Heeding the silent partner in the Parent-Child Relationship: A new agenda to translate research on children’s perspectives into practice

by

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This thesis is presented for the combined degree of Masters of Applied Psychology (Clinical) & Doctor of Philosophy at Murdoch University (2017)
I declare that this thesis is my own account of my research and contains as its main content work that has not previously been submitted for a degree at any tertiary education institution.

This PhD dissertation is a ‘Thesis by Publication’ and contains three papers. The candidate had the primary role in the research and was the principal contributor to each paper, and appears as first author on each respectively.

Each of the other authors provided supervision, actively contributing to the conceptualisation, revisions, and approval of each version submitted for publication.

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Mei’En Lim
Abstract

The parent-child relationship (PCR) lies at the heart of our life experiences and life outcomes. It has been suggested that we are on the cusp of a paradigm shift in our approach to understanding the nature and influence of this relationship, from the currently dominant adult-centric approach to one that includes children’s perspectives. This thesis takes a strategic, translational approach to identifying the work required to realise this shift and to establish an evidence base for clinical practice regarding the PCR and its investigation.

In response to identified deficits in the literature and obstacles to progress, several new conceptual and methodological tools were designed. These include: the Gap Analysis – Prospective framework, to facilitate evidence synthesis and to guide a new translational research agenda; the Developmental Research Participation Rubric (DRPR), translating developmental theories into guidelines for enabling the research participation of children of different ages; a Quality of Evidence Rating System, to evaluate diverse empirical methodologies against person-centred, developmentally-sensitive criteria; and a Developmental Interview Framework (DIF), to provide comprehensive, person-centred guidelines for engaging child informants.

Applying these tools to clinically relevant research into the PCR, the DRPR indicated middle childhood to be the point at which children are likely to be developmentally ready to be primary informants about their PCR. However, the voices of children were found to be missing from the PCR literature. Furthermore, there was no reliable empirical evidence base to guide interviewing children about familial relationships and other non-forensic, non-diagnostic topics. Consequently, the DIF was used to design and subsequently pilot a developmentally-sensitive interview methodology.

It is concluded that a prospective and systematic approach to clinical psychological research into (a) the PCR and (b) interview methodology is both necessary and possible, by flexible use of mixed methods. Both bodies of work will contribute to evidence-based practice with children.
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GLOSSARY OF COMMONLY USED ACRONYMS

DIF: Developmental Interview Framework
DRPR: Developmental Research Participation Rubric
EBP: Evidence-Based Practice
GRADE: Grading of Recommendations Assessment, Development and Evaluation
NHMRC: National Health and Medical Research Council
PCR: Parent-Child Relationship
QERS: Quality of Evidence Rating System
RCT: Randomised Controlled Trial
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To Him be the glory forever (Romans 11:36).

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PREFACE

Divorce or family separation is an especially challenging time for parents and children. The initial intention of this research project was to explore non-residential fathers’ relationships with their children following family separation. Research is needed to better understand what contributes to healthy adjustment during this acute transitional period and, particularly, what contributes to adjustment in the non-residential father’s longer term relationship with his children. The initial goal was to engage both fathers and children as informants about the father-child relationship. However, four disconcerting gaps emerged in the literature when seeking evidence-based guidance about how to proceed.

Firstly, a preliminary review indicated that there is changing consensus about what constitutes a ‘typical’, ‘healthy’ or ‘strong’ parent-child relationship (PCR), with a growing number of researchers suggesting that we are on the threshold of a paradigm shift. In this context, it is difficult to find a stable counterpoint for describing vulnerabilities or risk factors in a clinical context.

Secondly, and more surprisingly, there is an absence of literature on child perspectives on the PCR and, hence, no established point of comparison when considering children’s views of their relationships with their non-residential fathers. In hindsight, it is clear that this reflects the historical commitment to a parent-centric literature. The constraint of this unidirectional body of work in the emerging context of more bidirectional models of parenting is likely to be one of the features driving the move toward paradigm change.

Thirdly, and most surprisingly, there are no evidence-based protocols for interviewing children about their relationship with their parents. Existing guidelines focus forensically or diagnostically on traumatic events or difficult experiences.
Reporting on the PCR in relation to such contexts could be seen to place the child in an inherently conflicted position, and potentially to introduce a negative bias into the findings. Interviewing children from a strengths-based perspective or without a specifically negatively valenced agenda is likely to create quite different demand characteristics in an interview and, thus, to require quite a different approach.

Finally, in trying to evaluate an evidence base from a diverse literature to inform clinical practice, there were no established methods for integrating quality of evidence assessments for qualitative and quantitative studies. This was particularly problematic given that randomised controlled trials are the (rare) exception rather than the rule and that there are no systematic reviews of non-forensic interview methodologies.

Therefore, this thesis took a side-step to address these disparate methodological and conceptual gaps. Given the premium placed on research informing practice, this investigation was undertaken through a translational research lens with a view to identifying why, in such a vast literature, these foundation stones for translational progress have been elusive. Defining and adapting a translational model to suit this area formed a preliminary theoretical study in this thesis (Chapter 1). The resultant model provided guidance for identifying and contextualising the gaps in the literature noted at the beginning of this Preface, and for identifying methodologies to address them. A prospective translational framework is proposed, which adds to the literature on creating an environment for successful, interdisciplinary, translational progression. It provided the foundation stone for all subsequent parts of the thesis.

Chapter 2 then is a strategic, knowledge-to-action rapid review of the history of research on parenting styles, guided by the original focus on the PCR. In the
absence of the voice of the child in this conversation, Chapter 3 represents another point of departure from the initial thesis plan and considers which children we can ask about the PCR and concludes that an investigation with children in middle childhood is both feasible and warranted. The research syntheses in Chapters 4 and 5 focus on how researchers can best ask these questions when working with children. Informed by this evidence, Chapter 6 is the culmination of the different frameworks into a developmental interview framework and Chapter 7 reports on the pilot of this interview framework in an empirical study where children were interviewed about the PCR.

Given the surprisingly preliminary stage of inquiry in this area, and the lack of guidelines for progression, a mixed methods action research enquiry was favoured to look for signposts in different strands of literature; and to pilot some new ideas for including the voice of children in research. Hence, the component parts of this thesis evolved iteratively and in tandem, as is often the case in the translational and mixed methods domain. There was a dynamic interplay of action, reflection, theory and practice in accordance with the proposed translational research framework. Necessarily, and for ease of reading, I have presented the process in a more linear fashion.

In the end, this thesis never returned to the topic that initially motivated it.

This thesis will contribute to the very limited literature on developmental interviewing for children, which is core business for clinicians working with children and an increasingly important consideration for researchers, but about which, surprisingly, little evidence base for practice is available. It will also make an independent contribution to the literature on the nature of PCRs in middle childhood.
Finally, it will speak to the issue of how to productively undertake translational research in the psychological, rather than medical, sciences.
CHAPTER ONE
A PROSPECTIVE TRANSLATIONAL MODEL RESEARCH FRAMEWORK

This thesis began by looking for a foothold in the literature on parent-child relationships (PCRs). This is a vast literature spanning many decades. I began by looking at clinical practice and what seemed immediately apparent was the burgeoning industry in parenting programmes in both the commercial and not-for-profit sector. A closer look identified a few evidence-based programs but even those few programs evoke debate on the veracity of the evidence (Coyne & Kwakkenbos, 2013; Wilson et al., 2012). Two significant issues emerged: (a) there are different standards for what constitutes an evidence base, and (b) the focal evidence base is generally the one concerned with evaluation of parenting program outcomes and effects (Gardner, Montgomery, & Knerr, 2014; Piquero, 2008) rather than the evidence base for the theory used to develop these programs in the first place. From a scientist-practitioner perspective, a translational gap between basic and applied research in implementation is evident (Forgatch, Patterson, & Gewirtz, 2013; Proctor et al., 2009; Taylor, Asgary-Eden, Lee, & LaRoche, 2015). This was all the more surprising because the study of the PCR seems inherently translational in nature and has been ongoing for many years. A closer connection between research and clinical practice was expected. Reviewing the voluminous literature seemed overwhelming and, indeed, would have constituted a PhD in itself! Therefore, it was decided to consider the parent-child literature in a strategic way to identify what had gone wrong in the translation of research into practice. Specifically: to consider primarily the process of translation, rather than prioritising the literature on the PCR itself. In turn, this process led to an awareness of the potential but also limitations of
translational models and to the first theoretical contribution of this thesis: an extension to current translational research models.

**Contemporary Translational Models**

The translational model originated from medical research in face of the well-cited observation that very few medical research findings make their way into clinical practice, or take decades to do so (Morris, Wooding, & Grant, 2011). For example, less than 10% of promising biomedical research findings are translated into clinical practice (Ioannidis, 2004).

There have been a number of variants of the translational medicine model (summarised in Figure 1.1). “Stage” models highlight the differentiable parts of the research endeavour from basic research (represented at T1 in Figure 1.1) through to clinical practice evaluation (variably T2, T3 or T4 depending on number of stages in the model; Abernethy & Wheeler, 2011; Khoury, Gwinn, & Ioannidis, 2010; Sung et al., 2003; van der Laan & Boenink, 2015). Evaluating the quality of a body of evidence in this context involves looking at the strengths and vulnerabilities of the translational process. There have been two main types of translation evaluation: (a) gap analysis and (b) process evaluation (Molas-Gallart, D'Este, Llopis, & Rafols, 2016). Most translational models focus on processes and stages of the research-practice continuum. Gap analysis identifies points in between stages that are missing in the body of evidence (where arrows meet between stages in Figure 1.1) or which have been only partially addressed with a view to evaluating the impact of these gaps and recommending ways in which they might best be filled. It addresses what needs

to happen between these stages to ‘pass the baton,’ in effect, along the research-practice process. There is a premium placed on “boundary-spanners” through methodological continuity, theoretical congruence and or conceptual congruence between stages. Process analysis on the other hand, considers how proximity of people, research programs and funding can better facilitate interdisciplinary work and sharing of ideas, and ‘connect’ research to practice. It also considers how policies and management can facilitate the knowledge translation (Fearing, Barwick, & Kimber, 2014).

The former process seemed particularly relevant to making sense of the literature on the PCR. In the proliferation of parenting programs, how did the
evidence base get lost, or at least ‘lost in translation’? Note that this was not true of all parenting programs (as an example, see The University of Queensland, 2017) but of a sufficient number to warrant a critical gap analysis of this issue.

The facilitation of research to evidence-based practice (EBP) is relevant not just in medicine but across allied health sciences and mental health services (Barwick et al., 2012). Recently, for example, translational research has been adapted for the field of education (Aymerich et al., 2014) and focuses more on the knowledge processes inherent in each stage of translation (see Figure 1.2).

![Translational research in education](image-url)


While the central tenets of translational models (EBP and accountability) are transferable, there are some aspects of the original models that do not fit sufficiently
well in the allied health context or, indeed, in other disciplines that have attempted adoption. However, the process of reconciling these differences has resulted in a number of new translational models which have, in turn, further enriched the conversation. This interdisciplinary learning process is indeed central to the original intent of translational models (e.g., Henderson, MacKay, & Peterson-Badali, 2010). Discipline-specific expertise in learning models has, in this way, extended and enriched the idea of stages with an overarching idea of the mechanisms of translation. The absence, achievement, and quality of these knowledge processes provide another evaluative tool for the success or merits of translational programs of research. For example, knowledge translation (KT) or knowledge to action (KTA) models focus on the dissemination of research findings. KT emphasises the importance of engaging with all key stakeholders and has inclusive, broad and far-reaching implications for grant applications, conducting and synthesising research, buy-in from policy makers and educators, as well as application by consumers (Straus, Tetroe, & Graham, 2009).

KT and translational research models overlap in that they were designed to help bridge the “know-do” gap and evolved to provide descriptive summaries of bodies of evidence and to look for the gaps in translation, specifically, to identify the weak links in the chain between basic research and evidence-based applied practice. However, they have some complementary aspects. In a bid to clarify multiple seemingly overlapping confusing terminology, Graham and colleagues noted that “translational research (the transfer of basic science discoveries into clinical application) does not fall under our conceptualisation of KTA because translational research falls short of widespread adoption” (p.18) (Graham et al., 2006). The rationale for exclusion remains unclear as translational research more recently
broadened in its scope and considerations and external processes such as research grants, engaging with consumers, inviting patients to contribute to research design methodology and so on, have been proposed (van der Laan & Boenink, 2015). This is not dissimilar to KT. The cycle and processes of KT is reflected in Graham and colleague’s article (permission to recopy was limited to the print version of this thesis only).

While there is an imperative for translation of research to practice, there is also an evident gap between laboratory based research or the controlled conditions of an RCT, in contrast to real-world studies that engage participants and practitioners (Barwick, Kimber, & Fearing, 2011). This often leads to poor outcomes when trying to implement EBP in organisations where practitioners’ experiences indicate that it does not work. Much more is needed to be known about real-world context when conducting and interpreting research and this starts at the research design phase. It is therefore imperative that clients have a voice (Barwick et al., 2011; Howe et al., 2017; Soderback, Coyne, & Harder, 2011) – the focus of this thesis is to develop ways in which children can have a voice. Specifically, in the design of methodologies (e.g., Stalberg, Sandberg, Soderback, & Larsson, 2016) and protocols that enable effective and rich conversations with children to inform our understanding of their needs, attitudes, perspectives, and services preferences.

**Extending Translational Models**

By no means are translational models the ‘be all end all’ of the longstanding challenges of integrating research into practice. On the contrary, the reality of conducting research within a translational framework is difficult and collaboration between researchers and participants, while desired, is against the usual top-down scientist-researcher approach. A longitudinal evaluation of case studies examined the
practical efficacy of translational research models when conducting research, particularly in collaborating with clinicians and participants (Rycroft-Malone et al., 2016). They concluded that collaborative partnerships require time and intentionality especially in the implementation phase (i.e., the application of clinical research findings into routine practice). Additional barriers to translational research include: difficulty in changing organisational culture, lack of appropriately trained staff with the necessary skills to work within a translational framework, and individualisation and compartmentalisation of departments (on a policy level), just to name a few (Fudge et al., 2016). Consideration of application of these translational models to the PCR literature was undertaken in the first instance from a reflective practice standpoint. This highlighted strengths and limitations of existing translational models for making sense of the PCR literature. The ‘gaps’ identified in the translational models seemed too macro-scale to capture some of the issues that were evident. For example, the first gap between basic and clinical research can only occur if there is synthesisable basic research literature. This chapter then, represents a side-step to propose extensions to the idea of translational models that made a better ‘fit’ for this investigation, but also add value to clinical translational research more broadly. It would be too idealistic to address all the challenges that can occur when planning for research, and the extension proposed in the current study focuses on enhancing conceptual research outcomes. I have called this the GAP (Gap Analysis - Prospective) translational framework. The GAP model can impact research in these ways (a) conceptually: where gaps in theories and models are discovered, (b) instrumentally: when tools or psychometric instruments are inadequate (c) symbolically: changes to policies or governance can represent shifts for scientist-practitioners.
An operational feature of the GAP model is that gap evaluation be further extended to include within-stage gap analysis. This priority has arisen during review of the PCR literature. In addition to gaps between translational stages of research, I was often confronted with ‘cracks’ within the stages themselves, which have meant that a body of evidence is unable to be adequately synthesised or satisfactorily reviewed. One example is the use of incompatible measures of parenting across studies. This then contributed to between-stages gaps, or, in some cases, a dead-end, as translational progression cannot occur whilst the evidence base is irreconcilable. It also seemed likely that frustration with a confusing evidence base was contributing to the phenomenon of boundary jumping, that is, drawing ‘a long bow’ from preliminary, scant or ambiguous research to justify clinical practice. An example of this is the emerging use of neuroscience research (e.g., Neuroscience of Parenting) to justify certain parenting practices and to underpin parenting programs. Yet, the neuroscientific literature in this domain is very preliminary (Patterson & Vakili, 2014; Synder, 2015) and is at the basic research stage of development. There are many steps required to get to the clinical application stages. Evaluation of the quality of within-stage processes could, thus, also be seen as a form of “early intervention” in getting a wayward translational program back on track.

A number of translational researchers have identified, often incidentally, core processes that occur within each stage of the research process. These critical features have varied between translational models, in different disciplines but their absence, in each case, potentiates and magnifies the gaps between stages. Formalisation of gap evaluation in relation to these processes could significantly strengthen the corpus of evidence within a stage. Examples of within-stage metrics for evaluating the quality of a translational process include:
• Conceptual congruence. Vulnerabilities might include differences in theory, problem definition and hypotheses (e.g., a central question might be, “Is terminology consistent between research groups and is the meaning of key constructs adequately defined?”);

• Methodological congruence. Vulnerabilities might include between-study inconsistencies, design biases and use of methods not consistent with a translational agenda (e.g., a central question might be, “Do methods consider external validity issues (Leviton, 2017; Turner, Cardinal, & Burton, 2017) and thus generalisability and translate-ability?”);

• Reporting transparency. Vulnerabilities might include reporting biases affecting research reproducibility (e.g., not adequately describing methodology; Goodman, Fanelli, & Ioannidis, 2016), lack of representativeness (i.e., not addressing issues such as participant drop-out), as well as broader publication biases (Schindler, 2016), affecting the comprehensiveness and accuracy of the evidence base.

At each stage, studies within a body of evidence may be deemed compatible or incompatible; and differences may be considered reconcilable, irreconcilable or enriching. A body of work will consequently, in varying degrees, be fragmented, strongly coherent or even have a convincing emergent quality in which new theory development evolves and separates into a new strand of research (see Maienschein, Sunderland, Ankeny, & Robert, 2008); or clinical application emerges at an unexpectedly early stage.

In taking the idea of “early intervention” a step further, a “preventative” approach to translational work is suggested. Rather than seeing translational stage
models as scaffolding for a retrospective review of a body of evidence, reflection on how to proceed from the gap analysis to further progress raised the possibility of prospective, developing, stage models. This approach will scaffold the body of work for this thesis and, more broadly, would scaffold bodies of work conducted by teams of researchers who may be co-located but, given the internationalisation of research, may be geographically dislocated. This landscape framework would, in the language of translational process evaluation, provide ‘cognitive proximity’ and ‘methodological proximity’ for researchers (Molas-Gallart et al., 2016) in the context of globalisation of research and of clinical practice.

In conceptualising a prospective model, it seems clear that it must prioritise programmatic research by laying a shared foundation from which to design, conduct and report empirical research. Designing the conceptual framework would, where possible, be pre-emptive but also reflective and emergent. This extends to engaging with key stakeholders at the conceptual stages of research to improve translational uptake in both practice and policy (McArthur & Winkworth, 2013). This model is more in keeping with the original National Institutes of Health’s call for outcome-oriented translational research in which the economic and social imperative for this paradigm shift in culture and practice were strongly promoted (OPASI, 2008aa, 2008b). At that time, the NIH envisioned an active, forward-looking landscape to guide changing research practice, or a ‘Roadmap’ for translational research. When the expected flourish of translational outputs did not transpire, translation models arose to assist critical review and evaluation of these outcomes by identifying what went wrong by retrofitting bodies of evidence to look for ‘gaps’. This retrospective approach has been helpful in advancing translation by learning from our mistakes and oversights. Unfortunately, this has come at the cost of conversations about how
to actively encourage and potentiate successful translational research in the first place.

A prospective translational model must prioritise a programmatic research agenda. Strongest outcomes are likely when there is:

- Programmatic theory: Overarching theoretical frameworks encompassing both research and practice assist in linking translational stages by developing shared conceptualisations, language and definitions to guide the development of compatible research questions and hypotheses. This is a particularly important step in interdisciplinary contexts and warrants its own preliminary ‘conceptualisation’ stage in the model.

- Programmatic translational methodologies: Methodologies should emerge from programmatic theory and be compatible with next stage translation. Even basic research (T1) must give consideration to the potential clinical future endpoint of the research and consider the external validity, applicability and generalisability of available methods. A mixed methods approach can be valuable in this context to ensure that weaknesses inherent in each methodology are balanced with complementary methods with different strengths and weaknesses through a process of triangulation. Consideration should be given to the translational suitability of design, measures, participants and interventions.

This approach encourages us to aspire to more than retrospective consideration of limitations and flaws. Instead, it is proposed that translational frameworks should actively pursue a robust evidence base through integrated research endeavours that are both theory-driven and strategically oriented. A Gap Analysis- Prospective (GAP) model is proposed (see Figure 1.3).
Figure 1.3. GAP (Gap Analysis- Prospective) Translational Research Model.

Key features of the GAP Translational Model include:

- A stage model of research endeavour has been maintained but conceptualised in terms of knowledge processes (Aymerich et al., 2014), in recognition of the importance of interdisciplinarity in translation and the potential differences in what kinds of studies might be involved in each stage of research.

- ‘Gears’ replace the traditional building blocks (van der Laan & Boenink, 2015) to emphasise the interconnectedness of each translational phase. Notably, the translational process is conceptualised as non-linear, iterative, and all stages (‘gears’) influence one another continuously.
• Gap analysis occurs both between-stages and within-stages. Within-stage gaps are represented by spirals to reflect an iterative micro process that impacts all levels of the process both within the study as well as within a body of work. In other words, it addresses gaps in theory, design, analysis and interpretation. Between-stage analysis (represented by unidirectional arrows) is more macro level and addresses missing elements between studies or between bodies of evidence.

In terms of stages:

1. The notion of stages has been extended to include a preliminary stage (T0) pre-empting the commencement of basic research; a program conceptualisation stage. This stage begins with a clinical question identified as a gap in treatment options or diagnostic understanding. It then prioritises both programmatic theory development and programmatic methodological development. It is, essentially, the design of a roadmap. Priority is given to clinical relevance, practitioner values, and ethics to ensure that the translational pathway has the potential for translation from its inception. The goal is to minimise or prevent gaps before they occur.

2. T1 refers to the generation of knowledge and marks the commencement of “doing” in this cycle. Here, the work of conceptualisation is practically translated into research and the details of T0, namely, the tenets of clear theoretical assumptions and values, and considered, robust, methodology, are outworked in empirical
study. This stage corresponds with basic research in other translational models.

3. Knowledge integration is the focus of T2 and is undertaken in the form of research synthesis, meta-analysis, literature reviews and systematic reviews. The crux of this stage is to provide an integrated update of the current landscape of research and, using gap analysis, to chart proactively both the breadth as well as the depth of knowledge within a specified field.

4. The fourth stage (T3) of implementation is where clinical research is trialled (e.g., therapeutic intervention, skill-based clinical programs etc.). The within-gap analysis in this stage comprises programmatic components such as reflective evaluation of program efficacy and effectiveness, longitudinal outcomes, and translatability of intervention across cultures. There might be instances where a return to T0 is necessary for conceptualisation, and again, these stages do not occur sequentially.

5. The final stage is clinical impact (T4). This stage may include: systematic rollout of clinical interventions and programs in organisations, the development of guidelines/manuals for therapeutic interventions, changes to best-practice recommendations based on empirically-based research. It brings the model full circle to the clinical question that drove the investigation in the first stage.

Notably, in this model, the ‘stages’ are nonlinear and not sequenced, that is, movement in one impacts all, and this continuously reiterative process is co-circular.

When used retrospectively, the ordering of the stages might differ from when it is
use prospectively. The order of stages is dependent on how it is applied in that research field and its translational progress. As an example, research could start at T0, then flow into T1, but the GAP model might identify additional areas that were previously unknown and therefore, instead of going to T2, the researcher could be at T0 again to reconceptualise the research question. Similarly, it is also possible that a GAP model identified that there is enough evidence in T2 to go to T4 (although this is probably unlikely).

**The GAP translational Model in Action**

The GAP model provided the framework for planning an approach to the research interest in this thesis, specifically the nature of the PCR. It also highlighted the gaps and roadblocks to translation in this field. It provided a strategic pathway to chart a course through the voluminous parenting literature and to map a new pathway for research into the PCR. This map is summarised in Figure 1.4 as a touchstone for the reader as you progress through this thesis. It highlights the different levels of contribution of the thesis to the knowledge base with contribution to: (a) the literature on the PCR, (b) developmental research with children, and (c) the translational research literature.

**Mixed Methods in the GAP Translational Model**

The other key feature of this translational process was the adoption of a mixed methods stance. This seemed a particularly important feature of a prospective model, within the context of this thesis, in contributing to the preliminary state of the existing evidence base (of general child interviewing) and standing on the precipice of a new paradigm (of PCR). Flexibility and richness in mixed methodology can provide a broad range of possibilities for understanding what is known and for forging new pathways into the unknown.
The strength of qualitative and quantitative inquiry is combined in mixed methods research (Creswell, Fetters, & Ivankova, 2004) with the former providing deep insight into exploratory issues, the latter prioritising generalisability of findings. Mixed methods investigation goes beyond utilising both qualitative and quantitative methods in data collection and includes their integration into design, methodology, and analysis (Fetters, Curry, & Creswell, 2013). There is, potentially, reciprocal gain in integration, for example, qualitative inquiry impacts hypothesis generation for quantitative testing and in turn, quantitative data adds a layer of generalisation to qualitative findings (O’Cathain, Murphy, & Nicholl, 2010). The purpose of mixed method design is to strengthen confidence in research findings through: triangulation of data sources to counteract method bias; elaboration of ideas.
through use of complementary methods; development of research through integration of results from multiple method sources; initiation of ideas through the discovery of paradox from different method sources and; expansion through multiple methods (Greene, Caracelli, & Graham, 1989, see Appendix A for further elaboration). This can be achieved through different designs including (Wisdom & Creswell, 2013):

- Convergence design, in which quantitative and qualitative data are collected together and used to promote side-by-side comparative discussion and to look for points of confluence in the evidence from these very different sources;
- Explanatory sequential design, in which a quantitative phase is further explicated through a subsequent qualitative phase of collection, for example, asking research participants about their experience of being in a study;
- Exploratory sequential design, in which a qualitative exploratory phase of data collection leads onto larger scale quantitative study to further test out an emergent idea;
- Embedded design, in which both qualitative and quantitative data are planned into the design with one augmenting the other, and;
- Multi-phase approach, in which key stakeholders become co-researchers in an iterative process of research, research evaluation and research development.

This thesis is best described as an exploratory sequential design. In sum, the integration of the GAP and mixed methods led to a unique perspective of study design, methodology and analysis that captures the translational and emerging
narrative of this parenting paradigm shift. Together, this strengthened the research findings through enabling and encouraging both retrospective appreciation, and active progression, of a complex topic of interest: the PCR and how to build (or rebuild) these relationships to be healthy and strong. This approach provides the thread that guides and connects several disparate evidence-bases in the chapters that follow.
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CHAPTER TWO

WHAT DO WE KNOW ABOUT THE PARENT-CHILD RELATIONSHIP?

AND HOW CAN WE KNOW MORE?

The parent-child relationship (PCR) is considered central to wellbeing and developmental outcomes (e.g., Bowlby, 1988). When considering clinical presentations of families in relational distress or when working with clinical groups at high risk of poor outcomes in family relationships and attendant individual challenges, the PCR invariably comes into view. As described in the preface to this thesis, this series of studies was triggered by a clinical question that was dependent upon understanding the nature of healthy, intact PCR, specifically: How do we create or maintain healthy PCRs when a family is fractured? This required standing back to survey the landscape of ‘typical’ or ‘strong’ PCRs to begin to understand how to approach the situation of a family in distress. In this chapter, the view from this hilltop is surprising. A strategic, rapid narrative review helps identify gaps in what we know as well as gaps in the translational pathway from “what we know” to “what we do” as clinicians.

Gopnik (2016) proposes that the PCR as we have known it in our lifetime, has been dominated by the concept of ‘parenting’, an active verb, a parent level characteristic, which centres on an intrinsic idea that parents act upon the world of the child to influence and create the new person. There is, particularly, an abundance of literature on parenting styles, which was proposed by Baumrind in the 1950’s. However, Gopnik (2016) points out that this concept only emerged within a very specific historical context as we moved from intergenerational living to living in nuclear families. The notion of parenting as a primary determinant of child outcomes was both a product of, and contributor to, this particular social model. Gopnik (2016)
suggests that parents were fraught with anxiety about their parental responsibilities as they had far less support from extended family and far fewer opportunities to learn child-rearing through observing intergenerational and extended family interactions. The research literature focused in on this newly isolated dyadic relationship though little attention was given to the issue of cause versus correlation when considering associations between parenting and child outcomes. She notes that the past decade has seen the rise of behaviour-genetic studies, which potentially provide a different framework for understanding the PCR. In addition to underscoring that child outcomes are the result of both genetic and environmental influences, the behaviour-genetics literature highlights that the relational components of the PCR are predominantly bidirectional (see Henry, Boivin, & Tarabulsy, 2015; Klahr et al., 2017). While this is now widely acknowledged, to date, this evidence base has had limited explicit impact on the practice of research or on therapy with children and parents. That is, there seems to be a disconnect, or, a ‘gap’ in translation. Most research still prioritises the parent perspective (often exclusively) and most therapies still involve work with parents alone—with most programs based on developing active parental problem solving and behaviour management skills; and then asking parents to evaluate changes in their own skills and in the behaviour of their children (e.g., Porzig-Drummond, Stevenson, & Stevenson, 2014). In sum, this unidirectionality creates an inherent and complex set of constraints and confounds. Even in those therapeutic frameworks in which the relationship dynamic is prioritised, such as attachment-based therapies, programs still focus heavily on parent training (e.g., the Circle of Security, 1-2-3 Magic) rather than in situ relational work or child-centred work. One alternative view to the dominant paradigm is that being a parent (as opposed to parenting) is simply about “providing a safe, stable
context that lets children thrive” (Gopnik, 2016, p. 23). This perspective requires a
less directive stance from the parent, that is, the basics of creating a sufficiently
healthy environment significantly contributes to the unfolding of the child’s genetic
potential. This certainly sits at odds with the majority of parent training programs.

Gopnik (2016) is not alone in pointing to an imminent paradigm shift in
understanding parenting and the socialisation of children, indeed there seems to be
convergence on this idea from many different standpoints including sociological,
statistical (Emery, 2014), and methodological (Masse & Watts, 2013). Changing
societal expectations and limitations with current frameworks have been highlighted
within the context of problematic single issues. Some examples include: the
controversy surrounding the acceptability (or otherwise) of spanking (Afifi et al.,
2017; Larzelere, Gunnoc, Roberts, & Ferguson, 2016) and controlled crying
(Blunden, Etherton, & Hauck, 2016; Manz & Wigley, 2017), noticing cultural
differences in parenting (Prevo & Tamis-LeMonda, 2017), and increasing concerns
about the potential intergenerational parenting influences on domestic and other
violence in our society (Haselschwerdt, Savasuk-Luxton, & Hlavaty, 2017; Schelbe
& Geiger, 2016). Critical reviews of parent training program outcomes also highlight
the need to reconsider parenting and the PCR (Coyne, 2013; Prinz, 2015). These
observations have converged on the recognition that what we have taken to be ‘fact’
about parenting best practice really ought be considered in its historical context, that
is, a product of a moment in time (Ermann, Ponsford, Spencer, & Wright, 2014).
Debates centre around the priority given to behaviour management and contingency-
based behaviour modification compared to interpersonal dynamics and ‘good
enough’ parenting in which the provision of a broadly defined ‘normal rearing
environment’ is considered sufficient for the unfolding of a child’s genetic blueprint
(Scarr, 1992). There is also movement towards reclaiming cultural differences in the conceptualisation of parenting (Carter, Chunn, & Frewen, 2014; Johnson & Young, 2016). There are attempts to bridge the behavioural and relational world views that divide the parenting literature (Evans, Whittingham, Sanders, Colditz, & Boyd, 2014; Whittingham, 2015). These are big conversations and they have occurred largely within particular strands, or ‘single issue’ investigations. This is partly due to the vastness of the parenting literature and the fact that clinical practice has largely occurred within a parenting framework that has become so socially ingrained as to be invisible. It is hard to maintain a stance wide enough to encompass these very many different lines of investigation.

This thesis begins from a position of joining with the idea that there is a revolution or paradigm shift imminent in the understanding of PCR and wanting to make a contribution to this important conversation about a relationship that is foundational to daily life. Furthermore, this conversation was approached with particular questions in mind, as outlined in the Preface. Thus, it is not within the scope of this research project to comprehensively review the parenting literature. Others have periodically undertaken this task (Amato & Keith, 1991; Belsky & de Haan, 2011; Hoeve et al., 2009; Hoskins, 2014; McLeod, Weisz, & Wood, 2007; McLeod, Wood, & Weisz, 2007; Rothbaum & Weisz, 1994; Spera, 2005) and it is a monumental undertaking worthy of a PhD in itself. Amazon.com highlights more than 30,000 parenting self-help books and resources published in 2016 alone.

Parenting best practice has become a burgeoning industry. There are also an astounding number of published studies that show associations between different aspects of parenting and specific child outcomes. As an example, Google Scholar lists 19,400 results for a single year (2016) when searching for parenting and child
outcomes. So, as we travel towards a paradigm shift, this review is intended to provide only a brief, strategic rear view reflection. From this vantage point, the review was intended to capture the relevant essence of a discourse that has dominated both research and clinical practice for decades and to highlight why we have arrived at this disjuncture between research and practice.

In interrogating the parenting literature for a pathway through the maze, it became clear that a translational gap analysis has not been undertaken. A gap analysis might contribute a new perspective on credibility and/or bring clarity to the confusion that has led to a tenuous connection in the research-practice continuum. In such a vast literature, creating a manageable translational analysis required looking for a thread connecting multiple parts of the translational path from basic research to evaluation of clinical application. There were a small number of potential options but the thread that seemed to connect many different lines of investigation and that has remained in favour over an extended period of time was Baumrind’s parenting styles. For the purposes of a strategic rapid review, I limited theoretical discussion to attachment theories and Baumrind’s theories on parenting styles. The reader should bear in mind that the primary focus on infant-mother attachment is comparatively limited in scope of application in the context of this thesis, particularly when examining the bidirectionality of PCR. Nonetheless, there are some important implications of attachment theory in social and emotional development of relationships, and these are addressed below.

**Attachment Theory vs. Parenting Styles.**

The origins of attachment theory were contributed by John Bowlby and Mary Ainsworth (Bretherton, 1992) from 1960s. Bowlby’s quest for an alternative explanation to child behaviour and development was prompted by research with
homeless children (Bretherton, 1992). A report on maternal deprivation for the World Health Organization (WHO) concluded that healthy child development included enjoyment between the dyad (i.e. caregiver and child), affection, warmth and continuity of the relationship (Bowlby, 1952). The focus of attachment theory was the dynamic between infants and caregivers to identify healthy and positive outcomes in child development. Later in the 1990s, attachment research diversified and expanded to examine the impact of attachment in older children, adolescents and adults.

Interestingly, Baumrind’s parenting styles also emerged in the 1960s, perhaps influenced by the focus on the parent-child dyad. Unlike attachment theory, Baumrind was interested in the impact of parenting on child outcomes. She identified that children’s outcomes were impacted by parenting styles and, beyond that, different parenting styles predicted specific child outcomes. Young children (preschool) were the initial focus, and similar to attachment research, this expanded to adolescents and adults in the 1990s.

Both theories recognise that relationship experiences contribute to the parent-child dynamic. The PCR is a special microcosm where children learn ways of interacting, feeling, and being, that eventually generalise to other relationships. In attachment theory, healthy developing children perceived the caregiver/parent/attachment figure as a secure base (Ainsworth, Blehar, Waters, & Wall, 1978) and fulfilled the role of comfort, affection, guidance, and nourishment. The secure base was primarily about “being there” and ready for intervention if necessary but never intrusive nor a quick fix to a situation. Bowlby (1988) likened the secure base to that of a military base; it was available if needed but more often than not, the role and function was in a state of readiness and preparedness.
Children’s interactions and relationships with other children generalised from this secure base in the PCR. In a similar way, the child’s experience of the PCR through the different parenting styles is generalised and has an impact on various domains (e.g., academic, social, emotional, delinquency etc.) of child outcomes.

A difference in theories was that Bowlby (1988) stated attachment behaviours were innate and inherently motivated; similar to but distinct from the motivation of food and sex for survival. Recent research supports this: maternal prenatal attachment was associated with infant developmental outcomes (Branjerdporn, Meredith, Strong, & Gracia, 2017; Miljkovitch, Danet, & Bernier, 2012). Conversely, parenting styles were not presumed to be inherent and instead, were apparently more behavioural in that they can be modified and learnt and indeed, are influenced by cultural shifts in norms (Campbell & Gilmore, 2007).

Both theories involve a typology; a classification system of attachment styles between the child and the caregiver was derived by observational studies that utilised a series of specific scenarios referred to as the Strange Situation (SS). Baumrind’s parenting styles were also categorised based on interviews with parents about their parenting, as well as observations of children in preschool daycare centres. Ainsworth’s patterns of attachment pertained to the parent-child dynamic, while Baumrind’s parenting styles were solely on the parents’ behaviours and attitudes.

**Classification of attachment.**

From the different ways that dyads interacted with each other, Ainsworth et al. (1978) proposed three patterns of attachment (A, B and C). The different groups had the distinct characteristics outlined below.

Group A referred to children who were happy to play alone and did not reference their caregiver. The general behaviour of the child appeared avoidant and
did not discriminate between the confederate and the caregiver. Observations of the caregiver suggested that he/she appeared comfortable with being disengaged with the child’s play or might be too intrusive and focused on child’s skills and abilities during play (Marvin, 2003). Furthermore, the caregiver had high expectations of the child’s behaviour, focused on competency and achievement, and made it known that he/she was in charge of the child (Marvin, 2003). Some of these caregiver features were similar to Baumrind’s authoritarian parenting. Children with authoritarian parents tended to be less confident, although conforming to rules and were not delinquent (Lamborn, Mounts, Steinberg, & Dornbusch, 1991). The interaction between the dyad was usually limited and less intimate; the caregiver instead of working toward repair dismissed the child’s distress. This attachment style was categorised as insecure-avoidant.

In group B, the child sought contact with the caregiver, was able to ask for help when needed, referred to the caregiver when playing independently and did not avoid the caregiver’s contact or interaction after separation. The child also showed a preference for the caregiver as compared to the stranger. Observations of the caregiver indicated that he/she checked on the child unobtrusively, allowed the child to direct play, and did not pressure the child to explore (Marvin, 2003). The caregiver initiated repair to the rupture and soothed the distressed child through physical contact or verbal support. Group B classification was termed as secure attachment style. In relation to Baumrind, this caregiving style was similar to authoritative parenting. Research has indicated that children with authoritative parents had more successful outcomes overall (Lamborn et al., 1991).

Group C referred to insecure-ambivalent/resistant attachment style and included ambivalent behaviours from the child. Separation from the caregiver was
distressful for the child but during reconciliation with the caregiver, the child did not resume independent play. Instead, he/she continued to cling to the caregiver. Ainsworth et al. (1978) suggested that children in this category appeared angrier than children in other categories. She posited that there was a strong overdependence between child and caregiver, to the extent of enmeshment, which created the observed ambivalence within the dyad (Marvin, 2003). The parent felt loved and needed by both the child’s distress and attachment and therefore did not encourage autonomy nor the child’s growing competence. This would be similar to Baumrind’s permissive parenting style. Child outcomes associated with this permissive parenting style include poorer academic outcomes and higher delinquency than their counterparts.

The last attachment style (D) was “disordered” and was characterised by role-reversal between the child and the caregiver (Marvin, 2003). Main and Solomon (1986) proposed this style when they were unable to classify all dyads into the original three styles. The primary observation of the D attachment style was the lack of coherence and organization from the infants. Some observations about the infant included: the infant looked elsewhere when they approached the caregiver, did not resist the caregiver’s comfort but avoided eye contact, and at times, appeared disoriented (Main & Solomon, 1986). Furthermore, these infants responded to their mothers with anxiety, fear and to some extent, sadness (Main & Solomon, 1986). The parenting style that corresponds most closely to this attachment category was neglectful parenting. Child outcomes were generally poor, with children not obtaining academic success and higher rates of misconduct.

Some caution surrounds the sole utilisation of attachment theory in considering the PCR. Firstly, it is not consistent within itself, with different variants
of the original theory using different terms for classifications, which causes confusion amongst clinicians and researchers alike. Another complication with attachment theory is the broad categories of “secure” and “insecure” for A, B and C classifications in Ainsworth’s work. Clinically, this can be confusing as A and C are categorized under insecure but are opposite in their clinical implications (Kozlowska & Hanney, 2002). Furthermore, there are measures of attachment that use similar terminology about attachment patterns but actually refer to different constructs.

Moreover, while the dimension of parental sensitivity was identified as a key variable in attachment research (Bakermans-Kranenburg, Van IJzendoorn, & Juffer, 2003; Dozier & Bernard, 2017), the exact causal mechanisms and processes about sensitivity and security are yet unknown and ongoing research will need to further elucidate this. Attachment work is also heavily reliant on expert observers/ratings and the young ages of children does not allow for child reports or reflections. On the other hand, parenting styles are based on the caregiver’s self-reflection-of themselves as parents and how they were parented.

Here, I have shown that both attachment theory and parenting styles address issues related to the PCR. The impact of attachment from birth and its long lasting implications on the child’s development is significant. However, the challenges in using attachment theory as the primary framework when examining PCRs include: (i) limited consideration to the context in which the dyadic relationship exists; (ii) attachment studies have focused primarily on infant-caregiver dyadic interactions, which provide no opportunity for the child to express their thoughts and experiences; (iii) categorisation of attachment is reliant on a third-party informant observations, which is a retrogressive step in the research methodology. For the purposes of this thesis, the above were considerable impediments and Baumrind’s parenting styles
were decidedly more coherent with needs and focus of this research project. As Givertz (2015) points out “Baumrind has dominated the parent-child research agenda for the last 50 years“ (p.1252). Although Baumrind pre-dates the translational framework era, her work can be interpreted and understood from within this framework. Indeed, it could be said that she was a translational pioneer and her work an organic case example of an emergent translational agenda. Thinking about parenting and more importantly, the measurement of parenting styles, has provided an anchor for many seemingly diverse conversations on parenting, and on child development. This thesis begins by sifting through the archives of Baumrind’s parenting literature to: (a) distil key ideas and (b) re-evaluate key learning about the PCR. Further, this process serves as a case study to illuminate how a translational framework might best facilitate paradigm shift and provide a platform for future evidence-informed evolution in clinical practice.

While any paradigmatic shift is a very large endeavour and often tectonic, a PhD is also a relatively time-limited endeavour with necessarily limited scope. Reviewing Baumrind’s literature in itself could easily have become the primary focus for this thesis rather than simply setting a landscape. To prevent this, a ‘knowledge to action’ thematic review (Ward, House, & Hamer, 2009) was undertaken and maintains a strategic, narrative, thematic scope rather than attempting to be comprehensive. Two primary goals were: (a) to define some foundational elements of what is known about the PCR; and (b) to illuminate translational research processes of strengths and limitations in the literature, with a view to inform and facilitate the evolution of investigation in the PCR.
This following section has been submitted for peer review to *Child Development*.

To maintain ease of reading and minimise confusion, all tables and figures in submitted manuscripts have been renumbered in accordance with the sequenced chapters in this thesis.
Abstract
This year marks 50 years since the publication of Baumrind’s initial works on parenting styles (Baumrind, 1967; Baumrind & Black, 1967). Her seminal studies evolved into a paradigm that has dominated the child development literature ever since (Givertz, 2015). This rapid, thematic review highlights core elements of this paradigm, key findings and current conundrums. In its inception, the model provided a beacon for reconceptualising parenting from the parenting practices or “what parents do” models, to an understanding of “how parents do it”. Although it predates the translational research era, it can be seen as an organic case study of the evolution of a translational agenda. It is through this lens that this paper reviews Baumrind’s work. What legacy it leaves and what will follow will be discussed in terms of expertise in understanding the parent-child relationship, and the design of a translational research framework to guide the PCR research agenda into the future. 154 words
The parent-child relationship (PCR) is an intimate, dynamic and long-term relationship (Maccoby, 1992). From the child’s point of view, it occurs by default yet is potentially pivotal in influencing many aspects of life experience and outcomes. Part of the clinical and research challenge is determining not just how a child’s basic needs are met in this relationship, but also what promotes wellbeing, how we define a healthy relationship, what aspects of the PCR are influential in life outcomes, and how to support the development of healthy PCRs. In this way, research in this area is inherently translational in intent.

For the best part of a century, our understanding of the PCR has been largely informed by a voluminous literature on parenting, that is, how parents act in ways that impact their child’s learning, behaviour, and development (e.g. Amato & Fowler, 2002; Darling & Steinberg, 1993; Grolnick & Ryan, 1989; Hanisch, Hautmann, Pluck, Eichelberger, & Dopfner, 2014; Tavassolie, Dudding, Madigan, Thorvardarson, & Winsler, 2016; Tung, Brammer, Li, & Lee, 2015; Zarra-Nezhad et al., 2014). Perhaps the most significant historical turning point in this literature was from an unsuccessful focus on the impact of specific caretaking practices or “what parents do” (e.g., feeding and sleeping routines; Orlansky, 1949) to a focus on “how they do it” (Power, 2013). Arguably, one of the most significant contributors to this shift in focus has been Diana Baumrind’s research on parenting styles. Baumrind’s theory (1966) and seminal studies identified, conceptualised and differentiated parenting styles according to levels of parental support and control. Specifically, Baumrind’s authoritative parenting style has become synonymous with good parenting and the ‘signature’ style routinely associated with positive mental health and behavioural outcomes for children. A citation analysis from Publish or Perish (Google database) suggests that Baumrind has produced more than 30 papers on
parenting and achieved more than 25,000 citations. Beyond this remarkable contribution, Baumrind’s work and the corpus it has inspired provides an example of the emergence and evolution of a translational research agenda well before translational frameworks were conceived. Both of these contributions are considered in this paper.

In contextualising the significance of Baumrind’s contribution, it is relevant to know that the empirical and theoretical literature on parenting can be broadly separated into three central pillars:

1. Parenting *behaviours* are described as “what parents do”, or “specific, goal-directed behaviours through which parents perform their parental duties” (Darling & Steinberg, 1993, p.488). Some examples of investigated parenting behaviours include warmth, providing help, and financial support.

