescence: a systematic review of measurement properties

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Abstract

Background: Attachment theory proposes that humans develop representations of self and other in early childhood which are relatively stable across the life-course, and play a key role in psychological adaptation. However, to date, the psychometric properties of attachment measures in middle childhood and adolescence have not been evaluated in a systematic review.

Method: A systematic review (PROSPERO ID: CRD42017057772) was conducted using COSMIN criteria. Two researchers independently searched MEDLINE, PsychINFO and Embase databases for relevant articles.

Results: Fifty-four studies were included in the review. The methodological quality of studies was typically fair or poor, with only a smaller number of studies being rated as of good or excellent quality. The measurement properties of attachment measures in this age group were frequently rated as inadequate according to COSMIN criteria. The Child Attachment Interview (CAI) has the best psychometric properties of the interview and projective measures, and the Inventory of Parent and Peer Attachment (IPPA) the best evidence of the self-report measures. Overall, the evidence for the CAI and IPPA included both positive and negative findings relating to adequacy of measurement properties.

Conclusions: Attachment measures in middle childhood and adolescence currently have limited evidence for the adequacy of their psychometric properties.

Keywords: Attachment, Measurement, Psychometrics, Adolescence, Validity, Child Development

Abbreviations

Self-report measures: AAQ = Adolescent Attachment Questionnaire, AFAS = Adolescent Friendship Attachment Scale, AFAS-SF = Adolescent Friendship Attachment Scale - Short Form, AUAQ = Adolescent Unresolved Attachment Questionnaire, ASQ = Attachment Style Questionnaire, ECR-RC = Experiences in Close Relationships - Revised for Children, ECR-RS = Experiences in Close Relationships – Relationship Structures, Experiences in Close Relationships – Revised – General Short Form (ECR-R- GSF), IPPA = Inventory of Parent and Peer Attachment, IPPA-B = Inventory of Parent and Peer Attachment- Brief version, IPPA-45 = Inventory of Parent and Peer Attachment – 45, IPPA-R = Inventory of Parent and Peer Attachment – Revised, IPPA-S = Inventory of Parent and Peer Attachment – Short Form, PIML = People in my Life

Observer-rated measures: AAI = Adult Attachment Interview, AAP = Adult Attachment Projective, AAPQ = Adolescent Attachment Prototype Questionnaire, AQ-A = Attachment Questionnaire – Adolescent Version, ASCT = Attachment Story Completion Task, ASA = Attachment Script Assessment, BND = Bird’s Nest Drawing, CYTM = Can You Tell Me?, CAPA = Child Attachment and Play Assessment, CAI = Child Attachment Interview, CMSSB = Computerized MacArthur Story Stem Battery, CMCAST = Computerized Manchester Child Attachment Story Task, FAI = Family Attachment Interview, FFI = Friends and Family Interview, GPACS = Goal-Corrected Partnership Adolescent Coding System, MCAST = Manchester Child Attachment Story Task, SAA = School-age Assessment of Attachment, SBST = Secure Base Script Test, SAT = Separation Anxiety Test

Attachment measures in middle childhood and adolescence: a systematic review of measurement properties

Attachment theory constitutes an evolving body of work developed by dozens of researchers and theoreticians over approximately sixty years. Two propositions are central to the theory: (1) patterns of attachment developed in infancy are relatively stable across the lifespan; (2) attachment patterns can help to explain the development of psychopathology (Bowlby, 1973, 1980). Both propositions can be tested empirically, but this requires the presence of valid and reliable attachment measures. Evidence points to attachment as a risk factor for the development of a range of psychopathology, including aggression and externalising behaviour (Fearon et al., 2010), internalizing disorders (Groh et al., 2012), eating pathology (Jewell et al., 2016; Caglar-Nazali et al., 2014), and suicidality (Fergusson et al., 2000). However, the power of attachment to predict later psychopathology is generally weak, raising doubts about its centrality as a causal factor (Fonagy, Luyten & Allison, 2015). Moreover, there have been concerns that measures of attachment in childhood may have high levels of error (Fearon and Roisman, 2017), thus hampering efforts to understand the role of attachment in psychopathology.

Middle childhood and adolescence constitute developmental phases for which no 'gold standard' measures exist (Bosmans and Kerns, 2015). The aim of this study is to provide the first ever systematic review of the psychometric properties of all measures of attachment in middle childhood and adolescence. To understand the theoretical underpinnings of such measures, it is necessary to provide an account of the development of measurement approaches to infant and adult attachment. We note that the psychometric properties of these instruments have yet to be subjected to a systematic review, but recent narrative reviews of infant and adult attachment measures have been provided by Solomon and George (2016) and Crowell, Fraley and Roisman (2016) respectively.

Measuring attachment in infancy and adulthood

The empirical assessment of human attachment began with Ainsworth, Blehar, Waters, & Wall's (1978) 'strange situation procedure' (SSP), in which trained observers rated infant behaviour in response to separation from and reunion with their primary caregiver. Although infants were rated across various scales, a discriminant function analysis suggested two underlying attachment dimensions, named *avoidance* and *anxiety*. Noting the clustering of the data in three groups resulted in the naming of three attachment categories: A, B and C, which came to be known as insecure-avoidant, secure and insecure-ambivalent. Later, Main and Solomon (1986) identified a fourth category in the SSP, disorganised attachment (D). The resulting four-category 'ABCD' paradigm directly informed the development of the Adult Attachment Interview (AAI) (George, Kaplan & Main, 1985). This was originally developed in an attempt to explain the SSP classifications of infants by identifying differences in mother's representations of their own childhood experiences of being cared for. The four AAI categories - secure, dismissing, preoccupied and disorganised - were conceived of as explaining secure, avoidant, resistant and disorganised attachment patterns (respectively) in infants.

In a separate development, researchers such as Hazan and Shaver (1987) developed self-report measures of romantic *attachment style*. These measures were based on putative parallels between adults' ways of relating in romantic relationships and the concept of infant attachment categories. Brennan, Clarke and Shaver (1998) undertook a factor analysis of a large pool of items taken from self-report attachment style measures, and identified two underlying factors, *avoidance* and *anxiety*, echoing the dimensions identified by Ainsworth et al. (1978). In recent years, taxometric analyses of both the SSP (Fraley and Spieker, 2003) and the AAI (Fraley and Roisman, 2014) have also suggested that attachment is distributed across these two dimensions, rather than falling within categories. Nevertheless, concordance between AAI categories and self-reported attachment is trivial to low (Roisman, 1997).