2. Parenting *dimensions* are shared characteristics of parenting behaviours (or covarying behaviours; Gadeyne, Ghesquière, & Onghena, 2004) and are described as “how parents do it” (Power, 2013, p.S14). For example, restrictiveness, discipline, and monitoring are similar behaviours that have been classified under one dimension. Another example is parental support, which includes parenting behaviours such as warmth, responsiveness, and acceptance.

3. Parenting *styles*, proposed by Baumrind combine different parenting dimensions and are sometimes referred to as parenting patterns and parental attitudes (Caron, Weiss, Harris, & Catron, 2006). Parenting styles are often described as ‘setting the tone’ for the child’s
emotional environment and a general pattern of caregiving (Wood, McLeod, Sigman, Hwang, & Chu, 2002).

The relationship between these pillars is summarised in Figure 2.1 with reference to the example of the ‘authoritative parenting style’, since this is widely accepted as being the most effective parenting approach.

![Figure 2.1](image)

*Figure 2.1. The relationship and association between parenting behaviours, parenting dimensions and parenting styles.*

A longitudinal analysis of these terms assists in appreciating historical trajectories in research and practice and highlights Baumrind’s exceptional contribution. A Google Ngram analysis was used to capture the frequency of terminology usage since the beginning stages of parenting research in the 1960’s. Google Ngram captures the frequency of key phrases used in books over a period of time and is a helpful way to understand the changes in language use or terminology across time periods, and in different countries. The search terms “parenting style” is a 2-gram (or bigram) as there are two separate words, while the term “parenting” is a 1-gram. The results reflect the percentage of occurrence for those particular terms in relation to all the bigrams contained in books on Google Scholar’s database in USA.
Language search parameters were set to “English”. Preliminary searches revealed that US English spelling was predominant in this literature base as compared to UK English, so search terms were created with US English spelling. In order to provide a pictorial representation of the changes across time, Google Ngram was used to show the change in trends for “parenting behavior”, “parenting dimensions” and “parenting style” between 1960 and the last recording available from Ngram in 2008 (Figure 2.2).

An evolution of the conceptualisation of core parenting influences is evident in: the relatively weak reference to *parenting dimensions*; slowed growth and eventual plateaued reference to *parenting behaviours* from the early 1980’s after a strong start; and continuing increase in references to *parenting styles* right through to current times. It is evident that Baumrind’s paradigm continues to dominate.

In terms of current influence, a Google Scholar search of authoritative parenting for 2016 alone, retrieved more than 5300 results. Similarly, the past 4 years has shown a multitude of systematic reviews and meta-analyses of studies investigating parenting styles in relation to a broad range of issues including knowledge of child development (September, Rich, & Roman, 2017); body mass index (Sokol, Qin, & Poti, 2017); obesity risk (Kakinami, Barnett, Seguin, & Paradis, 2015); physical activity (Davids & Roman, 2014); academic achievement (Pinquat, 2016); child feeding behaviour (Collins, Duncanson, & Burrows, 2014); internalising behaviours (Rose, Roman, Mwaba, & Ismail, 2017); behaviour problems in primary school (Sangawi, Adams, & Reissland, 2015); sexualised behaviour (Slater & Tiggemann, 2016); and alcohol use amongst young people (Cablova, Pazderkova, & Miovsky, 2013), to name a few. Additionally, there is a diverse community of parenting programs or treatment translation studies (see
Figure 2.2. Recorded trends when contrasting the usage of the terms “parenting style”, “parenting behavior” and “parenting dimensions”.
supplementary material containing a summary table of these programs and outcomes) that reference Baumrind. In sum, Baumrind’s typology continues to be a central force in both the parenting literature and in clinical practice.

Laying the Foundations for a Paradigm Shift in Parenting Research: Careful Conceptualisation and Measurement

Fully appreciating the quality and contribution of Baumrind’s body of work requires starting at the beginning. In its inception, it laid the foundations for a significant paradigm shift in the literature on PCR. At the time, Baumrind’s work, both in terms of conceptualisation and methodology, represented a very significant move away from the caretaking practices literature that had predominated and from the parental personality literature that was emerging (Power, 2013). It occurred in the context of historical methodological reliance on self-reports and researchers’ global ratings of parental personality, both of which are very context dependent and fraught with bias (e.g., Holden, 2001). In contrast, Baumrind’s conceptualisation of parenting emerged from detailed observation of parents relating to their children. Her focus was very much on the nature of the relationship, rather than caretaking practice or person factors such as parental personality. Baumrind’s methodology was similarly disjunctive for the time and involved careful experimental design (e.g., participant matching, controlling of extraneous variables, multiple raters, pilot and confirmatory studies), multi-layered data (i.e., observation and interview at multiple time points on a range of tasks), detailed behavioural coding, and priority given to ecological validity (i.e., school and home-based data as well as laboratory). This perhaps helps explain why the resulting constructs have stood the test of time and maintained their resonance for half a century. It is also worth noting that there was
an emergent quality to Baumrind’s early work that was discovery- and curiosity-driven.

Baumrind’s work was also very carefully conceptualised and operationalised. The aim of her first study was to empirically and systematically examine the association between parenting practices and children’s competence (1967). From a pool of 3–4 years olds ($N = 110$), a small sample of 32 children met the selection criteria of specific trait combinations (e.g., being assertive, self-reliant, able to self-regulate, interested in interactions with others, etc.) so as to identify the impact of parenting on children’s personality traits. Baumrind’s two follow-up studies (Baumrind & Black, 1967, $n = 95$; and Baumrind, 1971, $n = 146$) utilised larger sample sizes and confirmed the same observed parental patterns associated with specific combinations of child outcomes.

There were two parts to Baumrind’s first study (1967). Over a period of 14 weeks, two psychologists and a nursery school teacher in a nursery observed and rated children on five dimensions of competence: self-control, approach-avoidance tendency, level of independence, subjective mood, and competence amongst peers. The rating results from these five dimensions were divided into three categories (e.g., highest, middle, and lowest rankings). Children were excluded if the psychologist and teacher could not agree on the child observations. Children who received the highest or the lowest rankings in two or more dimensions were then included in the second study laboratory ($n = 52$). In the second study, children were observed by two psychologists (one from the first study) who presented standardised stimuli (e.g., structured puzzles with different outcome conditions such as success, possible success, and task failure). Children’s responses and dispositions were
recorded by both psychologists. Children with reliable ratings over both settings were then included in analysis \((n = 32)\).

The first group of children were those who obtained high scores across the five dimensions (i.e., self-control, approach-avoidance tendency, level of independence, subjective mood, and peer competence). The second group had low scores on peer competence and subjective mood but were in the median scores for approach-avoidance tendency. The third group of children were identified as those who scored low on self-control or approach-avoidance tendencies and also obtained low scores in independence.

Baumrind (1967) followed up this series of studies with further observations in both home and laboratory settings. Two researchers attended two home visits that lasted approximately three hours each and noted interactions between parents and children. The laboratory study comprised two structured tasks for the parents to engage in: a teaching task and free play. Researchers observed the parent-child interactions from behind a one-way mirror. From observations in both home and laboratory settings, parents were rated on the following dimensions: the level of maturity they expected from their children, levels of control, communication, and parental nurturance. Initially, Baumrind (1967) suggested three parenting styles: permissive, authoritarian and authoritative. Later, the rejecting-neglecting style was added (Baumrind, 1971). Other researchers subsequently identified similar styles of parenting but used different labels for permissive and rejecting-neglecting, such as indulgent and neglectful (Emery, 1994), indulgent-permissive and indifferent-uninvolved (Maccoby & Martin, 1983).

As her work on parenting styles consolidated, Baumrind provided a theoretical framework and a shared language around which the work of both
researchers and clinicians coalesced—her work provided a bridge between theory and practice—in modern terms, a translational pathway. It provided a landscape of ideas and hypotheses on which a community of scholarship arose over the ensuing decades. Such breadth of vision and commensurate attention to detail would be considered rare today.

**Parenting styles: Original Conceptualisation**

The descriptions of each emergent parenting style (i.e., permissive, authoritarian, authoritative, and rejecting-neglecting) are presented below and were obtained from Baumrind’s original descriptions (Baumrind, 1966a, 1967a, 1971; Baumrind & Black, 1967).

**Permissive.**

Parents with a permissive parenting style were defined as less controlling and noticeably not as organised in the ongoings of the household. Furthermore, their predisposition to involve children in decision-making was thought to suggest that they lacked confidence in their ability to parent. Baumrind observed that they had the tendency to be over-involved with their children and did not provide them with autonomy or independence. The permissive parent was also observed to be overtly accepting of the child’s actions and to consult the child about rules. The permissive parent was characterised by what was deemed excessive affirmation without intentionally shaping or altering the child’s behaviour. There was little control exerted and although the parent often used reason during discipline, it was without actual consequence. Minimal demands (if any) were imposed in terms of responsibility or disciplined behaviour. Parents presented themselves as a resource, available and easily accessed, but not enforcing any control over the child. In
essence, this type of parenting style involves low control but high acceptance and warmth.

Children with permissive parents were observed to make decisions about activities and behaviour without much thought to consequences. These children were also observed to be lacking in self-control and self-reliance.

**Authoritarian.**

The authoritarian parent was identified by a controlling pattern designed to shape behaviour to certain standards. From the parents’ perspective, the child should understand his/her place in the family (the old adage “children should not speak until spoken to” would be accurately applied here) and punitive measures were considered acceptable to obtain obedience. Authoritarian parents were considered less nurturing, they exerted firm rules but offered limited support and were not especially affectionate. Generally, authoritarian parents agreed that children had needs but they placed limits on how children were allowed to express these needs (Maccoby & Martin, 1983).

Children with authoritarian parents were observed to be less content, more insecure and apprehensive. However, they were more careful with their work and seemed to function at a higher cognitive level than their peers.

**Authoritative.**

Authoritative parents were observed to be consistent, loving, and secure in their parenting skills. They were directive with their children and accompanied instructions with reasons. They seemed able to balance high warmth, high control, and high demands so that their children were not adversely affected by the increased demands of maturity but instead, thrived with the increased expectations placed on them. In terms of balancing control, the parent was firm but not excessively
restrictive. There was both reasoning and enforcement of power during discipline, which provided a rational and open exchange of viewpoints that increased with age. Furthermore, there was affirmation of what the child was capable of doing while still encouraging them toward a higher standard. Authoritative parents sought to strike a balance between the child’s individuality and the need for parental guidance over the child’s activities and behaviours. In essence, authoritative parenting included warmth and high nurturance but it also comprised fair and firm discipline of children (Emery, 1994). Essentially, the authoritative parent was thought to understand the importance of balance and adjust firm discipline and affection according to the context, child’s development, and age of the child.

Children with authoritative parents were observed to be well socialised and independent. They were described as the most balanced children in that they were self-assertive and explorative but also showed self-control.

**Rejecting-Neglecting.**

This additional parenting style emerged later (Baumrind, 1971), and was characterised by high rejection and discouragement of emotional dependency. This style was also described by Maccoby and Martin (1983). The rejecting-neglecting parent is not warm or accepting. Parents with this style usually do not invest much in creating a positive environment or encouraging the child’s development. Where possible, inconvenience was avoided and parents’ immediate comfort took precedence over the child’s development and growth. Punishment might be used where necessary but parents do not engage with the child on a deeper level, that is, there is no reasoning or explanation to the discipline. The rejecting-neglecting parent did not provide emotional validation or encouragement for the child’s independence or growth. In sum, this group of parents did not seek to be actively involved in their
children’s lives and, to some extent, are motivated by minimising their time and effort with the child (Maccoby & Martin, 1983).

**Parenting Styles and Child Outcomes**

Authoritative parenting has been repeatedly associated with positive child outcomes across many studies, despite differences in measures, variability in the age of the child and the operationalisation of authoritative parenting. A more recent study by Baumrind and colleagues (2010) examined parenting styles across three different ages (pre-school, school-aged, and adolescence) and the impact of these different parenting styles on adolescent competence ($N = 87$). Observations and interviews were completed in a variety of settings (e.g., home, classroom, playground, lab etc.) to increase ecological validity; moreover, multiple informants (parents, teachers and children) provided information through semistructured interviews and questionnaires. The findings continued to support previous research: authoritative parents had the most competent and well-adjusted children with fewer externalising and internalising problems, stronger cognitive abilities, ability to cope with stress and general adjustment. The stability of authoritative parenting and the impact on child outcomes has also been established in a longitudinal study that spanned 8 years. Parents reported on the behaviour of their children ($N = 1049$) aged 7–11 years and on their parenting style via questionnaires (Luyckx et al., 2011). The findings showed that children with authoritative parents were better adjusted than their peers in all areas assessed.

Across the years, studies have consistently shown that children of preschool age to adolescence, whose parents engage in an authoritative parenting style have better academic outcomes (DeVore & Ginsburg, 2005; Love & Thomas, 2014), lower risk for alcohol and drug use (Hartman et al., 2015; Weiss & Schwarz, 1996),
better social competence and mental health (Lamborn, Mounts, Steinberg, & Dornbusch, 1991; Piko & Balazs, 2012), adjustment following divorce (Amato & Gilbreth, 1999), decreased risk of delinquency (Hoeve, Dubas, Gerris, van der Laan, & Smeenk, 2011), overall adaptive emotional regulation (Karim, Sharafat, & Mahmud, 2013), lower risk of smoking (Stanton, Highland, Tercyak, Luta, & Niaura, 2014), improved efficacy during obesity treatment (Rhee et al., 2016), have better perspective taking and higher self-esteem (Yeung, Cheung, Kwok, & Leung, 2016), to name just a few. According to Steinberg (2001), the robust associations between authoritative parenting and positive child outcomes is evident in that,

Adolescents from authoritative homes achieve more in school, report less depression and anxiety, score higher on measures of self-reliance and self-esteem, and are less likely to engage in antisocial behaviour, including delinquency and drugs use…. I know of no study that indicates that adolescents fare better when they are reared with some other parenting style. (p.8)

Perhaps key to the “success” of this parenting style is that authoritative parents are said to understand parenting as neither prescriptive nor a one size fits all formula (Hart, Newell, & Olsen, 2003). As the child develops and grows in his/her autonomy and personality, the authoritative parent learns to evolve his/her parenting style to provide an environment conducive to the growth and learning of the child, while still empowering individuality.

It is also noteworthy that Baumrind’s parenting styles have been shown to be much more consistent predictors of child outcomes than the subsumed parenting dimensions (nurturance and control) and behaviours (acceptance/support and discipline; Power, 2013) For the interested thesis examiner, please refer to Appendix
B for a summary of research on child outcomes relating to parent dimensions and behaviours that underlie authoritative parenting. The literature on each of the relevant dimensions and behaviours reports conflicting findings (Aunola & Nurmi, 2005; Stone, Otten, Janssens, Kuntsche, & Engels, 2013). It seems that the overarching typology of parenting styles in terms of description/explanation is the most effective level at which to capture the active ingredient of the PCR. This broader level potentially avoids more context-bound operationalisation of parenting. The focus is on values and attitudes rather than suggesting universal instantiations of those values and attitudes in the form of behaviours. It has been recognised that two examples of contextual factors that might impact the operationalisation of parenting style are culture and child temperament. Baumrind acknowledges that in different cultural groups some parenting styles seem to have different child outcomes (Baumrind, 1972). She posited that parenting styles may be differently operationalised in different cultural groups (i.e., the same behaviour may mean different things to a child). As such, there might be different ways to effect optimal parenting. Baumrind’s initial studies controlled for the effects of temperament by selecting only children with a stable and consistent trait pattern (Baumrind, 1966, 1967).

**Clinical Translation**

Another vantage point for considering Baumrind’s contribution is from a translational perspective. As previously mentioned, there have been many parenting programs that cite Baumrind’s work as an evidence base though there is still much work to be done in establishing the evidence base from research findings to clinical application. Indeed, her seminal research and theory development led to an evolution of parenting measures and a proliferation of parenting styles questionnaires for self
and adolescent-report (e.g., Parenting Scale (Lamborn et al., 1991); Parental Authority Questionnaire (Buri, 1991); Parental Authority Questionnaire-Revised (Reitman, Rhode, Hupp, & Altobello, 2002); Parenting Styles Dimensions Questionnaire (Robinson, Mandleco, Olsen, & Hart, 1995); Comprehensive General Parenting Questionnaire (Sleddens, Gerards, Thijs, de Vries, & Kremers, 2011). These are used widely in research and also in clinical practice.

In addition to specific translational outputs in terms of assessment tools and treatment programs, Baumrind’s body of work and the broader work that continues to grow from it, is an example of a programmatic translational research endeavour (Lim, 2017). It has provided a framework for several generations of researchers to investigate the nature of parenting and of the PCR in a way that affords the potential for the knowledge base to be less fragmented, more coherent and comparable. In turn, this has facilitated the continued burgeoning of application and publication.

This foundational theory and evidentiary landscape provided conceptual congruence and an opportunity for Baumrind’s model to co-evolve with contextual changes in PCR research. Baumrind herself has remained an active voice in parenting controversies and debates over new and emerging perspectives. She has challenged views on physical punishment (Baumrind, 1997), prematurely increasing children’s rights and responsibilities (Baumrind, 1978) and the emerging view in the behaviour-genetic literature that genetics have a stronger role to play in the nature-nurture debate than was previously thought (Baumrind, 1991a, 1993). With respect to the latter issue, Baumrind was a very vocal countering voice in relation to evidence that a ‘normal rearing environment’ is adequate for children’s genetic blueprint to be fulfilled (Plomin & Bergeman, 1991; Scarr, 1992a, 1993a, 1997). Baumrind drew a distinction between ‘good enough’ parenting versus ‘optimal
parenting’ and contributed, in turn, to a further clarification and exposition from her adversaries of the difference between species-typical child development and culture-typical child development. In sum, although the views remained antagonistic, the debate contributed to furthering the translational potential of the field as a whole.

**What of the Future?**

Evaluating translational research frameworks generally involves a retrospective ‘gap analysis’ (Thompson et al., 2008). If a corpus of work is retrospectively laid down across the translational map from basic research to evaluation of clinical application, it exposes ‘missing pieces’ or ‘weak links’ in the chain of evidence. This can often point to areas for future work or highlight promising strands of evolving research. The strength of Baumrind’s legacy is conceptual congruence. Some of the limitations in the research that her model has spawned will be discussed next.

A noteworthy feature of Baumrind’s work and the burgeoning literature that it has inspired is that the emergent and growing aspects are almost entirely focused on *application* of parenting styles to new domains as summarised at the beginning of this paper. The theory itself has been held as a counterpoint to other theories (e.g., domain based theories, Smetana, 2017; behaviour-genetic theories, Klahr & Burt, 2014) but Baumrind’s theory has not itself changed to any great degree in this process. This is despite the fact that the past 50 years has seen many significant influences on families: cultural, social, economic, and political. These changes have impacted the structure of families (e.g., there are more single parent families) as well as core aspects of daily life (e.g., more mothers are in the workforce) and relational opportunities within families (e.g., some families now have ‘stay at home Dads’, or fly-in-fly-out parents, adult children are living at home longer etc.). Perceptions
about the nature of childhood and desirable qualities in children have also changed. It would be surprising then, if the nature of optimal parenting has not changed in this time. As with any enduring model, evolving is a key feature. Given the mounting evidence of a more bidirectional quality in the PCR (Cappa, Begle, Conger, Dumas, & Conger, 2011; Gault-Sherman, 2012; Keijser, Loeber, Branje, & Meeus, 2011; Padilla-Walker, Carlo, Christensen, & Yorgason, 2012) this may be the next horizon for Baumrind. Although her work does not suggest that the PCR is entirely unidirectional, it robustly emphasises the parent as the most active agent:

> However authoritative parenting is defined and whatever the age of the child, there appears to be a common core of meaning that defines the optimal cluster, and it has to do with inducting the child into a system of reciprocity. (Maccoby, 1992, p.1013)

> It will be interesting to see how Baumrind responds.

Another ‘gap’ in the corpus of work inspired by Baumrind relates to the measurement of parenting styles and of child outcomes. There are four points of note:

1. The voice of the child is silent. This reflects and relates to the fact that the parent’s view of the PCR is privileged in this literature. It is not until adolescence that young people are involved in the measurement of parenting style or child outcomes. This does not fit with what we now know about the important complementary perspectives provided by different familial members (De Los Reyes, Augenstein, Wang, & Thomas, 2015). Nor does it fit with an international drive toward hearing the perspectives of key consumers in healthcare and social care research and decision making (Howe et al., 2017; INVOLVE,
2015; Wilson et al., 2015); children are an especially vulnerable group in this system that has largely been unheard.

2. Fathers do not feature strongly in this literature. While there are some studies that address fathering, the great majority focus on data collection from mothers. This sits in contrast to the literature that suggests that parents may have different roles in the family and different relationships with their children (Jeynes, 2016).

3. Inconsistency of measurement. The strongest evidence base occurs when there is methodological congruency including consistency in measures. In the parenting styles literature there are a range of self-report measures used and many studies do not use a direct measure at all but rather develop ‘factors’ that represent authoritative parenting style incidentally or retrospectively from other measures. It seems the rapid rate of take-up of Baumrind’s work led to a proliferation of methods and measures that makes synthesis challenging.

4. Comprehensiveness and ecological validity of measurement. Related to the previous point, most of the contemporary parenting styles literature relies on self-report measures from a parent (Smetana, 2017). Moreover, the parent is often the sole informant about both the dependent and independent variable measures: parenting style and child behaviour outcomes. Co-determinism of responses is a significant risk in this situation and can lead to a system that is a closed feedback loop: parents report on their child’s behaviour from within the same frame of reference as they are reporting on their own parenting styles.
Self-report questionnaires have additional limitations and potential for bias (Kendall et al., 2014; McLeod, 2001) including:

- Significant literacy and linguistic requirements;
- The “rose-tinted glasses” phenomenon in that parents have a very subjective view of their children and their children’s behaviour. Completion of a self-report questionnaire provides no opportunity for this to be challenged, clarified or expanded;
- ‘Test perception’ with attendant demand characteristics of not wanting to ‘fail’ and of selecting the ‘correct’ response. Respondents may also feel that if an item is on the questionnaire then it must be relevant and provide an answer even despite its irrelevance to them;
- Social ecology impact refers to when participants in parenting programs or parenting research understand what is ‘expected’ of them and respond accordingly. Again, there is potential for a significant social desirability bias;
- It is possible that the response options in parental measurements do not seem to ‘fit’ the question, perhaps due to a non-shared frame of reference between respondents and experts, and a lack of opportunity for clarification. For example, ‘don’t know’ responses are used in a variety of different ways including uncertain response, in lieu of ‘no response’ and as ‘not applicable’ responses;
- Items place a constraint on what can be ‘said’ and what points can be made. This can contribute to the stagnation of an area of research by creating a static model with little opportunity for critical review. New
instruments are typically validated against old ones, which perpetuates this stagnation;

- A ‘response shift’ phenomenon occurs after being in therapy, and refers to the change in how items are completed due to development of a shared language and a shared paradigm for good parenting rather than an actual shift (Wilson, 1999); and

- Anxiety can be induced in respondents, which can influence responding (e.g., Atkinson, Zibin, & Chuang, 2006).

This reliance on single source self-reporting sits in contrast to Baumrind’s original intent and her own methodology in which the measurement of parenting styles was given great attention and care. It involved careful observation in multiple contexts, by trained raters and on multiple occasions, and it also included interviews. This methodological fidelity has been lost on many of the researchers who have adopted the parenting styles framework and constitutes a potentially fatal fault line in the evidence-base.

Just as Baumrind began her research journey by looking for gaps in the extant literature, so the ‘gaps’ identified in this paper provide signposts for potential ‘refresh’ and evolution of Baumrind’s theory and of the broader parenting literature. Baumrind’s legacy, to date, is an impressive landscape of research in the original parenting styles form. The next challenge is to look ahead, to lay out prospectively a translational agenda for the literature on the PCR for the next 50 years.
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Supplementary material

Tables (Supp1 and Supp2) have been replicated from other sources to provide an overview of programs that refer to Baumrind’s work. The effectiveness of the programs was rated by the original authors. Tables have been replicated in their entirety.

Table Supp1

*Summary of parenting programs referencing Baumrind, dosage, and ratings for use readiness, science base, and empirical effectiveness*

<table>
<thead>
<tr>
<th>Parenting Program Name (Target Audience)</th>
<th>Ready to Use</th>
<th>Recommended Dosage</th>
<th>Science Based</th>
<th>Empirical Effectiveness</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Top Programs</strong></td>
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</tr>
<tr>
<td>STAR Parenting (Parents of children ages 1 to 5 years)</td>
<td>5</td>
<td>10 one-hour sessions</td>
<td>4</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Strengthening Families Program for Parents and Youth 10-14 (Court-referred youth, low income families, faith-based groups, Native American families, Asian families, Latino and Spanish speaking families, families with mental health problems)</td>
<td>3</td>
<td>7 two-hour sessions</td>
<td>5</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td>Systematic Training for Effective Parenting (Early Childhood STEP for parents of children 0 to 6 years; STEP for parents of children 6 to 12 years; STEP)</td>
<td>5</td>
<td>9 one- two-hour weekly sessions</td>
<td>3</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td>Program</td>
<td>Duration</td>
<td>Format</td>
<td>Frequency</td>
<td>Additional Information</td>
<td></td>
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<tr>
<td>Teen for parents of teenagers; STEP Spanish for parents of children 6 to 12 years</td>
<td>3</td>
<td>4 two-hour group sessions plus 4 15-30 minute individual telephone calls</td>
<td>5</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td>Triple P-Positive Parenting Program (Clinically depressed parents, maltreating parents, blended families, martially discordant parents, highly distressed parents, parents of children with disabilities, multiple languages and ethnicities)</td>
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<tr>
<td>Promising Programs</td>
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<tr>
<td>Intentional Harmony (Individuals who are employed and balancing work and personal life)</td>
<td>4</td>
<td>6 one- two-hour weekly sessions</td>
<td>5</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Make Parenting a Pleasure (Parents of children 0 to 6 years)</td>
<td>5</td>
<td>13+ two-hour weekly class sessions, followed by a weekly peer support program</td>
<td>4</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Nurturing Parenting Programs (Prenatal parents; parents of children ages 0 to 5 years, parents of children 5 to 11 years; parents of adolescents; teenage parents; maltreating parents; Spanish-speaking parents)</td>
<td>4</td>
<td>12-26 two- three-hour weekly sessions</td>
<td>4</td>
<td>4</td>
<td>12</td>
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<tr>
<td>Additional Programs</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Active Parenting Today (Early Childhood for parents of children 0 to 4 years; Active Parenting Now for</td>
<td>3</td>
<td>6 two-hour weekly sessions</td>
<td>5</td>
<td>3</td>
<td>11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program</th>
<th>Duration</th>
<th>Weekly Sessions</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Sense Parenting (Parents of children ages 6 to 16 years; parents of children with ADHD; Spanish speaking parents)</td>
<td>2</td>
<td>8 two-hour weekly sessions</td>
<td>5</td>
</tr>
<tr>
<td>How to Talk So Kids Will Listen (Parents of children and teens)</td>
<td>4</td>
<td>6-8 one- two-hour weekly sessions</td>
<td>0</td>
</tr>
<tr>
<td>Love and Logic (Curriculum available for parents of children all ages from birth on; Spanish speaking parents)</td>
<td>5</td>
<td>6-8 one- two-hour weekly sessions</td>
<td>4</td>
</tr>
<tr>
<td>Parent Effectiveness Training (Parents of children all ages)</td>
<td>4</td>
<td>8 two- three-hour weekly sessions</td>
<td>3</td>
</tr>
<tr>
<td>Parents as Teachers (Prenatal parents through parents of children entering kindergarten; maltreating parents)</td>
<td>2</td>
<td>Parents as Teachers home-visiting services are offered from pregnancy until kindergarten entry</td>
<td>5</td>
</tr>
<tr>
<td>Partners in Parenting (Parents of children all ages)</td>
<td>4</td>
<td>6 one- two-hour weekly sessions</td>
<td>2</td>
</tr>
<tr>
<td>RETHINK Parenting and Anger Management (Parents of children ages 6 to 18 years; )</td>
<td>2</td>
<td>6 two-hour weekly sessions</td>
<td>5</td>
</tr>
<tr>
<td>Second Time Around: Grandparents Raising Grandchildren (Grandparents who are raising grandchildren; professionals interested in responding)</td>
<td>5</td>
<td>8-16 one- two-hour sessions</td>
<td>3</td>
</tr>
</tbody>
</table>
Table Supp2

Comparison of authoritative/democratic parenting programs

<table>
<thead>
<tr>
<th>Program name</th>
<th>Use of consequences</th>
<th>Parental control</th>
<th>Conflict resolution</th>
<th>Needs and feelings</th>
<th>Autonomy support</th>
<th>Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Effectiveness Training (P.E.T.) by Thomas Gordon</td>
<td>Natural consequences only</td>
<td>Only protectively; influence, not control</td>
<td>Win-win conflict resolution</td>
<td>Both are respected; uses Active Listening</td>
<td>Lots</td>
<td>Very effective; improved kid's self-esteem, IQ, maturity; improved parental attitudes, understanding, empathy, and respect for their children</td>
</tr>
<tr>
<td>Nonviolent Communication (N.V.C.) by Marshall Rosenberg</td>
<td>Natural consequences only</td>
<td>Only protectively; influence, not control</td>
<td>Identify facts, feelings, and needs, then make requests</td>
<td>Both are respected; uses ideas of Active Listening</td>
<td>Lots</td>
<td>Generally effective; reduce conflict, foster trust, deepen emotional connections, heal pain</td>
</tr>
<tr>
<td>Aware Parenting by Aletha J. Solter</td>
<td>Natural consequences only</td>
<td>Only protectively; influence, not control</td>
<td>Win-win conflict resolution</td>
<td>Both are respected; uses ideas of Active Listening</td>
<td>Lots</td>
<td>Very effective; so kids are less stressed, smarter, more moral, non-violent, drug-free, better behaved</td>
</tr>
<tr>
<td>Ginott method by Haim G. Ginott</td>
<td>Natural and logical consequences – which he calls reasonable consequences</td>
<td>Only for protection or logical consequences</td>
<td>Describe, give info, say it in a word, say feelings, write note</td>
<td>Both are respected; uses ideas of Active Listening</td>
<td>Lots</td>
<td>Very effective; better self-esteem, family coping, and quality of life, less stress and depression</td>
</tr>
<tr>
<td>Attachment Parenting by William Sears</td>
<td>Natural and logical consequences</td>
<td>Parent in charge, use of rewards, loss of</td>
<td>Parent wins, the parental authority needs to be</td>
<td>Somewhat respected, although manipulated by use</td>
<td>Clashing influences: rewards and</td>
<td>Generally effective so kids are less stressed, smarter, more moral and autonomous and</td>
</tr>
<tr>
<td>Book Title</td>
<td>Natural and logical consequences – which she calls reasonable consequences</td>
<td>Only for protection or reasonable consequences</td>
<td>Win-win; use of family meetings and encouragement</td>
<td>Both are respected; uses ideas of Active Listening</td>
<td>Lots</td>
<td>Very effective; kids become self-disciplined, responsible, resourceful, resilient</td>
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<tr>
<td>Inner Discipline by Barbara Coloroso</td>
<td>Natural and logical consequences – which she calls reasonable consequences</td>
<td>Only for protection or reasonable consequences</td>
<td>Win-win; use of family meetings and encouragement</td>
<td>Both are respected; uses ideas of Active Listening</td>
<td>Lots</td>
<td>Very effective; kids become self-disciplined, responsible, resourceful, resilient</td>
</tr>
<tr>
<td>Unconditional Parenting by Alfie Kohn</td>
<td>Natural consequences only</td>
<td>Only protectively; influence, not control; “work with kids”, don’t “do to kids”</td>
<td>Win-win conflict resolution</td>
<td>Both are respected; uses ideas of Active Listening</td>
<td>Lots</td>
<td>Very effective; kids become thoughtful, caring, responsible; great info on competition versus cooperation</td>
</tr>
<tr>
<td>Breakthrough Parenting by Jayne A. Major</td>
<td>Natural and logical consequences</td>
<td>Parent sometimes uses control; subtle rewards and punishments in Good Habit Charts</td>
<td>Win-win conflict resolution; use of contracts; great use of parental timeouts to promote conscious parenting</td>
<td>Both are respected; uses ideas of Active Listening</td>
<td>Quite a bit; good help with choosing, autonomy, self-actualisation and freedom, somewhat diminished by using parental controls and</td>
<td>Generally effective; parents become more understanding; kids become more responsible, successful</td>
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<tr>
<td>Book Title</td>
<td>Methodology</td>
<td>Evidence</td>
<td>Example</td>
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<td>Loving Discipline by Karen Miles</td>
<td>Natural and logical consequences</td>
<td>Win-win conflict resolution</td>
<td>Both are respected; uses ideas of Active Listening; Lots; good help with choosing; Very effective; kids become confident, competent, empathetic, loving</td>
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<tr>
<td>Active Parenting by Michael H. Popkin</td>
<td>Natural and logical consequences</td>
<td>Win-win conflict resolution</td>
<td>Both are respected; uses ideas of Active Listening; Lots; Very effective; kids learn cooperation, responsibility and courage</td>
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<tr>
<td>Systematic Training for Effective Parenting by Don Dinkmeyer and Gary McKay</td>
<td>Natural and logical consequences</td>
<td>Win-win conflict resolution</td>
<td>Both are respected; uses ideas of Active Listening; Lots; Very effective; kids learn responsibility, cooperation, confidence</td>
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<tr>
<td>Happy Children: A Challenge to Parents by Rudolf Dreikurs with Vicki Soltz</td>
<td>Natural and logical consequences</td>
<td>Win-win conflict resolution</td>
<td>Both are respected; uses ideas of Active Listening; Lots; Very effective; kids learn responsibility, cooperation, confidence</td>
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<tr>
<td>Connection Parenting by Pam Leo</td>
<td>Natural consequences only</td>
<td>Only protectively: influence, not control</td>
<td>Lots; Very effective so kids are less stressed, smarter, more moral and autonomous and better behaved</td>
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<tr>
<td>Positive Discipline by Jane Nelsen</td>
<td>Natural and logical consequences</td>
<td>Win-win conflict resolution</td>
<td>Lots, but too much “I notice” use when “I feel” would be better; Very effective; kids learn cooperation &amp; self-discipline with dignity intact; good info about family meetings</td>
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<tr>
<td>Book Title</td>
<td>Parenting Approach</td>
<td>Win-Win Conflict Resolution</td>
<td>Conflict Resolution</td>
<td>Resource Description</td>
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<tr>
<td>Redirecting Children’s Behaviour</td>
<td>Natural consequences only</td>
<td>Win-win</td>
<td>Both are respected; uses ideas of Active Listening</td>
<td>Lots; the story of her own personal transformation is inspiring. Very effective; good info on making your environment &amp; relationships empowering; enhance kids’ bonding, trust, and play.</td>
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<td>Kathryn Kvols</td>
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<td>Winning Family Lifeskills by Louise Hart</td>
<td>Natural consequences only</td>
<td>Win-win</td>
<td>Both are respected; uses ideas of Active Listening</td>
<td>Lots; the story of her own personal transformation is inspiring. Very effective; good info on making your environment &amp; relationships empowering; enhance kids’ bonding, trust, and play.</td>
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<td>Louise Hart</td>
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<tr>
<td>Discipline Without Distress by Judy Arnall</td>
<td>Natural consequences only</td>
<td>Win-win</td>
<td>Both are respected; uses ideas of Active Listening</td>
<td>Lots; but her book has careless, clumsy writing. Very effective; good info on specific discipline challenges like cybersafety, netiquette, cyberbullying.</td>
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<tr>
<td>Judy Arnall</td>
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From “Authoritative and Democratic Parenting Programs”, 2017, (http://www.thebiganswer.info/Authoritative-Parenting-Programs.html). In public domain.
Summary

Reflecting on the corpus of work on Baumrind’s parenting styles from a translational perspective has provided a strategic tool for identifying important features of the landscape of research on parenting and, more broadly, on the PCR. The review was not designed to provide a comprehensive analysis of the PCR literature but to highlight some of the most salient weak links in the methodological approach to that evidence base. This process has illuminated key drivers of the imminent paradigm shift and also informed the work in the next stages of this thesis.

In particular, the debate on the child’s agency in the PCR versus the parent’s primacy, seems very relevant to the clinical practice issues that drove this thesis: the absence of the voice of the child in the literature seems to be a very large gap. While theory has long shifted from unidirectionality (i.e., exclusive focus on the effect of parenting on the child) to bidirectionality of the parent-child interaction (i.e., parent effects on children and child effects on parenting; (Hinde, 1979), this needs to translate into research methodology, measurement and clinical practice. The potential scope of bidirectional effects is large and includes “any behavioural, psychological, or biological processes that alter relations between two people, but are not necessarily self-initiated or intentional.” (Schermerhorn & Cummings, 2008, p. 195). Lollis and Kuczynski (1997) stated that:

Although bidirectionality has achieved the status of a ‘given’ in developmental perspectives on socialization, it is becoming increasingly apparent that, quite apart from the methodological and statistical problems, considerable conceptual barriers remain in applying the idea in research and practice. (p.446)
It also seems that the literature on the PCR has moved away from its roots in careful, comprehensive, multi-modal methodology to a strong reliance on self-report measures, which are often single-respondent self-report design. Single respondent reporting on both parenting style and on child outcomes potentially results in co-determination of responses. This has significant potential for bias and the emergence of a closed-loop theory system that self-perpetuates but does not expose itself to critical scrutiny. This closed loop system is further perpetuated by a culture that, increasingly, over the past 50 years, has woven the concept of authoritative parenting into the social fabric as the optimal style to the extent that it introduces a social desirability bias in self-report responding. In combination with the inherent demand characteristics and pragmatic limitations of self-report measures, the reliance on these measures is a significant fault line in the foundations of this growing literature.

It should be noted that there are some very worthy exceptions to the use of self-report questionnaires. There is, for example, a very large literature on observational studies, particularly in the attachment literature. The importance of observational studies is noted but they remain an inferential, secondary (expert) informant source of information and still rely on interpretation by experts looking through a particular “theory lens”. This thesis, in the spirit of the translational ‘gap analysis’ approach, decided to take the route of focussing directly on the voice of the child as a complement to the existing literature.

This decision is also congruent with the international trend toward systemic engagement with, and prioritising of, children’s needs and children’s perspectives. Many countries now have children’s ombudsmen, commissioners or guardians (Kosher, Ben-Arieh, & Hendelsman, 2016). These roles are not simply about representing the needs of children and young people, but also engaging children in
these conversations. This socio-political agenda is also reflected in the broader commitment to active patient and public involvement in healthcare and social care research and decision making (Howe et al., 2017; INVOLVE, 2015; McArthur et al., 2017; Wilson et al., 2015); children are an especially vulnerable group in this system that have largely been unheard. It is only recently that the National Institutes of Health (UK) have committed to prioritising public and patient involvement (PPI) and funded empirical translational research on the impact and value of that involvement (Howe et al., 2017). The full PPI model has implications that go beyond the scope of this project but the key relevant feature for this thesis is the fundamental shift in research approach: PPI is considered as more than obligation. It is prioritised from the conception and design stage (T0 in our GAP model) to methodology, analysis, reflection, reporting, dissemination and evaluation. This integrated partnership is considered critical to ensure the potential for unencumbered translation of basic research to practice; a view very congruent with the GAP model. This fresh way of thinking is equally needed in the PCR domain as we approach a paradigm shift in this well-trodden field of parenting research.

In the studies that follow, the voice of the child will be prioritised and self-report measures will be discarded in favour of interview methodology. This will also allow and actively facilitate a more open stance to be taken in relation to what constitutes optimal parenting from the child’s eye point of view. This agnostic view may help to illuminate a ‘fresh perspective’ less impacted by social norms about best parenting practice.

Finally, this chapter has provided an example of a translational evaluation approach, or ‘gap analysis’ (refer to Chapter 1), as a tool for identifying strengths and gaps in an unwieldy body of evidence that has become so large and culturally
embedded that it is difficult to step outside it. Rather than grapple with the evidence study by study, the translational framework provided an aerial view of the landscape and an opportunity to look for missing pieces or weak links. This approach strategically scaffolded a pathway through the literature to identify key aspects that require addressing. In turn, this review has provided further data to evaluate the efficacy of the GAP model. A surprising emergent finding from the study highlighted a limitation to the GAP model. Specifically, the proposed model prioritised three within-stage metrics for evaluating quality of a translational process: conceptual congruence, methodological congruence and reporting transparency. Baumrind’s work meets conceptual congruency and at least, in the ongoing work, reporting transparency, yet the model has stagnated. In other words, the process of progress seems not to have been iterated between stages. It appears that conceptual congruence has been achieved at the expense of evolution (see Kuhn, 1996), which highlights the need for programmatic review and accountability to facilitate theory growth and continued relevance.
References


**Conceptual, empirical and therapeutic relatedness.** New York: Brunner-Routledge.


CHAPTER THREE

WHOM CAN WE ASK ABOUT THE PARENT-CHILD RELATIONSHIP (PCR)?

This thesis could have taken several directions in furthering our understanding of the PCR. Limitations in the research field would suggest a need for future studies to interview fathers about the PCR. Contrasting mother and father ratings of each other’s parenting styles may also have further illuminated differences in styles at the level of perception and interpretive frame of reference. Here, I have instead chosen to focus on the child’s voice in this conversation and to consider issues relating to children as informants in research on the PCR (as well as in clinical decision making). There are both clinical and research reasons for this decision. Much of what we understand about the PCR has been obtained by parent report or observation, with little input from children until preteen years (Gaylord, Kitzmann, & Coleman, 2003). Clinically, it is also common to rely on parent report for diagnosis of child psychopathology until about 11 years of age. Yet, there are shifts in some matters that concern children, such as inviting children’s opinions about custody arrangements during divorce or separation. The Shared Parental Responsibility Act (Federal Register of Legislation, 2006) states that the child’s maturity or level of understanding is relevant to the weight given to the child’s opinion. Australia’s Medicare also changed children’s rights to privacy where parents needed to ask children over 14 years of age for consent to access their medical records (Australian Law Reform Commission, 2005). Children younger than 14 years of age may also request for their records to be private from their parents if they are deemed mature enough to handle healthcare decisions. These changes suggest that children are increasingly recognised as having an important voice in
issues that directly impact them. However, the practical aspect of respecting and involving children in clinical care continues to be a challenge (Coyne, 2005) due to a lack of a developmental evidence base to successfully guide the engagement of young people. What evidence there is tends to be in the teenage years where the existence and importance of the process of individuation and maturation is commonly accepted. However, there are different strands of research across a number of disciplines that suggest that children of younger ages can meaningfully engage in conversations about issues of importance to them. Given a preference for prevention rather than intervention, the earlier children’s voices can be heard, the better. This chapter therefore reviews evidence that speaks to the issue of finding the earliest possible age that children are developmentally equipped to reliably provide insight into their world and, specifically, into the PCR. Finding the earliest point at which relevant, reliable and meaningful information can be gleaning from children in a non-harmful way is the task of this chapter. Approaching this task in a way that informs a developmental translational framework is also a priority.

The body of this chapter has been prepared for submission to a peer reviewed journal. This introduction provides additional context for the research project that is not otherwise necessary in a published article. In the preceding chapter, it was established that there are two primary contributors to the PCR: parents and children. This chapter focuses on specific aspects of the developmental trajectory through childhood that impact children’s ability to be involved in this research as informants, and identifying the age at which this is plausible. Particularly, we are interested in cognitive, emotional, linguistic, and social abilities as key aspects of ability to engage in fruitful and meaningful conversation. By identifying the chronological age range in which there is a convergence of relevant abilities, we hope to challenge
researcher-clinicians to seek out and actively engage children as informants. In utilising multiple sources of reporting, particularly in dialogues that have an impact on children’s well-being, researchers can potentially obtain a more holistic perspective on the dynamics and interplay of personal relationships.
This following section has been submitted for peer review to *International Journal of Developmental Science*.

To maintain ease of reading and minimise confusion, all tables and figures in submitted manuscripts have been renumbered in accordance to this thesis.
Abstract

Research about children and their relationship with their parents is almost entirely based upon parent report or expert observer report. This research is often impactful on clinical decisions made about children and it is an urgent priority that the voices of children be heard in this conversation to meet the emerging expectation of patient and public participation in healthcare and social care decision making, both in research and practice. A developmentally informed approach to research design is required. To this end, a Developmental Research Participation Rubric (DRPR) was developed to identify the age at which children are ideally positioned cognitively, linguistically, emotionally, and socially, to be key active participants in research about their lived experiences. More broadly, this rubric provides guidance for children’s involvement in all kinds of research and challenges researchers to revisit their hesitation to undertake research with children.
Research about the parent-child relationship (PCR) is inherently translational in intent and as such, must prioritise ecological validity in its design, implementation and interpretation (Fishbein, Ridenour, Stahl, & Sussman, 2016; Sheridan et al., 2016). Yet, traditionally, adults, mostly parents but also researchers and clinical experts, have been the primary, often sole, informants in research exploring the PCR. This is despite findings of significantly different informant perspectives in a seminal meta-analysis of 119 studies investigating clinical assessments of emotional and behavioral problems in childhood. Achenbach, McConaughy and Howell (1987) found higher correlation (Pearson’s $r = 0.6$) in similar informants (i.e., played similar roles in children’s lives, such as parent pairs) than different informants (i.e., different roles in children’s lives, such as parent and teacher, $r = 0.28$). They also identified that different informant types contributed uniquely to variance not accounted for by other informants ($r = 0.28$), thereby giving weight to the value of triangulation of data from unique and separate sources. Importantly, this meta-analysis found that children provided a unique perspective ($r = 0.22$) without which there are significant limitations to the accuracy and quality of data relating to their wellbeing and functioning. Others have since found similar patterns (Kaurin, Egloff, Stringaris, & Wessa, 2016). If this variability is robustly present in studies in which informants are reporting largely on objective behaviors, it is likely to be even more true when reporting on subjective events, attitudes, emotions and impressions. This is heightened further still when those impressions relate to experiences in dynamic and bidirectional contexts such as those that define relationships and perceptions of relationships.