Thus, the two main approaches to measuring adult attachment may be tapping related but distinct constructs, although the precise boundaries of the adult attachment construct are hard to operationalize (Allen et al., 2005). The concept of adult attachment style as tapped by self-report-measures has been defined as a constellation of knowledge, expectations and insecurities that people hold about themselves and their close relationships (Fraley and Roisman, 2018). By contrast, the AAI seems to access internal working models of childhood caregiving experiences (Stein et al., 1998), although Allen and Miga (2010) have suggested that the AAI may be best conceived as a measure of emotion regulation in the context of discussions about caregiving experiences.

Measuring attachment in middle childhood and adolescence

As can be gleaned from this overview, whilst measures of attachment exist for both infancy and adulthood, there are enormous differences not only in measurement approach, but also in the latent construct that is being assessed. In infancy, an observational measure is used to assess behaviour in young children who are developmentally reliant on their caregivers for survival, and are at a very early stage in their emotional, cognitive and social development. By contrast, attachment measures in adulthood assess mental representations, expressed through language, in adults who have acquired formal operational thinking (Inhelder and Piaget, 1958), and whose close relationships serve quite different functions, potentially including reproduction, child-rearing and emotional support. Approaches to assessing attachment in middle childhood and adolescence therefore must take into account the 'moving target' of child development, both in terms of the evolving function of the attachment system, and the changing abilities of the child.

Researchers have tried to access children's attachment representations using three main methods. Firstly, various self-report measures have been developed, including specific measures developed for middle childhood (Kerns, 1996), measures developed with both adults and adolescents in mind (Feeney et al., 1994), and downward extensions of adult romantic attachment measures (e.g. Brenning et al., 2011). Secondly, interview approaches informed by the AAI have been developed,

such as the CAI (Shmueli-Goetz et al., 2008). Finally, some researchers have developed *projective* measures, in which children's stories and play in response to attachment-related prompts (e.g. Green et al., 2000; Cassidy, 1990) are rated by trained coders. Thus far, attempts to critically appraise the measurement properties of these various measures have been limited. The National Institute for Health and Care Excellence (NICE) (2016) conducted the most thorough review so far, including measures of attachment from infancy to the age of eighteen, but excluding self-report measures. This review recommended the CAI for middle childhood, and the AAI for adolescents aged over fifteen. Kerns et al. (2005) and Wilson and Wilkinson (2012) have also conducted narrative reviews but neither included ratings of the methodological quality of studies, nor did they make recommendations about which measures have the best psychometric properties.

Rationale for this review

Attachment theory constitutes a highly important paradigm within the field of child development and psychopathology, resulting in thousands of empirical papers. However, the reliability and validity of measures is fundamental to the conduct and interpretation of this body of research.

Objective

Our primary aim in undertaking this review is to make recommendations about which attachment measures have the best psychometric properties, thereby providing a guide to researchers and clinicians in the field. We will also identify gaps in the evidence and make recommendations about promising avenues for future research.

Method

Literature search

This systematic review was registered with PROSPERO (CRD 42017057772) and completed in accordance with PRISMA guidelines (Moher et al., 2009). Two independent researchers searched

MEDLINE, PsychINFO and Embase databases for relevant articles up to the end of June 2017.

Eligibility criteria were: (1) English language; (2) published in a peer-reviewed journal; (3) aim of study is to develop a measure, or evaluate the properties of a measure, that assesses attachment in children or adolescents using either interview, task, projective method or self-report; (4) participants in the study are aged between 6 and 18 years inclusive; (5) measure is theoretically derived from attachment theory. The search strategy was constructed by TG, and refined by TJ, over three waves of literature searching in February 2016, November 2016 and June 2017. Our search strategy is publicly available at the PROSPERO protocol registration for this review (CRD42017057772).

Data extraction

This study used the COSMIN checklist (De Vet et al, 2011), a tool for systematic reviews of measurement properties. Data were extracted using templates from the COSMIN tool.

Characteristics of studies (e.g. sample size, age of participants) can be found in Appendices A and B for observer-rated measures and self-report measures respectively. Characteristics of the measures themselves (e.g. number of items and scales) can be found in Tables 1 and 2.

Assessment of measurement properties

Pairs of reviewers independently assessed each study using the COSMIN checklist for the following criteria: internal consistency, test-retest and inter-rater reliability, content validity, hypotheses testing (i.e. construct validity), cross cultural validity and criterion validity. Measurement error and responsiveness to change are part of the COSMIN checklist but were not included in this review since no studies were found addressing these measurement properties.

Each study was rated by a pair of reviewers. TJ rated all papers, and TG, KW, KS and EC rated approximately a quarter of papers each. Disagreements were resolved by PF. Each measurement property was rated on a four-point rating scale (poor, fair, good, excellent) for methodological quality of the study, thereby assessing risk of bias within studies. Each measurement property also

received a rating for the adequacy of the measurement property (assigned as '+', '-' or '?'). COSMIN criteria for the adequacy of measurement properties can be found in Table 3. Ratings of the methodological quality and adequacy of measurement properties within individual studies are in Appendices C and D (observer-rated and self-report measures respectively).

Data synthesis

A synthesis of the strength of evidence for each measurement property was conducted for all measures other than those which only achieved ratings of poor methodological quality (Tables 4 and 5: observer-rated and self-report measures respectively). Criteria used to define the strength of evidence can be found in Appendix E. Finally, we incorporated a brief narrative summary of strengths and weaknesses of each measure into Tables 1 and 2, so that researchers and clinicians can rapidly appraise the characteristics of different measures 'at a glance'.

Results

Our search yielded 601 articles once duplicates were removed (see Figure 1). TG and KW separately screened by title and abstract, then assessed eligibility in 101 full-text articles. Disagreements at screening stage were resolved by TJ. Reference lists were checked for additional articles not picked up in the search stage. Fifty-four relevant articles were identified (see Appendix F for references of included studies).

Internal consistency

Adequate internal consistency ($\alpha > 0.7$) was reported in studies of the following self-report measures: AFAS, AFAS-SF, ASQ, ECR-RC, ECR-RS, ECR-R-GSF, IPPA-B and IPPA-45. There were studies reporting both adequate and inadequate internal consistency for the SS, PACQ and IPPA. Study quality was generally fair, but was excellent in the case of the AFAS, AFAS-SF, ASQ, ECR-RS and IPPA-45.

For observer-rated measures, several studies examined internal consistency across questions and sub-scales (ASA, ASCT, CAI, FFI, SAT, SBST). Only the AQ-A and ASA reported adequate internal consistency, both in studies of poor methodological quality for the evaluation of this property.

Test-retest reliability

Test-retest reliability data was notably lacking for most measures. It was reported for the AAQ, AFAS, AUAQ, PACQ, CAI and MCAST but no studies met COSMIN adequacy criteria (ICC or kappa > 0.7).

Inter-rater reliability (interview, observation and projective measures)

Adequate inter-rater reliability was reported for the AAI, AAP, BND, CAI, GPACS and two measures using the secure base script paradigm, the ASA and SBST. The CAI demonstrated good inter-rater reliability in the study by Borelli et al. (2016a), but not in earlier studies.

Content validity

Content validity proved hard to assess using the standard COSMIN criteria, thus these were adapted. Studies were rated as excellent for methodological quality if (1) they demonstrated evidence of iterations in the development of the measure, (2) if the assumptions underlying the measure were tested (e.g. through piloting), and (3) if they involved an expert panel. Face validity of the measure in terms of its theoretical links to attachment theory were also considered. Positive ratings of content validity were given to the AFAS, CAI, ECR-R-GSF and IPPA in studies of good or excellent methodological quality, and also to the AUAQ, CMCAST, MCAST, SAA and SAT in studies of fair or poor methodological quality.

Structural validity

Several studies evaluated factor structure using exploratory and confirmatory factor analysis.

Adequate structural validity was reported for the AAQ, AUAQ, IPPA-B and PIML.

For observer-rated measures, factor analyses were conducted, typically using subscales in the place of items. In most such studies the results were given an indeterminate rating ('?') since the findings were not interpretable within the COSMIN scheme. These indeterminate ratings were given to structural validity studies of the ASCT, GPACS, MCAST and CAI, with the exception of the Zachrisson et al. (2011) study of the CAI, which was given a positive rating for adequate measurement properties and rated as excellent for methodological quality. This study is notable in that the confirmatory factor analysis demonstrated adequate model fit, as defined by COSMIN, for a two factor model comprised of avoidance and preoccupation. One other notable study of structural validity was that by Waters et al. (2015). This was a taxometric study pointing to the dimensional structure of attachment as measured by the Attachment Script Assessment.

Hypotheses testing

Under the COSMIN scheme, various aspects of construct validity, such as convergent and discriminant validity, are assessed under the banner of 'hypotheses testing'. More favourable ratings of methodological quality are assigned for studies that test multiple, specific hypotheses including the direction and magnitude of correlations. Of the observer-rated measures, ratings of adequate construct validity were assigned to studies of the AAI, AAP and CMSSB. The ASA, CAI, SAA and SAT showed inconsistent findings, with both positive and negative studies of hypotheses testing reported. For self-report measures, adequate ratings were given to studies of the AFAS-SF, ECR-RC, IPPA, IPPA-B, IPPA-R and PIML. Findings for the SS were inconsistent.

Cross-cultural validity

Few studies specifically investigated cross-cultural validity as defined within the COSMIN taxonomy, which refers to the degree to which the performance of a translated or culturally-adapted instrument is an adequate reflection of its performance in its original version. Where it was

investigated, study quality was rated as poor. Adequate cross-cultural validity was demonstrated for the FFI. An indeterminate rating was given in studies of the AAQ, AUAQ, IPPA, IPPA-B, and MCAST.

Criterion validity

Studies of criterion validity were rare, which is unsurprising in a field lacking an accepted 'gold standard' measure. The AFAS-SF demonstrated adequate criterion validity against the AFAS, whilst the CMCAST did not do so against the MCAST.

Synthesis of results

Our synthesis of the strength of the evidence for psychometric properties is presented in Tables 4 and 5 (observer-rated and self-report, respectively). Overall, no measure has demonstrated consistent evidence of good psychometric properties across a range of criteria. However, our findings point to the CAI and IPPA currently having the best evidence of adequate measurement properties. The CAI has positive findings in support of its content validity, structural validity when assessed using two dimensions (Zachrisson et al., 2010), and various positive findings relating to construct validity (e.g. Borelli, 2016a). However, its inter-rater reliability is sub-optimal in most studies, with the exception of that by Borelli (2016a). The IPPA exists in several versions, none of which have emerged as demonstrating adequacy across a range of psychometric properties. In general, the structural validity of the measure is inadequate, and does not accord with the two-dimensional structure that our review suggests is most strongly supported by evidence. Further, its findings on internal consistency have been mixed. However, it has demonstrated adequate construct validity across a relatively large number of studies compared to other self-report measures.

Discussion

Overall our review points to a lack of evidence of adequate measurement properties for most available attachment measures in middle childhood. However, we wish to draw attention to some important points that should be borne in mind when interpreting our findings.

Firstly, the COSMIN tool yields categories, with necessarily arbitrary values chosen as cut-offs to distinguish adequate from inadequate measurement properties. In some cases the statistical values that led to a negative rating were close to the value required for a positive rating. This point applies similarly to the ratings of methodological quality, in which COSMIN operates a 'worst score counts' algorithm. This means that the final rating of methodological quality is defined by the lowest score obtained for that measurement property; thus a single flaw could lead to a rating of 'fair' when it would otherwise have been rated 'excellent'. We applied a similar rule in rating the adequacy of a measurement property where data for several subscales were presented: one sub-optimal value was enough to lead to a negative rating of adequacy for that property.

The implication of all of these points is that a quick glance at our ratings may lead to an underestimation of both the adequacy of measurement properties and also the methodological quality of the evidence. Finally, readers should note that we followed the COSMIN guidance around study selection, including only studies that specifically stated the investigation of measurement properties as an aim of the study (De Vet et al., 2011). Previous reviews (e.g. Kerns and Brumariu, 2016) have included a broader range of studies as providing evidence of validity, such as studies looking at associations between attachment and emotional regulation (e.g. Brumariu, Kerns and Siebert, 2011). However, including studies that did not specifically aim to examine psychometric properties would have increased the risk of bias, led to an unwieldy number of studies for review, and made it harder for future researchers to reproduce our review. Nevertheless, we accept that by using COSMIN we have taken a relatively stringent approach to the selection and rating of studies.

We believe that this review has helpfully summarised the state of evidence on psychometric properties for individual measures. In addition, this review also allows us to consider some broader

questions that we consider to be fundamental to the measurement and conceptualisation of attachment in middle childhood and adolescence. We have organised our discussion around two key questions, before moving on to recommendations for research and clinical practice.

What is the most valid and reliable approach to assessing attachment in middle childhood and adolescence?