These research findings intersect with an emerging socio-political agenda that prioritises the voice of consumers in health and social care research and decision
making (Wilson et al., 2015). The Patient and Public Involvement (PPI) models in the United Kingdom now require that key consumers (such as research working groups, participants, policy makers) become an integrated part of the research evidence chain including the application of the evidence base. In sum, the end-user of services, or persons most impacted by emergent policy, must be integrally involved from the outset to ensure a strong translational research process.

This paper takes a developmental approach in considering when children might be ‘ready’ to be helpfully and productively engaged as active informants in research. A Developmental Research Participation Rubric (DRPR) was designed to assist with this process and is outlined in Table 3.1. The rubric involves a sequenced approach to addressing some of the barriers that have prevented the inclusion of the voices of children in the research literature. Specifically, the DRPR addresses and integrates (a) Questions: identifies the developmental questions relevant to the research, (b) Theories: draws together relevant developmental theories to inform these developmental questions, and (c) Methods: identifies developmentally informed methodologies that address the developmental questions. The consideration of questions, theories, and methods provides an indication of a developmentally sound pathway to guide researchers in research design. Each of these considerations are addressed next.

**Questions**

Given the inherently translational focus of parenting research, and the preference for prevention and early intervention in clinical practice, the question to be asked is: What is the earliest age in which we can obtain meaningful, reliable responses from children about the PCR? In order to answer this question, we need to consider the developmental prerequisites for engaging children as informants,
beyond simply being able to report accurately and reliably what they see.

Specifically, when can they be engaged as informants about intangible and subjective experiential issues such as relationships? Particularly:

1. At what age are children able to conceptualise and reflect on their experiences (How advanced is their cognitive and emotional development?)

2. At what age are children able to verbalise their experiences of relationships in order to provide insight into their worlds? (How advanced is their linguistic development?)

3. At what age does a child have a separate, distinct and unique perspective of their relationships, and are able to undertake the emotional processing of those experiences (How developed is the emergence of Self, and emotional development?)

4. At what age are children able to reflect on the actions of others, and their relationships with others? (How advanced is their psychosocial development?)

5. At what age are children able to successfully engage with a researcher in an investigative process? (How advanced is their sense of agency and their ability to self-regulate in an investigative process?)

It is proposed that the point at which all of these developmental tasks are mastered will be the earliest developmental stage at which children might be reliably engaged as primary, active, informants on matters of interpersonal interactions or relationships.
Theories

When the literature was reviewed for guidance, it was noteworthy that there was no evidence-based framework, nor research or clinical guidelines for the engagement of children in such conversations. In the absence of evidence, developmental theories were reviewed and integrated to establish relevant parameters and provisional guidelines.

Although neurodevelopmental theories are in the ascendant at present, it quickly became clear that this literature is at too preliminary a stage to fruitfully answer these questions in isolation (Keunen, Counsell, & Benders, 2017; Khundrakpram et al., 2013). More traditional theories espoused by influential psychoanalytic therapist-researchers such as Anna Freud and Melanie Klein, whilst constituting the vanguard of considering children’s emotional and psychological well-being and highlighting observation as a methodology (Freud, 1992), beyond this, offer little pragmatic developmental advice to researchers. In sum, there are presently no age-based or stage-based neurodevelopmental or psychoanalytic models or theories that are sufficiently operationalised or functionally translated to facilitate experimental design or subject selection.

The landscape of theories on child development is vast and to identify which theories most meaningfully contribute toward answering the questions about childhood development, I have started with the father of Psychology - Freud. His work on the superego, ego, and id, continue to influence psychoanalysts today. Specific to PCR, Freud’s focus on the unconscious presumed that children might not have access to their true feelings or cognitions about the PCR. One of his students, Melanie Klein modified Freud’s original theories (e.g., age expectancies) and proposed her own theories of development, including phantasy and object relations.
According to Klein, children viewed their world through phantasy where there is always an underlying unconscious meaning attached to the child’s behaviours and perspectives, and is thereby richly meaningful (Segal, 2004). Furthermore, she stated that children had an underlying fear that “thinking might make it happen” and they counteract this by masking their phantasies as parental expectation. Put together, the concepts of id, ego and phantasy required careful consideration in designing research methodology so as to engage children’s perspectives in a way that is not confronting or overwhelming for them. Particularly, I propose that child-centered methodology that balances their subconscious with power and agency (Alderson, 2008) provides access to children’s unfettered perspectives about the PCR.

According to Freud, the superego develops between ages 3-5 and acts as a thermostat between children’s actual desires and the expectations of society and caregivers. Methodologically, this again has implications in that children’s response bias for social desirability might hamper accurate elicitation of children’s perspectives and opinions. Here, Anna Freud’s contribution to therapeutic work with children was significant in that she: (i) considered children’s emotional and psychological well-being when other researchers were dismissive, (ii) extended knowledge of the subconscious’ defence mechanisms, and (iii) considered that the internalisation of the PCR had an impact on the child’s future relationships. From the start, A. Freud posited the dependence of the child’s superego on their parents, thus placing an emphasis on the PCR to the extent that therapy with children also required analysis of their parents. The impact on her research and clinical methodology was evident in that she engaged in observations of children, as well as worked with them directly, which was uncommon in that time (Freud, 1992).
More traditional developmental models with more fully developed phenotypic levels of explanation, functionally described, provide the most established theoretical framework and the most developed experimental evidence base to address these questions. The work of two Grand Theorists in the developmental literature were chosen for this purpose: Piaget and Erikson. Key aspects of these theories are discussed and then distilled in Table 3.1 to draw a link between key aspects of the typical developmental trajectory and the potential for research participation in childhood.

**Cognitive and linguistic development.**

*At what age are children able to conceptualise and reflect on their experiences, and also verbalise their experiences in order to provide insight into their worlds? (How advanced is their cognitive and linguistic development).*

Piaget proposed (and experimentally confirmed) that children’s cognitive development occurs in four stages: sensorimotor (0–2 years), preoperational (2–7 years), concrete operational (7–12 years) and formal operational (12–16 years) (Adapted from a variety of sources: Case, 1999; Chapman, 1988; Flavell, 1963; Harter, 1998; Oakley, 2004; Siegler & Ellis, 1996). In the sensorimotor stage children are constrained by their physical limitations but, as this changes, their ability to explore increases and aids in the acquisition of knowledge and physical experiences (Oakley, 2004). In the preoperational stage children’s thinking is not yet logical and still highly egocentric, that is, preoperational children are less able to view the world from a different perspective. This does not mean that children cannot contribute as research participants at this early stage, but it does mean that there will be a reliance on external reporters using observational and interpretive methods. The
preoperational child may be able to report what they see but will be less equipped to provide considered opinions.

During the concrete operational stage (also referred here as middle childhood), Piaget identifies that the child’s cognitive system matures significantly and s/he develops a better way of organising and manipulating information from the world around him/her (Flavell, 1963). Children become less egocentric and they are able to apply learnt general principles and logically derive solutions. Perhaps most relevant, in the ensuing 70 years, researchers (see theoretical review by Anderson, 2002) have further explicated the cognitive transitions that occur at around age seven that lend credence to this model, many of which relate to rapid development and consolidation of working memory (Halford, Wilson, & Phillips, 1998), executive functions (Best, Miller, & Naglieri, 2011), and language acquisition (Uylings, 2006). Emotional maturation also continues during this time. As opposed to the proposed psychoanalytical view that middle childhood is a time of latency (Freud, 1905), it is apparent that middle childhood is a time of considerable neurodevelopmental growth (Knight, 2014). Children have significantly greater capacity to reflect on, and make sense of, their experiences during middle childhood.

Linguistically, Piaget categorised children’s speech into (a) ego-centric (up to age 7) and (b) socialised (Piaget, 1959). The ego-centric stage includes largely echolalia and monologue. There are five different subgroups of socialised speech: adapted information, criticism, commands/requests/threats, questions and answers. Adapted information is identified by Piaget as when the child is speaking to the hearer with information of some sort (besides information about themselves) and where there is collaboration and dialogue. The category Criticism is self-explanatory, and refers simply to occurrences where children express their dislike or disapproval.
of something. Commands/requests/threats are easy to identify and discriminate (e.g., “I should like some food”, “mustn’t come in here without paying”). The next category of Questions (spontaneous search for information) and Answers, is best represented by two individuals engaging in back and forth conversation and is different from the questions that younger children (3–4 years old) ask without listening for the answer.

Variation in reading abilities even amongst adolescents showed that psychometric properties of self-report measures in adolescents with alexithymia attributed poorer measurement quality to reading difficulty experienced by younger adolescents (13–14 year olds) compared to older adolescents (17–18 year olds; Parker, Eastabrook, Keefer, & Wood, 2010), highlighting competency variations even within the adolescent stage. This challenges the validity and reliability of self-report measures with children and adolescents and brings to the fore the importance of establishing linguistic competencies even for teenage informants. In-depth research is needed on response quality and reliability of survey questionnaires with children (Borgers, Sikkel, & Hox, 2004) as well as adolescents (Rose et al., 2017). But perhaps most importantly this developmental evidence indicate that children in middle childhood have the cognitive ability to understand questions and are able to verbally respond to questions, however, interview methodology appears to be most suitable as it nullifies any confounds of reading ability. Furthermore, it may have the potential to elicit more valid and reliable information when investigating children’s perspectives on their world. Unlike questionnaires and self-report measures, interviews allow for clarification or validity checking of responses which impacts the veracity of data collection.
In sum, according to Piaget (1959a, 1964), developments in children’s
cognitive conceptualisations and linguistic understanding in middle childhood (7–12
years) show evidence of sufficiently advanced cognition, and expressive and
receptive capabilities, to engage in more mature discussions about complex topics
such as relationships (Piaget, 1959a, 1964). Piaget expressly acknowledges that
children fluctuate between stages as they grow (Flavell, 1963) and that
individualised profiling is the best way to be sure which children have consolidated
the core abilities of middle childhood.

**Psychosocial, emotional, and relational development.**

While adequate cognitive (understanding concepts) and linguistic
(comprehension and reporting) skills are fundamental to being informants in PCR
research and clinical decision making, children also require a maturity in their
psychosocial development as their ability to separate their experiences from others’
is crucial to reporting their unique perspective on shared experiences. Two questions
will be addressed here:

1. At what age does a child have a separate, distinct and unique
   perspective of their relationships, and are able to undertake the
   emotional processing of those experiences (How developed is the
   emergence of Self, and emotional development?)

2. At what age are children able to reflect on the actions of others, and
   their relationships with others? (How advanced is their psychosocial
   development?)

Erikson (1963) proposes eight stages of development with five of these
occurring during childhood: trust vs. mistrust, autonomy vs. shame and doubt,
initiative vs. guilt, industry vs. inferiority and identity vs. role confusion. The overlap between Piaget and Erikson during the lifespan can be seen in Table 3.1.

Given that we have already established that the age with the minimal cognitive requirements for this study is middle childhood, this provides a sensible starting point to consider whether minimum psychosocial prerequisites (as per the questions above) are met. According to Erikson, while the previous stages primarily reflect changes in physical abilities, middle childhood (7–11 years; named Industry vs. Inferiority) seems to revolve around their increasing sense of self and children enter into a phase of “a coming into” of some sort. In some sense, instead of learning new skills, the main priority is a personal focus on mastery and self-discipline: to master whatever challenges are placed before him/her; endeavouring to succeed in all tasks, while refraining and resisting the lure of laziness or returning back into his/her comfort zone. Play, in itself, decreases in importance and the child is now more involved with actual work: studying for school, involvement in extracurricular activities etc. Interaction with parents and other adults also has reached a new level of sophistication. During this phase, the child’s social world expands and there are more opportunities to practice new skills through the increase of social interactions at school, recreational interests and extra-curricular activities. Peers increase in importance and are a factor in contributing to the child’s self-esteem because it is by this measure that they decide their competency or failure. In sum, this is a time where children become more self-aware, have the ability to reflect, and to engage with peers as a reference point for understanding themselves.

As with Piaget, many theorists and researchers who have followed Erikson have added weight to the theoretical structure that he proposed for psychosocial development. One of the areas that continues to be of interest is how children
understand ‘Self’ and what being an individual means to them. Harter (2006) proposes that the Self undergoes continuous changes and is understood as both a social and cognitive construction. The core changes in Self that emerge throughout childhood are incorporated in psychosocial development (Table 3.1). It was suggested that the critical period of development of the Self is in middle childhood because the Self is both a cognitive and social construction, and middle childhood is when children’s social skills are honed and their cognition is developed by schooling. At the start of middle childhood, children have a growing awareness of others’ perceptions about them but this does not translate into an introspective evaluation about themselves (Harter, 2006). As children’s cognitive development increases, they take on a more balanced view of themselves because of their ability to simultaneously hold their understanding of Self in their mind, as well as the representations of others and compare the two.

Others argue that the critical period begins much earlier in infancy and is heavily influenced by attachment figures because they help create a working model of the Self for the child (Bowlby, 1969). Notwithstanding the possibility that the Self develops from infancy, the current point of interest is identifying the point at which children are able to coherently verbalise their experiences of their developing sense of Self. In the context of this particular research investigation then, the acquisition of language is crucial as it facilitates the child’s ability to communicate what s/he understands of himself/herself (e.g., “me”, “mine”, “I am”), others (e.g., “they”, “their”) and it also reflects the child’s ability to establish a personal narrative (Harter, 1999). The presence of both adequate linguistic abilities and development of the Self in middle childhood is a positive indication that the child at this stage might be able to engage as a research informant.
Methods

The two earlier considerations of questions and theories provide an indication of what methodology should be employed. The methodology employed therefore is heavily driven by the stage competencies and expectancies that have been considered in the DRPR (Table 3.1) and researchers can refer to the column “level of potential research involvement” (shaded in grey) for guidance on proposed developmentally-responsive methodology for each developmental stage.
Table 3.1
*Developmental Research Participation Rubric (DRPR): Potential for children’s research involvement as key informants according to developmental theories about relevant psychological constructs.*

<table>
<thead>
<tr>
<th>Birth through 18-24 months</th>
<th>Piagetian Stage: Sensorimotor</th>
<th>Eriksonian Stage: Trust vs. Mistrust Autonomy vs. Shame &amp; Doubt</th>
<th>Level of potential research involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive development</td>
<td>Language development</td>
<td>Emotional development</td>
<td>Psychosocial development</td>
</tr>
<tr>
<td>Object permanence. Self is differentiated from objects. Can set things in motion and act intentionally. Mainly preoccupied with achieving an interesting or pleasurable outcome.</td>
<td>Imitates sounds as part of experimenting; is not aware of the control over their bodies. Takes turns vocalising, recognises names of some objects. Expressive communication lags behind receptive communication. Language absent until later part of developmental period. Can understand key words, responds to familiar requests and understands gestures.</td>
<td>Direct expression of simple emotions (e.g., crying, laughing). Reliance on caregivers during stressful times. Learning to self-sooth and modulate reactivity.</td>
<td>Play is egocentric, with isolated representations, lack of coherence or coordination. All or nothing thinking. Emergent parallel play. Concrete, observable characteristics, attributes in the form of possessions, abilities and activities. Unrealistically positive, cannot distinguish real from ideal self.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Developmental issues specifically relevant to the PCR: Egocentric in relationship with parents; not able to differentiate parents needs from own needs.</td>
</tr>
<tr>
<td>Cognitive development</td>
<td>Language development</td>
<td>Emotional development</td>
<td>Psychosocial development</td>
</tr>
<tr>
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</tr>
<tr>
<td>Starting to form an understanding of concepts (although irreversible and crudely). Focuses attention on one aspect of problem to the exclusion of others. Follows do’s and don’t’s of authority but is not able to grasp the principles that underlie these rules. Not yet able to take on the viewpoint of others or fully understand that their view is separate from others; egocentric. Uses magical thinking for concepts such as decreasing or disappearing.</td>
<td>Learns language and represents world through images and words. Talks about present events.</td>
<td>Increasingly able to identify and label acute simple emotions in self (e.g., Baby mad! Baby sad).</td>
<td>Play is interactional with turn-taking, but with all or none thinking persisting. Basic links (typically opposite) between representations (e.g., either all good or all naughty, no in betweens). Responds appropriately when others are hurt, able to insert self into an existing group and contribute with play ideas.</td>
</tr>
<tr>
<td></td>
<td>Starts to ask questions. Speech is egocentric—what child says is a stream of consciousness (does not need to be said aloud), self-talk. Able to hold conversations, asks about meaning of words, imaginative language (pretend) emerges. Able to follow multiple-step instructions, argue one’s point, talk about past events.</td>
<td>Able to identify and label acute simple emotions in others (e.g., Dad is happy!). Latterly able to identify and label acute simple emotions and proximal causal links (e.g., This ice cream makes me happy).</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Increase of taxonomic temporal comparisons with personal past experiences. Able to self-soothe and control expression of emotion around others.</td>
</tr>
<tr>
<td>Cognitive development</td>
<td>Language development</td>
<td>Emotional development</td>
<td>Psychosocial development</td>
</tr>
<tr>
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</tr>
<tr>
<td>Problem-solving and reconciliation of ideas and experiences.</td>
<td>Language is related to concrete and specific facts. Able to speakfluently and describe events. Complex and compound sentence usage. Starts to “read between the lines”. Shows an awareness of the needs of others and understanding of their point of view. Able to express feelings and emotions effectively through words. Recognise that some words have double meaning. Able to resolve social conflict (e.g., compromising with friends or siblings) through reasoning.</td>
<td>Consistently able to reflect on simple emotions and identify distal causal links (e.g., I feel happy when I play football). Able to reflect on and identify increasingly complex emotions in self and others (e.g., confused, ambivalent, surprised). Able to modify emotions and self regulate.</td>
<td>The start of being able to integrate opposing attributes of self. Identity formation; personal focus on mastery and self-discipline: to master whatever challenges are placed before him/her; Development of ‘Self’ in that both positive and negative evaluations emerge with greater accuracy. Positive and negative comparison with peers; are realistic with their abilities as opposed to previous egocentric perspective. Comparisons also focus on competencies and interpersonal characteristics.</td>
</tr>
</tbody>
</table>
### Teens onwards

<table>
<thead>
<tr>
<th>Piagetian Stage: Formal operational</th>
<th>Eriksonian Stage: Identity vs. Role Confusion</th>
<th>Level of potential research involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cognitive development</strong></td>
<td><strong>Language development</strong></td>
<td><strong>Emotional development</strong></td>
</tr>
<tr>
<td>Thinks logically and examines phenomena systematically. Concerned about the future and other ideological problems. Is able to engage in inferential reasoning. Able to manipulate mental representations without the need for concrete examples.</td>
<td>More abstract language and can be used to debate and express theoretical concepts and logic. Masters increasingly complex vocabulary; able to weave elaborate stories and precise descriptions. Shows signs of being a thoughtful listener by being able to respond the subject matter with their own opinions.</td>
<td>Able to reflect on and identify increasingly complex emotions in self and others.</td>
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</table>
In sum, the DRPR has assisted in building a top-down, theory-driven model for informing research design in engaging children in research about the PCR. The model suggests that middle-childhood is the likely earliest point of direct engagement. A confirmatory process was then undertaken by searching for studies that include children at and prior to, middle childhood. Borland, Laybourn, Hill, and Brown (1998) interviewed both parents and children about the PCR and found that at 5 years of age, children seemed more focused on their own feelings and immediate gratification (e.g., getting sweets, going out) but by age 7, children started to show shifts in conversation towards relational happiness (e.g., family holidays, social activities with friends). By 9 years of age, children emphasised the importance of friendships (which could be the cause of misery or happiness), adults were viewed more realistically (e.g., not all-knowing), which brought to the surface feelings of anger when children felt misunderstood. In the same study, some children also reported that they took on emotional responsibility for their parents’ problems (e.g., financial, marital). There also seemed to be an increased sophistication in children’s understanding of emotions and they appeared to have a better understanding of complex emotions and the progression of emotions. Parents reported that in middle childhood, children showed an increased understanding of the needs of others and were able to respond accordingly. Divorced parents provided examples of how children adapted their conversation because they were keenly aware of their parents’ emotions. The increases in children’s understanding also had an effect on their acceptance of parental reasoning in that children required more sophisticated answers and detailed explanations about why things were, and were no longer satisfied with simplistic answers. They were also able to engage in discussions with parents on a more complex level than previously and these discussions set the
foundation for children to form their own values and opinions on issues. In sum, parents reported that this was a time of contradiction where children were striving for independence but still needed reassurances from parents. Children were more able to discuss and share opinions and they also started to show some level of independent thought, indicating the emergence of distinct opinions from those around them. In summary, both in terms of the integrity of the research process but also in terms of likely rich content, middle childhood seems like a pertinent time to begin to include children as co-investigators.

This developmental mapping process can also helpfully inform the selection of techniques that will be most productive in interviews. Innovative approaches have emerged in researchers’ methodology (Johnson, Pfister, & Vindrola-Padros, 2012) such as photography (Clark, 2004; Einarsdóttir, 2005), drawing (Backett-Milburn & McKie, 1999; Johnson et al., 2012; Vandvik & Eckblad, 1994) and videoing (Buchwald, Schantz-Laursen, & Delmar, 2009). At the broadest level, each of these techniques may have the potential to facilitate children providing their perspective without interference from linguistic limitations (Einarsdóttir, 2005), and psychoanalytic limitations as proposed by Freud. However, the DRPR can assist in identifying what kind of tasks, instructions and/or questions might elicit strongest engagement in these activities and will also assist in interpretation of responses through the lens, for example, of cognitive developmental strengths and constraints at different ages. Examples of the operationalisation of the DRPR into interview techniques and data interpretation will be seen in Chapter 7 (Einarsdóttir, 2005).

**Conclusion: Middle Childhood—A Blind Spot and a Time of Readiness**

In sum, the Developmental Research Participation Rubric has facilitated the operationalisation of a complexus of questions which, in turn, enabled the drawing
together of theoretical and empirical evidence, to identify the point of intersection of
cognitive, emotional, linguistic, relational, and social ‘readiness’ for active research
involvement in relation to the parent-child relationship. The emergent answer was
that this readiness occurs during middle childhood.

The DRPR provides theory-driven and evidence-informed design guidance
for researchers and, in particular, for translational researchers who must place a
priority on the eventual translatability and external validity of their findings. In this
case, it also highlights that the extant literature has under-estimated the potential for
the voices of children to be heard prior to adolescence. Relevance and application of
the DRPR extends beyond the stated developmental domains, and researchers can
further extend this integrated rubric to different areas of development (e.g., inhibition
and attention, fine motor skills etc.). The DRPR is proposed as a starting reference
and guideline to inform researchers about expected competencies and aid in the
development of person-centric, well-informed methodology design. Additional
research that considers different population trajectories, such as those that reflect the
developmental pathways of children with intellectual disability, autism spectrum
disorders, and/or preterm birth, will also extend the application of the DRPR to
clinical research studies and provide structural framework and competency
expectations within age-norms.

This rubric is in its genesis and, we hope, will generate discussion and debate
amongst other translational researchers working with children and families. We also
hope that these findings will challenge researchers to reconsider middle childhood as
fertile ground for including children in conversations about their parents and familial
relationships.
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Summary

This chapter examined several criteria in order to ascertain the earliest possible age in which children can actively participate in PCR research as informants. The result for each developmental prerequisite pointed to middle childhood as the ideal age where children are cognitively, linguistically, emotionally and psychosocially mature enough to provide a unique and reliable perspective of their worlds. This is particularly interesting because there is a noticeable ‘gap’ in the research literature on middle childhood. This may be partly due to the perception that parents are still the most reliable informants at this age but also due to a longstanding psychoanalytic perspective that middle childhood is a period of latency (Knight, 2014). Instead, it seems as though middle childhood is a period of considerable growth and also of potential for obtaining both valid and reliable perspectives on the PCR.

Further, I have established that a Developmental Research Participation Rubric (DRPR) can provide a helpful architecture for guiding researchers toward fruitful levels of research engagement for children of all ages.

Thus far, I have established the importance of the PCR in the lifespan and who we should engage in dialogue about the PCR. The next logical question that follows is: How do we ask children in middle childhood about their PCR?
References


CHAPTER FOUR

HOW CAN WE BEST ASK ABOUT THE PCR?

In Chapter 2 of this thesis, I answered the question “What do we know about the PCR?” Chapter 3 addressed the issue of “Whom can we ask about the PCR?”. It was identified that middle childhood is the earliest developmental period where children are able to hold unique and separate viewpoints in relationships; and are cognitively, emotionally, linguistically, and interpersonally sophisticated enough to actively provide reliable insight into complex relational aspect of their world. The next step in the progression is how do we ask children in middle childhood about their relationship with their parents?

Given that very few studies about the PCR have included children, and even fewer have included children in middle childhood, it is perhaps unsurprising that there is no comprehensive review of methods for gathering data with children. In studies where children are involved, they are usually adolescents, and self-report questionnaires are the common methodology. The limitations with self-report questionnaires are many, for example:

- The very constructed nature of the questions constrain potential answers (Mcleod, 2001). This is a particular issue when questions are selected based on adult perceptions of relevance, often even drawn directly from adult questionnaires.

- When working with children there is, additionally, a strong suggestibility impact when being asked questions constructed by adults (i.e., an underlying assumption that “if the question is there, it must be relevant”).
• There are also response bias and demand characteristics engendered by well-worn topic areas. Directive measurement and priming respondents to consider a focal behaviour, issue or construct, can contribute to measurement bias (Brenner & DeLamater, 2014). A topic such as parenting is fraught with widely held societal expectations and beliefs. It is often clear, even to a child, which is the socially preferred or sanctioned parenting response.

• Co-determination of responses is also an issue for adolescents as single source self-report informants, just as it is for parents (as earlier addressed in Chapter 2). In other words, the same demand characteristics that impact on adolescents’ reporting of their own behaviour (dependent variable) are likely to influence their reporting on their parent’s parenting style (independent variable; Mcleod, 2001).

• In view of the variable linguistic abilities and attention span of children during middle childhood, other issues remain: (a) reading competency for successful independent completion of the questionnaire, and (b) the length of most surveys (Deighton et al., 2014). While there is evidence that children at age 7 can provide reliable survey responses to short, fact-based questions, such as questions about health (Riley, 2004), there is no published evidence that children of this age can provide reliable survey responses to opinion based questions such as those about the PCR. Indeed there is evidence of several biases in responding at this age including high rates of missing items, ‘satisficing’ rather than providing complete
answers, difficulty with negatively worded items and
forgetting/confusing response options (Borgers, de Leeuw, & Hox, 2000). There are also variable linguistic abilities that can significantly impact self-report questionnaire completion through to adolescence (Borgers, Sikkel, & Hox, 2004; Parker, Eastabrook, Keefer, & Wood, 2010; Rose et al., 2017)

Thus, particularly in exploratory studies, it is preferable to have a more open-ended method to allow capture of emergent themes without the imposition or intrusion of pre-existing, albeit often implicit, models of the topic being discussed (Tashakkori & Teddlie, 2010). Notwithstanding this consideration, the design (i.e., framing, communication, structure etc.) of the interview should be carefully considered in accordance to the child’s location in their developmental lifespan (Buckby & McBain, 2015). Interview methodology actively prioritises children as informants by providing fewer constraints on potential responses, and provides children with the opportunity to make their views and perceptions heard in a one-to-one, dynamic, responsive, and interpersonal setting. Interviews also do not depend on literacy and have the potential for response checking for verbal comprehension to improve the quality of the data.

We have also seen preliminary evidence that children in middle childhood can be productively interviewed about the PCR though the study was not without its problems and was published in a book rather than being subject to peer scrutiny though journal publication (Borland, Laybourn, Hill, & Brown, 1998). There is also a strong body of evidence that demonstrates that interviewing by clinicians is beset by bias and judgement even with adults (Croskerry, Singhal, & Mamede, 2013; Faust, 1986; Shaban, 2005). Considering the profound influence of interview-
derived information in research, therapeutic, medical and legal contexts, and evidence-based practice (EBP) is critical.

The challenges of interviewing are compounded when working with children. For instance, it has been demonstrated that children are more open to suggestibility and to the creation of false facts under certain circumstances (e.g., Otgaar, Candel, Merckelbach, & Wade, 2009). That we have a limited evidence base for knowing how to access a rich, complete and accurate understanding of a child’s viewpoint in general (non-traumatic) clinical contexts is of concern. Clinical implications are significant as illustrated by the increasing involvement of children in family court decisions about custody and placement of children, as well as in the involvement of children in health care decisions (see review by Coyne, 2008) and social care decision making (e.g., Sutton & Stack, 2013). Indeed, the UN Convention on the Rights of the Child provides that all children have the right to be heard in matters relating to them (see Article 12; Kosher, Ben-Arieh, & Hendelsman, 2016). The consequences are no less significant in a research context as there is a growing socio-political commitment to privileging the voice of the consumer in translational research (e.g., National Health Institute of Research in UK (Green, 2016; Wilson et al., 2015). In this context, the data collected from children is intended to be prioritised as the evidence base to drive changes to practice.

Although by middle childhood children’s views and perspectives on the PCR should be adequately developed to access, there is no evidence-informed guidance on how to go about obtaining information from children in general interviews. I will address this gap with a systematic review of the current literature on interviewing children. National Health and Medical Research Council (NHMRC) guidelines state
that prior to developing clinical practice guidelines, a review synthesis of the available literature and evidence is necessary.

I began by looking in the usual places for a systematic review of randomised control trials (RCT), which would have enabled a meta-analytic and/or Cochrane style review. However, what became clear is that there are no well-designed, seminal, empirical studies focused on the issues relevant to interviewing children about non-forensic, non-diagnostic matters; much less an established body of empirical work. Whilst this was surprising, it pointed to the importance of finding a way to bring together what disparate information and evidence there is, and to establish a baseline for the design of such empirical studies. This review was designed to take the broadest possible approach to searching the literature and accessing relevant evidence.

Further difficulty was encountered in that systematic review methodology is generally targeted at well-developed literature with high quality RCT studies. There was no clear precedent for this type of systematic review which, by necessity, synthesises articles where interview methodology may be considered as primary, secondary or an incidental feature; and articles may describe qualitative or quantitative studies. This process required the development of a system that could cope with such diversity and that could be used by other researchers undertaking translational research of this kind in the psychological sciences as well as in other fields (such as education and nursing) dealing with mixed methodologies and very few RCTs. Given the translational focus of this research, I relied on both research-oriented and practitioner-focused guidelines to inform the development of a conceptual rubric for reviewing the quality of papers. Specifically: (a) an existing NHMRC quality assessment framework (Grading of Recommendations Assessment,
Development and Evaluation; GRADE) to distil general features of quality research; (b) a recent primer on interviewing techniques, to provide content criteria representative of current priorities in clinical practice (Saywitz & Camparo, 2014); and (c) a practitioner-informed person-centric research design framework (Reid, 2013), which emphasises both the importance of research standards (e.g., accountability and ethics) as well as clinical standards (e.g., relational orientation and evaluation) when conducting and evaluating research, especially when working with vulnerable groups such as children. Once this framework was in place, I used it to evaluate the quality of preliminary-level evidence from empirical and descriptive studies.

This research synthesis comprised five steps to identify:

1. Existing systematic reviews of interview methodology with children;
2. Highly cited articles in which children were interviewed about the PCR;
3. Interviews with children about the PCR irrespective of citations;
4. General interviews with children in peer reviewed research; and
5. General interviews with children in different research areas.

The empirical results of this research synthesis are presented in this chapter and the clinical guidelines and recommendations are examined in the next so as to provide a separation between (a) potential EBP and (b) practice-based suggestions and recommendations. This provides clarity of distinction between the levels of evidence enabling points of congruence and divergence to become more apparent; in so doing, the gaps in the translational pathway will become evident.
RESEARCH SYNTHESIS OF CHILD INTERVIEW METHODOLOGY

Interviews are a common tool of trade for both clinicians and researchers. A Google Scholar search for “interviewing children research” provided 32,400,000 results. However, the term “interview” encompassed a very broad spectrum of methods, evidenced by the large number of papers that included questionnaires as the primary measure (e.g., binary choice, multiple choice, complete the blanks). Nevertheless, given the apparent commonality of interview methodology use with children, it is surprising that there was no published synthesis distilling gold standard techniques or even evidence-based clinical guidelines for general interviewing with children.

There are syntheses evaluating child interview methodology in forensic studies (a few examples include La Rooy, Lamb, & Memon, 2011; Poole & Dickinson, 2011; Reed, 1996). These are excluded because our interest is in interviewing children outside of a legal context and about non-traumatic topics such as familial relationships. The content of the data, clinical sensitivities and demand characteristics in forensic contexts are likely to be very different from those of exploratory interviewing with children on more benign topics or where opinions and perceptions are sought rather than facts.

With the exception of the forensic research literature, reflections on, or evaluations of, interview methodology, are generally an incidental or tertiary feature of research articles. Where it is a primary feature, papers generally focus on one specific aspect of interviews such as the value of group-based interviews in contrast to individual interviews (Morgan, Gibbs, Maxwell, & Britten, 2002). Mostly, however, interview methodologies are described glancingly in the context of exploring a particular topic such as children’s experiences of pain (Kortesluoma,
Hentinen, & Nikkonen, 2003), hospital visits (Coyne, 2005; Harder, Christensson, & Soderback, 2014), AIDS (Abebe & Aase, 2007), food choices (Lopez-Dicastillo, Grande, & Callery, 2013), and drinking water (Geere, Mokoena, Jagals, Poland, & Hartley, 2010). The methodology of general interviewing has not yet come under direct empirical scrutiny.

This synthesis of the interview literature addresses two important issues for the researcher-clinician. Firstly, the drive toward EBP in clinical work calls for treatment and therapies to be evidence-based. Secondly, the use of interview methods in research is increasing because traditional research frameworks utilising surveys are recognised as distancing researchers from participants, limiting the credibility of application from research for clinicians who strive towards ‘real-world’ EBP (Reid, 2013). This traditional approach toward research with subjects or participants has been challenged by emergent research frameworks that seek better collaboration and increased researcher-participant alliance, suggesting that the use of interview methodology may also be a critical element in finding out more about what works, and in doing so promotes better application of contextually valid research findings in clinical settings. This synthesis will provide clarity to both researchers and clinicians about our combined knowledge of interview methodology and ascertain the gaps in our understanding and/or in the translation of evidence into clinical practice.

What Kinds of Interviews Have Been Used With Children?

Saywitz and Camparo’s recent primer (2014) provides an overview of different types of interviewing utilised in different paediatric settings such as: forensic, diagnostic, and ethnographic. Forensic interviews refer to investigative interviews where evaluation of events that occurred are in question and there are
judicial and legal implications. Diagnostic interviews usually occur in a clinical setting where the therapist seeks to evaluate the behaviour of the client against a formal diagnostic system for the purposes of classification to inform therapy and/or treatment. Generally these questions focus on delays, deficits or clinical problems, which, like forensic interviews, tend to create a generally negative emotional valence for the interview. Ethnographic interviews prioritise understanding the child’s point of view, actively put aside adult assumptions and interpretations, and are mostly related to research. Ethnographic interviews are limited to unstructured non-directive interviews and participant observation (Bauman & Greenberg, 1992). Ethnography also focuses on engaging with participants in their natural state, that is, the interviewer conducts field work research that requires a significant amount of time, builds trust, and develops an understanding of the interviewee in their environment (Heyl, 2001). Indeed, it is often the extensive time factor that most clearly distinguishes ethnographic interviewing from other methodologies. There is also minimal structure and participants respond as they wish.

Clinical interviewing is another specific type of interview (Ginsburg, 1997). It is utilised in a therapeutic context and often goes beyond exploratory investigation and information gathering, to include an intention or possibility of eliciting change. It is non-standardised and the interviewer constantly follows the child’s responses so as to interpret their response with the goal of better understanding their individual presentation. An example of clinical interviewing is motivational interviewing which is widely used as a tool to facilitate therapeutic change through targeting questions at points of ambivalence or ambiguity (Miller & Rollnick, 2013).

Non-directive interviewing is a sub-category of clinical interview that explicitly prioritises exploration of the views of the client with no agenda for
inducing change (Rogers, 1945). It is intentionally non-structured and is driven and
guided by the client. The interviewer uses reflective practice to confirm the intended
message of the client based on an assumption that the client has the capacity to find
words to express themselves if given time and support, and if their offerings are not judged. In the context of scientist-practitioner clinical research, non-directive interviewing would seem to hold great potential to minimise interference in
gathering of data whilst providing a supportive, therapeutic context for the
conversation.

Finally, qualitative interviewing is similar to ethnographic interviewing as well as some aspects of clinical interviewing, and has been defined as “attempts to understand the world from the subject’s point of view, to unfold the meaning of people’s experiences, to uncover their lived world prior to scientific explanations” (Kvale, 1996, p.1). Qualitative interviewing is a large overarching framework for many variants of interviewing such as semi-structured, structured, and in-depth. Essentially, it is social enquiry that approaches the participants with curiosity and a ‘clean slate’, without prior assumptions, hypothesis or possible explanations. When utilised in a research context, qualitative interviewing in research is different from clinical or therapeutic interviews where the focus is to elicit personal change. Qualitative interviewing appears to be closest to the style most relevant to research interviews about family.

Saywitz and Camparo (2014) provide the most comprehensive recent summary of approaches to interviewing children. They briefly highlight the importance of factoring in children’s developmental ages when conducting any type of interview. In particular, they outline the importance of linguistic competence, and using concepts that are understood by children at different ages. They also
summarised a number of strategies that were said to be empirically derived, however, they, like others, did not provide references to specific studies that support these recommendations. In sum, the primer sufficiently provides an overview of “what is done” (i.e., interview formats currently in use) and has specific strengths due to its recency, which provided an updated landscape of the research on interviewing children, and the wide scope of interview settings showed that the authors considered different interviewing dynamics in reference to context and setting. However, gaps still remain in that: (a) it does not address interviewing children for non-clinical and non-forensic purposes, (b) the sources of empirically based evidence are not cited, and (c) the developmental considerations were not specific to ages; they were overall guidelines about interviewing children as compared with adults which is a rather blunt metric given the trajectory of rapid developmental change during childhood. These limitations underscored the need for a literature review to synthesise available research on interviewing children but also provided some content based characteristics of interviewing that facilitated further searches and provided some relevant research quality criteria for evaluating empirical papers.

A Systematic Approach

Research syntheses require systematic search strategies and systematic research quality grading systems. The usual search strategies were employed and will be described subsequently. In this instance, finding an existing evidence-quality grading system that accommodated both qualitative and quantitative studies proved challenging.

A systematic grading system is required to determine the relative quality of evidence from different studies and in so doing, provide a structured and defensible
process for translating evidence summaries to practice recommendations.

Gopalakrishna and colleagues (2013) reviewed 12 grading systems in medicine and focused on rating the evidence appraisal system, the process of deriving recommendations from evidence presented, as well as the guideline development processes. The scope of their search was significant and thorough, as there is no repository that holds all the grading systems. However, it was clear from this review that only 3 of the 12 grading systems have been used in empirical studies, which is a limitation in evaluating their credibility and effectiveness. Nevertheless, most systems converge on five factors that downgrade the quality of evidence from an optimal starting point: risk of bias, imprecision, inconsistency, indirectness and publication bias (Balshem et al., 2011). Conversely, there are three factors that upgrade the quality of evidence: large effect, dose response and minimal plausible confounding (Guyatt, Oxman, Sultan, et al., 2011). These factors are in summarised form (Table 4.1), which provides the definition of each evidence grading factor in the gold standard Cochrane GRADE rating system when applied to either observational studies or RCTs. The Cochrane GRADE rating is particularly relevant within translational work as it focuses on the part of the process that is moving from research (evidence) to recommendations, and then to practice. The information in Table 4.1 has been compiled from a series of GRADE papers.
### Table 4.1

**GRADE criteria as they pertain to different types of studies**

<table>
<thead>
<tr>
<th>Evidence grading (source)</th>
<th>Type of study</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk of bias: Limitations of the study design or flaws, also known as validity or internal validity (Guyatt, Oxman, Vist, et al., 2011).</td>
<td>Observational study</td>
<td>Failure to develop appropriate eligibility criteria (e.g., unmatched /overmatched case control studies).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Flawed measurement of both exposure and outcome (e.g., recall bias in case control studies).</td>
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<tr>
<td></td>
<td></td>
<td>Failure to adequately control confounding (e.g., lack of adjustment in statistical analysis, failure to measure or adjust for prognostic imbalance).</td>
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<tr>
<td></td>
<td></td>
<td>Incomplete follow-up.</td>
</tr>
<tr>
<td></td>
<td>Randomised trial</td>
<td>Lack of allocation concealment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of blinding (from patients’ perspective).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Incomplete accounting of patients and outcome (lack of follow up).</td>
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<tr>
<td></td>
<td></td>
<td>Selective outcome reporting bias.</td>
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<tr>
<td></td>
<td></td>
<td>Other limitations (including stopping early for benefit and therefore treatment effects are overestimated, use of non-validated outcome measures such as patient-reported outcomes, carryover effects in crossover trials, recruitment bias in cluster-randomised trials).</td>
</tr>
<tr>
<td>Imprecision: Confidence in estimate of effects, most commonly determined by the variability of the 95% confidence interval (CI) for both control and intervention outcomes (Guyatt, Oxman, Kunz, Brozek, et al., 2011).</td>
<td>Practice guidelines</td>
<td>Imprecision should be rated down if the CI crosses the clinical decision threshold for either recommending or not recommending the treatment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Is the criterion for an optimal information size (OIS) met (the number of patients involved in the systematic review should be more than the conventional size of an adequately powered RCT)? If it is not met, imprecision should be rated down.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If OIS is not met, imprecision should be rated down.</td>
</tr>
<tr>
<td></td>
<td>Systematic reviews</td>
<td>The relationship between CI and relative risk should also be taken into consideration.</td>
</tr>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>
### Inconsistency: Related to heterogeneity (Guyatt, Oxman, Kunz, Woodcock, Brozek, Helfand, Alonso-Coello, Glasziou, et al., 2011)

Consistency does not get rated up but inconsistency should be rated down. Four factors should be considered when identifying inconsistency:

1. Point estimates have a wide variation across RCT studies.
2. CI show no overlap (or minimal).
3. Test for heterogeneity has a low \( P \)-value.
4. \( I^2 \) (proportion of variation in point estimates due to between study differences) is large.

### Indirectness: The ability to directly compare interventions with applied populations, as well as outcome measures that are important to patients (Guyatt, Oxman, Kunz, Woodcock, Brozek, Helfand, Alonso-Coello, Falck-Ytter, et al., 2011)

Four factors that contribute to decreasing the quality of evidence:

1. Differences between participants in study and those in population of interest. This challenges the applicability of found outcomes.
2. If there are differences between the intervention provided in the study and intervention that external population is able to receive.
3. Are the outcome measures important to patients? At times, study outcomes (surrogate outcomes) are different from patient-important outcomes and if the difference between the two is large, then it should be rated down for indirectness.
4. If there are no direct comparisons between interventions but interventions have been compared to control groups, then quality of evidence should be rated down.

### Publication bias (Guyatt, Oxman, Montori, et al., 2011)

Due to repeated rejection at more prominent journals, researchers tend to not submit negative results for publication. At times, the results might be published in more obscure journals that might not be indexed in larger databases. Due to the nature of publication bias, it is difficult to downgrade and determine a threshold for it. Therefore, GRADE profiles are categorised as “undetected” and “strongly suspected”. GRADE recommended only one downgrade instead of two for publication bias and to exercise wisdom in the face of early results (particularly with small sample sizes).
<table>
<thead>
<tr>
<th>Study Type</th>
<th>Study Design</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large effect (Guyatt, Oxman, Sultan, et al., 2011)</td>
<td>Observational study</td>
<td>A conservative approach towards rating up for large effect size indicates that a change in rating should be considered only if there are no confounds, risk of bias, precision and publication bias.</td>
</tr>
<tr>
<td>Dose response (Guyatt, Oxman, Sultan, et al., 2011)</td>
<td>Observational study</td>
<td>A dose-response gradient is a criterion for the presence of a putative cause-effect relationship.</td>
</tr>
<tr>
<td>Minimal plausible confounding (Guyatt, Oxman, Sultan, et al., 2011)</td>
<td>Observational Study</td>
<td>GRADE considers observational studies to be providing low-quality evidence due to residual confounding in that unmeasured confounds are unequally distributed between intervention and control groups. At times, all plausible biases cumulate, resulting in an underestimation of treatment effect.</td>
</tr>
</tbody>
</table>
GRADE goes further than assessing the quality of the evidence in that it provides recommendations for practitioners in a systematic, reliable, and practice-informing way that is useful across all health professions. The strength of recommendations is determined after rating the quality of the evidence, which further assists researchers and clinicians in informing patients and clients about the impending decision making process. In undertaking this additional step, GRADE builds the translational bridge between research and practice by systematically providing key information to researchers and clinicians about best practice based on the strength and quality of empirical evidence. This is especially important when considering the extensive number of studies available about a particular topic, as well as the difficulties of comparability between studies given the wide variation in methodology of individual studies. Due to the nature and focus of the Cochrane system, there is strong support for the inclusion of RCTs.

**Identifying RCT studies for inclusion.**

In keeping with the Cochrane system, I sought to identify RCTs that examined the methodology of interviewing children. Exclusion criteria included forensic studies, diagnostic assessments, and interviews with children who were older than 10 years old. Four scientific databases (Cochrane, Psyinfo, Scopus and Web of Science) were searched and across all databases, term variants were applied, that is, ‘randomized’ also searched ‘randomised’. Depending on the specific search terms of the database, the terms “near” and “W” (truncation for “with”) were used to include documents that contain the search terms (in any order), within a specified number of words (five) apart.

Cochrane Library search terms were “child near interview” (Title, Abstract, Keywords) AND randomize (Search all text). The databases of interest in this
research synthesis were: Cochrane central register of controlled trials and Cochrane methodology register. From the register of controlled trials, 307 trials were identified, all titles were read and six articles involved interviews with children, but none had interviewing methodology as the primary focus of the article. The Cochrane methodology register consists of studies that report on methodology of controlled trials and there were 7 studies identified. However, none met criteria.