In general we do not consider, *a priori*, that any measurement approach is inherently more appropriate to the measurement of attachment across middle childhood and adolescence. One exception to this is the assessment of attachment in the early phase of middle childhood (age 6-8 years) in which self-report measures are unlikely to be valid as a consequence of children's more limited reading and cognitive ability. Unfortunately, our review points to the relatively poor psychometric properties of measures developed for this age group (e.g. Green et al., 2000). The CAI was initially developed for children aged 7-13 years, and currently has the best evidence of psychometric properties for early middle childhood. We believe a study of psychometric properties of the CAI in a sample of 6-9 year olds would be worthwhile, as currently there is a lack of evidence for measures demonstrating adequate psychometric properties for this age group.

In older middle childhood and adolescence, interviews constitute a well-validated measurement approach. Whilst the CAI has been studied in adolescence (Venta et al., 2014) clinicians and researchers may want to consider whether the AAI or AAP might be more appropriate for older teenagers. Only one measure in our review, the GPACS (Osbuth et al., 2014), utilised an observation of adolescent-caregiver interaction, with scales measuring dyadic interaction, in addition to adolescent and caregiver behaviour within a ten-minute task discussing areas of disagreement. In addition to capturing the quality of in-vivo parent-caregiver interaction, the measure is theoretically-informed by a conceptualisation of disorganised attachment in adolescence. As such, the GPACS assesses more extreme features of disorganised attachment (such as role reversal) that are less likely to be captured by other measures.

Also promising are measures of secure base scriptedness (Dykas et al., 2006; Psouni et al., 2014), in which the task involves creating stories using word prompts, which have demonstrated relatively strong evidence of adequate psychometric properties. Such measures have numerous advantages including shorter administration time and simpler scoring method when compared to interview measures such as the CAI. Further studies examining convergent validity of scriptedness measures with the best-performing interview and self-report measures would be an important contribution to the field.

Finally, the reliability, and especially validity, of self-report measures of attachment is important to consider, not least since NICE (2015) did not include such measures in their guideline on attachment. Most self-report measures in this review did not examine convergent validity with interview or projective assessment methods. Two exceptions are the IPPA and SS, which have both been found to be correlated with attachment as measured by the CAI (Borelli et al., 2016a). Importantly, however, the correlations were below the 0.4 cut-off which is used by convention as evidence that two measures are tapping the same construct. Thus, strictly speaking, we can conclude that some self-report measures of attachment are correlated with attachment interviews, but we cannot be certain they are rating the same construct. For adolescents, measures such as the ECR and ASQ can be used to assess attachment styles, which can be assumed to have conceptual continuity with the attachment style construct as measured in adults. Such measures are needed in order to shed light on the developmental antecedents of adult attachment styles, for instance through longitudinal studies (e.g. Jones et al., 2018). However, as we discuss later, there is scope for the improvement of self-report measures.

Is attachment distributed categorically or continuously?

The four-category ABCD paradigm has held a central place in attachment theory and measurement approaches. In our review, interview and projective measures based on this paradigm typically reported sub-optimal structural validity and inter-rater reliability ($\kappa < 0.7$). By contrast, dimensional approaches to scoring such measures demonstrated favourable reliability (e.g. Psouni, 2014; Waters et al., 2015). Importantly, Zachrisson et al. (2011) found evidence of a factor structure comprising two dimensions underlying the CAI. Thus the findings from this review appear to converge with emerging findings at other points in the lifespan, with taxometric analyses of both the Strange Situation Procedure (Fraley and Spieker, 2003) and the Adult Attachment Interview (Fraley and Roisman, 2014) supporting the idea of attachment being distributed across two dimensions, rather than four categories.

If attachment is distributed continuously, are self-report measures yielding continuous scales the best approach to measuring it? Unfortunately, almost all self-report measures in this review demonstrated sub-optimal structural validity. This review included various self-report measures, often based on adult attachment style measures. These measures have often been subject to numerous revisions, such as changes to wording and item length (e.g. ECR and IPPA studies). Despite exhaustive factor analysis using large samples, these measures have failed to meet criteria for good structural validity as defined by COSMIN. This raises difficult questions for the field. Does the lack of structural validity reflect problems with the measures themselves, or are the constructs they set out to measure not reflective of the phenomenology of attachment in middle childhood and adolescence? Likewise, does attachment in this age group not break down into the ABCD categories, or are available measures not able to detect them reliably? Based on the evidence in this review, it seems plausible that the attachment construct in middle childhood and adolescence is inherently difficult to measure reliably. This may be because attachment representations themselves are relatively fluid at this age (Jones et al., 2018); perhaps also because the developing nature of children's cognitive and socio-emotional abilities presents challenges in capturing such a complex construct.

Thus, the underlying structure of attachment in middle childhood and adolescence is unclear, with neither the ABCD model for interview/projective measures, nor the two factor (avoidance/anxiety) structure of adult attachment style measures demonstrating strong evidence of validity in this age group. This has important implications for research and clinical practice.

Implications for research

In keeping with the findings by NICE (2015), our study highlights the relatively poor methodological quality of many studies in the field. However, within our review we note with encouragement a trend towards improved study quality over time. Some key methodological principles worth highlighting are: clearly stated hypotheses that include predictions about the direction and magnitude of expected correlations, and reporting on both the amount and handling of missing data and explaining how missing data is handled. Studies of test-retest reliability and sensitivity to change are required, as are studies investigating attachment measures in a range of different sociocultural contexts. Recent studies conducted in Africa and Asia (Sochos, 2017; Wan, 2017) are a welcome development for the field; more such studies are needed.

For interview measures based on the ABCD paradigm (e.g. CAI, MCAST), research on simpler coding systems yielding dimensional scores of avoidance and preoccupation, would lead to a number of benefits. These include improved inter-rater reliability, theoretical congruence with other developments in the field (Roisman, 2014; Roisman and Shaver 2018), and increased statistical power in research, such as longitudinal designs investigating the impact of attachment on developmental outcomes (Wright et al., 2018).

Our review casts doubt on the notion that there is a single latent attachment construct which is tapped by all the measures in this review, given both the heterogeneity in measurement approaches, and the evidence surveyed on convergent validity. Like Bosmans and Kerns (2015), we agree that it is more fruitful to ask what aspect of attachment one is trying to assess, rather than

what the 'gold standard' attachment measure might be. 'Attachment and affiliation' are already included in the Research Domains Criteria (Cuthbert, 2014), and in our view this presents an opportunity to advance the measurement of attachment across the lifespan. Researchers should aim to develop developmentally appropriate measures of more precise, well-validated lower-order attachment constructs, (e.g. secure base scriptedness) which ultimately belong to higher-order domains relating to socio-emotional processes and reward (Fonagy and Luyten, 2018). Rather than privileging attachment above other constructs, it would be more helpful to place attachment within a broader project to improve the science of developmental psychopathology and mental health treatment. Understanding how different aspects of attachment, during different developmental phases, play a role within broader social processes, has greater potential to lead to innovations in treatment than working with poorly-validated concepts and measures.