Psycinfo database search terms were randomised AND (child* NEAR/5 interview). This located 387 results, and three articles included interviews with children but none met criteria for interview methodology with children.

Scopus database search terms: TITLE-ABS-KEY (randomised AND (child* W/5 interview). 323 results were identified and two included both parents and children. However, upon reading the abstract, the articles did not examine the methodology of interviewing children.

Web of Science database search terms: TOPIC: (randomised AND (child* NEAR/5 interview). 346 articles were located, two appeared relevant. However, upon reading the abstract, the article did not meet the criteria of either examining the methodology of interviewing children. Despite this extensive search there were no RCT studies retrieved (see Figure 4.1).
Figure 4.1. Flowchart of the retrieval process of RCT related to methods for interviewing children about the PCR for inclusion in the systematic review.

This process gave a preliminary indication of both the paucity of studies and the challenge of synthesizing research on methodology in contrast to reviewing specific intervention outcome studies. The lack of RCTs or the indirect investigation of studies undertaken in this area led to questions about: (a) whether it was worth proceeding, and (b) the feasibility or relevance of using this grading system.

In answer to the first question, the dependence of our profession on interview methodology and increasingly, on EBP, provided impetus to persist, if only to find guidance for future studies designed to provide an evidence base. Minimally, there was the potential to distil what current practice is, even if we could not progress to evidence-based recommendations for preferred practice.

In answer to the second question, it seemed nonsensical to adopt the GRADE system in a research area where there are no RCTs. Further, for GRADE analysis, there is a foundational requirement that the question of interest must be a primary
focus of the study and must be directly addressed by the research design. In the non-forensic interview literature, despite its apparent size at first sight, no studies were found that set out to trial and/or compare interview techniques with children about the PCR. All studies were thus fatally compromised in terms of (a) risk of bias and (b) indirectness as well as (c) confounding whilst other features such as dose response, effect size and imprecision were not even able to be addressed. Thus, the GRADE system was abandoned. However, given that consistency and comparability of studies remains of central importance in preventing gaps and facilitating progression in translational research, devising a new rating system to assess more preliminary research, with more preliminary criteria seemed necessary to inform the development of interim, provisional, guidelines. In turn, this would contribute to ‘shaping’ research design toward justifying the development of more formal research guidelines which, like clinical guidelines, require a robust evidence base (Andrews et al., 2013).

The next section was prepared for submission for publication in a peer-reviewed journal and outlines development of the Quality of Evidence Rating System (QERS) which was used as the criteria rating system for articles retrieved in the research synthesis.
References


Qualitative findings from a mixed methods study in rural South Africa. *Child Care Health Dev, 36*(6), 818-826. doi: 10.1111/j.1365-2214.2010.01098.x


of evidence. *Journal of Clinical Epidemiology, 64*, 1311-1316. doi: http://dx.doi.org/10.1016/j.jclinepi.2011.06.004


DOING NO HARM: ADDRESSING THE QUALITY OF EVIDENCE IN TRANSLATING RESEARCH TO PRACTICE IN PRELIMINARY RESEARCH FIELDS

This article has undergone peer review and has been accepted for publication in the European Journal of Person-centered Healthcare (see Appendix J for letter of acceptance).

To maintain ease of reading and minimize confusion, all tables and figures in submitted manuscripts have been renumbered in accordance with the sequenced chapters in this thesis.
Introduction

In any process of research synthesis, an evidence quality rating system is needed. Arguably, the gold standard rating system is the Cochrane Grading of Recommendations Assessment, Development and Evaluation (GRADE; (Guyatt et al., 2008) which strongly encourages, and is anchored in, randomised controlled trial (RCT) methodology. Yet in many fields, clinical translation research occurs at point of service where RCTs may be neither feasible nor contextually valid (Estape, Mays, & Mayberry, 2014). Often clinical service research is more pragmatic and utilises mixed methodologies (Peters, Adam, Alonge, Agyepong, & Tran, 2013). This presents a conundrum for scientist-practitioners who want to evaluate best treatment practices. In distilling relevant findings from an oblique literature, a quality grading system is, arguably, even more important than evaluating RCTs. We were faced with such a dilemma when attempting to synthesise research evidence about interviewing children. This paper reports on the pilot process of developing the Quality of Evidence Rating System (QERS). The QERS was developed as part of a research project on interviewing children and throughout this article, we will make reference and provide examples that were specific to child interviews as examples of practical ways that the QERS was outworked in clinical integration research. The provision of these examples is not meant to limit the scope of the QERS but, rather, to agitate the scientist-practitioner to identify application of the QERS for extrapolation in different fields.

When we began our review of the paediatric interviewing literature, an initial scan of research studies highlighted several important features that would be required of an evidence-grading system (Lim, 2017). Specifically, a grading system must accommodate:
• Empirical, peer-reviewed literature, as well as ‘grey’ literature focusing on current clinical practice;
• Secondary and incidental sources, given the lack of studies that directly and primarily assess the effectiveness of different interview methodologies; and
• Quantitative and qualitative methodologies and mixed methods.

If findings or implications about interview techniques were to be gleaned from information presented indirectly, then it was essential to establish confidence that researchers had undertaken the interviews with the quality and contextual validity of the interview in mind. We needed to find a way to identify papers in which researchers had given careful consideration to the conceptualisation, communication and critical evaluation of their interview methodologies. That is, we needed to be sure that they had brought their ‘practitioner eye’ to the research process.

**Person-centric Research Framework**

Reid’s (2013) person-centric framework was used to establish whether clinician-derived criteria for quality research practice had been met. The priorities in this model are discussed here.

**Accountability in methodology**

Accountability must be provided to the research participant but also to the end-user clients who might be impacted by the research findings. Specifically, contextual validity in design is privileged as a prerequisite for confident application. Accountability in methodology in this context may include what was done as well as what was reported (to allow evaluation and replicability). Operationalisation of accountability in the context of conducting child interviews for our study included
either of the following indicators, which suggest that the basic processes of developmentally-responsive interviewing were given some consideration:

- Explaining the purpose of the interview to children shows that researchers understand the developmental importance and impact of providing a context for the interview.
- Stating the age of the child and/or what developmental needs they may have and the implications for preferable interview type, maximum number of questions, interview setting, length of interview, and use of prompts.

**Relational orientation**

That the participant-*person* is prioritised through a methodology that considers connection and engagement between researcher and participant as a necessary prerequisite for authentic engagement and high quality data—in this study (Lim, 2017), it meant fully appreciating the developmental needs of the participants. Children are often in a position of unequal power with adults and the process of participating in an interview with an adult can feel overwhelming. The quality of the data and the wellbeing of the participant will both likely be dependent on establishing a positive relationship between researcher and child. Considerations of operationalisation when interviewing children included prioritising and reporting on:

- Rapport building and/or designing the interview such that there is attention paid to establishing a friendly and supportive interaction between the child and researcher.
- Assent/consent procedures: Children’s assent/consent for involvement is oftentimes assumed. The decision to be involved in research is mostly made by parents without prior consultation with the child.
Involving children in the process of assent/consent implies that the researcher is prioritising the needs of the child and as such is considered here as an indicator of a child-centred research process. Even though not legally binding, obtaining assent/consent from children goes beyond an obligatory ethical consideration and contributes to setting the tone for the interview. Informing children about the study, what it entails, the role of the researcher, and seeking children’s permission to engage in participation, actively and intentionally addresses what is commonly an imbalanced power dynamic between researcher and participant. It is important for researchers to value and understand the implications of a seemingly small ‘gesture’ of obtaining assent/consent from children as this has ramifications into establishing rapport, as well as setting the foundations for the dynamics of researcher-participant interaction.

Both of these considerations recognise the priority of attending to the developmental needs of the child.

**Capturing complexity**

That triangulation of mixed methods is used to strengthen confidence in the body of evidence, given the different forms of bias inherent in each methodology. Conducting interviews with children also includes a consideration of linguistic abilities such as language loading of the interview, flexibility for individual differences in cognitive ability as well as an understanding of developmental competencies at different ages. Two indicators of attempts to capture this complexity during our child interviews include:

- Framing questions in a developmentally-responsive way.
Taking into account the child’s profile during data analysis and interpretation.

Reflective practice

That the researcher takes the time to critically reflect on, evaluate and report the methodological choices they made with respect to the impact on participants. The person-centered research framework highlights the importance of reflecting on the research process, including methodological challenges and efficacy. The presence of any of the indicators below suggests intentional consideration to engaging in reflective practice:

- Reporting findings to children actively includes them as stakeholders and informants in the research process and emphasises their active and valuable contribution to the study. Most research does not provide feedback to participants about the outcome of the study and this is even rarer when children are involved.

- Providing details of the interview process enables replication by other researchers. Perhaps more importantly, it is the reflection and evaluation of seemingly basic considerations (e.g. did the interview take longer than expected? Were children distressed by the questions? Was the question structure and language comprehensible?) that indicate a point of difference beyond simply eliciting information about a specific topic.

Idiographic and nomothetic

That attention is given to both group related differences and individual differences. The person-centred framework reminds us that an individual client (participant) is unique and may, through points of difference, alert us to important
aspects of general rules or principles. Individual case studies that stand in contrast to
general findings can encourage us to reflect on aspects of the research question that
we did not expect and do not understand. In the case of reporting on interviewing
children, this might be represented by:

- Reporting on individual case studies in addition to group findings.
- Looking for convergence and divergence between individual and
group findings; valuing similarity and difference.

**Emergent properties**

That the researcher is not so shackled to hypotheses that they stop noticing
unexpected emergent findings. In the case of interviewing children this might
include:

- Reflecting on the process of interviewing and drawing attention to
  unexpected findings or curious observations.
- Reporting on a change in direction in the study that resulted from an
  emergent finding.

**Quality of Evidence Rating System (QERS)**

The QERS specifies questions representing these six categories (Table 4.2).

Table 4.2

*Person-centric research principles and corresponding operationalisation of Quality
of Evidence Rating System (QERS) criteria*

<table>
<thead>
<tr>
<th>Principles of Person-centric research</th>
<th>Operational criteria</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountability in methodology: Researchers have considered and specified details of methodology especially when working with vulnerable populations such</td>
<td>1. Explain the purpose of the interview to the children</td>
<td>Did children know what the study was about or what the interview was for?</td>
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<tr>
<td></td>
<td>2. Framing of questions</td>
<td>Were questions developmentally considered for the age of the children?</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
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<td></td>
</tr>
<tr>
<td>3. Interview type</td>
<td>Did the article state the type of interview? E.g. open-ended, structured, diagnostic.</td>
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<tr>
<td>4. Setting</td>
<td>Where was the interview conducted? Is it child-friendly?</td>
<td></td>
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<tr>
<td>5. Number of questions</td>
<td>How many questions were included in the interview? Is it manageable?</td>
<td></td>
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<tr>
<td>6. Length of interview</td>
<td>Was the length of interview reported? Was it manageable for a child?</td>
<td></td>
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<tr>
<td>7. Prompts</td>
<td>Were prompts used during the interview, were these stated explicitly? Were they developmentally relevant?</td>
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<tr>
<td>8. Assent/consent</td>
<td>Was it stated that the child’s written assent/consent was obtained?</td>
<td></td>
</tr>
<tr>
<td>9. Rapport</td>
<td>Did the interviewers establish rapport with children- was this explicitly stated/elaborated?</td>
<td></td>
</tr>
<tr>
<td>10. Analysis</td>
<td>Were children’s developmental needs and differences taken into consideration during the analysis of the results?</td>
<td></td>
</tr>
<tr>
<td>11. Report findings to children</td>
<td>Were findings of the interview shared with children?</td>
<td></td>
</tr>
<tr>
<td>12. Reporting of interview processes</td>
<td>Was the interview process reported in detail? Were there details (e.g., order of interview, sequence of engagement with child etc.) that would be suffice for study replication?</td>
<td></td>
</tr>
<tr>
<td>Reflective Practice:</td>
<td>Engages in reiterative processes during data collection.</td>
<td></td>
</tr>
<tr>
<td>Idiographic &amp; Nomethetic:</td>
<td>Reporting on individual case studies in addition to group findings</td>
<td></td>
</tr>
<tr>
<td>Emergent properties:</td>
<td>Reflecting on the process of</td>
<td></td>
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</table>

Relational Orientation: The experience of the participant as a priority and implies that a collaborative approach is necessary, even if the participant is a child.

Capturing Complexity: Consideration of different developmental aspects including individual differences.

Reflective Practice: Engages in reiterative processes during data collection.

Idiographic & Nomethetic: During analysis, attention is given to both group related and individual differences.

Emergent properties: Where
unexpected findings emerge, the researcher is open minded to consider alternate hypotheses interviewing and drawing attention to unexpected findings or curious observations Reporting on a change in direction in the study that resulted from an emergent finding

In considering the quality of a study, each item was scored with a maximum of 2 points (0= not present, 1= partially mentioned, 2= adequate information for study to be replicated). The minimal ‘bar’ for acceptable quality for inclusion in research synthesis may be decided on as an absolute level or a relative level, depending on the general stage of development of the research corpus for the domain of interest, though a relative cut-off score prevents floor effects. In our study, a 50% target (i.e., 12 points out of a maximum 24) was set on the basis of a restricted range of scores (a generally poor quality of reporting on methodology) with the view to conducting a very preliminary review to ‘shape’ or guide future research endeavours relating to interviewing children. It was decided that a 50% score suggested that some degree of conscious priority and attention had been given to developmentally-responsive interview methodology.

At first glance, the items in the QERS do not seem particularly sophisticated, complex or comprehensive, however, the preliminary review of the literature identified that these criteria remained unmet in a majority of papers. The process of developing a quality evaluation scale must involve consideration of the scope and limits of the available evidence-base. Operationalising each research quality criterion so that it is ‘within scope’ for a majority of studies is the only way to ensure that it is an effective tool for differentiating the body of work. To this end, in our study the final two criteria (Idiographic/Nomothetic and Emergent Properties) were not
included in the QERS as the body of evidence is too preliminary to support these more sophisticated criteria. In this context, we acknowledge that these criteria are aspirational and will be valuable considerations for the scientist-practitioner in the design and development of future research.

**Conclusions**

In sum, the QERS provided us with a scaffold to help in looking for evidence that researchers had consciously addressed the issues of evidence quality when reporting their research in the published literature. Specifically, in this case, that they had prioritised the child in the process of designing and/or conducting the interviews (Campbell, Collins, & Reid, 2013) as a prerequisite for translational validity. Whilst acknowledging that these are very rudimentary indices of quality and exist prior to those more usually assessed, these preliminary criteria were determined likely to (a) assist in locating studies worthy of review for the distillation of insight into interviewing children and; (b) provide guidance toward the design of future empirical studies for exploration of interview techniques. And indeed it did (Lim, 2017).
References


Aims of the Research Synthesis

When the search for an integrated evidence base fell surprisingly short of expectations, there were two options: abandon the search, or further investigate the landscape of published research. The latter option was chosen because the published literature will be influencing practice decisions in spite of its limited quality. It will, in the absence of better evidence, be elevated to the status of best available evidence and used as a justification for practice. This potential is best exemplified by the many sets of guidelines that refer to this published literature. Andrews and colleagues (2013) warn against such extrapolation and note that weak evidence is a poor predictor of successful outcomes but often the ‘published’ status of evidence is seductive. From within a translational research framework, exploring the landscape of a poor quality evidence base can then, minimally, identify gaps within and between stages of translation. More specifically, it can highlight and critique fatal faultlines in a body of work, even when that work may be prolific (as previously discussed in relation to the PCR literature and the over-reliance on single source, self report measures). In the context of a prospective translational framework such as GAP, this process of engaging with a poor quality evidence base in some detail, is also proposed to have strategic, and preventative potential in driving paradigmatic change in the T0 stage of conceptualisation of a new research agenda.

The aim of this research synthesis, then, is to provide an overview of current practice and best available evidence in interviews with children. The search was expanded and diversified, consistent with the principles of triangulation of data to strengthen confidence in findings when the evidence base is weak. The inclusion and exclusion criteria for the research synthesis are described, followed by the steps undertaken to identify relevant articles.
Locating Relevant Studies: Description and Parameters

For the purposes of this review, ‘children’ are defined as being 10 years of age or younger, in accordance with the definition set by the WHO (World Health Organization, 2014). ‘Interview’ is defined as verbally engaging in conversation with children face-to-face about a research topic or to answer specific questions. Further, to meet the present definition, children should have the opportunity to clarify their opinions and perspectives during an interview. This excludes questionnaires that children complete by themselves that require only reading or writing answers down as a response. Completion of psychometric assessments was also excluded (i.e., where children’s responses were for the sole purposes of completing a standardised assessment instrument, e.g., measuring cognitive aptitude, verbal comprehension etc.).

Forensic literature posed a quandary. The severe and longlasting implications of legal proceedings have prompted a significant amount of work into forensic interviewing. Initially, it seemed advantageous to include forensic interviews, as children’s reliability is relevant to general interviews. However, the purpose of forensic interviews is to obtain facts about an event that occurred, usually a traumatic event, rather than children’s subjective experiences or insight about the world around them. A preliminary scoping of the forensic literature indicated that studies focused strongly on: accuracy, recall strategies, accessing traumatic memories, schema scripts, suggestibility, truth-telling vs. lies, and rapport building (with the sole intention of gaining trust in order to elicit most accurate information). This seemed antithetical to developing guidelines for interviewing a child about their subjective perspective on the world; about non-traumatic aspects of their lived experience; and about their reflections on relationships (both experiences and observations of).
Additionally, several syntheses of this body of evidence already exist (the interested reader is directed to Appendix C for a summary of articles that have reviewed the forensic and legal literature), and it was felt that further synthesis would not significantly enhance this body of work. As such, after significant deliberation and expert consultation with clinical researchers, forensic interviews were omitted from the research synthesis and the focus on non-forensic developmental interviewing as a distinct, valuable, and under-researched specialisation, was re-affirmed.

Interestingly, diagnostic interviews also fell in the grey zone of these inclusion and exclusion criteria. Again, the primary goal of diagnostic interviews is a fact-finding, symptom-based, process rather than obtaining an individual’s perspective (Saywitz & Camparo, 2014). As such, the extent of the depth of interview is dependent on the diagnostic interview tool/instrument, which varies according to clinical needs but often with little opportunity for exploratory conversation. It is also the case that diagnostic interviews tend to have a negative valence to the questions, as the focus of interview is on identifying difficulties, deficits, or delays. The diagnostic interview that was considered most closely was the Children’s Attachment Interview (CAI; Target, Fonagy, & Shmueli-Goetz, 2003) because it investigates the attachment aspect of a child’s relationship with their caregiver. It has some promising psychometric results, which suggests that it reliably and validly measures attachment and is suitable for children in middle childhood (Shmueli-Goetz, Target, Fonagy, & Datta, 2008). However, it is clear that this interview protocol has a negative valence, that is, the questions are predominantly about what occurs during ‘bad’ events (e.g., “what happens when your mum gets cross with you or tells you off”, “do you ever feel that your parents don’t really love you”, “have you been badly hurt by someone outside your family?”, “have you ever
been touched sexually by someone when you didn’t want him/her to do it”). There are demand characteristics associated with such conversations with a child about their parent that share some features with forensic interviews. As an example, children may feel inhibited or concerned about commenting on their parents in this way, which may influence how they respond. Similarly, interviewers needing to elicit information from children about negative events are likely to have a different stance and take a different approach from interviews asking questions that do not have this valence. In keeping with the primary intention of the research synthesis, which is to evaluate interview methodology that elicits children’s perspectives and opinions of their world, it was decided that the assumptions and realities associated with diagnostic interviews did not meet this criterion.

In addition to experimental research studies, theoretical papers that consider methodological issues during interviews with children were included as well as child interview guidelines. The inclusion of these conceptually different types of theory and opinion articles provides the potential for a clearer picture of what is available in the field thus far, given the lack of empirical studies. Furthermore, it was important to review whether clinical guidelines and recommendations have been derived from empirical studies.

The theoretical papers will be addressed fully in the next chapter but it is worth taking a sidestep to broadly clarify this process. Papers reporting clinical guidelines and recommendations could not be rated according to the same criteria as experimental studies, as the type of information provided in the articles is inherently different. In place of the QERS, I examined the empirical underpinnings of each of the clinical guidelines and recommendations; in particular, whether they are adequately supported by empirical research or whether there are other justifications
provided for their recommendations. These non-empirical studies were identified throughout the various steps of this research synthesis and will be addressed separately in the next chapter.

**Method**

The following steps ensured a comprehensive research synthesis was conducted. Studies identified included:

1. Existing systematic reviews on interviewing children.
2. *Highly cited articles* on the PCR where children were interviewed.
3. Studies about the PCR where children were interviewed.
4. Studies using general (non-forensic) interviews with children from academic databases.
5. Studies that utilise general interviews with children in different research fields outside of Psychology.

**Step 1: Identifying Existing Systematic Reviews on Interviewing Children**

Priority was given to retrieval of completed systematic reviews or reviews that were being undertaken with interviewing children. PROSPERO is an international database that helps researchers track systematic reviews to prevent duplication and aid with comparison of reviews. The Cochrane Library database was also used to identify any systematic reviews that compared interview methodologies. Academic databases were included in the search (Psycinfo, SCOPUS and Web of Science). Articles that did not meet criteria included: systematic reviews about comparing interventions; using retrospective interview data from adults about their childhood; parents’ perspectives about their children; or diagnostic assessments (see Appendix D, Step 1 for full search terms). From this search of databases, only four articles met criteria (see Figure 4.2 for the identification and inclusion process).
Figure 4.2. Summary of search strategy for locating systematic reviews (Adapted from Moher, Liberati, Tetzlaff, Altman, & PRISMA Group, 2009).

There were some articles that did not meet criteria as they focused on adolescents, the interested reader can refer to Appendix E for a summary. Of the four articles that met criteria (summarised in Table 4.3), two did not provide recommendations about interviewing children and one was specific to children with intellectual disability. The only study that provided a relevant recommendation for general populations was about obtaining consent with children (Hunfeld & Passchier, 2012), namely: joint decisions by parent and child might be the optimal consent procedure.
### Table 4.3

**Summary of systematic reviews that included interview methodology with children**

<table>
<thead>
<tr>
<th>Author</th>
<th>Age</th>
<th>Participants (n)</th>
<th>Purpose of review</th>
<th>Relevant findings</th>
<th>Interview methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s voices: The views of vulnerable children on their service providers and the relevance of services they receive. Aubrey, C., &amp; Dahl, S. (2006).</td>
<td>&gt;11 years old</td>
<td>43</td>
<td>Two purposes: (a) reviewed effective practices for interviewing vulnerable children through a systematic review (b) interviewed vulnerable children in focus groups to elicit information about their schooling (c) in depth interviews with 21 children about decisions concerning their lives.</td>
<td>(a) There are very few studies that focused on effective practices in interviewing children. Furthermore, children’s perspectives are not often included in decisions about their lives but this increases as children grow older. (b) Findings from the interviews reflected a range of opinions from the children on diverse topics. Of greatest relevance, the results from the in-depth interviews suggested that children often did not feel heard in their interactions with adults.</td>
<td>The results from the systematic review showed that there is a range of topics where children can be/have been interviewed. No specific guidelines or recommendations were provided that relate to interview techniques.</td>
</tr>
<tr>
<td>Participation in medical research; a systematic review of the</td>
<td>5-20 years old</td>
<td>3256</td>
<td>Two foci: (i) whether children understand their involvement in</td>
<td>(i) Children and adolescents had a reasonable</td>
<td>Did not specifically address interviewing techniques or considerations. However,</td>
</tr>
</tbody>
</table>
understanding and experience of children and adolescents.
Hunfeld, J.A.M., & Passchier, J. (2012) medical research (ii) their experience of the medical burden and risk associated with their involvement. 10 studies were identified that addressed children’s understanding and 8 studies on psychological burden. understanding of the purpose of their involvement in research, and this increased with age. Although it has been recommended by institutional review boards that children should provide assent at 7, at 9 years, children seemed to process better written information and it was argued by one study that children below 9 are not able to provide assent. Implied that understanding was not solely dependent on age but on SES, and motivation.
(ii) Fewer studies addressed the issue of burden (most studies identified noted this as a secondary question). Found that children generally were not concerned before taking part in a study but were more worried and issue of consent is related to the overall interview process and it has been suggested that joint decision-making by both parent and child might be helpful in obtaining optimal consent procedures. Interestingly, children were also not anxious prior to the study but after, suggesting that it might be important for researchers to debrief with children after interviews/procedures and not just seek to obtain assent/consent prior.
<table>
<thead>
<tr>
<th>Title</th>
<th>Age Range</th>
<th>Years</th>
<th>Study Details</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>A review of the impact of different types of leading interview questions on child and adult witnesses with intellectual disabilities. Bowles, P.V., &amp; Sharman, S.J. (2014)</td>
<td>7-59 years</td>
<td>Unclear</td>
<td>Reviewed the literature on different types of misleading questions and the impact of this on both adults and children (with and without intellectual disability (ID)) in forensic interviews.</td>
<td>Overall, compared to children without ID, children with ID gave fewer correct responses during free recall, were less accurate with closed questions, more likely to agree with leading closed questions, were more suggestible overall across all question formats. Children with ID also performed more poorly during repeated interviews as compared with children without ID. When interviewing children with ID, researchers should be aware that: (a) fewer details were provided in free recall (open-ended, non-leading) questions but the accuracy was the same between children with ID and those without. (b) if questions contained misleading information, those with open and closed presumptions had the largest negative impact on memories. (c) when children with ID actively participated in an event to be remembered (compared to when they listened or watched something), they reported more information during the free recall and were less susceptible to misleading questions.</td>
</tr>
</tbody>
</table>
| The perspectives of children and young                                 | 12-17 years | 30    | Reviewed the perspectives of children                                                                                           | Nil. Only topic-specific findings were reported                                                                                     | Did not address any interview techniques or
| people living with cleft lip and palate: A review of qualitative literature. Sharif, M.O., Callery, P., & Tierney, S. (2013) | old with cleft lip and palate (qualitative literature) (i.e., relating to cleft lip). No methodological reflections were provided. | recommendations. |
Also, children reported feeling anxious and worried after the interviews/procedure but not prior which suggested that researchers should debrief after intervention/interviews to ensure that children’s questions and anxieties are addressed adequately. Tentative observations gleaned from these systematic reviews:

- Children do not always feel heard by adults.
- Consent procedures can work with children but may be developmentally impacted.
- Cognitive development is likely to impact on the quality of information provided in interview and the kinds of biases of which to be mindful.
- There may be a burden of interview, which causes children to become distressed or anxious following the interview; there is a clinical duty of care to our child participants.

Whilst these are merely observations at this stage, they do provide some issues of which to be cognisant when reviewing other papers.

Given the paucity of evidence, steps 2-4 broaden out this search in complementary ways. The rationale and description of each search will be outlined.

**Step 2: Identifying highly cited articles in PCR and interviewing children**

Details of the search strategy for Step 2 is summarised in a flowchart (Figure 4.3). To ensure that we had included as many articles as possible that pertained to interviewing children and the PCR, a citation analysis was conducted using Publish or Perish software. The program Publish or Perish utilises Google Scholar as a database and was used to conduct a citation analysis of subject area. Over 1000 results were returned and sorted in three ways.
Figure 4.3. Summary of search strategy for highly cited articles (Adapted from Moher et al., 2009).

Results were sorted by (a) rank (i.e., the order in which Google Scholar provides the results and is supposedly by relevance of query), (b) total number of citations, and (c) number of citations by year (these results factor in the publication year of the article and are calculated by total number of citations divided by the age of the article). The top 10% of articles were chosen from the three methods of sorting (i.e., 100 records in each sorting method, resulting in a total of 300 records). Initial screening of article titles (where necessary, abstracts were also read) identified 36 studies that met the broad criteria of interviewing children and were relevant to the PCR. It was observed that the foci of these articles fell into four distinct categories: divorce, parenting attitudes, parenting behaviours, different aspects of PCR and lastly, parent-child attachment. At this point, more specific criterion were applied
and articles \((n = 4)\) that met the age criteria (i.e., children interviewed were 10 years old or below) were rated with the QERS. For the interested reader, all 36 articles are summarised in Appendix F. Disappointingly, none met the generous 50% benchmark and thus no further analysis was done as their relevance and quality was deemed too limited.

In sum, concerningly, these highly cited articles that have shaped the study of PCR are limited to (a) conceptualisations or theories (b) where they are studies, they do not provide a high quality methodological rationale or description. No specific recommendations were made that pertained to interviewing children about the PCR. This highlights the gap between the apparent existence of an evidence base for practice and the actual existence of high quality, defensible, empirically based evidence.

The steps that follow broaden the search for interviews with children in empirical studies, albeit they are less highly cited. Full search terms and strategies are detailed in Appendix D.

**Step 3: Identifying studies that interview children about the PCR**

It was important also to include individual articles that provide an evidence base about interviewing children about the PCR, regardless of frequency of citation. We returned to academic databases (Psycinfo & Scopus) for this step. The terms were intentionally broad so as to include as much research as possible. This search included “child” and “interview” within five words of each other in the title, abstract or keyword.

**Step 4: Identifying studies using general interviews with children from academic databases**
A broader approach was used in this search without many parameters. The purpose was to identify as many articles as possible that could potentially contribute to the evaluation of interview methodology. The keywords “child* interview” was used in the title, abstract and keywords tab of the databases.

**Step 5: Identifying studies that utilise general interviews with children in different research fields**

The final step of this research synthesis extended to other disciplinary fields where general subjective interviews are conducted with children. Google Scholar database was utilised to extend the search across a different repository and for this reason, PubMed was also included as it has a stronger medical focus, which might have located studies in medicine that are relevant to interviewing children. As there were no advanced search options in Google Scholar, the first 300 articles were chosen and read. The search results for Steps 2, 3, 4, 5 are presented in Figure 4.4. Additional sources refer to articles retrieved when reading original articles and locating studies that appeared relevant but were not identified in the original search strategy.

**Analysis and Results (Steps 2, 3, 4, 5)**

The results from Steps 2-5 will be presented together in this preliminary analysis. In keeping with the GAP translational research model, this research synthesis represents a within-stage gap analysis of knowledge generation (T1). The analysis seeks to identify unknown, unattended, and unresolved gaps or disjunctures within the literature specifically in theory, methodology and analysis. In so doing, the extension of knowledge occurs ‘in depth’ compared to the traditional ‘breadth’ and accumulation of information. Thus, knowledge generation gap analysis here is the identification of what is known, what is not known, and what cannot be known,
given the gaps in the translation process. Indeed, the crux of translational research models is not amassing more information but rather, distilling and disseminating (translating) current knowledge. The GAP model takes it one step further by emphasising the clarification of (gaps in) knowledge foundations before extended (i.e., ‘breadth’) knowledge generation can occur.

**Figure 4.4. Summary of search strategy for Steps 2-5 in the research synthesis**

(Adapted from Moher et al., 2009).
All 396 articles were firstly classified broadly into: empirical articles \((n = 387)\) and clinical guidelines or recommendations \((n = 9)\). Empirical studies and field studies vary significantly from clinical guidelines, recommendations, reviews and meta-analysis, therefore, two separate methods of analysis were applied to empirical and non-empirical studies. As previously mentioned, this chapter focuses on empirical studies. Clinical guidelines and recommendations (i.e., non-empirical studies) are discussed in the following chapter.

Empirical articles were classified into three categories, identified as Categories A, B and C which included:

- (A) Studies that utilised interviews as a primary methodology and examined a topic relevant to this thesis \((n = 28)\), hereafter referred to as *primary (on topic)*;  
- (B) Studies that utilised interviews as a primary methodology but focused on topics not relevant to this thesis \((n = 220)\), hereafter referred to as *primary (off topic)*; and  
- (C) Studies where topics were not relevant to this thesis and interviews were a secondary feature of the methodology \((n = 139)\), hereafter referred to as *secondary*.

**Quality Evaluation: Research Synthesis**

All 387 empirical studies are included in this initial descriptive landscape analysis prior to more in-depth analysis of higher quality papers. General features of the interviews will be summarised, followed by descriptive statistics for each category of research (A,B,C) against each QERS criteria so that a topographical landscape view of the existing literature can be achieved. This contributes to an informative ‘gap’ analysis for planning future studies. Where a body of work coheres
around a small number of consistent parameters it has a relatively strong platform for programmatic translation. Where it is diverse, synthesis is challenging and progress slower. Due to rounding of reported percentages, there might be instances where the total does not add to 100%.

**Characteristics of empirical articles.**

Interview dynamic was explored (Table 4.4). The vast majority of interviews were conducted individually (82–94% across the categories). Surprisingly, there are studies across all categories (3%, or \( n = 20 \)) that did not state whether the interviews were conducted individually or in a group setting. There are markedly different dynamics to consider in group and individual interviews.

Table 4.4

*Summary of interview dynamic in primary (on-topic), primary (off-topic), and secondary interview studies (Categories A, B, C respectively, reported as a percentage within category)*

<table>
<thead>
<tr>
<th>Interview Dynamic</th>
<th>Category A (( n = 28 ))</th>
<th>Category B (( n = 220 ))</th>
<th>Category C (( n = 139 ))</th>
<th>Total % across categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td><strong>82</strong></td>
<td><strong>96</strong></td>
<td><strong>94</strong></td>
<td><strong>94</strong></td>
</tr>
<tr>
<td>Group</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Individual and Group</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Not Stated</td>
<td>14</td>
<td>2</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

*Note.* Boldface denotes 50% or higher.

Interview structure is summarised next (Table 4.5). Studies were first categorised as unstructured, semistructured, structured, and not stated, followed by specific interview question types (e.g., open-ended, binary, scaled). There were instances where more than one sub-type of interview was utilised, for example, where children were interviewed with both a story stem and Likert scale. Due to the
vast number of permutations, it was decided that any variation of any two sub-types were categorised as “mixed”. If the structure of interview was not explicitly stated, these rated in the larger “not stated” category. It is noteworthy that a large percentage of studies did not clearly report interview type, making replication and interpretation, impossible.

Table 4.5

*Summary of interview structure in primary (on-topic), primary (off-topic), and secondary interview studies (Categories A, B, C, respectively, reported as a percentage within category)*

<table>
<thead>
<tr>
<th>Interview type</th>
<th>Category A (n = 28)</th>
<th>Category B (n = 220)</th>
<th>Category C (n = 139)</th>
<th>Total % across categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unstructured</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Not stated</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Open ended</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Semistructured</td>
<td>33</td>
<td>29</td>
<td>18</td>
<td>25</td>
</tr>
<tr>
<td>Not stated</td>
<td>29</td>
<td>19</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Open ended</td>
<td>4</td>
<td>9</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Story stem/ vignette</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Scale</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Structured</td>
<td>29</td>
<td>33</td>
<td>38</td>
<td>33</td>
</tr>
<tr>
<td>Not stated</td>
<td>4</td>
<td>9</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Open ended</td>
<td>7</td>
<td>15</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Binary</td>
<td>11</td>
<td>2</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Story stem/ vignette</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Scale</td>
<td>7</td>
<td>2</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Mixed</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Not stated</td>
<td>40</td>
<td>35</td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>Not stated</td>
<td>36</td>
<td>20</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Open ended</td>
<td>0</td>
<td>11</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Binary</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>39</td>
</tr>
<tr>
<td>Story stem/ vignette</td>
<td>0</td>
<td>3</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Scale</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Mixed</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

This landscape descriptive gap analysis of general features highlighted that the empirical studies were diverse and often reported with insufficient detail for
replication or evaluation. Additional analyses compared items between categories but there were no reliable or predictable patterns found (see Appendix G for more detail). Analysis was also undertaken to explore whether particular types of research were of better quality so that attention might be focussed there. The interested reader is referred to Appendix H for a distillation of relative quality in studies that prioritised Natural vs. Analog; Trauma vs. Ordinary (non-trauma) interview topics; and questions targeting Subjective vs. Objective experience. Unfortunately, the floor effect on quality meant that no meaningful points of differentiation could be found.

**QERS criteria.**

The QERS was earlier presented in the submitted article but is re-presented again here (Table 4.6) for ease of reference.

Table 4.6

*Person-centric research principles and corresponding operationalisation of Quality of Evidence Rating System (QERS) criteria*

<table>
<thead>
<tr>
<th>Principles of Person-centric research</th>
<th>Operational criteria</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountability in methodology: Researchers have considered and specified details of methodology especially when working with vulnerable populations such as children.</td>
<td>1. Explain the purpose of the interview to the children</td>
<td>Did children know what the study was about or what the interview was for?</td>
</tr>
<tr>
<td></td>
<td>2. Framing of questions</td>
<td>Were questions developmentally considered for the age of the children?</td>
</tr>
<tr>
<td></td>
<td>3. Interview type</td>
<td>Did the article state the type of interview? E.g. open-ended, structured, diagnostic.</td>
</tr>
<tr>
<td></td>
<td>4. Setting</td>
<td>Where was the interview conducted? Is it child-friendly?</td>
</tr>
<tr>
<td></td>
<td>5. Number of questions</td>
<td>How many questions were included in the interview? Is it manageable?</td>
</tr>
</tbody>
</table>
6. Length of interview
Was the length of interview reported? Was it manageable for a child?

7. Prompts
Were prompts used during the interview, were these stated explicitly? Were they developmentally relevant?

Relational Orientation: The experience of the participant as a priority and implies that a collaborative approach is necessary, even if the participant is a child.

8. Assent/consent
Was it stated that the child’s written assent/consent was obtained?

9. Rapport
Did the interviewers establish rapport with children- was this explicitly stated/elaborated?

Capturing Complexity: Consideration of different developmental aspects including individual differences.

10. Analysis
Were children’s developmental needs and differences taken into consideration during the analysis of the results?

Reflective Practice: Engages in reiterative processes during data collection.

11. Report findings to children
Were findings of the interview reported to children?

12. Reporting of interview processes
Was the interview process reported in detail? Were there details (e.g., order of interview, sequence of engagement with child etc.) that would be suffice for study replication?

To aid the presentation of results and to limit excessive use of tables, results are presented in the order of: (a) items that cannot be meaningfully summarised in tables (e.g., number of questions in the interview); (b) feature-specific items (e.g., setting; see Tables 4.7 and 4.8); and (c) items with yes, no, partial responses (e.g., was interview type reported?; see Table 4.9).
There was a very large range of questions reported (item five; range 1-165). This seemed related to the type of interview (e.g., pragmatically, more questions can be asked in a structured binary-choice format as compared to an unstructured open-ended interview).

Length of interview (item six) also varied significantly (2-180 mins). A further complication was that some researchers added both parent and child interviews together (10-600 mins). Due to the lack of precision in reporting, it was not possible to provide an accurate report of the average interview duration.

Interview setting (item four; see Table 4.7) was generally clearly stated.

Table 4.7

Summary of setting type in primary (on-topic), primary (off-topic), and secondary interview studies (categories A, B, C respectively, reported as a percentage of category)

<table>
<thead>
<tr>
<th>Setting</th>
<th>Category A (n = 28)</th>
<th>Category B (n = 220)</th>
<th>Category C (n = 139)</th>
<th>Total % across categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>36</td>
<td>17</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>School</td>
<td>21</td>
<td>18</td>
<td>19</td>
<td>18</td>
</tr>
<tr>
<td>Lab</td>
<td>11</td>
<td>3</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Parent or child chose</td>
<td>7</td>
<td>5</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Hospital/medical center/clinic</td>
<td>0</td>
<td>8</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Childcare/Daycare/Kindergarten</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Homeless Shelter</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Others</td>
<td>4</td>
<td>6</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Not Stated</td>
<td>18</td>
<td>40</td>
<td>47</td>
<td>41</td>
</tr>
</tbody>
</table>
Consent and assent (item nine) are addressed in Table 4.8. Very few studies reported an attempt to seek assent/consent from the child.

Table 4.8

Summary of obtained assent/consent in primary (on-topic), primary (off-topic), and secondary interview studies (categories A, B, C respectively, reported as a percentage of category)

<table>
<thead>
<tr>
<th>Assent/consent</th>
<th>Category</th>
<th>A (n = 28)</th>
<th>B (n = 220)</th>
<th>C (n = 139)</th>
<th>Total % across categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td>75</td>
<td>53</td>
<td>55</td>
<td>55</td>
</tr>
<tr>
<td>Parent</td>
<td></td>
<td>11</td>
<td>16</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Child verbal</td>
<td></td>
<td>11</td>
<td>13</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>Child written</td>
<td></td>
<td>0</td>
<td>4</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Parent and child</td>
<td></td>
<td>4</td>
<td>14</td>
<td>10</td>
<td>12</td>
</tr>
</tbody>
</table>

Note. Boldface denotes 50% or higher.

Seven items had the same rating criteria (yes, no, or partial) for ease of reading and as a quick summary, are presented together in Table 4.9. Interview type (item three) was the only item reported in more than 50% of the studies; the other six items were infrequently represented in methodology regardless of whether interview was a primary methodology, secondary methodology or incidental.

Most studies did not report whether children were informed about the purpose of the interview (82-96%; item one).
Table 4.9

Summary of QERS items (1-3, 7,9,10,12) addressed in primary (on-topic), primary (off-topic), and secondary interview studies (Category A, B, C respectively; reported as a percentage)

<table>
<thead>
<tr>
<th>Was item reported?</th>
<th>Category A (n = 28)</th>
<th>Category B (n = 220)</th>
<th>Category C (n = 139)</th>
<th>Total % across categories (n = 387)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>82</td>
<td>86</td>
<td>96</td>
<td>90</td>
</tr>
<tr>
<td>Partial</td>
<td>0</td>
<td>5</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Yes</td>
<td>18</td>
<td>8</td>
<td>1</td>
<td>6</td>
</tr>
</tbody>
</table>

Item 1: Was the purpose of the interview explained?

<table>
<thead>
<tr>
<th>No</th>
<th>Partial</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>82</td>
<td>86</td>
<td>96</td>
</tr>
<tr>
<td>0</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>18</td>
<td>8</td>
<td>1</td>
</tr>
</tbody>
</table>

Item 2: Were questions framed in a developmentally-responsive way?

<table>
<thead>
<tr>
<th>No</th>
<th>Partial</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>61</td>
<td>66</td>
<td>70</td>
</tr>
<tr>
<td>11</td>
<td>18</td>
<td>19</td>
</tr>
<tr>
<td>29</td>
<td>16</td>
<td>11</td>
</tr>
</tbody>
</table>

Item 3: Was the type of interview reported?

<table>
<thead>
<tr>
<th>No</th>
<th>Partial</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>20</td>
<td>22</td>
</tr>
<tr>
<td>29</td>
<td>23</td>
<td>35</td>
</tr>
<tr>
<td>42</td>
<td>57</td>
<td>43</td>
</tr>
</tbody>
</table>

Item 7: Were prompts used in the interview?

<table>
<thead>
<tr>
<th>No</th>
<th>Partial</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>79</td>
<td>74</td>
<td>87</td>
</tr>
<tr>
<td>18</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td>4</td>
<td>11</td>
<td>1</td>
</tr>
</tbody>
</table>

Item 9: Was rapport established?

<table>
<thead>
<tr>
<th>No</th>
<th>Partial</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>71</td>
<td>84</td>
<td>98</td>
</tr>
<tr>
<td>11</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>18</td>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>

Item 10: Was the child’s developmental stage taken into account during the analysis?

<table>
<thead>
<tr>
<th>No</th>
<th>Partial</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>89</td>
<td>97</td>
<td>96</td>
</tr>
<tr>
<td>0</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>11</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Item 12: Was the process of interviewing reported?

<table>
<thead>
<tr>
<th>No</th>
<th>Partial</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>57</td>
<td>75</td>
<td>87</td>
</tr>
<tr>
<td>25</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>18</td>
<td>13</td>
<td>4</td>
</tr>
</tbody>
</table>

Note: Boldface denotes 50% or higher.
The majority of studies (61-70%) did not show intentional, active consideration of children’s developmental age during the design and development of questions (item two).

The overwhelming majority of studies (80%), did not utilise prompts during interviews.

Item nine referred to establishing rapport and “yes” was only coded if how the interviewer established rapport was clearly stated (e.g., what topics did they engage in during the rapport building phase, what was the duration of the rapport building phase, how did the interviewer know rapport was established etc.). Without detailed information, the item was rated as only having met partial criteria.

A consideration of the child’s developmental stage during the analysis required more than analysing age effects (item 10). A partial rating on this item meant that the researchers acknowledged, for example, that the different ages of the children in the interview imply different capabilities and developmental consideration should be made (even if the analysis was not done). To obtain a “yes” rating, the researchers needed to have considered children’s responses relative to developmental competencies and expectations (not simply age effects) (e.g., if younger children have smaller word counts than older children, is this interpreted relative to their expected word counts at that age, or is it merely contrasted with older children and thereby interpreted as a limitation of their age?).

None of the studies reported research findings to child participants (item 11).

Very few studies described the process of interviewing (item 12) sufficiently to allow replication. This would have required specifying the sequence of the interview from obtaining consent, to the details of introducing the study, how rapport was established and so on. In particular, the results from both Category A and B
indicated that, despite being the primary methodology of the study, only 31% of studies provided adequate detail.