In order to develop a more empirically-supported approach to attachment in middle childhood and adolescence, structural equation modelling (SEM) could be used to investigate the extent to which different measures, and indeed individual items, load on to latent attachment variables. Ideally this would be undertaken with large datasets in which a variety of measurement approaches have been taken, including measures of attachment and associated constructs such as mentalizing and emotion regulation. Exploratory work of this kind should be possible with existing data sets, although the ideal would be to design studies with large samples that could simultaneously investigate the structure of attachment and evaluate new measures. This should include the development of new self-report measures, the starting point for which must be a clear conceptualisation of what is meant by attachment. In studies in which attachment has been measured by a variety of methods, the process of refining the questionnaire should include the extent to which items load on to a latent attachment variable (or variables) in SEM. By this means, the measure would avoid the pitfalls of shared method variance and reliance on adult attachment style models for concurrent validity.

Our review also highlights a clear need for research on measurement error. Fearon and Roisman (2017) recommend the development of better attachment measures that allow direct assessment of the relationship between indicators, error and underlying constructs. Once again, studies employing structural equation modelling could investigate the degree of measurement error for each item in a self-report questionnaire, or each scale in an interview/projective measure, by assessing correlations with a latent attachment variable.

Implications for clinical practice

Attachment theory is an influential theoretical framework in many clinical contexts such as psychological therapies with children and families. In the UK, national guidelines published by NICE (2015) specifically advise clinicians working with children in child protection and adoption settings to consider attachment in their assessment and treatment planning, and recommend the MCAST, CAI and AAI. Our findings suggest that such measures are vulnerable to high measurement error, as evidenced by unfavourable ratings of inter-rater reliability in many studies. We therefore suggest that, when used, the findings of such measures should be interpreted tentatively as a clinical hypothesis, and understood as being informative only as one aspect of a much broader assessment of a child and their caregivers; moreover, this hypothesis may need to be reviewed over time as new information emerges. In court settings, evidence provided from such measures that has been rated by only one clinician should not be seen as authoritative, since a second rater may well disagree on the assignment of attachment category. Finally, we encourage clinicians, policy-makers and members of the public not to reify attachment categories. Studies in this review suggest that attachment status is not necessarily predictive of psychopathology in children and adolescents. For instance, in studies using the CAI, rates of secure attachment in clinical samples have been as high as 30% in adolescent psychiatric inpatients (Venta et al., 2014), whilst Scott et al. (2011) reported security in 52% and 73% respectively in moderate and high-risk samples for conduct problems. This

compares with rates of approximately 60% attachment security in normative child samples (Shmueli-Goetz et al., 2008; Green et al., 2000).

Limitations

As discussed earlier, our review applied stringent inclusion criteria. As a consequence, our review may under-report the breadth of evidence on psychometric properties for attachment measures in middle childhood and adolescence, although excluded studies are likely to be of low-quality. Our review excluded studies where the mean age of participants lay outside of the 6-18 age range. Consequently, our review excluded some measures that are suitable at the extremities of this age range, such as the Attachment Style Interview (Schimmenti & Bifulco, 2015), which has been validated in a sample of 16-25 year-olds. Furthermore, we were not able to appraise the risk of bias arising from publication bias across studies. Studies in our review reported a range of different statistics across a variety of measurement properties; as such, there was no valid and reliable way to assess publication bias. Given the likely researcher bias towards publishing positive results, it is possible that our review over-estimates the adequacy of psychometric properties across measures, since there may be unpublished data showing negative findings.

Conclusion

The field of attachment is entering an exciting phase in which new empirical and theoretical insights are emerging. Longitudinal studies of attachment stability suggest that attachment may be less stable in adolescence than in adulthood (Jones et al., 2018), and that genetic influences on attachment may come in to play in adolescence that were not present in infancy (Fearon et al., 2014). Recent theories have suggested that the early stages of sexual maturation (andrenarche) may constitute a 'switch-point' in the development of attachment strategies (Del Giudice, 2009), and that adult attachment styles may be more influenced by recent interpersonal experiences than distal,

early caregiving experiences (Fraley and Roisman, 2018). The attachment field is reliant on the availability of valid, reliable and sensitive measures that can be used to test theories and build evidence. In the clinical realm, good measures are needed to test both aetiological models in which childhood attachment experiences are implicated (e.g. Fonagy et al., 2002) and also the role of attachment in treatments (e.g. Diamond et al., 2010). In adult clinical samples, attachment is a predictor of psychotherapy outcome (Levy, Livity, Johnson & Gooch, 2018) and is associated with differential response to treatment across a range of disorders including psychosis (Carr, Hardy & Fornells-Ambrojo, 2018; Gumley, Schwannauer & MacBeth, 2014) and eating disorders (Tasca and Balfour, 2014). The role of attachment in the process of psychological treatments for children and adolescents is under-researched, and the further development of psychometrically sound measures will help to advance understanding in this area.

Selecting a suitable attachment measure, whether in a clinical or research context, is a complex matter. Our review provides various important sources of information that can guide the decision including measurement approach (i.e. interview, task, self-report), administration time, and the type of attachment relationship that is assessed. In particular, we advise close scrutiny of face validity: that is, clinicians and researchers need to assess the extent to which the conceptualisation of attachment and how it is assessed fit with the purposes for which the measure is being chosen.

In summary, our review suggests that there are currently large gaps in our knowledge of the psychometric properties of attachment measures, with the lack of data on sensitivity to change being particularly regrettable. We found limited evidence of adequate psychometric properties, but identified the CAI and IPPA as currently having the best evidence of such properties amongst observer-rated and self-report measures respectively. The ASA, a measure of secure base scriptedness, was identified as a promising measure worthy of future research on psychometric properties. Our findings point to the advantages of dimensional rather than categorical approaches to measurement, with more favourable inter-rater reliability and structural validity ratings observed

in measures yielding dimensional scores. Future studies are needed that test specific hypotheses and that shed light on the underlying structure of attachment representations in middle childhood and adolescence.

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Table 1: Characteristics, strengths and weaknesses of observer-rated measures

Measure (Abbreviation)	# Questions	# Scales (range of scores)	Admin. time	Final categories or dimensions yielded	Focus of measure	Strengths
Adult Attachment Interview (AAI)	20 questions	17 subscales: 5 experience scales (e.g. loving/unloving); 3 states of mind regarding parents (e.g. idealising); 9 for state of mind with respect to attachment (e.g. coherence) (1-9)	1 hour	Categories: Secure, Dismissing, Preoccupied, Unresolved/Disorganized, Cannot Classify	Adult attachment status	Well-validated in adults thus good choice for older adolescents.
Adult Attachment Projective (AAP)	8 line drawings; 1 warm-up and 7 attachment scenes	Agency of self, connectedness, synchrony, deactivation, cognitive disconnection, segregated systems (?)	?	Categories: Secure, Dismissing, Preoccupied, Unresolved	Adult attachment status	Good inter-rater reliability.
Adolescent Attachment Prototype Questionnaire (AAPQ)	4 attachment prototype descriptions rated by clinician	Secure, Dismissing, Preoccupied, Incoherent/Disorganized (1-5 Likert scale)	?	Dimensional and categorical ratings: Secure, Dismissing, Preoccupied, Incoherent/Disorganized	Generalised attachment status	Straightforward clinician-rated measure; no need to transcribe.
Attachment Questionnaire – Adolescent Version (AQ-A)	37 clinician-rated items	Secure, Dismissing, Preoccupied, Incoherent/Disorganized (1-7 Likert scale)	?	Dimensional and categorical ratings: Secure, Dismissing, Preoccupied, Incoherent/Disorganized	Generalised attachment status	Straightforward clinician-rated measure; no need to transcribe.
Attachment Story Completion Task (ASCT)	Warm-up, then 5 story stems	Secure, Avoidant, Ambivalent, Disorganized (1-5)	?	Categories: Secure, Avoidant, Ambivalent, Disorganized	Parent attachment	Suitable for middle childhood.
Measure (Abbreviation)	# Questions	# Scales (range of scores)	Admin. time	Final categories or dimensions yielded	Focus of measure	Strengths
Attachment Script Assessment (ASA)	4 stories (2 mother, 2 father)	Secure base script knowledge scale (1-7)	?	Continuous secure base script knowledge score.	Parent attachment	Good inter-rater reliability; simple scoring method compared with other observer-rated measures.
Can You Tell Me? (CYTM)	22 questions	N/A	40 mins	10 categories based on DMM attachment strategies	Parent attachment	Semi-structured interview format to elicit rich clinical data.
Child Attachment and Play Assessment (CAPA)	10 questions, 8 stems	N/A	?	6 categories based on DMM attachment strategies	Parent attachment	Semi-structured interview format to elicit rich clinical data.
Child Attachment Interview (CAI)	15 questions	Involving anger, Idealization, Dismissal, Resolution of conflict, Balance of positive and	20-80 mins	Categories: Secure, Dismissing, Preoccupied, Disorganized	Mother and father attachment	Overall the best validated observer-rated measure of attachment in children.

Computerized MacArthur Story Stem Battery (CMSSB)	6 story stems	negative references to attachment figures, Overall coherence, Emotional openness, Use of examples (1-9) Avoidance, Coherence, intentionality (1-12)	?	3 dimensions: Avoidance, Coherence, intentionality	Parent attachment	childhood and adolescence; structured interview format can elicit clinical data. Computerised format could allow for administration in larger research samples.
Computerized Manchester Child Attachment Story Task (CMCAST)	4 story stems	N/A	?	Categories: Secure, Dismissing, Preoccupied, Disorganized	Parent attachment	Computerised format could allow for administration in larger research samples.
Measure (Abbreviation)	# Questions	# Scales (range of scores)	Admin. time	Final categories or dimensions yielded	Focus of measure	Strengths
Family Attachment Interview (FAI)	?	Secure, Fearful, Preoccupied, Dismissing (1-9)	1-2 hours	Categories: Secure, Fearful, Preoccupied, Dismissing	Generalized attachment style	Semi-structured interview format elicit rich clinical data.
Friends and Family Interview (FFI)	27 questions	Coherence, Mentalization, Secure base availability, Social competence, School competence, Self-esteem, Peer relations, Sibling relations, Anxieties and defence, Differentiations of parental representations, Attachment classifications, Non-verbal codes (1-4)	?	Categories: Secure-autonomous, Insecure-dismissing, Insecure-preoccupied, Disoriented-disorganized	Parents, siblings and peers	Semi-structured interview format elicit rich clinical data.
Goal-Corrected Partnership Adolescent Coding System (GPACS)	Task: two 5-min conflict discussions (1 topic chosen by adolescent, 1 topic chosen by caregiver)	Collaborative communication, Warmth/valuing, Caregiver validation of adolescent's voice, Caregiver's hostile/punitive/devaluing behaviour, Caregiver's role confused behaviour, Caregivers' odd or out-of-context/contradictory behaviour, Caregiver's distracted, disoriented, or inwardly absorbed behaviour, Adolescent advances own view, Adolescent's hostile, punitive, or	10 mins	Dimensions: Security, Role confused, Hostile, Disorganized	Observed parent-adolescent interaction	Observational measure with direct focus; brief administration; adequate inter-rater reliability.

devaluing behaviour,
Adolescent's caregiving,
organizing, or
entertaining behaviour,
Adolescent's odd, out-
of-context, or
contradictory behaviour,
Adolescent's distracted,
disoriented, or inwardly
absorbed behavior

Manchester Child Attachment Story Task (MCAST)	6 vignettes (1 warm-up, 5 attachment vignettes)	33 scales (most on 9- point scales)	20-30 mins	Categories: Secure, Dismissing, Preoccupied, Disorganised, Cannot Classify	Parent attachment	Suitable for you end of middle childhood.
School-age Assessment of Attachment (SAA)	7 picture cards	N/A	?	13 categories based on DMM attachment strategies	Parent attachment	Semi-structured interview forma elicit rich clinical data.
Secure Base Script Test (SBST)	5 sets of word prompts (1 warm-up, 2 parents, 2 best friends)	Scriptedness (1-7)	8-20 mins	1 dimension: 7-point Scriptedness score	Generalized attachment script	Relatively brief administration; inter-rater relia
Measure (Abbreviation)	# Questions	# Scales (range of scores)	Admin. time	Final categories or dimensions yielded	Focus of measure	Strengths
Separation Anxiety Test (SAT)	9 photographs	Attachment (5-20) Self-reliance (4-16) Avoidance (9-27)	?	3 dimensions: attachment, self-reliance, avoidance	Generalized attachment	Suitable for you end of middle childhood.