**Summary of Methodological Landscape and Gap Analysis**

This overview of the literature on interviewing children highlights a landscape riddled with methodological and reporting gaps, irreconcilable methodological diversity and other shortcomings. What was surprising was that the finding is consistent whether interview methodology is a primary or secondary feature. These findings highlight the importance of a within-stage analysis. What has become clear is that there is little prospect of synthesising an evidence base from this basic research literature in this case due to incompleteness, inconsistency, lack of methodological planning and lack of a cohering theoretical framework for guiding research. Waiting until more evidence is available will not remedy the situation; more of the same will simply exaggerate the irreconcilability of the corpus of work. What this gap analysis highlights is that (a) further analysis is required with the strongest elements of this evidence base and (b) prospective planning is a priority to carve out a credible research pathway for developing an evidence base for developmental interviewing with children. With respect to the former, there were some examples of worthy studies that should not be overlooked. One example is a study that took into account children’s developmental needs and differences (Aldridge & Wood, 1997):

At the age of 5, all children responded to each presented situation with a single emotion descriptive adjective… elicited happy from a number of 5 year olds. At the age of 6, all but one of the children continued to give a single adjective response. At the age of 7, however, 37.5% of children gave a response containing two emotion descriptive adjectives (e.g., sad and cross…
mad and sad) and this trend continued as age increased… Also, in line with Harter and Whitesell’s (1989) model is the current finding that at the age of 6, the two adjective responses reflected simultaneous same-valence emotions (e.g., mad and sad; upset and mad). It is only later that children appear able to understand simultaneous opposite-valence feelings and later still (mean age 11.3) that simultaneous opposite valence feelings are provoked by the same target. (p.1229)

This study considered the research about children’s developmental competencies and abilities, analysed the data collected and interpreted the findings in a developmentally considered way. Unfortunately, this degree of detail was not common practice (1-11%). Illuminating study strengths is an important part of carving a pathway forward and is reported next.

**Analysis of highest scoring papers**

Articles rated 12 points or more (out of a possible 24) on the QERS were examined in further detail and are outlined below. As mentioned previously, it was decided that 50% was the minimal ‘bar’ that suggested that a conscious priority and attention had been given to interview methodology. Although this criterion might appear low, the nature of this research synthesis is both exploratory and preliminary, therefore it is important to include articles that showed some intentionality.

Notably, still only a small number of articles from each category met the criteria (refer to Table 4.10). Articles are sorted by descending QERS rating score. To understand the topography of this research landscape, the table also summarises the SCImago Journal Rank (SJR), which has been developed from the Scopus database and included a wide range of international publications (239 countries).
Table 4.10.

23 Articles retrieved from the search that was rated with 12 points or more on QERS

<table>
<thead>
<tr>
<th>QERS Rating</th>
<th>Category</th>
<th>Article</th>
<th>Journal (SJR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>B</td>
<td>“When he’s around his brothers… he’s not so quiet”: The private and public worlds of school-aged children with speech sound disorder (McLeod, Daniel, &amp; Barr, 2013)</td>
<td>Journal of Communication Disorders (0.883)</td>
</tr>
<tr>
<td>15</td>
<td>B</td>
<td>Talking about feelings: young children’s ability to express emotions (Aldridge &amp; Wood, 1997)</td>
<td>Child Abuse &amp; Neglect (1.343)</td>
</tr>
<tr>
<td>14</td>
<td>B</td>
<td>‘I had this horrible pain’: the sources and causes of pain experiences in 4- to 11-year-old hospitalised children.(Kortesluoma &amp; Nikkonen, 2004)</td>
<td>Journal of Child Health Care (0.519)</td>
</tr>
<tr>
<td>14</td>
<td>B</td>
<td>Children’s eyewitness reports after exposure to misinformation from parents (Poole &amp; Lindsay, 2001)</td>
<td>Journal of Experimental Psychology: Applied (1.243)</td>
</tr>
<tr>
<td>14</td>
<td>C</td>
<td>Young children’s motivation to read and write: Development in social contexts (Nolen, 2007)</td>
<td>Cognition and Instruction (2.018)</td>
</tr>
<tr>
<td>13</td>
<td>B</td>
<td>Assessing attachment in the school years: The application of the dynamic maturational</td>
<td>Clinical Child Psychology</td>
</tr>
<tr>
<td>Year</td>
<td>Volume</td>
<td>Issue</td>
<td>Title</td>
</tr>
<tr>
<td>------</td>
<td>--------</td>
<td>-------</td>
<td>-------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>13</td>
<td>B</td>
<td></td>
<td>The effects of cross-examination on children’s reports of neutral and transgressive events.</td>
</tr>
<tr>
<td>13</td>
<td>B</td>
<td></td>
<td>School children’s own views, roles and contribution to choices regarding diet and activity in Spain.</td>
</tr>
<tr>
<td>13</td>
<td>C</td>
<td></td>
<td>Autonomy support and structure enhance children’s memory and motivation to reminisce: A parental training study.</td>
</tr>
<tr>
<td>12</td>
<td>A</td>
<td></td>
<td>“Was this an interview?” Breaking the power barrier in adult-child interviews in an African context.</td>
</tr>
<tr>
<td>12</td>
<td>A</td>
<td></td>
<td>Using an ecocultural approach to explore young children’s experiences of prior-to-school care settings.</td>
</tr>
<tr>
<td>12</td>
<td>B</td>
<td></td>
<td>The experiences of living with a sibling who stutters: A preliminary study.</td>
</tr>
<tr>
<td>12</td>
<td>B</td>
<td></td>
<td>Domestic abuse and child contact: Positioning children in the decision-making process.</td>
</tr>
<tr>
<td>12</td>
<td>B</td>
<td></td>
<td>Barriers to and facilitators of adherence to paediatric antiretroviral therapy in a sub-Saharan setting: Insights from a qualitative study.</td>
</tr>
<tr>
<td>Page</td>
<td>B/C</td>
<td>Title</td>
<td>Journal/Volume</td>
</tr>
<tr>
<td>------</td>
<td>-----</td>
<td>-------------------------------------------------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>12</td>
<td>B</td>
<td>Visiting doctors’ offices: A comparison of Korean and Taiwanese preschool children’s narrative development (Lai, Lee, &amp; Lee, 2010)</td>
<td>Early Education and Development (0.748)</td>
</tr>
<tr>
<td>12</td>
<td>B</td>
<td>“My way or mom’s way?” The bilingual and bicultural self in Hong Kong Chinese children and adolescents (Wang, Shao, &amp; Li, 2010)</td>
<td>Child Development (3.116)</td>
</tr>
<tr>
<td>12</td>
<td>B</td>
<td>Linguistic and socioemotional influences on the accuracy of children’s reports (Carter, Bottoms, &amp; Levine, 1996)</td>
<td>Law and Human Behavior (1.751)</td>
</tr>
<tr>
<td>12</td>
<td>B</td>
<td>Interviewing street children in a Brazilian city (Günther, 1992)</td>
<td>The Journal of Social Psychology (0.588)</td>
</tr>
<tr>
<td>12</td>
<td>B</td>
<td>Children’s perceptions of mental illness: A partial test of Scheff’s hypothesis (Baker, Bedell, &amp; Prinsky, 1982)</td>
<td>Symbolic Interaction (0.124)</td>
</tr>
<tr>
<td>12</td>
<td>C</td>
<td>Preschool children’s awareness of private speech (Manfra &amp; Winsler, 2006)</td>
<td>International Journal of Behavioral Development (1.308)</td>
</tr>
</tbody>
</table>
Year of publication was also provided to examine whether recency was related to study quality. Notably, neither journal rank or publication year were indicators of the quality of research. Of the articles that utilised interviews as the primary methodology (on-topic, Category A), only 5 of 28 (18%) articles met criteria; for articles that were primary (off-topic, Category B) only 15 of 220 (7%) articles met criteria; and for articles in which interviews were secondary to other methodological features, only 3 of 139 (2%) met criteria (Category C).

The most noteworthy finding was that whilst these studies were the most advanced in terms of reporting and describing developmentally responsive methodology (as captured in the QERS criteria), none of the studies evaluated whether these processes made a positive contribution to the outcomes of the interview.

Given that this was the best available level of description of current interviewing practice in research, specific methodological examples and approaches to interviewing children were distilled from these articles (see Table 4.11). The examples provided are descriptive rather than explanatory. During the analysis of these high scoring articles, additional considerations emerged that pointed to a developmentally conscious design beyond that of the interview itself. Table 4.12 provides examples of these emergent features that contributed to a developmentally-responsive environment.
### Table 4.11

*Principles from the person-centric framework, QERS criteria, and examples from articles that scored 12 or more on QERS*

<table>
<thead>
<tr>
<th>Person-centric framework</th>
<th>QERS criteria</th>
<th>Examples from research articles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountability in methodology</td>
<td>Explain the purpose of the interview to the children</td>
<td>“The study was introduced to each child with a statement indicating that this is not a test.” (Baker et al., 1982; Category B).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“…purpose of his research was to find out what children thought were good ways of teaching so that he could use their ideas to train other teachers in the future” (Kuchah &amp; Pinter, 2012; Category A).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“I want to talk to you about how things are going now that mum and dad are living apart. Like what works and what doesn’t work with school and other things when you move between mum and dad’s houses. We want to see what will help other kids and parents who have separated.” (Campo et al., 2013; Category A).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“..children who were aware of their status were fully informed of the study objectives regarding HIV/AIDS and ART, whereas those who were unaware were informed this was a general study regarding medication adherence.” (Fetzer et al., 2011; Category B).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“..children were informed of the research using child-friendly terminology...” (McLeod et al., 2013; Category B).</td>
</tr>
<tr>
<td>Accountability in methodology</td>
<td>Interview Type</td>
<td>“A mixed methods research design incorporating qualitative semi-structured interviews and quantitative questionnaires was implemented in this study” (Beilby et al., 2012; Category B).</td>
</tr>
<tr>
<td>Accountability in methodology</td>
<td>Number of questions</td>
<td>“Consisted of two free recall questions… 24 detailed questions.. 4 “control” questions.” (Carter et al., 1996; Category B).</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Accountability in methodology</td>
<td>Setting</td>
<td>“The interview consisted of 21 direct questions.” (Fogliati &amp; Bussey, 2014; Category B).</td>
</tr>
<tr>
<td>Accountability in methodology</td>
<td>Length of interview</td>
<td>“The child was asked to choose where the interview would take place..and the interviewer ensured that s/he sat on the same level as the child.” (Grace &amp; Bowes, 2011; Category C).</td>
</tr>
<tr>
<td>Accountability in methodology</td>
<td>Prompts</td>
<td>“The interviews were conducted in a setting determined by the children” (Kuchah &amp; Pinter, 2012; Category A)</td>
</tr>
<tr>
<td>Accountability in methodology</td>
<td>Length of interview</td>
<td>“…each interview took between 20 and 25 min to complete” (Nolen, 2007; Category C).</td>
</tr>
<tr>
<td>Accountability in methodology</td>
<td>Prompts</td>
<td>“Each child was interviewed individually for approximately 30 min” (Günther, 1992; Category B).</td>
</tr>
<tr>
<td>Accountability in methodology</td>
<td>Prompts</td>
<td>“Each interview took about 40 minutes to complete…” (Farnfield, 2014; Category B).</td>
</tr>
<tr>
<td>Accountability in methodology</td>
<td>Prompts</td>
<td>“If no response was obtained the researcher repeated the question and the situation… each of these repetitions elicited a response from the child.” (Aldridge &amp; Wood, 1997; Category A).</td>
</tr>
<tr>
<td>Accountability in methodology</td>
<td>Prompts</td>
<td>“After each memory question, the interviewer used standard prompts such as “What else happened?” and “Can you tell me more about it?” until the child indicated by speech or gesture that the memory was finished” (Wang et al., 2010; Category B).</td>
</tr>
<tr>
<td>Accountability in methodology</td>
<td>Prompts</td>
<td>“..we then used open-ended questions with a list of probes to explore general themes with adult caregivers…” (Fetzer et al., 2011; Category C).</td>
</tr>
<tr>
<td>Accountability in methodology</td>
<td>Prompts</td>
<td>“..researcher may respond with “uh huh” “then what happened?” or “Tell me more.” Researcher may also repeat verbatim a portion of the child’s utterance” (Lai et al., 2010; Category C).</td>
</tr>
</tbody>
</table>
“Each of the interviews consisted of a series of standardised questions and probes which were prepared ‘a priori’ and designed to elicit the participants’ personal experiences” (Beilby et al., 2012; Category B).

“These questions were individualised for each type of target event, and therefore, the content and the quantity of prompts differed for each child.” (Bruck et al., 2007; Category B).

“The experimenters repeated prompts when children did not respond; for example, if the experimenter asked “what else happened?” and the child did not respond, responded by changing the subject, the experimenter repeated, “What else happened at the pretend zoo?” (Cleveland & Morris, 2014; Category C).

“Can you tell me a bit about your mum and dad? What are they like? Now I’d like to hear about school….
This bit is about friends.” (Farnfield, 2014; Category B).

“.it is best to start with concrete questions and then move on to more abstract topics in line with the interviewee’s cognitive abilities.” (Kortesluoma & Nikkonen, 2004; Category B).

“Each child was informed that the conversation would be tape-recorded. Once the child had indicated that s/he understood this and was happy to continue, the elicitation task was conducted.” (Aldridge & Wood, 1997; Category A).

“Children were assured that they could tell the interviewer if they did not know what the question meant and could answer “I don’t know” if they were unsure how to respond.” (Grace
& Bowes, 2011; Category C).

“If I ask you something about something that Mr Science didn’t do that time you visited him, I want you to say “no”. But if you remember something that I ask about, then I want you to tell me about it.” (Poole & Lindsay, 2001; Category B).

“When asking for the child’s consent orally, it was done by chatting with the child, as the child might have been unfamiliar with the concept of an interview at that stage.” (Kortesluoma & Nikkonen, 2004; Category B).

“Written parental consent and children’s verbal assent were obtained for all participants.” (Fogliati & Bussey, 2014; Category B).

“In addition, efforts were made during the interview process to revisit children’s understanding of the purpose of the study and to verify continual consent from the children” (Kuchah & Pinter, 2012; Category A).

“. .. informed consent, parental consents, and informed assent were obtained as appropriate” (Fetzer et al., 2011; Category C).

“We obtained written consent from the parents and the participants prior to commencing the first interview” (Moyson & Roeyers, 2011; Category B).

“They were also clearly informed that they could terminate their interview and involvement in the study at any time” (Holt, 2011; Category B).

“Your answers are private. That means I won’t tell anyone what you say to me…” (Campo et al., 2013; Category A).

“..the researcher then emphasises again that he will not disclose any information to their
teachers and that the data will be used only for the purposes of his study” (Kuchah & Pinter, 2012; Category A).

“The issue of consent was explored in detail, described as a “deal” we were making together; their part of the deal was to only answer questions or talk about things that they were happy with, and the researcher’s part of the deal concerned issues of confidentiality.” (Holt, 2011; Category B).

“..enquire what they have been doing on last school holidays or last weekend: talk about child’s level at school, favourite school subjects, teachers etc…. Look around their room and comment on things, ask about things.” (Campo et al., 2013; Category A).

“One child had prepared a play. She had dressed in her costume and was ready to deliver her performance as soon as she had the interviewer’s undivided attention… the interview did not begin until the children were comfortable and agreed that they were ready to talk about childcare.” (Grace & Bowes, 2011; Category C).

“..a minimum of three weeks was spent socialising with pupils before the actual data collection started” (Kuchah & Pinter, 2012; Category A).

“At the beginning of the interview, the interviewer first chatted with the child to establish rapport” (Wang et al., 2010; Category B).

“Before the formal interviews, the researchers spent several days in the preschools or child care centers so that the children were familiar with them when the interviews began” (Lai et al., 2010; Category B).

“.warm up activities took place at the beginning of the interviews: playing games, singing
songs using the microphone, making drawings on paper, playing back recordings and interviewing the researcher first” (Lopez-Dicastillo et al., 2013; Category B).

“...interviews began with two rapport questions regarding events of the day” (Poole & Lindsay, 2001; Category B).

<table>
<thead>
<tr>
<th>Capturing Complexity</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>“… students’ talk became more detailed with age, requiring additional codes to capture meaning, especially as students moved from talking about situation interest to more stable, individual interests” (Nolen, 2007; Category C).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reflective Practice</th>
<th>Report findings or provide reflective summary of interview to children.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No examples available.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reflective Practice</th>
<th>Interview process was reported</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>“…. the structure of the interview was explained to them accurately and clearly, taking into account each child’s developmental stage..” (Kortesluoma &amp; Nikkonen, 2004; Category B).</td>
</tr>
</tbody>
</table>

“In addition, for each question, we created a paraphrased version for children who seemed confused or who provided an inappropriate answer. For example, we asked children “What is your name?” If they did not respond, we asked them, “what do people call you?” (Bruck et al., 2007; Category B).
### Table 4.12

*Operational examples that contributed to a developmentally-responsive environment and the themes that emerged*

<table>
<thead>
<tr>
<th>Person-centric framework</th>
<th>Theme that emerged</th>
<th>Examples from research articles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountability in methodology</td>
<td>Parents were provided information on the child interview.</td>
<td>“..were given the list of interview questions for children…” (Campo et al., 2013; Category A).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“We provided all the families with information on the aims of the research and the potential topics to be discussed during the interview via an information sheet, which included a child-friendly version linked to the consent form” (Moyson &amp; Roeyers, 2011; Category B).</td>
</tr>
<tr>
<td>Accountability in methodology</td>
<td>“I don’t know” is explicitly stated as an acceptable response or child is instructed to correct interviewer if they are wrong.</td>
<td>“Children were assured that they could tell the interviewer if they did not know what the question meant and could answer “I don’t know” if they were unsure how to respond.” (Grace &amp; Bowes, 2011; Category C).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“If I ask you something about something that Mr Science didn’t do that time you visited him, I want you to say “no”. But if you remember something that I ask about, then I want you to tell me about it.” (Poole &amp; Lindsay, 2001; Category B).</td>
</tr>
<tr>
<td>Relational Orientation</td>
<td>Role of researcher is explained.</td>
<td>“… interviewer explained her/his purposes of being there.. “I am a researcher. Do you know what a researcher is? For me, being a researcher means talking to people and finding out what is important to them. .” (Grace &amp; Bowes, 2011; Category C).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“..the researcher had explained his role and the purpose of the study” (Kuchah &amp; Pinter, 2012; Category A).</td>
</tr>
</tbody>
</table>
Considerable time was then spent explaining the purpose of the research, the researcher’s role, and why they had been asked to participate. The younger children were particularly interested in the role of “researchers”, which the researcher explained was a little bit like an investigator because she wanted to discover something and a little bit like a journalist because she had to report about it” (Holt, 2011; Category B).

“… I study children- what they think, what they do; and I would like to talk with you…” (Günther, 1992; Category B).

<table>
<thead>
<tr>
<th>Relational Orientation</th>
<th>If recording devices are used, they are explained to the children.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capturing Complexity</td>
<td>Miscellaneous examples of developmentally considered processes</td>
</tr>
</tbody>
</table>

“… asked open-ended questions followed by Interview 1 direct-examination questions.” (Fogliati & Bussey, 2014; Category B).

“… children had control of the microphone..” (Lopez-Dicastillo et al., 2013; Category B).

“Simple questions were written in a more developmentally appropriate manner designed to be easily understood by 6-year-olds. Simple questions..were shorter in length than the complex questions.” (Carter et al., 1996; Category B).

“The incorporation of drawing and the Likert pictorial questionnaire follows methodological recommendations that suggest researchers reassess traditional data collection methods and include and utilise methods that are accessible to children” (McLeod et al., 2013; Category B).

“The diary was a soft-bound, colour printed book… it was designed for this study to be developmentally appropriate…” (Lopez-Dicastillo et al., 2013; Category B).

“… employed age-appropriate vignettes to stimulate discussion. The vignette for the younger children told the story of a brother and sister who had been exposed to domestic abuse and whose parents were now separated. The older children and young people were
presented with a letter to an “agony aunt” and invited to write a response” (Holt, 2011; Category B).

“Participants were brought into a laboratory room on campus arranged as a friendly play environment with child-size chairs and a table in the middle of the room” (Manfra & Winsler, 2006; Category C).

“In grade 1, the interview used a monkey hand-puppet which “asked” children to describe reading and writing in school. In grades 2 and 3, the interviewer explained that she was interested in how children’s view might have changed from the previous year.” (Nolen, 2007; Category C).
These examples indicated the articles that rated highly on the QERS had a point of difference in their approach towards general interviewing with children in that the researchers had considered more than just the actual interview with the child. Features identified from these studies coalesced in similar themes that pointed to the consideration of a developmentally-responsive environment. For some researchers, these started at the conceptualisation stage of the research study and were not limited to methodology.

Generally, no rationale was provided in these papers for why these interview techniques and methods were implemented. There were no studies that compared two different approaches to interview, nor any studies that systematically modified their interview process in response to feedback or other outcomes. In this sense, the literature relevant to developmental interviewing is very preliminary in comparison to forensic interviewing. The literature is generally oblique or incidental rather than intentionally or fully focussed on establishing evidence-based guidelines for developmental interviewing.

Nonetheless, this provides a preliminary starting point for the development of provisional guidelines for developmental interviewing in future empirical studies. On the whole, the examples support the importance of developmental methodological considerations from the very beginning of the recruitment process, such as: gaining consent from participants (children and parents), explaining the role of research, and being open and transparent about the rationale and aims of the study. Another key theme is the use of clear terms when explaining the study to children without assumption of the child’s comprehension. This was evidenced by simple language and references to examples that children were already familiar with (e.g., “with us
talking today is just like you share things with your friends.”). In surprisingly few cases, a developmental rationale was also provided.

**Summary**

Although the articles that met minimum criteria on the QERS necessarily included some aspects of the QERS, reporting of developmental methodology was still ‘patchy’ in the context of what seemed like a very basic, minimal quality requirements. Reflective practice, for example, was not reported in any of the articles. In sum, it is clear that there is no reliable evidence base for practice in this field. This stands in stark contrast to the forensic interviewing field, which is replete with carefully designed experimental studies evaluating the relative merits of different interview techniques.

This chapter began with the expectation that it would be brief; substantial empirical literature would be evaluated using standard quality evaluation frameworks and a traditional systematic review would be presented. What became clear is that such an evidence base does not exist. Further exploratory and descriptive means of interpreting the literature were undertaken, resulting in the development of the QERS that allowed for a more preliminary analysis of papers that was also practitioner-informed. This illuminated some important signposts for how to conduct interviews with children but also reiterated the relatively poor quality of evidence. This led to an even more preliminary step of utilising a descriptive distillation of simply what has been previously done, rather than what is known. Taken together, these three parts of the chapter point to a great need for considered, clear, responsive study of the techniques of interviewing children so as to identify some potential markers that researchers can use to prospectively guide the design of interview.
The results of the research synthesis provided us with a preliminary understanding about interview methodology in empirical studies, how interviews are conducted with children and the current quality of methodology or methodological reporting. From the 387 articles that were rated, only 25 met 50% of the evidence quality criteria, indicating that majority of research articles do not include in their research methodology: (a) basic information that is important for replication of studies, (b) explicit considerations of the researcher-participant power balance, particularly when children are involved, and (c) empirically-based or theoretical recommendations for their research methodology. It highlighted assumptions that researchers have about what to include in methodology reporting, suggesting there should be greater detail provided when examining the processes and development of research methodology. While it is possible that studies have taken into consideration these issues but do not report them, the exclusion of these details in itself remains an issue. The lack of detail is perhaps also a reflection of the focus of contemporary journals. That is, journal editorial imperatives of being concise and not exceeding word limits are a practical factor for authors’ reporting inclusions and exclusions. In addition, the research synthesis also showed areas that were lacking, in particular, when considering the developmental age of the children and taking this into account during data analysis. What is clear is that:

- There are no systematic reviews that directly compare non-forensic and non-diagnostic interview methodology with children about the PCR. Due to this lack, the search was widened to more general approaches with children. However, it was found that while the articles offered some observations about interviewing children, empirical evidence for the superiority of any particular method was limited.
• There is a wide variability in interview methodologies, and also in reporting procedures. Surprisingly, even basic reporting expectations were not adhered to (such as reporting interview type, consent from participants).

This synthesis informs us that, irrespective of whether interview methodology is primary or secondary to the data collection, the reporting remains inadequate for replication, and for critical interpretation. Here, in Chapter 4 of this thesis, I have outlined the importance of understanding the quality of evidence by providing an overview of empirical research available on interview methodology with children. This laborious process has highlighted still a surprising lack of available evidence to guide practice and the lack of a coherent research program to redress this situation. In examining the significance of GRADE recommendations, Andrews and colleagues (2013) state that weak evidence is worse than no evidence. What is clear, however, is that researchers are making recommendations by drawing on clinical experience, published research that is of tangential relevance and poor evidentiary quality and, at times, on a very specific forensic evidence base. Therefore, we approach the next series of studies more as a distillation and description of what actually occurs than what is supported by evidence.
References


McLeod, S., Daniel, G., & Barr, J. (2013). “When he's around his brothers … he's not so quiet”: The private and public worlds of school-aged children with
speech sound disorder. *Journal of Communication Disorders, 46*(1), 70-83. doi: 10.1016/j.jcomdis.2012.08.006


CHAPTER FIVE

RESEARCH SYNTHESIS: ANALYSIS OF NON-EMPIRICAL PAPERS,
CLINICAL GUIDELINES, AND PRACTICE RECOMMENDATIONS

This chapter is the second part of the research synthesis and contributes to the Knowledge Generation stage of the GAP translational research model. Chapter 4 considered the available empirically-based evidence and in the absence of that, we now revert to descriptive evidence, which is restricted to reporting on current practice: what is ‘done’ rather than what is ‘known’. This chapter reviews non-empirical articles in the form of guidelines, focusing in particular on the veracity of the empirical support for each recommendation made in the guidelines.

Clinical practice guidelines ideally “represent a systematic approach to translating the best available research evidence into clear statements regarding treatments for people with various health conditions.” (Hollon et al., 2014, p.2). The formal instantiation of clinical practice guidelines in Psychology (APA; Presidential Task Force on Evidence-Based Practice, 2006) is evidence-based practice (EBP) (Kazdin, 2008). However, the drive toward EBP within Psychology has been fraught with obstacles such as the methodological validity of RCTs in psychotherapy (Shean, 2016), and relevance of clinical work in research (Weisz, Ng, & Bearman, 2014), just to name a few. Sometimes then, clinical guidelines do not have an evidence base from which to draw. It is precisely this lack of continuity from research to practice that necessitates a coherent synthesis of the fractured, indirect and amorphous research landscape in the current thesis in relation to interview methodology.
Terminology was considered carefully for the articles retrieved, as an
evidence base could not be assumed. Furthermore, the terms: clinical practice
guidelines (used in the United States), practice guidelines or clinical guidelines (used
in Australia), could potentially be misleading depending on the reader’s country of
origin. In providing clinicians and researchers with more clarity and confidence in
engaging with EBP, these guidelines will be differentiated according to their basis in
empirical studies as opposed to those that are the result of clinical expertise and
wisdom. Confidence in the evidence base underpinning clinical guidelines is a
critical part of being confident in using the guidelines to drive practice (Djulbegovic
& Hadley, 1998). This within-stage gap analysis will shed light upon the areas of
clinical practice and research that are empirically weak and require further
examination.

The recommendations emerging from these guidelines will be distilled into a
set of “provisional practice guidelines” that will provide a foundation for empirical
investigation. The specific statements within the provisional practice guidelines will
be referred to as “provisional recommendations”. This is to avoid misleading the
reader as GRADE uses the term “recommendations” and those are inherently
evidence-based.

The QERS cannot be used to rate these papers as the focus of non-empirical
studies is conceptually different from that of empirical research. From the 396
articles of the research synthesis in the previous chapter, nine were identified as
relevant practice-related guidelines. To reiterate, the inclusion criteria were: children
under 10 years old and the study focused on general interview (i.e., excluding
diagnostic and forensic interviews, as well as psychometric assessment). The limited
research on general interviewing was surprising and I was concerned that omission
of forensic and legal guidelines might inadvertently exclude some relevant provisional recommendations for general interviewing. Hence, additional work was undertaken to summarise some of the forensic and legal guidelines initially retrieved from the search \( n = 20 \). However, in distilling these results it became apparent that the initial reasons for excluding forensic interviews were substantiated as guidelines were primarily focused on how to obtain accurate recall from children in judicial contexts and forensic interviews (the interested reader is referred to Appendix C). Thus, they remained as exclusions from the research synthesis.

The process of synthesising these nine articles is: if the recommendation cited a reference, the reference was tracked and read to identify whether the study was a primary empirical source or whether it was based on other purely theoretical recommendations/guidelines or reviews/synthesis (e.g., clinical experience). For the ease of the reader, references for empirical studies are provided as footnotes, and recommendations that are not validated by empirical findings are noted as “descriptive”. Relevance was operationalised as the recommendation being related to interviewing children about a subjective experience or relational dynamic where the emphasis was not on accuracy of fact but rather, how best to elicit perceptions and opinions from children about their world in a way that encourages them to speak openly and honestly.

Articles in Table 5.1 are sorted first by ascending date of publication, followed by itemised recommendations, and identified as either empirically supported or merely descriptive. Notably, it was surprising and concerning that some of the cited studies were not empirical studies at all (e.g., were citations from another theoretical article), or bore no relevance to the guideline.
Table 5.1

*Provisional practice guidelines based on a summary of recommendations from non-empirical articles from the research synthesis specific to clinical or general interviewing (n = 9)*

<table>
<thead>
<tr>
<th>Title (Author)</th>
<th>Focus of article</th>
<th>Cited recommendations for interviewing children</th>
<th>Empirical vs. Descriptive</th>
<th>Relevance</th>
</tr>
</thead>
</table>
| **Interviewing children in a school setting**      | Outlined principles for interviewing children in a school setting. | Build rapport (ask for child’s name, age and provide a genuine compliment).  
Ensure children are physically comfortable in the interview setting.  
Explain the reason for being there; want to know how they think about certain things.  
Clarify the meaning of words that the child uses so that there are no assumptions about what they are referring to.  
Keep the interview short (10-15 minutes) and discontinue if the child is reluctant and negative.  
Use verbal encouragement but be cautious that it is not interpreted as performance feedback.  
Prompt child by “um hum”, “yes” and “anything else” without directing them. | Descriptive | Yes        |
| **Interviewing children: problems and promise**   | Outlined considerations for interviewing children.         | Interviewer should be non-judgemental (verbally & non-verbally) and accepting.  
State the purpose of the interview clearly from the start.  
When possible, use age-appropriate props.  
Encourage child to bring something to the interview that will help build rapport.  
Ask questions with reference to others and not just the child (e.g., “we want to know how girls your age feel about lying” as opposed to asking the child about how they feel).  
Use specific prompts and follow-up questions.  
The degree of standardisation and follow-up questions.  
The degree of standardisation and structure has to be justified. | Descriptive | Yes        |
Consider repeating the interview with a different interviewer to ensure stability of child’s report.
The interviewer is an intrusion to the child’s life and the interviewer should consider post-interview debrief.
Researcher should also be aware of interviewer’s level of objectivity.

Focus on qualitative methods: Interviewing children (Docherty & Sandelowski, 1999).
The importance of engaging children in qualitative interviewing.

When asking about memories of events, ask children about their generic scripts/schemas (e.g., what children do when they go to a restaurant) as this is easy retrieval\(^1\) then ask specific questions to contrast what usually happens to the target event.
Clarify purpose of the interview for the child so that the child is aware of their role in the interview.
Younger children need more specific prompts for events that occurred\(^2\).
Researchers should choose props carefully (specifics not provided), as they can be useful in recall\(^3\).

Provides guidelines from a positivist approach about interviewing children with learning difficulties.

Initiating dialogue using statement prompts instead of questions.
Refrain from using multiple questions within a question.
Use pauses (up to 3 seconds) as a prompt.
Open-ended recall questions elicit the most accurate responses (but least details) while specific questions provided more information but with higher inaccuracy\(^4\).
Permit “don’t know” responses.
Wording of questions influences responses (e.g., how slow was the car vs. how fast was the car) and referents (e.g., those, these, here, there).

Is a jumper

The effect of question
Children are more likely to answer unanswerable questions when they are

Empirical Yes

Descriptive Yes

Descriptive Yes

Empirical Yes

Descriptive Yes

Descriptive Yes

Descriptive Yes

Empirical Yes

Empirical Yes

Empirical Yes

Descriptive Yes

Descriptive Yes

\(^1\)(Fivush, 1994)
\(^3\)(Price & Goodman, 1990)
\(^4\)(Dent & Stephenson, 1979)
<table>
<thead>
<tr>
<th>Conducting a qualitative child interview: methodological considerations (Kortesluoma, Hentinen, &amp; Nikkonen, 2003).</th>
<th>Interviewer should be interested in the child’s experiences and stories.</th>
<th>Descriptive</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>To outline theoretical approaches to child interviewing and provide practical methodology based on clinicians’ experience.</td>
<td>Understanding of children’s competencies and abilities according to their developmental stages.</td>
<td>Descriptive</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Researchers should have a child-like element when making interpretations and assumptions of children’s responses in interviews.</td>
<td>Descriptive</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Ensure that children understand what the interview is about prior to their consent. Younger children will require more concrete explanations of the purpose of study.</td>
<td>Descriptive</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Get to know the children before the interviews through play, drawing etc.</td>
<td>Descriptive</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Emphasise that there are no right or wrong answers, it is just about finding out their opinion.</td>
<td>Descriptive</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Researchers have to adapt interviewing techniques and tailor questions to each individual child as using the same questions even for children the same age does not account for their individual competencies.</td>
<td>Descriptive</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>If the interview is in a natural context, open-ended questions with concrete prompts will provide more meaningful answers than if structured questions are used.</td>
<td>Descriptive</td>
<td>Yes</td>
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</table>

<table>
<thead>
<tr>
<th>Dealing with chaos and complexity: the reality of interviewing children and families in their own homes (MacDonald &amp;</th>
<th>Discursive paper on what the researchers have learnt from interviewing children in their homes.</th>
<th>Descriptive</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>NB: All guidelines from this article are only about interviewing children at home.</td>
<td>Presence of parents is a factor that should be considered.</td>
<td>Descriptive</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Consent of the child should be re-established and interviewers should not pressure the child to participate if they do not look comfortable.</td>
<td>Descriptive</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Interviewers should be prepared to navigate distractions and interruptions that arise.</td>
<td>Descriptive</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Advocate for the child’s confidentiality even amongst family members.</td>
<td>Descriptive</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Awareness of the control and power that children have over the interview process as well.</td>
<td>Descriptive</td>
<td>Yes</td>
</tr>
</tbody>
</table>

\(^5\) (Waterman, Blades, & Spencer, 2000)
| **Greggans, 2008).**
**Using children as research subjects:**
**How to interview a child aged 5 to 7 years**
(Kyronlampi-Kylmanen & Maatta, 2011). |
<table>
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<tbody>
<tr>
<td><strong>Discussed challenges of conducting child interviewing based on the authors’ experience.</strong></td>
</tr>
<tr>
<td><strong>Enter children’s worlds (e.g., be seen around the interview settings, interact with them prior to the interview) so that they can establish who you are.</strong></td>
</tr>
<tr>
<td><strong>Equality between interviewer and child: smile to support them during the interview, express that their views are important and the interview should resemble an everyday conversation as much as possible.</strong></td>
</tr>
<tr>
<td><strong>Children’s willingness to open up depends on their perspective of the power differential between the researcher and them. The interview should appear like “chitchat” if possible.</strong></td>
</tr>
<tr>
<td><strong>Interviewer should be aware of ethical considerations at all times. For example, considering questions carefully so that they are not too difficult or stressful for the child.</strong></td>
</tr>
<tr>
<td><strong>Descriptive</strong></td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
</tbody>
</table>

| **Children and youth with disabilities:**
**Innovative methods for single qualitative interviews**
(Teachman & Gibson, 2013). |
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Guidelines on how to optimise single interviews with children with disabilities.</strong></td>
</tr>
<tr>
<td><strong>Create a toolkit of techniques (e.g., rapport building activities, role play with puppets, vignettes, cartoon captioning, photographs, sentence starters etc.).</strong></td>
</tr>
<tr>
<td><strong>Build rapport and explicitly state the rights of the child during the interview, for example, providing children with examples of how they can ask for breaks or refuse to answer a question.</strong></td>
</tr>
<tr>
<td><strong>Descriptive</strong></td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
</tbody>
</table>
Despite the extensive search and review process only five recommendations emerged as empirically based. Notably, even within these, four were focused on the impact of interview processes to aid memory recall of events:

- When interviewing children about event recall, younger children (3 and 5 year olds) provide more information after prompts as compared to 7 year old children (who were more spontaneous in providing information) (Baker-Ward et al., 1993).

- During memory recall of a staged event, children (aged 4.5 years) recalled just as much detail in their prop actions as 5 year old children recalled verbally. The researchers suggested that stimulus support can be helpful in event recall (Price & Goodman, 1990).

- When asking about memories of events, ask children about their generic scripts/schemas (e.g., what children do when they go to a restaurant), as this is easy retrieval, then ask specific questions to contrast what usually happens to the target event (Fivush, 1994).

- In recall of events, open-ended questions elicit most accurate responses (but least details), while specific questions elicited more information (but with less accuracy; Dent & Stephenson, 1979).

- During the conceptualisation phase of the design of interview, researchers should consider that children are more likely to answer unanswerable questions when presented in forced choice binary (yes/no) questions. When given the opportunity to explain their answer, it was found that children’s answers to unanswerable questions had logical reasons beyond their initial yes/no response (Waterman et al., 2000).
Given the context of these studies (event recall), not all of the evidence-based recommendations can be utilised in general interviews, particularly if recall is not the focal point of the interview. This is certainly the case for this research project, where the subjective experience of the child in the PCR does not relate to the recall of a specific event. Therefore, the two findings relevant to this thesis are: (a) the usage of prompts, and (b) the impact of interview format on children’s responses.

**Summary of Research Synthesis**

In order to thoroughly answer the question about *how* we can interview children, a significant amount of groundwork was necessary; much more than expected given the ubiquitous use of interviewing in Psychology. The summary of findings from this extensive research synthesis are:

1. There are no systematic reviews that directly compare interview methodology.
2. There are no systematic reviews that involve general (non-forensic and non-diagnostic) interviews with children.
3. Highly cited research pertaining to PCR and interviews with children did not meet criteria for methodological quality.
4. Studies that utilise interviews with children generally lack in reporting methodology.
5. Provisional practice guidelines and recommendations have very limited empirical base; and are over-reliant on forensic studies to justify recommendations.

These findings point toward a now obvious gap in research: there are very limited developmentally-responsive evidence-based recommendations for general interview techniques with school-aged children. Andrews and colleagues (Andrews
et al., 2013), in designing the GRADE system, advocated that clinical guidelines should not be driven by weak evidence and that we should not elevate poor evidence to the status of credible evidence as best practice. Weak evidence is known to be a poor predictor of outcome and so in the absence of a strong evidence base, they suggest that we should be guided by other things, specifically: strategic objectives, values, pragmatics and a strong commitment to evaluation and accountability. Therefore, Chapter 6 aims to address part of the missing researcher-clinician paradigm by creating a preliminary principle and practice driven approach to interviewing children, the Developmental Intervention Framework (DIF), and to pilot this using a methodology that addresses many of the shortcomings of the papers reviewed in this chapter. In sum, the DIF draws upon the distilled, limited evidence in Chapter 4 and 5 on interviewing children; and the gap analysis of the PCR literature in Chapter 2.

The articulation of theory and practice is woven into a model for interviewing children that includes consideration of age relevant materials and methodology based on children’s developmental competencies and expectancies. The proposed framework will also consider relevant empirical developmental evidence rather than relying purely on clinical experience and intuition. In proposing a solution for the lack of guidelines in both parts of the scientist-practitioner domain, this research program will further accentuate the need for the utility of EBP in a clinical setting, as well as emphasise the importance of engaging a child-centred framework when conducting research. It also draws upon the GAP model to think prospectively about how to design a study that would meet (and exceed) the evidence quality indices in the QERS and to instantiate close evaluation of this pilot model to meet a high accountability standard.
References


CHAPTER SIX
BEGINNING THE CONVERSATION:
A DEVELOPMENTAL INTERVIEW FRAMEWORK (DIF)

In accordance with the tradition of translational gap evaluation, the preceding five chapters have provided a largely retrospective evaluation of the literature on the PCR and on interview processes for engaging children in research about the PCR (see Figure 6.1 for thesis progression). Within the GAP translational model this process has constituted stages of distillation and conceptualisation of an existing body of work including gap analyses within stages and between stages. The emergent DRPR and QERS resulted from gap identification and a mixed method response to addressing those gaps by developing foundation stones for research synthesis. This process of convergence now brings us to the threshold of beginning prospective work on empirical investigation of interview methodology to support empirical investigation of the PCR. This will provide the focus for the current chapter.

Initiating a prospective orientation requires a return to the T0 conceptualisation stage to prevent a recurrence of the disparate, un-synthesisable literature. There is a need for a programmatic theory to guide programmatic methodology and programmatic review (akin to what is found in the literature on forensic interviewing). A roadmap is needed to take individual studies from being a single, independent piece of research to a small part of a larger coherent endeavour with an end goal of consolidation to translation. This speaks to accountability when involving vulnerable groups in research. For their contribution to ‘count’ we must take every care to ensure, pre-emptively, that the work can contribute to a larger corpus that will have translatable impact. This roadmap has been instantiated in a
Figure 6.1. Current thesis progression within the GAP translational model.
proposed standardised Developmental Interview Framework (DIF), which will be described in this chapter.

In the absence of a credible evidence base, the DIF will be presented in the form of an emergent set of provisional guidelines. These guidelines are a resultant product of what has gone before (see Figure 6.2).

Figure 6.2. Design trajectory of a provisional Developmental Interview Framework (DIF)

The qualities and content of the DIF have been drawn from triangulation of these sources, specifically: of ‘what is done’ rather than what is known (research synthesis in Chapters 4 & 5), with the principles of person-centred research, the Gap Analysis - Progressive (GAP) translational model (Chapter 1), the Developmental Research Participation Rubric (DRPR; Chapter 3), and the Quality of Evidence Rating System QERS (Chapter 4). It has also resulted from prioritising and triangulating points of confluence and congruence from several disparate literatures (i.e., parenting, interviewing, and methodology). Taken together, they provide the compass for the development of a prospective platform for a provisional
developmental interview framework. Whilst establishing congruence between these sources strengthens confidence in the conclusions drawn, it does not remove the need for an empirical evaluation of these guidelines. Indeed, these provisional guidelines are intended to provide a starting point for empirical research on non-forensic, non-diagnostic, developmental interview methodologies with children.

A Provisional Developmental Interview Framework (DIF)

Creating a developmentally-responsive research environment

What is evident from the reviews undertaken so far is that a successful DIF depends upon the supporting scaffold of a developmentally responsive research environment. That is, it is not just what happens in the interview that determines the translational success of the interview or the experience of the interview for the child. It is also the broader stance taken toward the work with the child as well as the context that is created to support that work.

The person-centric (Reid, 2013) and specifically, child-centric (Campbell, Collins, & Reid, 2013) research framework is a practitioner-derived framework and thus prioritises research that is translational in nature. This model privileges contextual validity from the inception of research to clinical application and thus advocates research methodologies that focus on the experience of the participant for its own sake, and also as a pathway to better data. Making participants at ease means that they are not impeded in providing a thoughtful, reflective, honest, accurate and comprehensive response to questions. Person-centered approaches (Cooper, O'Hara, Schmid, & Wyatt, 2007) are usually affiliated with clinical work (McCormack, Karlsson, Dewing, & Lerdal, 2010) and are not commonly considered when conducting research. Here, the person-centric research framework has been used to inform a DIF that incorporates what little empirical evidence there is about
interviewing children but does not originate from the standpoint of being EBP. In the absence of an evidence base, it is recommended that a values-driven approach can guide the development of a provisional framework for empirical evaluation (Andrews et al., 2013). The person-centric research framework, and its outworkings in the form of the QERS and DRPR will be briefly reviewed as they relate to the proposed DIF.

To review, the person-centric research framework (Figure 6.3) proposed by Reid (2013) consists of six core elements argued to facilitate more valid and robust research that is relevant for clinical research as well as more basic research (Reid & Anderson, 2012):

1. Accountability in methodology: considering which methods are most valid and responsive to the complexities of human interaction and fulfil our commitment to ‘do no harm’. Nowhere is this more important than when working with children and other vulnerable populations;
2. A relational orientation that prioritises the experience of the participant. This can best be seen in the adoption of a collaborative approach toward the research topic, as opposed to the more traditional and common model of expert-subject relationship. This remains important, and perhaps even more important, when the participant is a child;
3. Reflective practice illustrating the commitment of the researcher to be self-critically analytical about the research process;
4. Valuing of individual differences as well as common patterns (evidenced through idiographic and nomothetic analysis). This is indeed a critical feature of research occurring at a time of rapid change along developmental trajectories, as is the case in childhood;
5. Capturing the complexity of the research subject through intentionally responsive, mixed methods research design; and

6. Prioritizing emergent processes and outcomes through engaging in iterative processes of evaluation at every stage rather than evaluating only at the end of a project when it is often too late to make any changes to research design.


The challenge in person-centric research is not simply to produce more honest or informed research but rather, that the approach taken is respectful, relational and reflective, while still maintaining the integrity of the subject matter. This is especially important in working with children as they often have less influence in many areas of their lives. Adopting a person-centric research framework
when working with children can highlight specific issues and considerations to clinicians and practitioners that might not otherwise be apparent in a traditional research model. The principles outlined in the person-centric research framework have previously been crystallised in a developmental context specified as the child-centric research framework (see Figure 6.4).

Campbell, Collins and Reid (2013) provided insight into intervention research with young children who have experienced sexual abuse. As there was a significant clinical and intervention emphasis to the article, only the relevant aspects pertaining to research with children in general have been extrapolated for discussion. Specifically, the child-centric research framework presents several factors to consider: engaging children’s perspectives, allowing negotiation of children’s participation, being aware of the power differentiation between adults and children and making allowance for differences between children as they are still developing maturationally. The outworkings of this model impact at the level of conceptualisation, methodology, analysis and inference as captured in the child-centric research framework (Campbell et al., 2013). A particularly important feature of this model is the emphasis on both formative and summative evaluation of work with children. Of interest is the impact of the process on the child, as well as the outcomes in relation to the research question. There is similarly, a commitment to multiple measures, multiple methods, and multiple perspectives (case based and group differences).
Additionally, within this thesis there have been three significant contributions to assisting with the operationalisation of a person-centric approach to a developmentally responsive research environment: the GAP model, the DRPR and the QERS.

The GAP model emphasises the importance of prospective consideration of:

- Programmatic theory and methods. In a developmental context this requires consideration not just of issues specific to children (as compared with adults) but a prioritising of theories that encapsulate issues of developmental maturation: across the course of childhood, within the developmental stages of childhood, as well as recognizing individual differences in development in children of comparable ages. Children of different ages and developmental maturity require different things, have the potential to provide different data, and introduce different interpretive possibilities in data analysis. Study design must reflect this growth trajectory in a way that is not required in research with adults.

- Within and between stage gap analysis. In a developmental context this means evaluating whether the specific needs of children of different ages and developmental stages have been addressed in the research literature. Research findings need to be evaluated against this foundational context. Within stage analysis needs to focus on developmentally responsive methodologies and between stage analysis needs to focus on whether the most developmentally responsive questions are being asked.

- Reporting transparency. When working with vulnerable populations such as children, our accountability requirements are heightened and our commitment to minimizing burden on participants is greater. Reporting
transparency enables replication and confidence in translation. This has been sadly lacking in the research to date.

The DRPR highlights related and additional pathways to operationalisation of a developmentally responsive research environment. Specifically, it emphasises the individual and developmental differences within childhood and encourages researchers to consider the cognitive, emotional, social and linguistic capabilities and needs of potential research participants. It similarly suggests consideration of these factors when conceptualising developmental research questions and when selecting optimal research methods. This is essential in providing the best possibility for children to show their best work during data collection. Vygotsky’s theory of Zones of Proximal Development emphasises that when there is a close alignment between a child’s developmental status and the tasks asked of them, we will see the best that they are capable of (Chaiklin, 2003; Zaretskii, 2010).

Finally, the QERS criteria for quality of evidence review can be used prospectively to guide research planning. These criteria will be reflected in the instantiation of the DIF below.

**Creating a developmentally-responsive research interview**

In the context of this thesis, an interview can most helpfully be thought of as a conversation, but a particular kind of conversation (Kortesluoma, Hentinen, & Nikkonen, 2003). In daily life, conversations between adults and children have inherent demand characteristics related to the power differential between the participants. Christensen and James (Christensen & James, 2008) emphasised the difference between research with children and research on children, and approached children as social actors with agency in research. Very often conversations occur in the context of fact finding (e.g., health professionals), imparting of information (e.g.,
teaching) from adult to child, or about a process of disciplining or rewarding behavior (e.g., parenting). In the research context it is important to be aware of these developmental demand characteristics and to be conscious in what kind of conversation is required to attain the best quality data. Specifically, this research program concerns the kinds of conversations that minimise the power differential between participants and enables children to have their views, opinions, ideas and uncertainties fully heard. In Saywitz and Camparo’s (2014) terms, this is most closely aligned to qualitative interviewing and non-directive clinical interviewing in which the voice of the child (rather than the researcher or an adult informant) is privileged. Other sociologists with similar approaches such as Alderson (Alderson, 2008) also strongly support children’s equality and rights in research. Alderson proposed a novel approach of engaging children in every stage of research; from planning of research design, collection of data, data analysis, and reporting findings.

Another approach to shifting the power balance is to use child-friendly techniques such as drawing and photography (see Chapter 3) instead of face to face interviews, where children’s language abilities might not impact their ability to respond. Several factors were also taken into consideration in designing the current study: (i) lack of funding for more technologically advanced methodologies, (ii) the additional variability from innovative methodology might be a hindrance for future work by other researchers, and (iii) challenges in replicability of such methods. Most importantly, the nature of this research project is exploratory, and the results will provide a baseline understanding of children as informants about the PCR. It is for these reasons that face-to-face interviews with traditional paper presentation was utilized in the first instance and alternative techniques considered in the context of the findings of this study.
In achieving this developmentally-responsive conversational environment, there are many elements that need consideration. A developmental interview framework must consider pragmatic and conceptual needs unique to childhood, specifically these relate to:

- Ecological grounding: Children are inherently embedded in their familial, social and cultural context (Bronfenbrenner, 1992). We need to stand in the shoes of children when we design our research. We must consider that it is hard for children to ‘see’ their world from a distance, as they have scarce points of comparison; their own experience is all they have known. Interview design needs to frame the conversation in ways that enable children to notice and comment on relevant aspects of their experience. We must also be mindful that parents are the gatekeepers to a child’s participation. Our methodology must be both respectful and engaging of parents, whilst privileging the voice of children by creating a context in which it is safe for them to speak up and be heard without judgment of them or of their parents.

- Developmental profiling: One of the most important considerations highlighted in the literature is for researchers to take into account the child’s competencies in terms of cognitive and linguistic abilities (Jacobsen et al., 1994; Kortesluoma et al., 2003; Mordock, 2001; Reed, 1996; Saywitz & Camparo, 1998; Saywitz, Camparo, & Romanoff, 2010). Without accommodation of children’s developmental competencies, the main objective of eliciting optimal information from children cannot be achieved. Most researchers
provide a general acknowledgement about the different requirements for doing research with children but do not take the next step of specifically linking their practice to developmental theories, or empirical findings about relevant aspects of development. At the most foundational level, the stage models of child development help us to narrow in on the age range that would be the best fit for a particular investigatory circumstance. In the current study, middle childhood was identified as the earliest developmental stage at which the requisite cognitive, social, emotional and linguistic abilities might be present to support an interview study about the PCR. The DRPR also highlighted, though, that an ideal study design would go further and consider individual differences within a developmental stage. The DIF recommends the DRPR as a starting point that is then further refined by individual developmental profiling to support both idiographic and nomothetic levels of understanding and analysis. The goodness-of-fit of an interview technique is likely to be strongly dependent on how finely tuned it is to a child’s developmental needs.

- Relational orientation: A ‘relational orientation’ seems core to minimizing the usual demand characteristics in conversations between adults and children. Children are active stakeholders in their worlds and are not mere recipients of a flurry of activities around them. They have opinions, thoughts, feelings and report feeling insulted when not treated with respect and honesty (Horstman, Aldiss, Richardson, & Gibson, 2008). In the interview context, establishing rapport is imperative. When the elements of conversation are in
keeping with developmental competencies of the children, rapport and relationship are more easily established and goodness of fit between engaging the child as an informant and maintaining the integrity and standard of research is achieved. Focusing on establishing rapport with children when conducting research should not be viewed as a “trick in the book” but rather, approached with genuine curiosity of what children are capable of reporting about their worlds and how they are able to provide an insight about questions asked of them because they are the experts of their world. The importance of rapport and relationship when interviewing children has been summarised and documented elsewhere (Saywitz, Larson, Hobbs, & Wells, 2015).

The operationalisation of the DIF is captured in Tables 6.1 and 6.2, the first summarises key features of a developmentally responsive research environment in the context of child interviews. The second summarises features of a developmentally responsive interview.

Table 6.1.

<table>
<thead>
<tr>
<th>Developmental Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>The context and setting of the interview takes into account the child’s developmental profile. This optimises the likely quality of the data and limits frustration and anxieties about the interview.</td>
</tr>
<tr>
<td>Consider the child’s cognitive and linguistic needs.</td>
</tr>
<tr>
<td>Consider the emotional needs of the child.</td>
</tr>
</tbody>
</table>
- Consider the psycho-social needs of the child.

All interactions with children should be developmentally responsive. \(^{(Reid, 2013)}\)

Analysis should be developmentally considered.

<table>
<thead>
<tr>
<th>Ethical Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Design prioritises accountability. (^{(Reid, 2013)})</td>
</tr>
<tr>
<td>Reporting transparency is achieved. (^{(Reid, 2013)})</td>
</tr>
<tr>
<td>Establish child’s consent (i.e., provide child with understanding of their rights (e.g., can withdraw consent, don’t have to answer questions if they didn’t want to) and limits of confidentiality with child. (^{(MacDonald &amp; Greggans, 2008; Saywitz &amp; Camparo, 1998)})</td>
</tr>
<tr>
<td>Design is robust to support potential translation to EBP.</td>
</tr>
<tr>
<td>Parents and children are fully informed prior to giving consent.</td>
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</table>

<table>
<thead>
<tr>
<th>Researcher considerations prior to interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you aware of the developmental needs of the child? (^{(Carter, Bottoms, &amp; Levine, 1996)})</td>
</tr>
<tr>
<td>Do you have any personal bias about the interview or the child that would impact on your ability to be neutral with the child’s responses? (^{(Kuehnle, Greenberg, &amp; Gottlieb, 2004)})</td>
</tr>
<tr>
<td>Have an awareness of the adult-child power difference at every stage of the interview process. (^{(MacDonald &amp; Greggans, 2008)})</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Researcher-participant relationship</th>
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<tbody>
<tr>
<td>Build rapport &amp; relationship; the format of rapport building questions are associated with length of child’s responses (^{(Brown et al., 2013; Hardy &amp; Van Leeuwen, 2004)})</td>
</tr>
</tbody>
</table>
Show genuine interest. *(Kortesluoma et al., 2003)*

Let children know that their views are important. *(Kyronlampi-Kylmanen & Maatta, 2011)*

Ensure child is physically comfortable. *(Elkind, 1960)*

Explain your role as a researcher. *(Saywitz & Camparo, 1998)*

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**Researcher awareness throughout the interview**

Support child’s level of engagement and be willing to discontinue if child is negative or is reluctant. *(Elkind, 1960)*

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*Note.* # denotes empirically supported. ^ denotes emerging best practice.
Table 6.2.

*Features of a developmentally-responsive interview*

<table>
<thead>
<tr>
<th>Design of the interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Justify degree of standardisation and structure type of interview according to the child’s developmental competencies. Choose the least restrictive option. #(Carter et al., 1996)</td>
</tr>
<tr>
<td>Language should be age accessible. #(Loftus &amp; Zanni, 1975)</td>
</tr>
<tr>
<td>Be prepared with a variety of interviewing techniques: have the flexibility to tailor questions to each child to account for individual competencies. ^(Jacobsen et al., 1994)</td>
</tr>
<tr>
<td>If props are used, they should be age-appropriate and carefully considered. ^(Parker, 1984)</td>
</tr>
<tr>
<td>Design of questions should reflect purpose of interview. Wording of questions can influence responses (e.g., how slow was the car vs. how fast was the car) and precise referents (e.g., those, these, here, there) should be used. ^(Lewis, 2001; Saywitz, 1995)</td>
</tr>
<tr>
<td>Consider framing questions with reference to others to minimise children’s self-consciousness. ^(Parker, 1984)</td>
</tr>
<tr>
<td>Keep the length of interview commensurate with the developmental ability of the child.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Prior to the interview</th>
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<tbody>
<tr>
<td>Determine the child’s understanding of concepts. #(Carter et al., 1996)</td>
</tr>
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</table>

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<tr>
<th>During the interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarify meaning of child’s responses to limit misconceptions or assumptions. Use reflective practice so as not to influence the interpretation of the child’s response.</td>
</tr>
</tbody>
</table>
Prompts:

- Use prompts when topic changes *(Kuehnle et al., 2004)*
- Use pauses as a form of prompting *(Lewis, 2001)*
- Younger children need more specific prompts when asked about events that had occurred. *(Baker-Ward, Gordon, Ornstein, Larus, & Clubb, 1993)*
- Statements can be prompts instead of questions *(Lewis, 2001)*
- Specific prompts should be used to explore different types of information *(Parker, 1984)*
- “Ummhmmm”, “yes”, “anything else” can be used as non-directive prompts. Be aware of demand characteristics. *(Elkind, 1960; Powell & Snow, 2007)*
- Usage of prompts should be reported clearly and specifically.
- Use reflective listening as a form of prompting.

If possible, frame questions to be consistent with child’s speaking style.

Ensure child feels heard.

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After the interview

There may be a burden of interview, which can cause children to be distressed.

Address any questions from children after the interview *(Brackenbury, Barzman, & Dunsleth, 2009)*. Plan interview so that an enjoyable activity concludes the interview.

Adopt a child’s eye-view in the analysis and interpretation. *(Kortesluoma et al., 2003; Saywitz & Camparo, 1998)*

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*Note.* # denotes empirically supported. ^ denotes emerging best practice.
In reflecting on the DIF, it is clear that the guidelines outlined here are qualitatively different from those indicated in the forensic and legal guidelines (some examples are provided in Appendix C). The latter are focused on obtaining accuracy, reducing suggestibility and limiting children’s error in recall. The current are focused on comfort, openness, and expansiveness in responding. Forensic guidelines are also more focused on specific techniques, whereas the current provisional guidelines are currently at the level of guiding principles.

Taken together, these guidelines provide a standardised touchstone for progression of this methodological research agenda. This provisional DIF will be adopted and evaluated in the pilot study to follow. Operational examples from the pilot study will be presented in Chapter 7.
References


CHAPTER SEVEN
A PILOT OF THE DEVELOPMENTAL INTERVIEW FRAMEWORK

This thesis set out to find out about the PCR. Initial efforts to find an established literature raised more questions than they answered. These questions have been addressed incrementally in a series of studies, summarised in Figure 7.1, which brings us to this point of trialling the resultant DIF with an empirical pilot study with children in middle childhood.

Figure 7.1. Series of studies that culminated in the DIF.
In accordance with the DIF, there were two factors to consider in the planning of this study: (a) creating a developmentally responsive research environment, and (b) designing a developmentally responsive interview. Tables 7.1 and 7.2 summarise how the DIF was operationalised for this study. Great care was taken to consult with paediatric practitioner-researchers in the process of designing this study and the interview protocol. Whilst there were other potential ways to achieve the principles of the DIF, it was thought that these options were the most developmentally attuned to middle childhood, conceptually sound, cost-effective, and pragmatic.

In achieving these aims, a decision was made to piggyback this study on the Project KIDS research program, as the research environment had a pre-existing evidence base of acceptability and developmental feasibility for children aged 7-11 years, established over more than a decade (Anderson & Reid, 2015). The initial design of the Project KIDS methodology emerged in response to feedback from children (and parents) engaged in more traditional models of experimental research. Specifically, children did not enjoy the experience of completing psychological tests in a ‘laboratory-type’ environment. Children preferred being in a more natural environment and seemed much more relaxed when surrounded by their peers than when in an isolated testing situation with an adult researcher. It has been found that having environments that are responsive to client or participant need, in therapy as in research, elicit more successful outcomes (Berger & McLeod, 2006; McLeod, 2014; Moore, Noble-Carr, & McArthur, 2016). Thus, the Project KIDS research team designed a methodology based around creating a more ‘child-friendly’ natural environment in a childcare type setting. All experimental tasks were interspersed with play activities and many children were invited to attend at the one time.
Table 7.1

*Developmentally-responsive environment: Operational examples from the pilot study*

<table>
<thead>
<tr>
<th>Developmental Considerations</th>
<th>Operational Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>The context of the interview takes into account the child’s developmental profile:</td>
<td>Research is undertaken in a ‘school holiday activity program’ format in which assessments are interleaved with play-based activities. Children are engaged in the consent/assent process. Children’s attentional constraints are acknowledged and their participation optimised with a maximum of 25 minute sessions and sequencing different types of tasks to maintain engagement.</td>
</tr>
<tr>
<td>1. Consider the child’s cognitive and linguistic needs.</td>
<td></td>
</tr>
<tr>
<td>2. Consider the emotional needs of the child:</td>
<td>Children were invited to bring along a same-aged friend (and most do!); this was consciously done to set them at ease and reduce apprehension.</td>
</tr>
<tr>
<td>This optimises the likely quality of the data and limits frustration and anxieties about the interview.</td>
<td></td>
</tr>
<tr>
<td>3. Consider the psycho-social needs of the child (e.g., do they have the opportunity to interact with other children, is it an adult-centric context?)</td>
<td>Inviting groups of children to attend each day, rather than simply booking individual children for testing, signals that this is a developmentally attuned program.</td>
</tr>
<tr>
<td></td>
<td>Throughout the day, staff were acutely aware of the child to adult ratio (i.e., child-centric setting and power differential when there are too many adults in one room) and went to a different part of the building to prevent/address this.</td>
</tr>
<tr>
<td></td>
<td>Staff followed children’s lead on their play preferences (e.g., individual play, such as building lego vs. social play, such as What’s the time Mr Wolf?).</td>
</tr>
<tr>
<td></td>
<td>Children are booked in each day to achieve a balance of ages and genders to ensure that each child has others that they are likely to share interests and abilities with.</td>
</tr>
</tbody>
</table>
All interactions with children should be developmentally responsive. Researchers undergo a minimum of 12 one hour developmental training sessions in child development, child assessment, and child-centred ways of working. This includes learning content and undertaking role plays. Junior researchers begin their work with children in the context of in vivo supervision by a clinical psychologist supervisor. The training emphasises child-friendly language; noticing behavioural signs of stress; and working with relational reward based systems for maintaining motivation. Researchers are trained in reflective practice so that children feel ‘heard’; they are also familiarised with popular culture relevant to this age group to facilitate informal rapport building.

Analysis should be developmentally considered. Children’s developmental stages and competencies were taken into account during analysis. Age and IQ were used as indices of individual differences in development.

**Ethical Considerations**

Design is robust to support potential translation to EBP. This study occurred in the context of an ongoing research program with programmatic theory and consistent methodology informed by practitioner-researchers who work with children and families in clinical practice. Each study contributes to a larger programmatic body of work.

A person-centric research framework is used to ensure real-world validity of these findings, particularly for the researcher-clinician. Both academic rigour and clinician pragmatism are prioritised.

Design prioritises accountability. Collecting data as part of a research co-operative minimises the impost on child participants as core data are accessible to many research projects rather than being collected individually for each project, which reduced the children’s testing involvement and limited the possibility of fatigue. The accessibility of core data amongst researchers requires a high level of accountability and transparency.

Reflective practice and staggered intake of participants provided researchers with opportunity to implement any required changes between child interviews.

**Operational Examples**

Collecting data as part of a research co-operative minimises the impost on child participants as core data are accessible to many research projects rather than being collected individually for each project, which reduced the children’s testing involvement and limited the possibility of fatigue. The accessibility of core data amongst researchers requires a high level of accountability and transparency.
Parents are invited (and highly encouraged) to attend at the end of the second day so that they have the opportunity to ask any questions they might have about their child’s participation.

**Reporting transparency.**

All criteria on the QERS pertaining to the interview are reported including: interview type, setting, number of questions, length of interview, recording of prompts were reported.

**Parents and children are fully informed prior to giving consent.**

Families are sent a DVD that introduces them to the Project KIDS research facility introduces senior staff, and provides an overview of research aims and research tasks. There is also a website that provides further information and FAQs for parents and children.

Establish child’s consent (i.e., provide child with understanding of their rights (e.g., can withdraw consent, don’t have to answer questions if they didn’t want to) and limits of confidentiality with child.

Written consent was sought from children and, at any point, children are able to withdraw their consent for participation (although this has never happened). Consent forms were designed in child-accessible language. Confidentiality limits were clarified with children prior to the interview (i.e., anything they said was between us unless someone was harming them or they were harming someone else).

**Researcher considerations prior to interview**

Do you have any personal bias about the interview or the child that would impact on your ability to be neutral with the child’s responses?

I took an inquisitive, curious approach toward the interviews and held a neutral perspective on the child’s responses during the interview. Different assessors work with each child over the course of the day; this reduced the risk of observer/assessor bias and provided different observations about the child.

Have an awareness of the adult-child power difference at every stage of the interview process.

Children were openly invited to check what was written and were asked to help with the prop materials. Where possible, at every opportunity, children were provided with autonomy in choices (e.g., where they sat).
<table>
<thead>
<tr>
<th>Researcher-participant relationship</th>
<th>Operational Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Show genuine interest.</td>
<td>Child-led activities were encouraged during free play time. Researchers were open and willing to engage in activities that were of interest to the child, and allowed them to direct play.</td>
</tr>
<tr>
<td>Build Rapport &amp; Relationship.</td>
<td>Throughout the day, whenever opportunities were presented, researchers established familiarity with the children by helping with colouring-in or decorating their reward charts. During break times, effort was also made to socialise with children during play activities that were of interest to them (playground activities, lego building, word puzzles etc.). Warm, encouraging and friendly demeanour was encouraged in staff.</td>
</tr>
<tr>
<td>Let children know that their views are important.</td>
<td>During the interview session, children were told that their responses were important and were recorded because what they said was important and I did not want to miss anything out.</td>
</tr>
<tr>
<td>Ensure child is physically comfortable.</td>
<td>Before the start of the interview, children were asked if they were comfortable in their seats in a relaxed, chitchat way (e.g., you OK there?)</td>
</tr>
<tr>
<td>Explain your role as a researcher.</td>
<td>At the interview, children were informed that it was my job to collect information about families and to explore the different ways that families do things.</td>
</tr>
<tr>
<td>Researcher awareness throughout the interview</td>
<td>Operational Examples</td>
</tr>
<tr>
<td>Be aware of child’s level of engagement and be willing to discontinue if child is negative or is reluctant.</td>
<td>During the interview, non-judgmental observations were used to notice children’s reactions (e.g., you looked really excited when you talked about that!). If children appeared hesitant, they were reminded about confidentiality and assured that this chat was just between us. In general testing sessions, ‘fidget breaks’ were allowed. Children were encouraged to stretch and ‘get the wriggles out’ before resuming their activity. If the child was reluctant, they were able to move to another activity room.</td>
</tr>
</tbody>
</table>
Table 7.2

Operationalised examples of the DIF

<table>
<thead>
<tr>
<th>Development and design of the interview</th>
<th>Operational Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Justify degree of standardisation and structure type of interview according to the child’s developmental competencies. Choose the least restrictive option.</td>
<td>Open-ended, structured interviews were used to provide children with the least restrictive opportunity for responses. This was especially important so that we did not unintentionally replicate existing adult assumptions about the PCR. The DRPR analysis suggested that children in middle childhood were developmentally ready for this flexibility of structure.</td>
</tr>
<tr>
<td>Be prepared with a variety of interviewing techniques: have the flexibility to tailor questions to each child to account for individual competencies.</td>
<td>I was prepared to rephrase the questions if children seemed confused about the question, however, this was not deemed necessary. Reflective practice helped with clarification.</td>
</tr>
<tr>
<td>If props are used, they should be age-appropriate and carefully considered.</td>
<td>Props were used in the interview to keep children engaged but after reflective practice (two days of interviews), it was decided that these should be because they became distracting.</td>
</tr>
<tr>
<td>Keep length of interview commensurate with child.</td>
<td>The interview lasted approximately 10 minutes and no longer than 20 minutes.</td>
</tr>
<tr>
<td>Design of questions should reflect purpose of interview. Wording of questions can influence responses (e.g., how slow was the car vs. how fast was the car) and precise referents usage (e.g., those, these, here, there) should be used.</td>
<td>This was an exploratory study with the focus on obtaining subjective experiences instead of factual, accurate recall of events. Questions were designed to be easily understood and to target perceptions, preferences and wishes.</td>
</tr>
<tr>
<td>Consider framing questions with reference to others to minimise children’s self-consciousness.</td>
<td>Not applicable: As the topic was about the PCR, it did not make sense to rephrase questions in reference to others.</td>
</tr>
</tbody>
</table>
Language should be age accessible.  

Prior to the interview

Determine the child’s understanding of concepts.

Careful consideration of question wording (i.e., precise referents).

Operational Examples

Psychometric assessments of verbal and cognitive abilities were used to establish children’s abilities.

During the interview

Clarify meaning of child’s responses, to limit misconceptions or assumptions.

If the child’s response was ambiguous, I repeated their answer to check whether they wanted to clarify themselves. If the meaning was still ambiguous, clarification was sought more explicitly by saying, “Sorry, I don’t understand, can you tell me more?”

Prompts:

- Use prompts when topic changes
- Use pauses as a form of prompting
- Use reflective listening as a form of prompting
- Statements can be prompts instead of questions
- Specific prompts should be used to explore different types of information

The topic change was preceded by “Now the next question is a little different - are you ready?”.

Children were not rushed to provide answers and pauses were frequently used to give children enough time to think about their responses. Statements were also used in the form of simply noting aloud “let’s take some time to think about this one…”

Reflective listening was used.

This was not relevant to the interview conducted.

This was not relevant to the interview conducted.
- “Ummhmmm”, “yes”, “anything else” can be used as non-directive prompts. Be aware of demand characteristics.

- Younger children need more specific prompts when asked about events that had occurred.

- Usage of prompts should be reported clearly and specifically.

If possible, frame questions to child’s speaking style.

Ensure child feels heard.

**After the interview**

There may be a burden of interview which can cause children to be distressed. Address any questions from children after the interview. Plan interview so that an enjoyable activity concludes the interview.

**Operational Examples**

After the interview, children were asked if they had any questions. None of them asked questions about the interview (although some asked when recess or lunch was!). More often than not, the interview was shorter than the allocated session and, if the child chose to, mini-games were played (e.g., I spy, word puzzles) before the conclusion of the session.

Adopt a child’s eye-view in the analysis and interpretation.

Thematic analysis encouraged a ‘bottom up’ approach to data analysis so that there were no preconceived assumptions about the responses during the interview.
to create a ‘child-focussed and relaxed environment rather than an artificial testing atmosphere.

The methodology of Project KIDS has also evolved over a number of years in response to feedback from both children and their parents. This feedback has been provided incidentally as well as formally. It has been requested and gathered in developmentally responsive ways such as child-friendly surveys, conversations and using tokens placed in jars to rate the enjoyment of different aspects of the experience of participating in the Project KIDS program. This provides an anonymous and easy opportunity for children to be heard and to influence the design of the research participation experience. In sum, co-reflexivity is an emergent approach toward research design (Moore et al., 2016) and is actively practiced at Project KIDS.

Engaging in child interviews within the Project KIDS program made the achievement of the other DIF goals more likely as the interview was supported and scaffolded by this well-established developmentally-responsive setting. It also facilitated access to data on the cognitive profiles of child participants without any greater imposition on the child participants as these data are routinely collected in the Project KIDS program and are used by many different researchers in this research co-operative.

In terms of designing the interview itself, there were many potential starting points in defining manageable research questions relating to the PCR. There were two primary points to consider: (a) I did not want to replicate the ‘closed loop’ theory inherent in the parenting styles literature (as reviewed in Chapter 2). That is, it was important to avoid leading questions that might trigger or prime certain types of responses that would be necessarily congruent with the predominant paradigm of
authoritative parenting. Being mindful of potential demand characteristics such as these is an important aspect of study design even when working with children as these ‘socially accepted’ models of being a good parent are potentially implicitly understood by children, and secondly, (b) this study was also a pilot of the DIF.

The duality of these aims required careful consideration and planning. Trialling the DIF took priority and as such, developmentally conservative questions were chosen to minimise the cognitive load of the interview in favour of making the interview process manageable to the broadest range of children and to enable formative evaluation of the DIF separate from the demandingness of the question content. The research questions were:

- What is salient to children about time they spend with their parents; and
- What is salient to children about the quality of their relationship with their parents.

These questions underpinned the rationale of the interview questions in this pilot study. The first interview questions were selected to be developmentally less challenging, focussing on shared activities between parent and child, likes and dislikes. The latter questions were intended to be more abstract and developmentally more challenging, focussing on ‘wishes’ and the notion of parental ‘care’. This allowed consideration of whether children of this age are able to manage these different levels of reflection and self-expression in the context of an interview. A semistuctured interview method, using open-ended questions, was utilised because it provided only broad scaffolding for child participants. The lack of restriction to choosing specified answers (such as multiple-choice or Likert scale grading) ensured that children could respond in a way that was most meaningful for them, with as many specifics or as few details as they wanted or were able to give, with minimal
imposition of adult assumptions and expectations. As a first pilot, it was expected to give us future guidance about the developmental interview needs of this group of children. As a starting point for evaluating the DIF, this seemed the least restrictive option.

Interview questions were worded as simply as possible to avoid unnecessary cognitive load so that all effort could be committed to formulating and conveying a response. In keeping the questions developmentally-responsive and simple, our intention was to cater to a wider range of cognitive and linguistic abilities. In sum, our interview posed five questions about the PCR:

1. What are the favourite things that you do with Dad/Mum? (preferred activities)

2. What do you remember doing with Dad/Mum last week? (salient activities)

3. If a wizard granted you more time with Dad/Mum, what would you like to do with him/her? (desired activities)

4. What are the least favourite things that you do with Dad/Mum? (non-preferred activities)

5. I know Dad/Mum cares for me because…. (perception of relationship)

Activity based questions came first, followed by more emotion-based questions. In Chapter 3 (DRPR), it was identified that emotional language develops only when the Self has been established. It was therefore presumed that in scaffolding questions, young children have greater behavioural literacy than affective literacy (i.e., they are better at describing what they do than how they feel). The final question is more abstract and invoked affective responses. This was placed at the end
so that there was prior opportunity to establish whether the child was able to engage with the interview process to a sufficient degree to answer the question.

**Methodology**

As previously indicated, interviews were conducted as part of a broader research program, Project KIDS, funded by the Australian Research Council (ethics approval 2006/203 from Murdoch University). The interviews had separate ethics approval (2007/195) from Murdoch University. Project KIDS explores the social, emotional and intellectual development of children aged 7-11 years using a unique holiday program format that has an emphasis on child-centred methodological approaches and child-friendly data gathering techniques (Reid, 2013; Reid & Anderson, 2012). This methodology has been designed to ensure that children are feeling at ease and engaged in the process of data gathering. Parental consent was obtained for all children. Children were recruited via their schools in suburban areas of Perth, Western Australia. The schools were in proximity to the University, which is located in a middle-class, affluent area of Western Australia. Parents were more likely to be employed and minimally, had completed high school education. In terms of cultural diversification, there were no children of Aboriginal descent who indicated an interest in participating in this study. Although there were some Asian families, the majority of the respondents were white, middle-class children. It was likely that the location of the primary schools in which recruitment was conducted, was associated with the family demographics. Future recruitment should include more diverse school catchment so as to reflect population demographics and general social-economic status. It was also possible that a consideration for involvement in the study was related to the location of the University as parents have to organise drop-off and pick-up during peak working hours.
Families were provided with a short video that describes the project and the activities that children will participate in. This was an important part of the parental consent and child assent process. Children attended a child-friendly facility during the school holidays and committed to a two-day program (8 hours each day) with up to 23 other children. Children were invited to bring a same-age friend in recognition of the supportive impact of peer presence. During each day, children completed a battery of standardised assessments (e.g., Wechsler Intelligence Scale for Children, Cattell Culture Fair, Wisconsin Card Sorting Task) as well as interview and play-based activities. Each task is allocated a 25-minute session and children move to different rooms with different assessors for specific tasks to minimise fatigue and maximise motivation.

Consideration was given to how many children to interview. For the purposes of thematic analysis of responses in relation to the PCR it seemed possible that thematic saturation may be reached with a relatively small number of children (Baker & Edwards, 2012). However, even within middle childhood there are different developmental levels of maturity and so an analysis of developmental trajectories in the PCR was of interest. Similarly, the other goal of the study, formative evaluation of the application of the DIF, particularly the ‘developmental’ part of the DIF, required consideration of how children of different ages and different developmental stages might respond to this interview protocol. Gender differences are also important to consider in childhood (for examples, see Chaplin & Aldao, 2013; Voyer & Voyer, 2014). As such, approximately 30 children in each age and gender category were interviewed.

Participants
A total of 120 participants were recruited in this study sample. There were 62 seven-year olds (27 female and 35 male) and 58 nine-year olds (29 female and 28 male). Evaluating the developmental aspect of the interview required a sample with a broad range of abilities for their age. Wechsler Intelligence Scales for Children-Third edition (FSIQ) scores for the sample are shown in Figure 7.2, and confirm that the sample spanned a wide developmental spectrum not dissimilar to a normative sample, though the lowest IQ score was 74.

![Figure 7.2. Distribution of FSIQ scores for sample (n = 120).](image)

Evaluating family characteristics was also important in a study investigating the PCR. Notably, 15 children (12.5%) were from divorced, separated or single parent families.

**Materials**

An interview booklet was used and researchers recorded answers verbatim. Children were interviewed individually and most children completed the interview in less than 25 minutes. It was explained that every family is different and we were
interested to know a little more about their family. It was made clear that there were no right or wrong answers. Children were then asked who was in their family, in recognition of the many variations on a traditional nuclear family structure and also in respect of a child’s right to define whom they feel belongs in their family. Some named pets, extended family and even provided names and physical descriptions of their family members. Of the divorced or separated families, only two children chose to omit their biological fathers, and one child chose their stepmother instead of their biological mother. None of the children from divorced families included both sets of parents. In total, data were collected with reference to 106 mums and 105 dads.

The interviewer let the child know that she was interested in the different ways that families do things together. She asked if the child would like to answer some questions about their Dad and Mum, and, if an affirmative response was given, the interview questions were posed. If the child expressed that they did not wish to complete the interview, they did not have to continue, however, none of the children made this request. From the beginning of the interview, children were eager to tell us about their family. As a means of giving children a sense of control over the process, children were asked to choose which parent they wanted to answer questions about first. None of the children asked for clarification of the questions, yet all provided sense-making responses, suggesting that the language used was age-accessible even for children with a low IQ score. Some children were keen to read the questions themselves. In all instances, the researcher read them aloud again to ensure that children’s reading ability did not hinder their understanding of the questions. During the interview, if the child responded with, “I don’t know,” they were not prompted further as this was interpreted as a legitimate answer. Reflective listening was used for response-checking as the interview progressed.
Formative Results

Consideration was given to potential indices of child responsiveness to both aspects of the DIF: the developmentally-responsive research environment and the interview itself.

Key indicators in relation to the environment included:

- Did children look happy to be attending (Was our preliminary recruitment and induction process successful)?
- Did children bring a friend (Did families agree with our impression that having a peer attend may be reassuring and enjoyable)?
- Did children return for the second day of program (Did they enjoy themselves sufficiently to come back)?
- Was parental feedback positive?
- Was child feedback positive?

Overwhelmingly, children presented as happy to attend and to return for the second day of the program; these data were gleaned from behavioural observation sheets completed by all staff interacting with the children throughout the day including during free-play times. The few children who did not return on the second day were those that were unwell. Almost all children brought a friend and the response from the friend was equally positive. Many children referred to the introductory DVD in positive terms indicating that it looked like fun and that they recognised features of the setting, the staff and the activities (i.e., it achieved the goal of familiarising and preparing the children and supported the process of informed consent). Parents also provided positive feedback about the DVD. Interviewers indicated that both older and younger children, boys and girls, showed a very positive response to the interview process. Neither interviewer accessed the opportunity for on-site, in vivo
supervision from the attendant clinical psychologist during the course of the sessions, as they did not feel that any child showed signs of distress, discomfort or confusion.

Key indices of the success of the DIF included:

- Did the interview process require amendment?
- Did children decline to participate? (It is noteworthy that this does sometimes occur at Project KIDS in relation to other tasks, so it was a real and valid indicator)
- Was there a drop-out rate? What were the reasons for drop-out?
- Were responses ‘congruent’ with the questions being asked?
- How many children gave no response?
- How many gave ‘I don’t know’ responses?
- Were there any children that seemed distressed by the process?
- Were there any children that could not engage with the process?

No children declined to participate. No children dropped-out mid interview. No children refused to respond or gave no response. Very few children gave ‘I don’t know’ responses. No children seemed distressed by the process. On the contrary, all children were able to engage with the process and seemed to enjoy talking about their parents and families. Notably, the reflective listening approach seemed to encourage conversation and to ensure that children felt heard. There was one amendment required to the interview process. Initially a prop was used: children were invited to ‘post’ their responses to questions in a postbox. It quickly became clear that this was distracting for the children and resulted in more focus on the posting and less on the conversation. The postbox was removed with no noticeable impact on rapport or engagement in the session.
These pilot results are highly noteworthy and encouraging in terms of the acceptability, feasibility, utility and validity of the DIF framework. It should be noted that the DIF has many constituent parts and it is not clear which combination of those parts is responsible for the positive outcomes. Examining the impact of different features might form the basis of future studies. For a first pilot, the DIF was intentionally ‘over-engineered’ (rather than under-engineered) to ensure that we fully met our ethical obligations to the children. It may be that a less sophisticated approach would have been sufficiently successful. The DRPR and the prospective use of the QERS helped to ensure a ‘goodness-of-fit’ between the developmental needs of participants and the interview process. It is also encouraging that a developmentally-responsive research environment is possible with a little additional planning and little additional expense.

**Summative Results**

Basic screening was undertaken for completeness. There were very few missing items and all responses had been checked for clarification within the interview and were deemed interpretable.

Thematic analysis focussed on identifying, organising and analysing emerging patterns or themes in children’s interview responses (Braun & Clarke, 2006) to see whether data collected in this way would be useable and meaningful. Given the exploratory nature of the research and the lack of prior research in this particular area, it was important that the themes that emerged were data-driven and, therefore, inductive rather than theoretical thematic analysis was used. I familiarised myself with the data for approximately six months and generated themes relevant to the data set. Over a course of two years, I intermittently examined the data again to review if different themes might better suit the narrative. My supervisor (CR) also
examined the themes that emerged from my analysis and reviewed their relevance. It was agreed that the final themes presented the most coherent, logical and clear narrative of the data. The discussion will first be focussed on themes that have a frequency count of at least 11 respondents (10%), which suggests a common theme. In accordance with the person-centric research framework, emergent findings (being open to surprises) and unique individual case studies were then considered along with unique themes (endorsed by less than 10% of respondents) that seem to offer important clues to the nature of the PCR.

Data from children in divorced or separated families were extracted to see if there was anything distinctive about their responses. In particular, questions about desired activities and the PCR were examined (i.e., “If a wizard granted you more time with Dad/Mum, what would you like to do with him/her?”) as well as the question about the quality of the relationship (i.e., “I know dad/mum cares for me because….”).

**Time with Dad and Mum**

Interestingly, the same broad significant themes emerged for activity based items (items 1, 2, 3, 4) and are summarised in Figure 7.3. Parent-specific themes are addressed after the common themes.

Question 1: What are the favourite things that you do with Dad/Mum?

Question 2: What do you remember doing with Dad/Mum last week?

Question 3: If a wizard granted you more time with Dad/Mum, what would you like to do with them?

Question 4: What is the least favourite things that you do with your Dad/Mum?
Common themes from questions 1-4 are summarised in Table 7.3. These included activities relating to Leisure (including Sport), Outings, Shopping, and Food. When broken down further, gender differences were clearly apparent.

Table 7.3

**Significant themes and examples of responses that emerged across Questions 1,2,3,4**

<table>
<thead>
<tr>
<th>Themes</th>
<th>Questions</th>
<th>Examples</th>
<th>Child demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leisure (both</td>
<td>1. Favourite activity</td>
<td>He plays dodge with me (dad)</td>
<td>7 year old girl</td>
</tr>
<tr>
<td>parents)</td>
<td>2. Remember doing</td>
<td>We went for a bike ride (mum)</td>
<td>9 year old girl</td>
</tr>
<tr>
<td></td>
<td>3. More time</td>
<td>Go to the park and play soccer (mum)</td>
<td>9 year old boy</td>
</tr>
<tr>
<td></td>
<td>4. Least favourite activity</td>
<td>Walk, I don’t like walking (dad)</td>
<td>7 year old boy</td>
</tr>
<tr>
<td>Outings (both</td>
<td>1. Favourite activity</td>
<td>Scitech or museum (dad)</td>
<td>9 year old boy</td>
</tr>
<tr>
<td>parents)</td>
<td>2. Remember doing</td>
<td>Took me to a friend’s house (mum)</td>
<td>7 year old girl</td>
</tr>
<tr>
<td></td>
<td>3. More time</td>
<td>Go out (dad)</td>
<td>7 year old boy</td>
</tr>
<tr>
<td>Chores (both</td>
<td>4. Least favourite activity</td>
<td>Wash the dishes (dad)</td>
<td>9 year old boy</td>
</tr>
<tr>
<td>parents)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Figure 7.3.* Themes that emerged from Questions 1-4.
<table>
<thead>
<tr>
<th>Themes common to both parents.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sporting activities were reported for both parents but differed in frequency according to parent gender with a strong prevalence amongst Dads across all salient and favourite questions. This finding is consistent with previous studies about father-child relationships (Harrington, 2006). Outings were a common response for both parents, without any preference for parent gender. This was a very broad theme ranging from children providing specific places that they wanted to go to, or expressing an interest in simply wanting to go out more. Chores also emerged as a theme common to both parents relating to least favourite activity.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent-specific themes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>With gender or role-specific activities, only themes for mothers emerged across all questions (Shopping and Food). For Shopping, there was a variety of types mentioned including shopping for: grocery, clothes, housewares, and toys, reflecting the broad range of caretaking responsibilities traditionally associated with</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>4. Least favourite activity</th>
<th>Cleaning the house (mum)</th>
<th>7 year old girl</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shopping (mum)</td>
<td>1. Favourite activity</td>
<td>When we go to Freo and look at markets</td>
<td>9 year old girl</td>
</tr>
<tr>
<td></td>
<td>2. Remember doing</td>
<td>Went to a garage sale and bought devil horns that light up</td>
<td>7 year old boy</td>
</tr>
<tr>
<td></td>
<td>3. More time</td>
<td>Go to more toy shops</td>
<td>9 year old boy</td>
</tr>
<tr>
<td></td>
<td>4. Least favourite activity</td>
<td>Going to the shops, she takes 2 hours to get a piece of bread</td>
<td>7 year old boy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Food (mum)</th>
<th>1. Favourite activity</th>
<th>Help with cooking</th>
<th>7 year old girl</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Remember doing</td>
<td>I cracked the eggs for cooking</td>
<td>9 year old boy</td>
</tr>
</tbody>
</table>

| Work (dad) | 4. Least favourite activity | Go to his work | 7 year old girl |
motherhood. That these are common activities experienced with mothers is consistent with previous studies that have shown mothers continue to be more involved in caretaking activities with children than fathers despite more women entering the workforce (Renk et al., 2003), however, that they are ‘favourite’ activities is interesting given that not all cases of shopping involved an explicit reward for the child (e.g., getting a toy). It was even more interesting that this theme was significant across salient, desired, non-preferred and favoured activities. Food also emerged as a significant theme for mothers in two questions, favourite activities and salient activities. Six of 15 and 16 children, respectively, provided the same themed responses for the two questions. It is possible that there was a priming effect due to order of questions. That is, children were asked about their favourite things to do with their parent, followed by what do they remember doing with their parent. Another possibility is that mothers are more involved in preparing meals for the family as part of their caretaking repertoire and, therefore, this is more salient to children when asked to recall activities that their mothers are involved in.

Work emerged for fathers in three questions but was only indicated by more than 10% of respondents in one question (least favourite activity with dad). It is possible that this is a theme more common for fathers because there were more mothers that stayed home (Australian Bureau of Statistics, Baxter, 2013) show that 65% of mothers were in working employment, as compared to 90% of fathers), however, parent demographics for this sample were not available so it was not possible to verify this.

Least favourite activities for Dads provided the most variance in themes and also the emergence of new themes that were not identified in other questions: Arguing with Dad and Dad’s leisure activities.
Unique themes (indicated by fewer than 10% of respondents) that highlight noteworthy relational qualities and preferences.

“What would children want to do with their parents if they had more time with them?” In addition to the theme Outings, other qualitatively informative themes emerged: Playing Games and Fantasy. The theme of Playing Games was broad and general: “play games” (9 year old girl), “play lots of games” (7 year old boy). In particular, the theme of Fantasy, “find a new planet” (7 year old boy), “make the potion” (7 year old boy), “make a hot air balloon” (9 year old boy) reflected the unique nature of this question in capturing children’s imaginations. While some of these appeared to be rather outlandish, it is possible that the responses reflect a desire still to engage in make-believe at an age when the realities of daily life are becoming more prominent. Notably, the common and overlapping themes are mostly centred on activities of daily living rather than on inherent fun, creativity and imagination. In some sense, responses to questions about favourite and least favourite activities are constrained by the range of opportunities. Under these circumstances we can see that given a free choice, children may make very different choices for parent-child activities. This may well reflect a difference in perception of parents and children about the age at which fantasy, games and creative play remain important developmental tasks. There were also a handful of responses that showed deeper reality-based consideration of children’s worlds and reflected how much they understood about the adults in their world “pay off her mortgage for her” (9 year old boy), “I like him to dump his girlfriend because she’s mean” (9 year old boy). For these children, asking this less ‘fact-based’ question provided an important opportunity for children to step outside of themselves and to view their family situation more holistically. Children were able to use their imaginations, yet at the
same time could provide awareness of the realities of their surroundings and circumstances. This question more than the others captured the developmental fluctuations of middle childhood and the essence of this “in-between” stage with glimpses of childish whims as well as contrasting maturity. Perhaps the difference is in the context of the individual child’s life, though exploring this further was beyond the scope of this study. In both instances, children’s developmental connection with wish fulfilment was intact. All children were able to put themselves into this imaginary space and provide a thoughtful, reflective answer.

**Being cared for.**

Question 5 was “I know Dad/Mum cares for me because…” and the themes that emerged in this analysis were noticeably different from the previous questions and reflected the affective and explicitly relational nature of the question. At a group level, there were many common themes that emerged in relation to both parents for this question and some specific sub-themes were identified for fathers and mothers (see Figure 32). Affection was especially common for both fathers and mothers “he hugs me” (9 year old girl), “cuddles me” (9 year old boy), “she rubs my back” (7 year old girl), “she hugs me” (9 year old boy).

**Broad themes.**

Responses were firstly identifiable as, ‘implicit’ (dads: n = 15, or 12.5%, mums: n = 13, or 10%) and ‘explicit’ (dads: n = 90 or 75%, mums: n = 93 or 77%) evidence of caring (see Figure 7.4). The implicit theme is defined as responses that indicate assumed care in the PCR but lacked specific examples or limited in their expressiveness. Explicit themes referred to when children were able to provide concrete or specific examples about how their parents expressed care toward them.
Within the implicit category, three themes emerged (a) Family: This theme reflected a global idea that families care for each other, for example, “because I’m his son” (boy, 7 year old), “‘cause he’s my father” (boy, 7 year old); (b) Knowing, where children simply knew that parents cared for them without elaboration of how they arrived at this sense of knowing: “She just does” (boy, 7 year old), “because he loves me” (boy, 7 year old); and (c) ‘General’ themes pertained to more ambiguous responses, such as, “is happy with me” (boy, 9 year old), “he does a lot of stuff with me” (boy, 9 year old), “cries about me” (boy, 7 year old). Of the 13 responses for mothers and 15 responses for fathers in implicit category, 7 children’s responses were in the implicit category for questions about both their mother and father, suggesting that this may be a developmental limitation for this small group of children that potentially impacts perception and/or literacy around feelings, particularly for linking feelings and behaviour.