Table 2: Characteristics, strengths and weaknesses of self-report measures

Measure (Abbreviation)	# Items	Scales	Response options	Range of scores	Focus of measure	Strengths	Weaknesses
Adolescent Attachment Questionnaire (AAQ)	9	Angry distress Availability Goal-corrected partnership	1-5	?	Parents	Brief measure, adequate structural validity.	Inadequate internal consistency; doubtful content validity.
Adolescent Friendship Attachment Scale (AFAS)	30	Secure Anxious Avoidant	1-5	1-5	Peers	Adequate internal consistency, test retest reliability, content validity.	Inadequate structural validity.
Adolescent Friendship Attachment Scale - Short Form (AFAS-SF)	15	Secure Anxious Avoidant	1-5	1-5	Peers	Brief, adequate internal consistency.	Inadequate structural validity.
Attachment Style Questionnaire (ASQ)	40	Confidence; Relationships as secondary; Discomfort with closeness; Preoccupation with relationships; Need for approval;	1-6	40-240	Generalized	Adequate internal consistency; applicable to both adolescents and adults; widely used in adult studies.	Inadequate structural validity.
Adolescent Unresolved Attachment Questionnaire (AUAQ)	9	Failed protection Anger/dysregulation Fear	1-5	?	Parents	Adequate content and structural validity.	Inadequate internal consistency.
Experiences in Close Relationships - Revised for Children (ECR-RC)	36	Avoidance Anxiety	1-7	?	Parent	Adequate internal consistency and hypothesis testing; based on widely used adult attachment style measure.	Inadequate structural validity.
Experiences in Close	9	Avoidance Anxiety	1-7	6 – 42 (Avoidance)	Parent, best	Adequate internal	Inadequate

Relationships – Relationship Structures (ECR-RS) 3 – 21 (Anxiety) friend, romantic partner consistency; based on widely used adult attachment style measure. hypothesis testing; uncertain structural validity.

Measure	# Items	Scales	Response options	Range of scores	Focus of measure	Strengths	Weaknesses
Experiences in Close Relationships – Revised – General Short Form (ECR-R-GSF)	20	Avoidance Anxiety	1-5	1-5	Generalized	Adequate content validity and internal consistency; based on widely used adult attachment style measure.	Inadequate hypothesis testing and structural validity.
Inventory of Parent and Peer Attachment (IPPA)	81 (28# each parent, 25# peers)	Communication Trust Alienation	1-5	16-92 (Mother, Father) 19-82 (Peer)	Mother, father, peers	Studied relatively extensively across a range of samples and countries; adequate internal consistency and hypothesis testing.	Lengthy; inadequate structural validity.
Inventory of Parent and Peer Attachment- Brief version (IPPA-B)	28 (14# mother, 14# father)	Communication Trust Alienation	1-5	?	Parent	Brief version of a widely-studied measure; adequate internal consistency, structural validity and hypothesis testing.	Only validated in one study of fair quality; only available in French.
Inventory of Parent and Peer Attachment – 45 (IPPA-45)	45 (15# each for mother,	Communication Trust Alienation	1-5	?	Mother, father, peers	Adequate internal consistency; shorter version of a widely-	Inadequate structural validity.

Measure	# Items	Scales	Response options	Range of scores	Focus of measure	Strengths	Weaknesses
Inventory of Parent and Peer Attachment – Revised (IPPA-R)	81 (28# each parent, 25# peers)	Communication Trust Alienation		16-92 (Mother, Father) 19-82 (Peer)	Mother, father, peers	studied measure. Adequate hypothesis-testing and content validity.	Lengthy; inadequate internal consistency and structural validity.
Inventory of Parent and Peer Attachment – Short Form (IPPA-S)	24 (12# parent, 12# peer)	Communication Trust Alienation	1-5	?	Parent, peers	Brief version of a widely-studied measure.	Inadequate internal consistency, structural validity and hypothesis testing.
Preoccupied and Avoidant Coping Questionnaire (PACQ)	36	Avoidant Preoccupied	0-2	0-36 (Avoidant) 0-32 (Preoccupied)	Parent	Adequate internal consistency.	Inadequate content validity and hypothesis testing.
People In My Life (PIML)	44 (20# parent, 24# peer)	Communication Trust Alienation	1-5	?	Parent, peers	Based on widely-studied IPPA; adequate hypothesis testing and structural validity.	Inadequate internal consistency.
Security Scale (SS)	15	Security	1-4	1-4	Parent	Brief measure developed for middle childhood.	Conflicting findings about adequacy of internal consistency and hypothesis testing.

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Table 3 - COSMIN Criteria for adequacy of measurement properties

Content validity (including face validity)	<ul style="list-style-type: none"> + All items refer to relevant aspects of the construct to be measured AND are relevant for the target population AND are relevant for the purpose of the measurement instrument AND together comprehensively reflect the construct to be measured ? Not all information for '+' reported - Criteria for '+' not met
Structural validity	<ul style="list-style-type: none"> + Unidimensionality: EFA: First factor accounts for at least 20% of the variability AND ratio of the variance explained by the first to the second factor greater than 4 OR Bi-factor model: Standardized loadings on a common factor >0.30 AND correlation between individual scores under a bi-factor and unidimensional model >0.90 Structural validity: CFI or TLI or comparable measure >0.95 AND (Root Mean Square Error of Approximation (RMSEA) <0.06 OR Standardized Root Mean Residuals (SRMR)<0.08) ? Not all information for '+' reported - Criteria for '+' not met
Internal consistency	<ul style="list-style-type: none"> + At least limited evidence for unidimensionality or positive structural validity AND Cronbach's alpha(s) ≥ 0.70 and ≤ 0.95 ? Not all information for '+' reported OR conflicting evidence for unidimensionality or structural validity OR evidence for lack of unidimensionality or negative structural validity - Criteria for '+' not met
Reliability (Internal and Test-Retest)	<ul style="list-style-type: none"> + ICC or weighted Kappa ≥ 0.70 ? ICC or weighted Kappa not reported - Criteria for '+' not met
Construct validity (hypothesis testing)	<ul style="list-style-type: none"> + At least 75% of the results are in accordance with the hypotheses ? No correlations with instrument(s) measuring related construct(s) AND no differences between relevant groups reported - Criteria for '+' not met
Cross-cultural validity	<ul style="list-style-type: none"> + No important differences found between language versions in multiple group factor analysis or DIF analysis ? Multiple group factor analysis AND DIF analysis not performed - One or more criteria for '+' not met
Criterion validity	<ul style="list-style-type: none"> + Convincing arguments that gold standard is "gold" AND correlation with gold standard ≥ 0.70 ? Not all information for '+' reported - Criteria for '+' not met

Table 4: Synthesis of psychometric properties and level of evidence for observer-rated measures

Measure	Internal consistency	Test retest reliability	Inter-rater reliability	Content validity	Structural validity	Hypothesis testing	Cross-cultural validity
AAI			?			+	
AAP			++			+	
AAPQ						-	
ASCT	-		--		?	--	
ASA	?		++		++	+/-	
BND			++			-	
CAI	?	--	+/-		+/-	+/-	
CMSSB			?			+	
CMCAST			-	+			
GPACS			++		?	--	
MCAST	-	?	--	+	?	-	?
SBST	?		++			--	
SAT	?	?	?	?		-	

+++ or ---, strong evidence; ++ or --, moderate evidence; + or -, limited evidence; ?, unknown; blank cell, no evidence available.