The Direct sub-category nested within the explicit-verbal category referred to parents making clear statements about caring for their children. Responses were included when they related to parents telling children something specifically, such as “when she says so” (boy, 9 year old), “she says that she loves me” (girl, 7 year old), “she always says that she loves me” (girl, 9 year old). The General subcategory included responses such as, “she tells me to do things and what not to do” (boy, 7 year old) and “asks me how was my day” (boy, 7 year old). Under the Action category, there was an Activities theme and a sub-category related to school that was
Figure 7.4. Themes that emerged for fathers and mothers. Numbers on the left refer to mothers and right, fathers.
specific to Mums but not Dads “takes me to school” (girl, 7 year old), “takes me to school and settles me in. She doesn’t just drop me off” (girl, 8 year old).

Dads.

Fun was a significant theme and from this, three specific sub-themes emerged: (a) Sport “supports me at a game” (7 year old boy), “do sport with me” (7 year old boy), “plays badminton and soccer with me” (9 year old boy), (b) Places “taking me to lots of places” (7 year old boy), “takes me around the lake” (7 year old girl), “by taking me to lots of places that I like” (9 year old girl), “he takes me to places that I want to go to” (9 year old girl) and (c) Play “plays with me” (7 year old girl), “plays with me, he helps me” (7 year old girl). For a small number of children, there seemed to be something particularly special to children about their father’s caregiving when they were unwell, “when I’m hurt or sick, he’ll stay home and help, take care of you” (9 year old boy), “because he takes care of me when I’m sick” (7 year old boy), “he takes care of me when I’m sick” (9 year old girl). It is possible that caring for the child when sick is usually a maternal role and therefore children remember it when their fathers engage in more nurturing behaviours.

Mums.

Provision, and more specifically, Food, was a sub-theme that was exclusive to mothers, “cooks lunch for me” (7 year old boy), “makes dinner” (7 year old boy), “because she cooks for me every day” (9 year old boy), “when she cooks” (9 year old boy), “she cooks good food for me” (9 year old girl).

“I don’t know” responses.

The inability or reluctance to provide an answer can tell us important things about a child just as much as providing an answer does (see Table 7.4). Notably such responses were relatively rare.
Table 7.4
*Frequency of “I don’t know” responses for all the questions.*

<table>
<thead>
<tr>
<th>Question</th>
<th>Dad</th>
<th>Mum</th>
<th>Dad and Mum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most favourite thing with Dad/Mum</td>
<td>1</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>What do you remember doing with Dad/Mum</td>
<td>1</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>If a wizard gave you more time, what would you do with Dad/Mum?</td>
<td>7</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Least favourite thing with Dad/Mum</td>
<td>14</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td>I know Dad/Mum cares for me because</td>
<td>3</td>
<td>2</td>
<td>6</td>
</tr>
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Question 4 “What was the least favourite things you do with Mum/Dad” obtained the highest of non-responses (11% for each parent), suggesting that some children were not able to verbalise activities that they did not enjoy doing with their parents, or it is possible that they enjoy most of the time they spend with their parents.

A descriptive developmental evaluation was undertaken to assess whether cognitive development impacted the likelihood of providing a ‘don’t know’ response. Somewhat counterintuitively, children with low IQ scores were not over-represented in this category, indeed, in the more abstract questions (‘wizard’ and ‘caring’ items), children with high IQ scores were over-represented, suggesting that they may be over-thinking their responses. A majority of the ‘don’t know’ responders for these items had IQ scores in the above average or superior range. In the ‘caring’ item, a majority of ‘don’t know’ responders, responded this way for both parents. These results highlight the importance of carefully investigating patterns of individual differences when interpreting children’s interview responses. This particular finding was unexpected and counter-intuitive; the question seemed harder to answer for the more cognitively able children. Whilst this is a small sample size, it is a noteworthy finding for considering in future studies. Rather than making assumptions about the kinds of questions that might prove challenging, this needs to
be empirically evaluated. It may well be that opinion-based questions (rather than the fact based questions of forensic interviews) will prove challenging for higher IQ children because there are no ‘clear’ or ‘right’ responses.

Children with lower IQ scores also did not stand out in terms of length of response or willingness to respond, nor were they over-represented in themes such as the ‘implicit’ theme for the ‘caring’ item. This latter possibility was hypothesised in the sense that this more global response may have reflected a cognitive constraint on the ability to break down a complex relationship into its component parts and then to verbalise it. The data did not support this hypothesis.

In all, the data suggest that the questions were pitched at a level that was manageable for a wide developmental spectrum within middle childhood, though there were some unexpected individual differences in response capability.

**Follow-up: Secondary Analyses**

When considering the questions and unexpected themes that emerged across questions, the counterintuitive emergence of the same themes for seemingly ‘opposing’ questions targeting favourite and least favourite activities (e.g., Shopping) was curious and could reflect conceptual issues or artefactual methodological challenges. In terms of artefactual ‘error variance’ it is possible, for example, that despite question ordering considerations, children were primed by the order of questions and there may have been some developmentally-related perseveration. One example of this is captured in the responses of a 9 year old girl who responded with “shopping” for six of the ten questions: “Go shopping (favourite activity Dad), shopping and watching TV (favourite activity Mum), went shopping (remember doing with dad), more shopping (more time with Dad and Mum)”. However, this seemed to be a rare pattern of responding and so did not
provide sufficient explanation. The apparent contradiction led us to undertake idiographic and idiothetic analyses as a point of triangulation with data gleaned from the nomothetic analyses (Darcy, Lee, & Tracey, 2004).

Idiographic analysis identified several interesting points, directly and indirectly related: the first was that relationship niches exist within families. That is, while nomothetic analyses identified commonalities in themes about children’s activities with fathers and mothers, idiographic analyses revealed that each child differentially described their relationship with their parent. That is, these roles were differentiated within families, that is, the favourite thing to do with dads was rarely the same as the favourite thing to do with mums.

A second curiosity was evident in children’s ability to differentiate child-centric versus parent-centric decision making when choosing shared activities. This led to the very same activities being perceived of as positive (favourite) by some children and negative (least favourite) by others. In these situations, the activities per se were not the critical component but rather the meaning attached to them. This was observed when contrasting a 7 year old boy’s response of least favourite activity with Mum “watching Australian idol with her” with his most favourite activity “help her clean”.

A third issue could best be described as egocentrism in responding. Some children’s responses to all questions centred on the same theme that was clearly very important or very salient to them. An example of this was the response by a 7 year old girl “Clean up the guinea pigs (favourite Mum), seeing the guinea pigs born (remember doing with Mum), get more guinea pigs (more time with Mum), catching the guinea pigs (least favourite Mum)”. Whether these responses were reflective of emotional immaturity and mental age requires additional study beyond the scope of
this project but we propose that these responses reflect an egocentric, time limited
world-view.

A further theme was related to narrow parental identity. Some children’s
responses suggested a very restricted role for each parent, however, whether a
perception or a reality was not possible to establish but requires further exploration.
Similarly, whether this reflects a developmental progression from egocentrism
toward differentiation is not clear. An example of this was a 7 year old boy who
responded with sport related activities for three of five questions for his father: “Kick
footy (favourite Dad), watched me play footy (remember doing with Dad), kick footy
(wizard gave more time with Dad)”.

Some children’s responses suggested further emergent diversification in their
understanding of the PCR. An example of this was from a 9 year old girl who
reported a large variety of activities with both parents: “He’s the only one who rides
horses so we ride horses (favourite Dad). Shopping (favourite Mum). We went for a
bike ride (remember doing with Dad). We went to the movies (remember doing with
Mum). Dad’s like really smart so he can tell me lots of stuff; learn stuff from him
(more time with Dad). Cook with her (more time with Mum). When he yells at me
(least favourite Dad). When she tells me to clean my room (least favourite Mum). He
tells me things to protect me and keep me safe (Dad cares for). Lots of hugs and
kisses (Mum cares for)”. This child showed an extensive variation of response to
each question for her parents, suggesting that she had a growing understanding of the
complexity of her parents’ personalities and an appreciation for their unique
contribution to her individual relationship with them. Among children demonstrating
such diversity of response, there was a maturity about their perception of who their
parents were. That is, parents are not just separate from them with specific roles to
fulfil, but as individuals (within and between parents) with their own likes and wants that should be considered in selecting shared activities. Beyond that, these children appeared to understand the intricacies of relational dynamics and considered their parents’ preferences, while showing a depth of care and concern that was not apparent in the previous examples.

A final consideration was given to potential differences for children from divorced or separated families. However, there were no systematic differences in this small sample, although one boy indicated he wished his dad would get rid of his girlfriend (see Appendix I for summary of responses from children in divorced or separated families).

**Discussion**

Perhaps the most important finding from this study is that primary school aged children can fruitfully engage as participants in conversations intended to illuminate the PCR and that patterns in these relationships are accessible from information provided by child participants. Specifically, that in middle childhood, children can engage in an interview format with little structure and with few prompts in a way that illuminates consistent and robust themes. Even when considering more abstract questions, “I know Dad/Mum cares for me because”, the responses provided indicated that most children are able to verbalise their understanding of the parent-child dynamic. Although the nature of this question was substantially different from the others as it relied on a more mature and abstract conceptualisation, the themes that emerged were similar to those that emerged for the simpler behavioural questions: fathers were associated with more fun activities (sport, going places) while mothers were engaged with more caregiving activities (food, school).
A second finding was counter-intuitive, albeit preliminary and tentative. That is, that in some instances, greater cognitive ability (rather than lesser cognitive ability) was more likely to lead to ‘don’t know’ responses in the face of more abstract questions. This highlights the importance of developmental profiling and developmental analysis of data rather than making assumptions about the reasons for particular response types. Future analysis might consider incorporating a developmental analysis in children’s responses to the more emotionally loaded questions about the PCR to counteract the influence of the superego (Freud, 1905), and to provide some grounding to the current speculative interpretation of these unexpected results and extend our knowledge base about the association between higher cognitive ability and response ambiguity.

A third finding is the importance of triangulating nomothetic, idiothetic, and idiographic data to best understand themes in the PCR but also to carefully translate these findings into individually relevant profiling of relationships within a given family for clinical purposes. In this instance, primary themes distilled from group-level analyses would have obscured critical developmental and familial differences in relationship patterns. Idiographic analysis was essential for highlighting oblique developmental and systemic parameters that are critical in making sense of nomothetic findings. Specifically, we found that across families, fathers and mothers were reported to have common ways that they spent time with their children and in which their children wanted to spend time with them. However, within families there was little overlap reported; each parent seemed to fulfil a ‘niche’ relationship role with their child. The results obtained from the idiographic analysis further support the presence of individual differences in maturity, temperament, and experiences; even at the early developmental trajectory of middle childhood. For example, some
children, but not all, showed us that they had an understanding of child-centric and parent-centric decision making and that they were most appreciative of child-centric decision making. This point of differentiation suggested a developmental inflection point at which children achieved maturity in their understanding about the motivation behind parental activity choices. This is likely to reflect their growing metacognitive capacity and points to the importance of developmentally targeted questioning that allows differential levels of responding.

As with all pilot studies there were many limitations with this study. It is clear that there was a ceiling effect with question selection which limited the differential developmental analysis of responses. That is, questions were able to be answered meaningfully by almost all children and subsequent studies would benefit from extending this baseline to questions of greater complexity, investigating the qualities of the PCR in more detail and richness; and to help inform and extend the parameters of the DIF. For example, this study began the process of learning about how ‘caring’ is perceived by the child. Future studies may wish to ask children ‘What makes a good parent?’ or ‘What makes for a good relationship between kids and their parents?’. As the complexity of the questions increases it will be important to have prepared additional scaffolding to support child respondents and also to encourage more expansive conversations. A formative outcome from the operationalisation of the DRPR in this pilot study for future work is the conceptualisation of developmentally-responsive interview techniques through data interpretation. For example, once themes have been identified by children as being relevant to the quality of the PCR, they could be captured and presented back to the child within the context of the interview, for use in further compare and contrast conversations. With this in mind, I initiated the design of an interview tool as shown
in Figure 7.5; themes are summarised and the child is invited to ‘velcro’ an image of the relevant parent next to each item as part of the conversation to really capture what has been said and also to highlight parental ‘niches’. This would enable direct comparison of PCR’s and capturing a child’s expressed views in a way that potentially facilitates further reflection and expansion. This is also a developmentally-responsive form of reflective practice. Visual presentation of emergent themes is a more tangible form of reflective summary than simply a verbal summary (which may exceed the memory capacity of young children).

![Figure 7.5. Example of developmentally-responsive binary-options.](image)

Alternatively, themes may be reflected back in a multiple-choice format which may be attributed to each parent. Another emergent outcome from the findings of the data was the initial development of a less scaffolded interview tool that could be used for more developmentally sophisticated children as guided by the DRPR. Figure 7.6 shows a magnetic board interview prop to assist in providing visual summary of children’s responses as the interview unfolds. This may also encourage further reflection and expansion.
In sum, this DIF pilot has provided a baseline from which future studies can extend and expand systematic consideration of interview methods that encourage expansive discussion of perceptions, preferences, wishes and ideas about the PCR. This study underscored that there are strong reasons for involving children in research as direct informants and realistic prospects of doing this in a productive way. There is much work to be done on further exploring the quality and nature of questions that might best elucidate children’s knowledge and experience at each developmental stage. Finally, it will also be important to explore which aspects of a developmentally-responsive interview environment are most critical to the success of these interviews.

Figure 7.6. Example of developmentally-responsive multiple-choice options.
References


CHAPTER EIGHT
GENERAL DISCUSSION

This doctoral research set out to establish an intervention program to help non-residential fathers maintain strong relationships with their children post separation. What appeared to be a straightforward process unfolded into a surprising journey of identifying unexpected gaps in the relevant evidence base on parenting and, subsequently, on conducting investigative interviews with children. This discovery required putting aside plans for an intervention program and, moreover, putting aside assumptions about what is known, in order to approach this task anew, from the ground up. It required stepping back from clinical translation to basic research.

Before progress could be made, a framework was required to carve a new path through the literature and bring together knowledge that seemed piecemeal and disjointed into a coherent narrative. Given the translational nature of the original project, a translational research framework seemed like a sound starting point. Yet, here another gap was found. The parenting literature was replete not only with conceptual and methodological variation between translational stages, but also great diversity and irreconcilable variation within stages, which prevented synthesis and indicated a significant faultline and vulnerability in the existing literature on PCR. Traditional translational models helped identify this limitation but did not provide guidance about how to prevent it in the future. In response, the Gap Analysis - Prospective (GAP) translational model was developed; with a major distinction from other more traditional models in that it can be used both retrospectively and prospectively, and prioritises both macro (between-stage) and micro (within-stage) gap analysis. Unlike traditional research models that stemmed from more ‘hard’
sciences (e.g., medicine, biomedical science), the iterative and exploratory nature of this GAP model can be adopted in any research field. In particular, the advantage of within-gap analysis as a focal point of the model allows the scientist-practitioner to investigate seemingly saturated research areas so as to identify why uptake of research findings in practice might be lagging.

The GAP model facilitated a strategic, rapid, knowledge-to-action review of the parenting styles literature, highlighting contributions, vulnerabilities and new possible directions. Specifically, it outlined the importance of prioritising the voice of the child in this conversation and moving away from a reliance on single source, self-report measures. These findings offered new potential to support a mooted paradigm shift in the literature on parenting and the PCR (Gopnik, 2016).

Beginning work on the child’s eye view of the PCR required further first-principles work. Determining the age at which children could reliably and meaningfully be engaged as primary informants resulted in the development of the Developmental Research Participation Rubric (DRPR), which drew together domain-specific developmental theories (cognitive, linguistic, emotional, and social) with a taxonomy of the demands of different research methods. For the scientist-practitioner, the DRPR provided specific guidelines about interview research methodology derived from children’s estimated developmental competencies.

In parallel, a review of the evidence base for interviewing children indicated a dearth of high quality evidence in general interviews and the need for a quality of evidence rating system (QERS) in a preliminary research field. This rating system needed to accommodate (a) both quantitative and qualitative studies of modest methodological sophistication, and (b) studies that address the issue of interest
obliquely. The resultant review revealed the absence of credible material to inform evidence-based guidelines for interview design.

In the absence of evidence, a provisional set of guidelines were developed through a process of triangulation of literature, the person-centred research framework, the GAP model, DRPR, and QERS. Ideas for interview practice that were congruent with each of these models were distilled into provisional guidelines, constituting a developmental interview framework (DIF). This framework highlighted criteria for both the design of a developmentally-responsive research environment as well as a developmentally-responsive interview process.

A successful pilot trial of the DIF contributed to our understanding of the PCR for children in middle childhood. In a seemingly saturated parenting literature, this pilot study pointed to new ideas and ways of approaching research on the PCR (e.g., giving children the opportunity to express what was salient to them about the PCR rather than rely on adult-assumptions, the importance of parent-specific questions as it provided insight into niche-relationship dyadic dynamics etc.). The pilot study also provided reflective feedback for the further development of the DIF. Specifically, it provided evidence that children can be productively engaged in conversation just as Anna Freud and Klein suggested. Further, Piaget and Erikson pointed us accurately to an age group that could manage interviews about opinions and experiences rather than simply facts. However, it was also clear from the pilot study that this age group contains a diversity of emerging abilities and a more fine-grained model of developmental competencies is required to further refine the types of interview methodologies that might be worth developing. Indeed the variation in responding abilities in the current study suggests that a zone of proximal development (Vygotsky, 1978) approach may be helpful in taking a personalised
approach to interview design – knowing what each child is developmentally capable of will help in knowing how independent and abstract they can be in their interview conversations. It was also clear that other factors influence interview-ability and the kinds of questions that may be relevant to ask, for example, culture and context. This will be further discussed.

Taken together, this series of studies integrated developments and a process of integrated, critical, and reflective review, provided a platform for a program of future research. Some possibilities are discussed here.

**Future Research**

**Further explication of the GAP Framework**

Reflections from this study identified emergent issues that should be considered for integration within the GAP model. In particular, it was identified that programmatic congruence in research can lead to stagnation rather than progress if the component parts (theories, measures and methods) are too rigid or under-scrutinised (Kuhn, 1996). Programmatic, integrated review, and accountability processes provided a counterpoint to consistency, and are critically important to ensure theories and methods continue to develop and evolve in a responsive way.

While reflective practice is crucial, interdisciplinary collaboration can also accelerate and facilitate the continual consideration of different perspectives and new lenses to evaluate research progress and its translation to practice and policy (Barwick, Barac, Akrong, Johnson, & Chaban, 2014; Buckby & Gordon, 2015; McArthur & Winkworth, 2013; McLeod, 2014).

**Extension of the DRPR to other developmental domains**

In addition to considering individual developmental domains, consideration of the ecological systems in which children grow (e.g., culture, family dynamics,
peer relations, school environment etc.) will provide a richer and more detailed application of this rubric within all fields of child research. Often it is the broader context in which the child lives that impacts their view of the PCR and also their ability to engage in interview conversations with adults (Bronfenbrenner, 1976). Therefore, inclusion of Bronfenbrenner’s ecological theory (i.e., different settings, interviewing parents about the PCR etc.) in future research would provide a useful extension to the work of other grand theorists reviewed in the development of the DRPR (Bronfenbrenner, 1992). Bronfenbrenner’s model highlights the importance of microsystems in developing a comprehensive perspective about a child’s life. This might be through targeting these factors in interview questions, or including direct engagement of the perspectives of other informants (e.g., parents, closest friends, siblings) to capture the wider context of the relational dynamic. Similar processes might helpfully target the mesosystem including culture, language, family dynamics (e.g., traditional, non-traditional, single-child/multiple-child families etc.), social economic status (i.e., parent vocation, income brackets), parents’ level of education, neighbourhood influences, school policies, and so on. This would provide greater depth and richness to the PCR conversation.

**Engaging Children in Reflective Practice about Research**

Children’s needs and children’s voices were prioritised in this program of study through consideration of the developmental literature in the development of the DRPR. However, the process of involving children in this research can be further enriched with a broader commitment to reflexive and co-reflexive practice. The DRPR suggests that children in middle childhood have the capacity for reflection of this kind (this was also empirically supported by the pilot study) and other researchers have identified the benefits of this approach (Moore, Saunders, &
McArthur, 2011). A similar approach could be undertaken to inform the study of the PCR. Active engagement with children in research design would help prevent a regression to well-established, adult-centric views of parenting and would also address the influence of the implicit assumptions of the adult researchers about this well-worn topic area.

**Further Explication of the QERS**

The current model addressed four aspects of the person-centric model most fully: (a) accountability in methodology, (b) capturing complexity, (c) relational orientation, and (d) reflective practice. Two further aspects of the model were briefly operationalised as evidence quality criteria but their application was beyond the level of sophistication of the current literature and so were left as “aspirational criteria”. These additional criteria were idiographic and nomothetic analysis, and consideration of emergent properties of the research process. Notably, both of these criteria were successfully addressed in the empirical pilot study. Further work is warranted to extend the consideration and application of these criteria in the QERS mainframe.

In addition, a significant challenge and limitation with the QERS is the possibility that the detail of reporting is heavily driven by the word limit from journal publication, and the emphasis on succinct reporting has impacted on what researchers include in their methodology. In which case, the frequency in which researchers are engaging in specific methodology (i.e., whether researchers are establishing rapport but not reporting it; if this can be assumed, what is the extent of building rapport and the impact of this on the quality of elicited information) would provide an indication about the research “norms”. From a methodological and ethical
perspective, it would also be useful to identify the trade-off between succinct reporting and its impact on study replicability.

**Additional Empirical Studies Utilising the DIF**

A priority for further studies is to parse out the impact (positive or negative) of different components of the interview process, much in the way that has occurred in the forensic literature. While the combination of components in the pilot study proved successful in eliciting children’s opinions and perspectives about a subjective, relational topic, it is possible that other combinations or component parts may prove equally effective and possibly less resource intensive. For example, the comprehensive operationalisation of a developmentally-responsive research environment found at Project KIDS is unlikely to constitute the minimal conditions required to support successful interviews and may not be affordable or accessible to most researchers. However, working in a research co-operative is a novel idea that is cost-effective and pedagogically sound, and may generate variants of this theme that are suited to local contexts.

**Additional Empirical Studies of the PCR from a Child’s Perspective**

Longitudinal studies with children will provide the strongest data on the unfolding PCR and the developmental impacts on that relationship. The range of developmental needs of children involved in this kind of research will require creative skills to develop responsive interview techniques to facilitate rich conversation. Some examples were provided in Chapter 7; many others will be possible. Additionally, once the question-related ceiling effect (i.e., obtaining a wider spectrum of responses in which the variability of developmental competencies is better represented) in the pilot study is addressed, there will be significantly greater scope for taking a more detailed developmental approach to data analysis.
This can be clarified through an unstructured interview where the interviewer can elicit the reasoning behind children’s responses through non-judgmental prompts (e.g., tell me more, I’ve never heard that one before- what do you mean?). In so doing, researchers can uncover children’s understanding of the PCR; examining developmental differences with this as a foundation and from this premise has not previously been attempted.

Some children may also find face to face interviewing daunting. Children that are used to technology and engage with it easily might be more comfortable with the use of devices as interview tools while children who do not have the same exposure would find more sophisticated methodology more intimidating and perhaps, even overwhelming. It may also open up such projects to children living in more rural and remote places, enriching the representativeness of the data. Such creative possibilities require future investment.

**Empirical Studies in which Multiple Perspectives are Sought**

In the same way that sole informant reporting by parents has created constraints on the evidence base, sole reporting by children will have its own constraints. Designing studies that evaluate the PCR from multiple perspectives within the same family will assist to capture the bidirectionality of relationships and provide a wider scope for data triangulation, not with a view to privileging congruence but with a view to understanding the complexity and richness of familial relationships (McLeod, 2014).

**Context-based examples: Clinical populations and Indigenous populations**

The exploratory nature of this thesis has taken the first step in capturing as much variance as possible within a mainstream population and, to some extent, an advantaged and middle class demographic. Without this benchmark to identify what
children were able to engage with, it would not be possible to test the limits (both lower and upper) of their ability to engage as informants. Research into how special populations such as clinical groups and Indigenous populations will be important for both generalisation of data, as well as establishing a baseline for these groups. As an example, children of culturally and linguistically diverse backgrounds might have emergent assumptions and perspectives that reflect both their family culture as well as societal norms. Interpretation of their responses from a shared lens of considered cultural expectations is critical in truly understanding their responses about the PCR.

**Usage of Forensic Literature**

A conscious decision was made about the exclusion of interviewing techniques from the forensic literature, specifically, the focus of the current interviews was on the subjective relationship between parents and children, not objective events and facts. The forensic literature has a significant amount of work regarding interview techniques and it is possible that some of these advanced methods might be suitable for engaging children as informants about the PCR. Future research should explore the empirical evidence of including forensic techniques in subjective interviews and what impact this might have on children’s responses.

**Use of Idiographic and Nomothetic Analyses**

This pilot study has demonstrated the potential for idiographic and nomothetic analyses to add unique richness to data interpretation, when used in combination (McLeod, 2014). Points of convergence and divergence were highlighted with unique themes significantly adding to hypothesis generation. This is an approach that requires further exploration as a potentially central feature of a translational research framework based on a mixed methods paradigm. Given that
the intention of translational research is, ultimately, to inform individual treatment choices, a mindfulness of individual case translation from inception at stage T0 (and in every stage thereafter), would seem critical.

Conclusions

It is hoped that this research program has contributed to the mooted paradigm shift in understanding the PCR through a new lens. More broadly, the conceptual and methodological developments generated in this thesis, have also been designed to contribute to the development of a foundational model for research progress, accessible to researchers from a range of disciplines, and which can provide a shared platform for coherent future progress. The intention is to create an environment that is conducive to an emergent, synthesisable, translatable evidence base for clinical practice. The intention is to make sure that the voices of children are heard.
References


### Appendix A

**Purposes for mixed methods evaluation designs**

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<tr>
<th>Purpose</th>
<th>Rationale</th>
<th>Key theoretical sources</th>
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| TRIANGULATION seeks convergence, corroboration, correspondence of results from the different methods. | To increase the validity of constructs and inquiry results by counteracting or maximizing the heterogeneity of irrelevant sources of variance attributable especially to inherent method bias but also to inquirer bias, bias of substantive theory, biases of inquiry context. | Campbell & Fiske (1959)  
Cook (1985)  
Denzin (1978)  
Shotland & Mark (1987)  
Webb et al. (1966) |
| COMPLEMENTARITY seeks elaboration, enhancement, illustration, clarification of the results from one method with the results from the other method. | To increase the interpretability, meaningfulness, and validity of constructs and inquiry results by both capitalizing on inherent method strengths and counteracting inherent biases in methods and other sources. | Greene (1987)  
Green & McClintock (1985)  
Mark & Shotland (1987)  
Rossman & Wilson (1985)  
Madey (1982)  
Siber (1973) |
| DEVELOPMENT seeks to use the results from one method to help develop or inform the other method, where development is broadly construed to include sampling and implementation, as well as measurement decisions. | To increase the validity of constructs and inquiry results by capitalizing on inherent method strengths. | Madey (1982)  
Siber (1973) |
| INITIATION seeks the discovery of paradox and contradiction, new perspectives of frameworks, the recasting of questions or results from one method with questions or results from the other method. | To increase the breadth and depth of inquiry results and interpretations by analysing them from the different perspectives of different methods and paradigms. | Kidder & Fine (1987)  
Rossman & Wilson (1985) |
| EXPANSION seeks to extend the breadth and range of inquiry by using different methods for different inquiry components. | To increase the scope of inquiry by selecting the methods most appropriate for multiple inquiry components. | Madey, 1982  
Mark & Shotland, 1987  
Sieber, 1973 |

Appendix B

Summary of research on child outcomes relating to parent dimensions and behaviours that underlie authoritative parenting

**Authoritative Parenting Dimensions**

**Parental nurturance and control.**

**Parental nurturance (warmth & support).**

Baumrind’s early work stated that parental nurturance is expressed by warmth and involvement. Others have referred to nurturance as responsiveness (Maccoby & Martin, 1983), but more commonly as warmth (Kim & Rohner, 2002; Steinberg, Elman, & Mounts, 1989) and support (Barber, 2002). Warmth is “the parent’s personal love and compassion for the child expressed by means of sensory stimulation, verbal approval, and tenderness of expression and touch” (p.129) (Baumrind, 1967). Support is thought to be variously expressed through behaviours such as parental help, affection, compliments (Amato & Fowler, 2002), interactional warmth, responsiveness and involvement in the child’s world (Wood, McLeod, Sigman, Hwang, & Chu, 2002). The importance of parental support has been repeatedly established (Barber, Stolz, & Olsen, 2005; Barnes, Reifman, Farrell, & Dintcheff, 2000; Pettit, Bates, & Dodge, 1997; Wood, Read, Mitchell, & Brand, 2004). While it is thought that parental support remains constant in its function throughout the child’s development, it is possible that parenting practices changes in form in relation to the changing age of the child - though this has not been examined empirically (Locke & Prinz, 2002).

A recent study in Canada examined the impact of parental support on children’s positive emotional outcomes in middle childhood (Oberle, Schonert-Reichl, Guhn, Zumbo, & Hertzman, 2014). Self-report questionnaires (75 questions)
were completed by 9 year old children (n=3026) in a classroom where teachers read the questions and children completed responses. The questionnaire contained domains such as: children’s connectedness with parents, peers and schools, social and emotional development and physical health and well-being. Similar to studies that showed the positive impact of adult and parental support in adolescents, they found that children’s report on adult support (parental, school, neighbourhood) was associated with the child’s reported emotional well-being, which highlighted the importance of positive adult relationships with children during middle childhood. As this was a cross-sectional study, causality cannot be attributed and furthermore, it is possible that pre-adolescents with higher well-being are able to better identify and attribute positive sources of support in their lives. Including children’s perspective through self-report provided insight into their lived experiences but the questionnaire format limited the richness of children’s experiences as it remains biased to and based on adult assumptions of how support looks like and is experienced.

Other studies have examined the antithesis of parental support and warmth, as evidenced in the form of coldness, parental overreactivity, and even parental criticism. A study examined the association between parenting dimensions of coldness (low levels of warmth), protectiveness (controlling parental behaviours) and authoritarianism, and adult psychopathology (specifically: generalised anxiety disorder, major depression, phobia, panic disorder, substance abuse) (Otowa, Gardner, Kendler, & Hettema, 2013). Adult male monozygotic and dizygotic twins (n = 2609, age = 36.8 (SD = 9.1) years) were recruited and provided retrospective report of their parenting. Twins were chosen as part of the study design so that the genetic and environmental influences could better partialled out. Specifically, by including twins as participants in the study, researchers are able to identify what
aspects are related specifically to each dyad and whether these effects can be attributed to genetics or individual differences. These three dimensions were intercorrelated and lack of warmth in both fathers and mothers were associated with offspring psychopathology though the impact of each dimension was non-specific to types of child psychopathology (such as anxiety, substance abuse, depression). A limitation to consider is the recall bias when using retrospective reporting of parenting styles, and in particular, the impact of psychopathology on reporting mood states is especially pertinent for this sample. Furthermore, in some cases, it is possible that parenting is easily attributed as one of the contributing factors to mental health issues.

Another innovative longitudinal study (Marceau et al., 2015) utilised genetic technology in the study of associations between over-reactive parenting (described by the authors as displays of anger, meanness toward children and irritability which do not reflect supportiveness or warmth), environment (genetic, prenatal, postnatal), children’s hypothalamic-pituitary-adrenal (HPA) development and parenting on child outcomes. HPA axis has been known to control reactions to stress, regulates moods and emotions and is involved with many other bodily functions such as digestion and the immune system. There were 308 families involved in the study, with adults being the sole informants. Genetic risk was obtained via interviews with birth mothers to establish any psychopathology risks, family psychopathology and prenatal risk exposure. Adoptive parents reported on their parenting and children’s behavioural problems (internalising and externalising) at 6 years old, as well as provided researchers with saliva samples from children to determine HPA levels. Broadly, the results showed that prenatal risk and children’s HPA levels were indirectly related to children’s internalising problems. Interestingly, over-reactive
parenting was associated with children’s externalising behaviours. Further examination provided evidence of association between each parents’ over-reactive parenting and children’s outcomes. Fathers’ over-reactive parenting was associated with children’s internalising behaviours while mothers’ over-reactive parenting was associated with externalising behaviours. The results from this study show that non-supportive parenting has associations with children’s internalising and externalising behaviours over and above genetic predisposition. Perhaps equally important is the finding that parenting styles can have different outcomes depending on whether it is exhibited by fathers or mothers. This serves as a reminder that attributing only one parent’s style or aggregating children’s report on parents does not accurately identify the underlying dimensions and mechanisms of the PCR dynamics.

A Swedish study using monozygotic and dizygotic COT\(^1\) (children of twins) also examined father’s and mother’s criticism (non-warmth) on children (Narustye et al., 2011; Narustye et al., 2008). The study accessed two twin study databases, resulting in a final sample of 259 MZ male pairs, 183 DZ male pairs, 274 female pairs and 199 DZ female pairs of twins and one target child per twin pair. Both COT and children as twins (i.e., the adult twins and their parents) were included in the analysis. Narustye and colleagues (Narustye et al., 2011) partialled out the separate impact of father’s and mother’s criticism (non-warmth) of children and found that father’s criticism was a risk factor for children’s externalising behaviours (possibly causal) but mother’s criticism of the child was a response to the child’s initial presenting behaviour. This discrepancy might be a reflection on the amount of

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\(^1\) The COT method is relatively new to the field, and its method of analysis allows for the partialling of effects between genetics and shared environments based on studying children who have a parent who is a twin (McAdams, Neiderhiser, Rijsdijk, Narustye, & Lichtenstein, 2014). This is especially useful from a research perspective because children of twin siblings are more related than typical cousins (i.e., they are genetically equivalent to half siblings). Furthermore, the typical environmental confound is removed in COT studies.
involvement that parents have with children as more time spent with children is likely to impact the extent of influence the parent has on the child and vice versa. An extended COT (ECOT) model was also used to further examine the bidirectional associations between parent and child phenotypes (Narustye et al., 2008). The ECOT model was adapted from the COT model in two ways. Firstly, only the twin parents are included (as opposed to the inclusion of their spouses in COT). Second, the data is examined in two ways: one with the focus on twin parents, the other with the focus on twin children. The strength of the ECOT model is that it can be used even when only one twin parent is available but this should be used cautiously especially when considering other environmental factors (e.g., divorce). Using ECOT participants, another study found associations between externalising child behaviours and punitive punishment in parenting, and parenting that involved conflict and coercion (non-supportive) (Marceau et al., 2013). However, this was further specified as a child-to-parent effect, suggesting that children’s externalising behaviours evoked non-warmth, non-supportive, punitive, and coercive parenting.

In sum, parental nurturance has been associated with positive child well-being; non-nurturing parenting has been associated with problematic internalising and externalising behaviours and adult psychopathology. Perhaps more importantly, the utility of more methodologically advanced studies using a behaviour-genetics framework (such as COT and ECOT) has driven a shift in capacity for analysing the nature of PCRs beyond just the associations between parenting and child outcomes and the assumed unidirectional nature of such associations. In teasing apart these effects through consideration of genetic and environmental factors, three important issues are illuminated which have begun to change our thinking about the PCR: (a) the associations between parenting and child outcomes are dependant on the
phenotype (observable traits of the individual such as personality, disposition, health history, or described simplistically as “nurture”) (b) different parents (mothers and fathers) can evoke different responses in terms of child development even when they are using similar parenting styles and (c) “the parent-child relationship is demonstrably bidirectional” (p.1163) (McAdams et al., 2014).

**Parental control.**

Although Baumrind refers only to behavioural control, research in the 1990s identified two types of control: behavioural and psychological. Barber (1996) defined behavioural control as “behaviors that attempt to control or manage children’s behavior” (p. 3296). This includes constructs of discipline such as limit setting, firmness, consistency and suggests a more overt expression of control. The other type of control- psychological control, was first conceptualised by Schaefer (1965b) during the development of the Children’s Report of Parent Behavior Inventory (CRPBI). Schaefer described psychological control as “covert, psychological methods of controlling the child’s activities and behaviours that would not permit the child to develop as an individual apart from the parent” (p. 555). This includes the emotional control that a parent exerts on a child, such as withdrawal and guilt (Aunola & Nurmi, 2005). Although the terms might suggest that there are only psychological implications for psychological control and behavioural consequences for behavioural control, this assumption would be inaccurate. It is important to consider that the impact of psychological control can result in behavioural changes, while parental behavioural control can be associated with psychological impact on children (Wang, Pomerantz, & Chen, 2007).

Barber (1996) conducted extensive studies on the effects of behavioural control and psychological control on children’s outcomes and found that there were
unique effects. The first study (Barber, 1996) consisted of 875 typically developing children (11, 14 and 16 years old), who used the CRPBI questionnaire (Schaefer, 1965a) to report on their parent’s parenting behaviours, and also provided self-report on their externalising and internalising problems. The second study utilised a different methodology by observing 158 twelve-year olds and their parents during a problem-solving session. Parental behaviours were coded according to psychological or behavioural control. One year after the observation session, the researchers obtained parent reports of adolescents’ depression and delinquency. It was found that specific dyads had unique associations: psychological control and depression were observed in mother-daughter dyads, and behavioural control and depression were observed in father-son dyads. Associations between behavioural control and delinquency were found only for mother-child dyads but not fathers, and higher behavioural control was related to lowered delinquency.

Barber (1996) then used data from an ongoing four year study to determine whether the associations (i.e., behavioural control and delinquency, psychological control and depression) found in the first study could be replicated in a different sample, as well as over time and across different participants’ ages ($n = 933$, age range 10-13 years). Similar to the first study, he found that psychological control accounted for more unique variance in depression than behavioural control. However, with regard to delinquency, both behavioural control and psychological control accounted for unique variance. The results partially supported the previous findings but also showed an age effect. It was found that for 10 year-old participants, the two forms of control were not differentiated in their prediction of depression and delinquency. In other words, there were no unique effects for younger participants. Further analyses showed that although there were no unique effects, there were
stronger associations between psychological control and delinquency in 10 year olds as compared to 13 year olds. The opposite effect was found between psychological control and depression, with the strength of association increasing with age (i.e., at 13 years old, high psychological control predicts higher levels of depression).

In sum, Barber found unique associations between behavioural control and delinquency (i.e., higher behavioural control was associated with decreased delinquency), psychological control and depression (i.e., higher psychological control was associated with higher depression) amongst older participants. Considering that parental report was relied on for measuring delinquency and depression, it is possible that parents who consider themselves to be more involved in their children’s lives were biased in their report, particularly for behavioural control and delinquency. Furthermore, these results are limited to adolescent participants: the two types of control did not appear to have unique effects on either internalising or externalising behaviours in pre-pubescent participants. A possible explanation for this finding is that younger children were not as attuned as adolescents to the different types of control they observed in their parents. Another possibility was that psychological control was perceived as parental care by younger participants but was interpreted as restrictive and limiting by older participants. It was also possible that the measurements used in the second study (observational) were not suited for younger participants and perhaps an interview with younger children might provide more clarification about their interactions through exploratory means. The different variables and outcomes in these studies showed that the association and relationship between control and child adjustment is more complex and dynamic than initially thought. The relevance of Barber’s study when developing a research methodology is two-fold. Firstly, children’s developmental
stages might have implications for their perception of parent behaviours and intentions. Second, the use of questionnaires in these studies constrained the reporting of children’s perspectives. It is possible that a different methodology (such as an interview) might have provided additional opportunities to investigate and clarify children’s processes and perceptions about parent behaviours.

**Parental control: Specific associations or non-specific?**

While some findings have supported associations between different types of control and child adjustment problems, these associations have not been consistently replicated. Here, I will briefly outline the associations found with behavioural control, followed by psychological control. Studies have consistently identified specific associations between behavioural control and externalising child behaviours, as both adolescent and childhood studies found a decrease in externalising problems when parents exert behavioural control (Barber, 1996; Barber, Olsen, & Shagle, 1994). Notably, a methodological concern in Barber’s studies is that the measurement of behavioural control does not directly assess how parents control children’s behaviours (e.g., parental supervision or behavioural regulation) but is arguably related more to the construct of monitoring. Furthermore, this measurement of parental behavioural does not explicitly take into account the issue of children’s disclosure, which was found to explain half the variance of parental monitoring in Swedish adolescents (Kerr & Stattin, 2000; Stattin & Kerr, 2000). This limitation was acknowledged by Barber and colleagues (Barber et al., 2005) in a later study but they felt that the continued use of this measurement was important as it would provide continuity from previous studies.

In contrast, support for the association between psychological control and internalising problems (such as anxiety, tension and depression (Gray & Steinberg,
have not been as consistent. As an example, a study supported the specific association: high parental psychological control together with high parental affection in 5-6 year olds was associated with depressive symptoms (this was identified by children answering “not true” or “true” to five questions: “feel like crying”, “have a stomach ache”, “worried about many things”, “often get annoyed” and “feel too tired to do anything”) (Aunola & Nurmi, 2005). Conversely, another study with younger children (3-8 years old) presented children with binary-option questions; Children were presented with binary-option questions; internalising problems were identified as depression, separation anxiety and over-anxiety (20 questions) and externalising problems were identified by 21 questions pertaining to oppositional defiance, conduct problems and overt hostility. Findings identified associations between psychological control and both internalising and externalising problems (Stone, Otten, Janssens, Kuntsche, & Engels, 2013).

Although limited, research with adolescents show that psychological control is associated with poorer youth adjustment. African Americans youth (11-16 years old) in single mother families responded with questionnaires about maternal psychological control, provided self-report on adjustment and sexual behaviours, and mothers provided self-report questionnaire about their children (similar to the concept of monitoring) (Kincaid, Jones, Cueller, & Gonzalez, 2011). They found that maternal psychological control was associated with higher frequency of risky behaviour (particularly alcohol consumption and sexual behaviours) in adolescents. The families were more representative of the African American single-mother families (i.e., not low-income families) and the results showed that maternal psychological control was uniquely associated with youth’s internalising and externalising problems as well as youth’s risky behaviours. More recently,
Kerpelman and colleagues (Kerpelman, McEdlwain, Pittman, & Adler-Baeder, 2016) examined the association between parental psychological control and adolescents’ risky sexual behaviours. Adolescents (mean age 16.5 years) completed a survey on a variety of constructs such as self-development, family relationships, sexual attitudes. The results showed that parental (no distinction was made between fathers or mothers) psychological control was associated with more risky sexual behaviour in teens.

In sum, the results from studies with younger children suggest that associations with psychological control are more complex and varied (in contrast to the impact of behavioural control) as associations are not limited to internalising problems but also with externalising problems. It is possible that behavioural control relates more specifically to disciplinary actions and therefore, as a construct, is clearer and more defined (although arguably, its form changes with child’s age). In contrast, psychological control is more ambiguous in its form and might have more overlapping domains with other parenting dimensions. Psychological control in adolescent studies has been associated specifically with higher risk taking behaviours, which perhaps is an indication of the contextual decisions that are relevant to this developmental stage.

**The effect of parental warmth, behavioural control and psychological control.**

When parental warmth is included in the study of behavioural control and psychological control, there are even more variations in results and conclusions about these interactions are not as simple or direct.

A study in Finland focused on maternal and paternal affection (i.e., an element of parental warmth) in addition to both types of control as predictors of...
children’s internalising and externalising behaviours (Aunola & Nurmi, 2005). They conducted six structured interviews with typically developing children (n=196, mean age=6.25 years old at baseline, range=5–6 years) over a span of three years (biannual interviews) and parents completed three self-report questionnaires (annually). Individual child interviews were conducted in school where children provided responses to a questionnaire about themselves (not their parents). Statements in the child interview included “I am worried about many things”, “I often feel tired (sic) to do anything” and children responded with binary options of “not true” or “true”. Although this methodology was described by the authors as structured interviews, it seems more accurately described as a self-report questionnaire. Parents were mailed separate self-report questionnaires about their parenting styles (including childrearing attitudes, values and behaviours including affection, behavioural control and psychological control) and instructed to complete the questionnaires independent of the other parent. Information was collected from both children and parents about the child’s internalising and externalising problem behaviours and these formed the basis of comparison. The data was collected in turn between parents and children, with children’s self-report as a baseline, followed by parental report, then children’s self-report and so on. However, only parent report was obtained for information on parenting styles. Latent growth modelling was used to analyse the data. There were several hypotheses and the relevant ones for this chapter are: high affection and high behavioural control would result in lower internalising and externalising behaviours. Second, high behavioural control combined with low psychological control would result in a decrease of externalising behaviours but high behavioural control combined with high psychological control would result in an increase of externalising behaviours. Finally, it was hypothesised that high affection and high
psychological control would be associated with a decrease of internalising and externalising behaviours. The results were unexpected. First, they found no interactions between affection, behavioural control and children’s internalising or externalising behaviours. The second hypothesis was supported; high behavioural control combined with low psychological control was associated with a decrease in children’s externalising behaviours. Further analysis showed that when high behavioural control was combined with high psychological control, this nullified any effects that behavioural control alone had on externalising behaviours. Lastly, results did not support the third hypothesis, instead they found that mothers who expressed high levels of affection coupled with high levels of psychological control reported increases in children’s internal and external behavioural problems. This is contrary to a previous study in which high psychological control and high affection was associated with a decrease in externalising behaviours in adolescents (Pettit & Laird, 2002). Aunola and Nurmi (2005) suggested that the combination of affection and control could appear manipulative to children. It is also possible that the combination of affection and control confused the child as it was inconsistent and to some extent, contradictory. Furthermore, they found that low affection combined with high psychological control predicted an increase in externalising behaviours. Notably, other studies in this research area were conducted with adolescents and with this study, a possible explanation could be that when children are younger, they have a less developed autonomous identity and therefore the effect of type of parenting on children is different (Aunola & Nurmi, 2005). The findings suggest that although the interactions are not as simple as initially thought, parental warmth continues to have an integral role in parenting dimensions and interacts with psychological control.
However, more research is needed in examining the impact and effects of control and affection in different ages and stages of the child’s development.