Name of measure	Internal consistency	Test retest Reliability	Content validity	Structural validity	Hypothesis testing	Cross-cultural validity	Criterion validity
AAQ	---	-	-	+++	-	?	
AFAS	+++	?	++	---	--		
AFAS-SF	+			-	+		+
AUAQ	---	?	+	+++	-	?	
ASQ	+++			---			
ECR-RC	+			-	+		
ECR-RS	+++			?	-		
ECR-R-GSF	+		++	-	-		
IPPA	+/-		++	-	+	?	
IPPA-45	+++			---			
IPPA-R	--			-	++		
IPPA-S	-			-	-		
IPPA-B	+			+	+	?	
PIML	-			+	+		
PACQ	?	?	-		-		
SS	?				+/-		

Table 5: Synthesis of psychometric properties and level of evidence for self-report measures

+++ or ---, strong evidence; ++ or --, moderate evidence; + or -, limited evidence; +/-, conflicting findings; ?, unknown; blank cell, no evidence available.

Figure 1 – Flowchart for search strategy

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HIGHLIGHTS:

- Attachment insecurity is known to be a risk factor and correlate of psychopathology.
- This review is the first to systematically appraise the psychometric properties of attachment measures in middle childhood and adolescence, including both self-report and observer-rated measures.
- Only a small number of attachment measures developed for middle childhood and adolescence have evidence of adequate measurement properties.
- Given the generally weak or inconsistent evidence of adequate measurement properties for interview and projective measures of parent attachment, these should be used cautiously in clinical practice.
- Our findings converge with evidence from both infancy and adulthood in pointing to the underlying structure of attachment as being dimensional rather than categorical.

Author Biography

Tom Jewell, the first author, is a Clinical Doctoral Research Fellow funded by the National Institute of Health Research (NIHR) in the United Kingdom. His doctoral study is investigating attachment and mentalization as predictors of outcome in family therapy for adolescent anorexia nervosa. He works clinically as a family therapist in adolescent eating disorders.

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Role of Funding Sources

TJ was funded by a National Institute of Health Research (NIHR) Clinical Doctoral Research Fellowship, CDRF-2014-05-024. The funder had no direct involvement in the conduct of this review.

The views expressed are those of the author and not necessarily those of the NIHR.

Contributions

TJ, IE and PF wrote the protocol for the systematic review. TJ, TG and KW conducted literature searches. TJ, TG, KS, EC and KW rated the included studies. TJ wrote the first draft of the manuscript and all authors contributed to and have approved the final manuscript.

Conflict of Interest

All authors report no conflict of interest.

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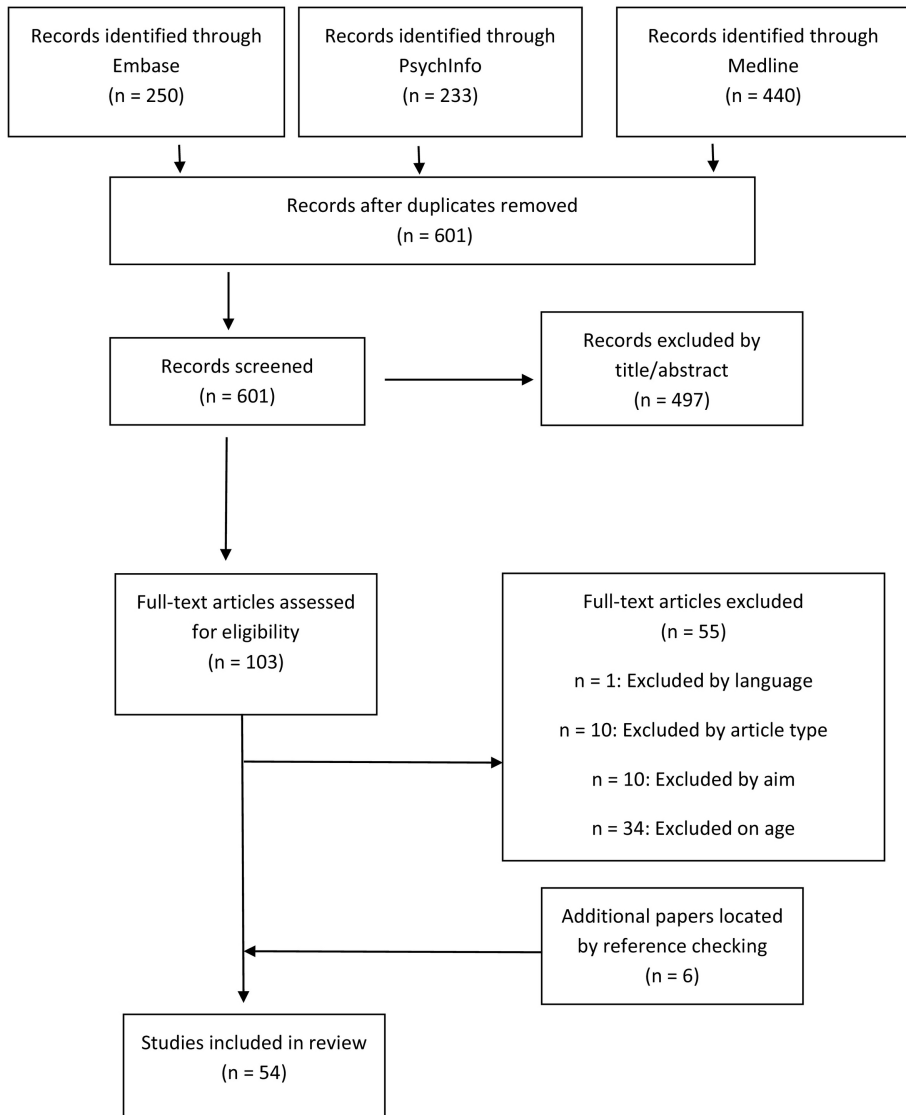


Figure 1