Caron, Weiss, Harris and Catron’s (2006) study examined the specificity of impact of parenting dimensions (warmth, behavioural control and psychological control) on 70 children’s (mean age=9.7 years) internalising and externalising behaviours. To gain insight into children’s internalising and externalising problems, teachers and parents provided reports on the child. All the children who were involved in the study exhibited internalising and externalising behaviours of at least one standard deviation above the norm. Using a retrospective method of assessment, parents and children were audiotaped in a session and asked to recall a specific time of closeness and to discuss their opinion on a topic of conflict. The closeness task focused on the internalising processes of affect and emotion while the conflict task was associated with behavioural conflict which is linked to externalising problems. Two raters then rated these conversations independently. The parenting dimensions of warmth, behavioural control and psychological control were obtained from the ratings of these two tasks. In terms of main effects, parental warmth was associated with lower levels of children’s internalising and externalising problems. Psychological control had no unique associations with specific psychopathology; however, it was associated with an increase in both internalising and externalising problems. Behavioural control was found to have a unique association with externalising problems. Similarly, Pettit and Laird (Pettit & Laird, 2002) found that high levels of psychological control coupled with low levels of warmth were associated with more externalising problems, and when warmth increased, psychological control was no longer associated with children’s behaviours. In this study, warmth and psychological control were nonspecific in their associations with
child psychopathology. Furthermore, when the two types of control interacted with each other, this predicted higher levels of both internalising and externalising problems.

While Caron and colleagues (Caron et al., 2006) found clear associations between control and children’s problems, Aunola and Nurmi (Aunola & Nurmi, 2005) found that the interactions between warmth, psychological control and behavioural control are more complex with several caveats and inconclusive associations. It is also notable that different informants and methodologies were used in the studies and it is possible that this might have had an impact on the data collected. Further study is necessary to better distinguish these dimensions, their interactions and the corresponding child outcomes.

Summary of Parenting Styles and Parenting Dimensions

It appears that when examining parenting styles and child outcomes, and parenting dimensions and child outcomes, the former has more clear associations than the latter. This is somewhat counterintuitive as it would be expected that since parenting dimensions are more targeted constructs, the association with specific child outcomes should be more easily delineated. There are several possible explanations for these findings.

Firstly, there might be other variables involved that are not explicitly measured by the researchers. As an example, Lewis (Lewis, 1981) suggested that the construct measured as parental control might not necessarily solely refer to parental control but rather, interacts with the child’s level of compliance. She argued that children’s compliance might increase when parents engage in authoritative parenting, suggesting that perhaps it is the combination of parenting dimensions within a parenting style that work in tandem and result in higher compliance from
children. Maccoby and Martin (Maccoby & Martin, 1983) provided an extensive overview on the parent-child interaction and suggested that child compliance might be associated with secure attachment and associated parenting dimensions (i.e., sensitivity, affection, control, acceptance). A study on the interaction between 90 toddlers (26 months old) and their parents was conducted to identify differences in levels of compliance toward mother, fathers and nonparental caregivers (i.e., daycare workers) (Feldman & Klein, 2003). It was found that maternal sensitivity and discipline predicted toddler’s compliance with nonparental caregivers and this association was a stronger predictor than the nonparental caregivers’ sensitivity or discipline. It is possible that the associations between sensitivity and compliance might account for the unexpected findings in Barber’s (Barber, 1996) study earlier discussed in the Parental Control section, where neither behavioural control nor psychological control were uniquely associated with depression or delinquency.

Secondly, it is possible that parenting styles work precisely because they are a combination of effects and the uniqueness of each parent-child dyad requires for a particular combination of affection and control that is specific to that dyad. Included in the dynamic are unique characteristics and traits of both parent and child, and more fundamentally, the developmental stage of the child, which continues to have unknown implications for the PCR.

In other words, authoritative parenting is made up of several different constructs and it seems not particularly beneficial or useful to specifically identify which dimension of authoritative parenting predicts better child outcomes because it is the combination of internal (within person characteristics) and external (dynamics within the dyad) constructs that implicates positive child outcomes.
References


### Appendix C

Table C1

*Summary of provisional practice guidelines from the research synthesis specific to legal or forensic interviewing (n = 20)*

<table>
<thead>
<tr>
<th>Focus of study</th>
<th>Title (Author)</th>
<th>Focus of article</th>
<th>Recommendations for interviewing children</th>
<th>Empirical vs. Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forensic</td>
<td>Incest accusation: Assessing credibility. (Weiss, 1983)</td>
<td>Explored methods of interview and ways to assess a child’s credibility when alleging sexual abuse.</td>
<td>Establish rapport so that the child is comfortable with the interviewer before asking direct questions about the alleged abuse. This time of neutral questioning provides the interviewer with the opportunity to observe the child in their neutral affect.</td>
<td>Descriptive</td>
</tr>
<tr>
<td>Forensic</td>
<td>Suggestibility of the child witness: A historical review and synthesis. (Ceci &amp; Bruck, 1993).</td>
<td>Seminal contribution to work on children’s suggestibility. They reviewed the contributing factors to children’s suggestibility as the</td>
<td>Erroneous information can interfere with the original memory, resulting in inaccurate recall. The trace strength of the memory impacts on how well children are able to recall it. The way questions are worded may affect age patterns in suggestibility. The structure and development of knowledge (semantic)</td>
<td>Empirical</td>
</tr>
</tbody>
</table>

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1. (Warren, Hulse-Trotter, & Tubbs, 1991)
2. (Loftus & Zanni, 1975)
different methodologies make direct comparison between suggestibility and children’s ages impossible. and stereotypical\(^4\) has an impact on inferences that are made of the event.

Source monitoring (i.e., distinguishing between reality or fantasy)\(^5\) is difficult for young children\(^6\).

Children tend to place their implicit trust on the person’s age (i.e. adults are more competent than peers)\(^7\).

With the issue of repeated questions, the results are not homogenous. Children were more likely to change their answers if they were asked repeated questions within the same session\(^8\). In another study, there were no effects between sessions or within sessions when open-ended questions were used, except when binary options were used (only for 4 year olds but not 6 year olds)\(^9\).

Interviewer’s techniques and disposition (positive, condescending, negative etc) have an impact on children’s responses\(^10\).

The amount of information that interviewers have about the event affects their style of questioning and accuracy.
of children’s reports\textsuperscript{11}.

Studies on usage of anatomical dolls resulted in divergent findings: some have found it helpful to identify children who have been sexually abused\textsuperscript{12} while others could not distinguish children who had been abused\textsuperscript{13}. Further study is needed.

Examined the motivation behind lying: avoid punishment\textsuperscript{14}, sustaining a game\textsuperscript{15}, keeping promises\textsuperscript{16}, personal gain and avoiding embarrassment\textsuperscript{17}.

Inconsistent findings on the impact of stress on memory with some showing that higher stress is associated with higher accuracy\textsuperscript{18} and others showing that it is detrimental to memory\textsuperscript{19}. Also inconsistent was the relationship between stress and suggestibility: with some studies showing that stress was associated with resistance to suggestions while others found no associations\textsuperscript{20}.

\textsuperscript{11}Paper presented at conference: (Pettit, Fegan, & Howie, 1990). Paper could not be located, information about the results of the study was obtained from Ceci & Bruck’s article.
\textsuperscript{12}(White, Strom, Santili, & Halpin, 1986)
\textsuperscript{13}(Cohn, 1991)
\textsuperscript{14}(Bussey, 1992)
\textsuperscript{15}Paper presented at conference: (Ceci, DeSimone, Putnick, Lee, & Toglia, 1990)
\textsuperscript{16}Review of empirical studies(Pipe & Goodman, 1991)
\textsuperscript{17}(Ceci, Leichtman, Putnick, & Nightingale, 1993)
\textsuperscript{18}(Goodman, Hirschman, Hepps, & Rudy, 1991)
\textsuperscript{19}(Peters, 1991)
\textsuperscript{20}(Oates & Shrimpton, 1991)
Forensic Assessing the occurrence of child sexual abuse: An information processing, hypothesis testing approach. (O'Donohue & Fanetti, 1996)

Examined how to gather valid data from children in alleged sexual abuse cases and how to analyse the data collected.

Free recall: younger children provide fewer details than older children. However, they have an equivalent percentage of inaccuracy (details that did not occur).  

Cued recall: some studies show that young children can recall information as accurately as older children and adults when they were not involved in the event, while other studies show that if children are involved in the event they have more difficulty recalling information.

Preschool children are more prone to memory errors when they have been provided misleading information.

Forensic Interviewing child witnesses: A developmental perspective. (Saywitz & Camparo, 1998)

Reviewed suggestions from clinical and experimental studies when interviewing child witnesses.

Developmental sensitivity: interviewers should adapt the interview to the child’s functioning and capabilities and interpret their responses developmentally.

Due to developmental differences, interviewers should establish the child’s developmental level prior to the interview by utilizing standardized assessments.

Questions should be phrased in a developmentally appropriate way that matches children’s linguistic

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21(Goodman, Aman, & Hirschman, 1987)
22(Saywitz, 1987)
23(Goodman & Reed, 1986)
24(King & Yuille, 1987)
abilities\textsuperscript{25}.

Content of questions should be developmentally appropriate (e.g., if child is asked how many times an event occurred, they need to be able to count).

Interviewers should maintain objectivity about the interview\textsuperscript{26}.

Reduce suggestibility by: start the interview with open-ended interview questions\textsuperscript{27}, prompts are useful although there is disagreement about when to use them and what would be most suitable\textsuperscript{28}, yes/no questions can be confusing for preschoolers\textsuperscript{29}, and specific questions can be useful and even, generate more accurate responses\textsuperscript{30}.

Children benefit when given an outline of the interview as it reduces fears and helps them identify unrealistic expectations.

Interviewers should be flexible in using different techniques and consider the child’s individual differences during the interview.

\textsuperscript{25}(Asher & Wigfield, 1981)
\textsuperscript{26}(Tobey & Goodman, 1992)
\textsuperscript{27}(Saywitz, Gieselman, & Bornstein, 1992)
\textsuperscript{28}(Sternberg et al., 1996)
\textsuperscript{29}(Peterson & Biggs, 1997)
\textsuperscript{30}(Hutcheson, Baxter, Telfer, & Warden, 1995)
Interpretation of children’s answers should be considered according to their developmental stage (e.g., children create meaning when things are unfamiliar to them, such as likening semen to glue in forensic interviews).

Before the interview:

Children perform differently in different settings. It was proposed that child-centered furniture and settings would be helpful in putting the child at ease.

It is possible that social support during the interview might be helpful for the child but empirical study is needed to ascertain factors that should be taken into consideration.

Interviewer should introduce themselves, their role and the reason for the interview as well as confidentiality limits.

Stated that there is little research to guide how to establish rapport in a forensic context; rapport can facilitate the interview while poor rapport can have detrimental effects.

(Ceci, Bronfenbrenner, & Baker, 1988)
Start of the interview:

When rapport is established, ascertain the child’s level of knowledge and assess children’s knowledge of concepts such as time, height, location.

Prepare children for the interview. A possibility is to work through examples with them (such as retrieval strategies\textsuperscript{32}) as this gives them an understanding of the level of detail expected.

Questioning the child:

Start the interview by giving children the chance to tell you anything they want. It was cautioned that this is not productive with very young children.

Identified that this section of the interview lacks empirical studies. Interviewers should raise the topic of interest by asking about location, using drawings (specific to forensic interviews) or asking children about how they problem-solve. Once the child has started, the interviewer should not interrupt except with non-misleading prompts (e.g., and then what happened).

\textsuperscript{32}(Saywitz & Synder, 1996)
Obtain additional details with specific questions (e.g., who, what, where) only if they are conceptually understood by the child.

Closure of interview: clinical experience suggests that it is important to thank the child, praise them for effort (not content) and provide comfort if child is distressed. Stated that little empirical attention has been given to this.

Very young children benefit from cues and prompts as this improves their recall.\(^ 33\)

In forensic work, some studies show that the usage of dolls as prompts provides more information than if children were interviewed without props\(^ 34\) while others show that children provided richer responses without anatomical dolls\(^ 35\).

Assess child’s linguistic skill prior to the interview so that the interviewer can establish a baseline of the child’s comprehension and verbal abilities.

Interviewers need to provide children with the right context to trigger a memory.

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\(^{33}\) (Hudson & Fivush, 1991)  
\(^{34}\) (Katz, Schonfield, Carter, Leventhal, & Cicchetti, 1995)  
\(^{35}\) (Lamb et al., 1996)
Children might need additional motivators to remember details— if reinforcers are used they should be given whenever a detail is provided, regardless of content.

Young children are concrete in their understanding and the interviewer might have to reframe questions to get an answer. Suggests comparative questions (e.g., “What does your mother do when you take one of your brother’s toys” instead of “what kind of person is your mother”).

Interview settings can be helpful in eliciting more recollection from the child.


Key recommendations from forensic evaluations to obtain accurate and reliable information from children for the purposes of custody

Establish rapport. Specifically, use an open-ended interaction style when building rapport.

- Child understands the purpose of the interview the ground rules are established.
- Listen to the child without expectation of an outright parental preference (child custody specific). Be open to other reasonable perspectives about events.
- Do not exacerbate child’s stress or guilt.

Legal

Empirical

Descriptive

Descriptive

Descriptive

Descriptive

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8然而，通过重新提问的方式并不能让儿童感受到他们母亲的外表，但可以告知他们母亲的行为，并且不是原始问题的含义。

36(Orbach et al., 2000)
37(Sternberg et al., 1997)
<table>
<thead>
<tr>
<th></th>
<th>Legal</th>
<th>Incorporating the principles of scientifically based child interviews into family law cases. (Kuehnle, Greenberg, &amp; Gottlieb, 2004)</th>
<th>Using forensic interviewing techniques when interviewing children in custody evaluations.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>arrangements.</td>
<td>Explore possible explanation of child’s report, even if there are signs of coaching from a parent (child custody specific).</td>
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<td>Interviewer should be trained in forensic interviewing techniques.</td>
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<td></td>
<td>Base interview practice on empirical research.</td>
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<td>Language: frame questions according to child’s speaking style and language skills.</td>
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<td></td>
<td>If there is a topic change within the interview, children will benefit from a transitional comment to help them put the questions in context.</td>
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</tbody>
</table>
|   |   |   | Memory: avoid repeating questions that child has already answered, refrain from affirming responses or critiquing them and avoid asking children about causes of events.  
38(Garven, Wood, & Malpass, 2000) |
|   |   |   | Suggestibility: clear and detailed instructions will reduce suggestibility (e.g., only report what happened, it’s okay to not know, remember that interviewer was not present, correct interviewer if fact is incorrect and repeating questions does not mean their answers were wrong). |
|   |   |   | Interviews should be open to different hypotheses. |

Legal Incorporating the principles of scientifically based child interviews into family law cases. (Kuehnle, Greenberg, & Gottlieb, 2004) Using forensic interviewing techniques when interviewing children in custody evaluations. | Explore possible explanation of child’s report, even if there are signs of coaching from a parent (child custody specific). |
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<tbody>
<tr>
<td></td>
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<td>arrangements.</td>
<td>Interviewer should be trained in forensic interviewing techniques.</td>
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<td>Base interview practice on empirical research.</td>
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38(Garven, Wood, & Malpass, 2000) |
|   |   |   | Suggestibility: clear and detailed instructions will reduce suggestibility (e.g., only report what happened, it’s okay to not know, remember that interviewer was not present, correct interviewer if fact is incorrect and repeating questions does not mean their answers were wrong). |
|   |   |   | Interviews should be open to different hypotheses. |

38(Garven, Wood, & Malpass, 2000)
Interview structure: develop rapport, assess child’s ability to answer questions, provide instructions for interview, practice by starting with non-essential questions, start with open ended questions then use specific questions for clarification.  

<table>
<thead>
<tr>
<th>Forensic</th>
<th>The suggestive interview and the taint hearing: How much is too much? (Salekin, 2005)</th>
<th>Case study on inadequate interview techniques in an alleged sexual abuse case.</th>
<th>Build rapport with the child.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Descriptive</td>
<td>Refrain from misleading statements.</td>
<td>Limited repetitive questioning.</td>
<td>Be aware of emotional tone.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Forensic</th>
<th>Guide to questioning children during the free-narrative phase of an investigative interview. (Powell &amp; Snow, 2007)</th>
<th>Outlines the principles behind eliciting free narrative accounts in investigative interviews with children.</th>
<th>Use simple language:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Descriptive</td>
<td>NB: All guidelines from this article are</td>
<td>Use simple language:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Keep questions short.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Allow child to respond one question at a time.</td>
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<tr>
<td></td>
<td></td>
<td>• Ensure that details asked are developmentally appropriate (e.g., child to have a concept of time if questions about time are asked).</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Be direct in request for information (e.g., “tell me what you remember instead of “can you tell me…””).</td>
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</tr>
</tbody>
</table>

39(Lamb, Sternberg, & Esplin, 1998)
only about free narrative questioning.

Refrain from using specific details in questions that have not been previously reported by the child or using coercive techniques to obtain a response from the child.

Flexibility to allow child to report information by providing broad questions (e.g., “tell me everything that happened when…”) as that allows for a broader focus instead of just limiting it to an action.

Encourage an elaborate response (e.g., “tell me everything that happened when you went to her house from the beginning right up to the end).

Prompts to use during the free narrative phrase:

Open-ended breadth questions invite the child to provide more information about activities without specifying what is wanted (e.g., “what happened then?).

Open-ended depth questions invite the child to provide more information without specifying what is wanted (e.g., “tell me more about that part when _______ (information previously disclosed by child) ”.

Minimal encouragers (such as “uh huh”) to encourage children to continue elaborating.

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40(Garven et al., 2000); also in footnote 38
| Forensic | Evaluating forensic interviewing of children in sexual abuse cases: Guidelines for the forensic psychiatrist. (Brackenbury, Barzman & Dunsleth, 2009) | Provided child interview guidelines for forensic psychiatrists. Developmental differences were mentioned but not specified. | Build rapport. Use free recall, followed by open-ended questions and closed-but-specific questions. Provide child with closure after the interview (address child’s concerns). |
|Descriptive|

| Forensic | Do we need to rethink guidance on repeated interviews? (La Rooy, Katz, Malloy, & Lamb, 2010) | Examined the evidence for the caution against reinterviewing children and highlighted three forensic cases. | It was proposed that reinterviewing children after a short delay (rather than a long delay) have benefits as new (but not contradictory) information emerges at the repeated interview and did not prompt inaccuracy. Developmental differences might be important in reinterviewing but results are inconclusive. |
|Empirical|

| Forensic | Recommendations for interviewing children about repeated | Discussed the challenges in recalling an individual | A practice phase should be conducted before the interview to obtain an understanding of “what usually happens” (script/schema). By doing so, the interviewer is able to establish a baseline of the child’s competencies |
|Empirical|

---

41(La Rooy, Pipe, & Murray, 2005)
42Review: (La Rooy, Lamb, & Pipe, 2009)
experiences. (Brubacher, Powell & Roberts, 2014) occurrence from repeated experiences. and development.

Where possible, frequency of occurrences needs to be obtained with “one time or more than one time” rather than trying to get children to provide a number as children younger than 10 years old are not capable of discerning time and therefore the order of events might not be accurate.

Open-ended questions yield more complete and accurate accounts.

If close-ended questions are necessary, these should occur after the open-ended questions.

Highly specific questions are especially detrimental during repeated occurrences and should be avoided as source errors are common in children.

Adopting children’s labels for events (“the time when”).

Forensic Developing rapport with children in Systematic review on establishing Three studies met criteria. When rapport was focused on a specific event rather than general events, younger

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43(Sternberg et al., 1997); also in footnote 37
44(Connelly, Hockley, & Pratt, 1996)
45(Dent & Stephenson, 1979)
46(Guadagno & Powell, 2006)
47(Powell & Thomson, 2003)

Rapport in forensic interviews.

Children were less accurate in their recall\(^{48}\). Open-ended questions was reported to be superior to direct questions but the amount of time spent building rapport was not controlled for (open-ended averaged 16 minutes while direct questions took 6 minutes)\(^{49}\). Open-ended prompts was associated with higher word count in children’s responses\(^{50}\).

<table>
<thead>
<tr>
<th>Forensic: Suggestibility</th>
<th>The suggestibility of child witnesses: A review. (Baxter, 1990)</th>
<th>Reviewed suggestibility in children.</th>
<th>Results on the association between suggestibility and age are not homogeneous(^{51}).  Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forensic: Suggestibility</td>
<td>Findings from research on children’s suggestibility and implications for forensic</td>
<td>Highlights empirical research on children’s suggestibility in forensic</td>
<td>Suggests that there are situations that increase children’s suggestibility.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Empirical</td>
</tr>
</tbody>
</table>

- \(^{48}\)(Hardy & Van Leeuwen, 2004)
- \(^{49}\)(Roberts, Lamb, & Sternberg, 2004)
- \(^{50}\)(Brown et al., 2013)
- \(^{51}\)(Ceci, Ross, & Toglia, 1987)
- \(^{52}\)(Marin, Holmes, Guth, & Kovac, 1979)
- \(^{53}\)(Dent & Stephenson, 1979)
conducting child interviews. (Reed, 1996)

When memory for event is weak, there is a higher possibility of being misled.

Suggestibility increases when interviewer appears to be unfriendly, intimidating or authoritarian.  

Children tend to be more suggestible when they think interviewer is knowledgeable about the event.

Comfortable interview setting for the child. If the interview is in an unfamiliar place, decorate the place to make it more ‘child-friendly’.

Returning to scene (for abuse) might be too traumatic and so the comfort of the child should take priority.

Having toys and materials around can be helpful but ensure it does not become a distraction.

Interviewers should approach the interview with an open mind and be friendly with the child.

Prior to the interview, the interviewer should explain the reason for the interview and explain that they are uninformed about the details, which is why they need to interview the child.

(Goodman, Bottoms, Schwartz-Kenny, & Rudy, 1991)
Emphasize the importance of being truthful- explain that it is fine to pretend but not in the forensic interview.

Explain to the child that you were not at present so they are helping you learn what happened.

Explicitly state that the child should admit they don’t know, or cannot remember, rather than to make a guess.

Repetition of questions does not mean that the child’s earlier response was incorrect.

State that the child can decline to answer questions that might be too difficult, however, this might also be counterproductive and void the interview. Therefore interviewer’s discretion should be used.

Encourage disagreement when incorrect facts are stated.

Misleading can occur in any direction (i.e. non-abused child can be misled to claim abuse and conversely, the abused child can be misled to claim non-abuse).

Questions should be developmentally appropriate.

Avoid highly leading or coercive questions, as well as repetitive suggestions and multiple repetitive interviews.

Start the interview with open-ended free recall questions,

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55(Saywitz et al., 1992); also in footnote 27
<table>
<thead>
<tr>
<th>Forensic: Suggestibility</th>
<th>External and internal sources of variation in the creation of false reports in children (Bruck, Ceci &amp; Melyn., 1997)</th>
<th>Overview of findings about suggestibility.</th>
<th>Asking children specific questions can result in higher inaccuracy compared to open-ended questioning&lt;sup&gt;57&lt;/sup&gt;.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td>Child’s report more likely to be distorted when questions are repeated in the same interview&lt;sup&gt;58&lt;/sup&gt;.</td>
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<td></td>
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<td>Interviewer should be aware of the emotional tone of the interview&lt;sup&gt;59&lt;/sup&gt;.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Awareness of interviewer bias&lt;sup&gt;60&lt;/sup&gt;.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Children are more likely to agree with interviewer about inaccurate information when interviewer is presented as the expert&lt;sup&gt;61&lt;/sup&gt;.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>The helpfulness of using anatomical dolls continues to be contested&lt;sup&gt;62&lt;/sup&gt;.</td>
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<tr>
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<td></td>
<td></td>
<td>Asking children to pretend or imagine can have serious repercussions as their ability to distinguish reality from</td>
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</table>

<sup>56</sup>(Saywitz, Goodman, Nicholas, & Moan, 1991)  
<sup>57</sup>(Peterson & Bell, 1996)  
<sup>58</sup>(Poole & White, 1991); also in footnote 9  
<sup>59</sup>Cited unpublished manuscript: (Gieselman, Saywitz, & Bornstein, 1990)  
<sup>60</sup>(Lepore & Sesco, 1994)  
<sup>61</sup>(Tobey & Goodman, 1992); also in footnote 26  
<sup>62</sup>(Bruck, Ceci, Francoeur, & Renick, 1995)
Mixed results between suggestibility and IQ: some show that children with higher IQ are less suggestible \(^{64}\) while others show no effects \(^{65}\).

Legal Witness to violence: The child interview. (Pynoos & Eth, 1986)

Outlines initial interview techniques used by a psychiatrist when first engaging young children who witnessed a traumatic event.

Stage 1 (Opening)

Ensure that child understands the purpose of the interview.

Free drawing and story-telling by the child without further direction from the researcher. Interviewer should then identify the traumatic references from the drawing/story.

Stage 2 (Trauma recall)

Link the child’s experience of the actual event to their story and provide support during their grief.

Support the child during the reconstruction of the event, including perceptual sensory experiences (sight, sounds, sensations).

Child’s coping of the experience should be explored (e.g., what they would have done if they could turn back time, fears about counter retaliation from the perpetrator, traumatic dreams etc.).

\(^{63}\)(Harris, Brown, Marriott, Whittall, & Harmer, 1991)

\(^{64}\)(Pear & Wyatt, 1914)

\(^{65}\)(Bruck et al., 1995)
### Stage 3 (Closure)

Termination of the interview should include the following: summarizing of events, realistic fears, expectable course, acknowledgement of child’s courage. Find out what were the helpful parts of the interview and what was not helpful.

<table>
<thead>
<tr>
<th>Legal</th>
<th>Assessment for the stronger, healthier psychological bond in child-custody evaluations. (Gardner, 1999)</th>
<th>Interviews in child custody evaluations to assess parent-child psychological bonding.</th>
<th>Ask children to describe in detail what happens on a typical day (from morning till night) prior to parental separation.</th>
<th>Descriptive</th>
</tr>
</thead>
</table>
| Legal | Research and practice in child interviewing: Implications for children exposed to domestic violence. (Faller, 2003) | Provided guidelines for interviewing children who have witnessed domestic violence. | Specific techniques for *cognitive interviewing*:

Encourage drawing as it might be easier than holding a picture in their mind. Also, the interviewer can refer to it for questions and spatial location.

Ask the child for everything they can remember, from start to end.

Ask the child to take on someone else’s perspective and report accordingly (however, it might trigger an element of fantasy and child might not have the capacity to take | Descriptive |
Legal Interviewing children in custody cases: implications of research and policy for practice. (Saywitz, Camparo, & Romanoff, 2010)

Provided ten principles for practice when interviewing children:

- Interviewing setting should be age-appropriate, private, with minimal distraction.
- Explain to the child the purpose of the interview and the role of various professionals in a developmentally appropriate way (specific to child custody) as this might reduce their distress.
- Maintain a non-judgemental approach and be willing to hear different perspectives without additional stress to the child.
- Establish rapport through non-suggestive means.
- Use non-verbal cues to provide social support regardless of children’s responses.
- Ensure that demands of the interview, language used and concepts are age-appropriate (e.g., child needs to have a concept of time before they are asked how often they want to see their parent during divorce proceedings) \(^{66}\).
- Set ground rules for the interview by practicing narratives \(^{67}\) (e.g., give child permission to say I don’t

<table>
<thead>
<tr>
<th>Source</th>
<th>Description</th>
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<tbody>
<tr>
<td>Saywitz, Camparo, &amp; Romanoff, 2010</td>
<td>Provided ten principles for practice when interviewing children.</td>
</tr>
</tbody>
</table>

\(^{66}\) Carter, Bottoms, & Levine, 1996

\(^{67}\) Saywitz et al., 1992 also in footnote 27, 55
know or express that they don’t understand the question \(^{68}\), warn children if questions might be misleading \(^{69}\), remind children that interviewer was not present at the event \(^{70}\).

Ask a range of questions as naturally as possible but with specificity (e.g., what happens when they come home from school etc.) to establish the advantages and disadvantages of custody arrangement (specific to child custody).

Use open-ended, free-recall, non-leading questions and help children to elaborate by using the detail they have already provided.

Avoid suggestive techniques that mislead, cause bias, reinforce a particular hypothesis or that lead to speculation.

\(^{68}\) (Carter et al., 1996)
\(^{69}\) (Saywitz & Moan-Hardie, 1994)
\(^{70}\) (Mulder & Vrij, 1996)
Appendix D

Search strategy for RCT, and Steps 1-5 for the research synthesis

Identifying RCT

This search was to include RCTs for research synthesis on the methodology of interviewing children about the PCR. Four databases were utilized: Cochrane, Psyinfo, Scopus, Web of Science. Term variants were applied in all databases. Criteria: children (younger than 10 years old) were interviewed about their perspective on the PCR.

Cochrane Library (registered trials and methodology register) terms: “child near interview” (Title, Abstract, Keywords) AND randomised (Search all text). 307 results from Registered Trials and 7 from Methodology Register. 9 abstract read, none met criteria.

Psycinfo: child* NEAR/5 interview AND randomised. 387 results; 2 abstracts read, none met criteria.

SCOPUS: child* W/5 interview AND randomised. 323 results; 2 abstracts read, none met criteria.

Web of Science: child* NEAR/5 interview AND randomised. 346 articles; none met criteria.

Summary: No existing RCTs met criteria for research synthesis.

Research Synthesis

Step 1: identify systematic reviews on interviewing children. Criteria for inclusion: interviews with children younger than 10 years of age (regardless of topic or research focus). Exclusions: Non-English articles.

PROSPERO terms: child interview. No results. PROSPERO terms: interview. 106 results, none met criteria. For the interested reader, the systematic reviews identified compared specific interventions or used retrospective interview data from adults about their childhood.

Cochrane Library (reviews and methodology studies) terms: “child interview” (Title, Abstract, Keywords). 15 results from Reviews and 60 from Methodology Register; none met criteria. None of met the criteria for children of 10 years old or younger and many were focused on parents’ perspectives about their children.

Psycinfo: “child* w/5 interview” AND “research synthesis” OR “systematic review”. 9 results, none met criteria.

SCOPUS: “child* w/5 interview” AND “research synthesis” OR “systematic review”. 38 results, 4 met criteria. Excluded articles were comparing diagnostic tools, examining validity of assessment tools, did not interview children, were not interviews, not in English).

Web of Science: “child* w/5 interview” AND “research synthesis” OR “systematic review”. No results.
Summary: 4 articles met criteria (see Table 4.3).

Step 2: Citation search for highly cited articles on interviewing children in PCR. Criteria for inclusion: interviews with children younger than 10 years of age. Exclusions: non-English articles, questionnaires/diagnostic/assessments, non peer-reviewed theses.

Publish or Perish software (Google scholar database) terms: “child interview” (all of the words) and “parent child relationship” (the phrase). Maximum number of results were returned (limitation of 1000). 36 articles were related to PCR, only 4 met criteria.

Summary: 4 articles were included in analysis (if interested, also see Appendix E for all 36 article summaries).

Step 3: Identified studies that interview children (broader search terms to include the words that appear within 5 words of each other). Criteria for inclusion: interviews with children younger than 10 years of age. Exclusions: non-English articles, questionnaires/diagnostic/assessments, non peer-reviewed theses.

Psyinfo terms: “child* NEAR/5 interview”. 335 results, 58 articles met criteria.

Scopus terms: “child* W/5 interview”. 432 results, 66 articles met criteria.

797 results, cross-checked across databases and duplicates removed, all abstracts were read; 372 articles were read in full. 124 articles met criteria and were included in analysis.

Summary: 124 articles included in analysis.


Psyinfo terms: “child* interview” 529 results.

Scopus terms: “child* interview” 498 results.

Web of Science: “child* interview” 448 results.

1475 results, cross-checked across databases and duplicates removed, all abstracts were read. 847 articles were read in full. 150 articles met criteria and were included in analysis.

Summary: 150 articles included in analysis.
Step 5: Identified studies in different research fields that interviewed children. Criteria for inclusion: interviews with children younger than 10 years of age. Exclusions: non-English articles, questionnaires/diagnostic/assessments, non peer-reviewed theses.

Google Scholar: interview* child* research*. 300 results (capped at 300 as the search could not be narrowed).

PubMed terms: interview* child* research*. 48 results.

Scopus terms: interview* child* research*. 342 results.

Web of Science: interview* child* research*. 440 results.

1130 results, cross-checked across databases and duplicates removed, all abstracts read. 478 articles were read in full, 121 met criteria and were included in analysis.

Summary: 121 articles included in analysis.

During the process of reading each article, additional articles were identified from the reference list and they were added manually if they were relevant to interviewing children (n=20).
### Table E1

**Examples of systematic reviews on interview methodology that did not meet criteria for children (i.e., older than 10 years old)**

<table>
<thead>
<tr>
<th>Author</th>
<th>Age</th>
<th>Studies (n)</th>
<th>Purpose of review</th>
<th>Findings</th>
<th>Interview methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivational interviewing for adolescent substance use: A review of the literature. Barnett, E., Sussman, S. Smith, C., Rohrbach, L.A., &amp; Spruijt-Metz, D. (2012)</td>
<td>Mean &lt; 18.5 years</td>
<td>39</td>
<td>Update reviews with new publications, examine intervention format/design and impact on outcomes, theory-based mechanisms of change.</td>
<td>Interviews were primarily individual (n = 34). Associations between intervention design and outcomes are inconclusive.</td>
<td>Openness, Affirming, Reflective listening, Summarising (OARS) is presumed within MI interviewing. Apart from these, there were no additional suggestions for interview methodology.</td>
</tr>
<tr>
<td>Cross-cultural interview studies using interpreters: systematic literature review. Wallin, A., &amp; Ahlstrom, G. (2006)</td>
<td>Not specified</td>
<td>13</td>
<td>Examined how the interpreter role is described in cross-cultural studies and how trustworthiness is measured.</td>
<td>Interpreters were largely invisible in studies and process of interpretation (style of interpretation, seating arrangement and competence of</td>
<td>Factors to increase trustworthiness of data include: member checking (providing feedback to participants about their responses and obtaining their</td>
</tr>
<tr>
<td>Qualitative studies using in-depth interviews with older people from multiple language groups: methodological systematic review. Fryer, C., Mackintosh, S., Stanley, M., &amp; Crichton, J. (2011)</td>
<td>&gt; 60 years</td>
<td>9</td>
<td>Appraise the quality of methodology and identify the strategies used to ensure methodological rigour.</td>
<td>Lack of reflexivity in studies from researchers about methodology.</td>
<td>Researchers needed to ensure that information about the study and consent was provided in the participants’ mother tongue.</td>
</tr>
<tr>
<td>A systematic review of motivational interviewing in physical health care settings. Knight, K.M., &amp; McGowan, L., Dickens, C., &amp; Bundy, C. (2006)</td>
<td>Not specified</td>
<td>8</td>
<td>Identify the extent that MI is used, effectiveness of MI, and provide an overview of research quality.</td>
<td>Lack of adequate information on details of intervention, extent of training the interviewers have been through.</td>
<td>OARS is presumed within MI interviewing. Apart from these, there were no additional suggestions for interview methodology.</td>
</tr>
<tr>
<td>Motivational interviewing: A systematic review and meta-analysis. Rubak, S., Sandboek, A., Lauritzen, T., Christensen, B. (2005)</td>
<td>Not specified</td>
<td>19</td>
<td>Overview of RCT studies where motivational interviewing has been used, evaluate effectiveness as an intervention tool and identify factors that contribute to patient outcomes.</td>
<td>Motivational interviewing is effective, an effectiveness increases with number of sessions. Profession of counsellor had no impact on efficacy of motivational interviewing.</td>
<td>OARS is presumed within MI interviewing. Apart from these, there were no additional suggestions for interview methodology.</td>
</tr>
</tbody>
</table>
There are variants in the practice of cognitive interviewing and these were outlined.

Certain aspects of cognitive interviewing require further study so as to better understand the efficacy of practice.

No mention of suggestions for interview methodology. Concluded with calls for research in the following areas: determining optimal sample sizes when cognitive interviews are used, clearer guidance about data collection, more in-depth study about what happens in CI and encouraging researchers for specific documentation of procedures in reporting methodology.

*Cognitive interviewing has different definitions, in this article it was defined as "administering draft survey responses while collecting additional verbal information about the survey responses, which is used to evaluate the quality of the response or to help determine whether the question is generating the information that the author intends" (p. 288).
## Appendix F

### Table F1

*Summary of articles from citation analysis that were relevant to PCR (n = 36). Articles rated with the QERS are identified by italics*

<table>
<thead>
<tr>
<th>Focus</th>
<th>Authors</th>
<th>Children’s Age (N)</th>
<th>Research Measures</th>
<th>Informant</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting</td>
<td>Rothbaum &amp; Weisz (1994)</td>
<td>10.5 months- ‘college’ age. Meta-analysis</td>
<td>Parenting behaviour</td>
<td>-</td>
<td>Found that some caregiving variables (e.g., approval, motivational strategies, guidance etc.) are negatively associated with externalizing behaviours.</td>
</tr>
<tr>
<td>Parenting</td>
<td>Brody &amp; Flor (1998)</td>
<td>6-9 years (156 dyads)</td>
<td>Diagnostic Interview:Parenting behaviour</td>
<td>Mothers, children (separate interviews) and teachers (ratings)</td>
<td>Mother’s measures included mother’s education, religiosity, parenting styles, children’s self-regulation etc. Children’s interview comprised only of a cognitive abilities test (Woodcock Johnson) but no additional measures about the PCR. Parenting practice was indirectly linked to child outcomes via child’s self-regulation. Children showed higher levels of self-regulation when PCR and marital relationships were cohesive.</td>
</tr>
<tr>
<td>Parenting</td>
<td>Stormshak, Bierman, McMahon et al. (2000)</td>
<td>6.45 years (1018)</td>
<td>Parenting dimensions</td>
<td>Parents (not specified as fathers or mothers)</td>
<td>Compared behaviourally challenged children and control groups. Hyperactivity, aggression and oppositional behaviour were related to higher levels of parents using punitive discipline and spanking. Parental practices of warmth and involvement inversely predicted oppositional behaviour. The results suggest that lack of parental warm and involvement earlier might be</td>
</tr>
</tbody>
</table>
related to the development of oppositional and aggressive behaviour.

<table>
<thead>
<tr>
<th>Parenting</th>
<th>Spera (2005)</th>
<th>Review</th>
<th>-</th>
</tr>
</thead>
</table>

Involvement in children’s education and after-school activities facilitates children’s academic competencies. Although authoritative parenting has been associated with positive child outcomes (e.g., higher levels of academic achievement), this has not been consistent across SES, culture and ethnicity.

<table>
<thead>
<tr>
<th>Parenting</th>
<th>Lamb-Parker, Boak, Griffin et al. (1999)</th>
<th>4 years old (173 dyads)</th>
<th>PCR (measured by a parental attitude questionnaire)</th>
<th>Mothers and Teachers</th>
</tr>
</thead>
</table>

Mothers completed questionnaires about PCR, home learning environment, child’s school readiness (using numeracy, literacy, social competence measures). Higher parent strictness and aggravation were associated with children’s lowered school readiness, which suggested that parents’ affective characteristics are positively related to children’s readiness for school.

<table>
<thead>
<tr>
<th>Parenting</th>
<th>Baldwin (1948)</th>
<th>4 years old (67)</th>
<th>Parenting behaviour</th>
<th>Researchers</th>
</tr>
</thead>
</table>

Independent raters visit the child at home and at the nursery and rate children based on parent and child’s behaviours. Inactive (less interactive parent child interactions) democratic (verbal exchanges between parent and child to explain rules or respond to children; open and clear communication from parents) homes show more detachment between parent and child. More active democratic homes (encouragement and responses toward children) were associated with children being more active, outgoing and spontaneous.
<table>
<thead>
<tr>
<th>Study</th>
<th>Authors</th>
<th>Sample Size</th>
<th>Design</th>
<th>Measures</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting</td>
<td>Magnus, Cowen &amp; Wyman</td>
<td>7-11 years old (261)</td>
<td>Parenting behaviour</td>
<td>Mothers, children and teachers</td>
<td>Measures included parental report on both life events and children’s adjustment and teachers report on child’s adjustment. Children provided self-report on their adjustment and understanding of control over situations. Children also completed problem-solving vignettes. Teachers rated children on school adjustment. Parenting attitudes was most strongly associated with child’s adjustment and is a protective resource for poor, highly stressed children. Warm and caring parents (parenting dimensions) facilitated their child’s ability to adapt under stress.</td>
</tr>
<tr>
<td>Parenting</td>
<td>Papp, Cummings and Goeke-Morey</td>
<td>11 years (277)</td>
<td>Questionnaire: Parenting dimensions</td>
<td>Mothers, fathers and children</td>
<td>Measures included parental adjustment (SCL-90 parents), PCR (parents), parenting style (children), children’s adjustment (CBCL, parents) and children’s depression (CDI, child self-report). They found that PCR accounted for parental adjustment and children’s adjustments. Higher levels of child adjustment problems are related to lower levels of parental acceptance, autonomy, and behavioural control. Suggests that an emphasis needs to be placed on creating a positive PCR as that might alleviate the negative effects of children’s adjustment problems.</td>
</tr>
<tr>
<td>Divorce</td>
<td>Thomson, Hanson &amp; McLanahan</td>
<td>0-18 years (5666)</td>
<td>Parenting dimensions</td>
<td>Mothers and fathers</td>
<td>National Survey of Family and Households (NSFH) database was used. Mothers completed questionnaires on parental support, control education and child outcomes (academic, externalizing and internalizing)</td>
</tr>
</tbody>
</table>
Problems). Fathers completed questions only on parental support. Overall, single-mother families faced more challenges economically and this was linked to child’s poor overall adjustment (e.g., academic, problem behaviours).

<table>
<thead>
<tr>
<th>Divorce</th>
<th>Amato &amp; Keith (1991)</th>
<th>Meta-analysis</th>
<th>Even when controlling for income, significant differences are found between children from intact and divorced families. Children in divorced families also have higher level of functioning compared to children in high conflict but intact families suggesting that familial conflict has a negative impact on children’s adjustment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divorce</td>
<td>Peterson &amp; Zill (1986)</td>
<td>12-16 years old (1080) Parenting dimensions</td>
<td>Parents (usually mothers) and children</td>
</tr>
<tr>
<td>Divorce</td>
<td>Hetherington &amp; Clingempeel (1992)</td>
<td>Review</td>
<td>Outlined specific PCR dynamics (e.g., stepmother and stepchildren, non-residential father and children).</td>
</tr>
<tr>
<td>Divorce</td>
<td>Hetherington, Bridges &amp; Insabellam (1998)</td>
<td>Review</td>
<td>PCR dynamics between children and their parents and stepparents. Outlined different parenting approaches and child outcomes associated with these practices.</td>
</tr>
<tr>
<td>Divorce</td>
<td>Study</td>
<td>Sample</td>
<td>Methodology</td>
</tr>
<tr>
<td>---------</td>
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</tr>
<tr>
<td>Hess &amp; Camara (1979)</td>
<td>Mothers, fathers, children and teachers</td>
<td>9-11 years old (32)</td>
<td>Examined differences between child outcomes measures and PCR for both divorce and intact families. Parents and teachers provided child outcomes (e.g., academic performance, child’s sociability and coping with stress etc). Children provided information on the concept of family (no details were provided on how this was obtained or what it entailed). Findings suggest that family relationships that emerge post divorce affect children just as much or more than the divorce itself and divorce threatens the relationship with parents and children which in turns interferes with child’s developmental progress. With parental dynamics, it was found that continued relationship with non-residential father is equally important to children’s relationship with residential mother, which is separate to the child’s relationship with mother.</td>
</tr>
<tr>
<td>Hines (1997)</td>
<td>-</td>
<td>Review.</td>
<td>The type of PCR that best facilitates healthy adolescent development is characterized by strong affective bonds that encourages the child’s individuation processes.</td>
</tr>
<tr>
<td>Amato &amp; Booth (1996)</td>
<td>Parents (phone interview)</td>
<td>Under 18 years old (857)</td>
<td>Data was obtained from 12 year longitudinal study on marital instability. They found elevated problems in PCR 8-12 years prior to divorce. Quality of marriage is also associated with PCR problems (i.e., low quality of marriage related to more PCR problems).</td>
</tr>
</tbody>
</table>
| Donnelly & Finkelhor (1992) | Parents (not specified as specified) | 5 years old and above | Divorced parents (with various custodial arrangements) reported on children’s support
and affection toward parent, parents’ support and affection toward children and parent-child disagreement. Results showed that there was no evidence for better PCR in equal custody households and that parental disagreement has a negative impact on PCR. In sum, the impact of custody arrangements on PCR are not clear cut and other contributing factors need to be further examined.

| PCR | Steinberg, Elman & Mounts (1989) | 12-16 years old. (120) | Questionnaire: Parenting Dimensions | Adolescents | Adolescents provided information on family relations, parental support and control via a questionnaire (Likert scales), household demographics and self-rated psychosocial maturity. Children’s academic performance was obtained from the school. It was found that parental acceptance, psychological autonomy and behavioural control (authoritative parenting) independently contribute to children’s academic achievement. |

<p>| PCR | Erel &amp; Burman (1995) | Meta-analysis | - | Compared studies that focused on the PCR and marital relationship. Found support for the spillover hypothesis (i.e., one system impacts the other system). Suggests that the bond in the marital system provides emotional support for raising children as well as provides adult intimacy between partners. Therefore, even if parents buffer the conflict that children witness in the marital relationship, the dynamics of the marriage will continue to impact children. In terms of interventions, might be helpful to work on marriage as it impacts the PCR. |</p>
<table>
<thead>
<tr>
<th>PCR</th>
<th>Author(s)</th>
<th>Age Range</th>
<th>Methodology</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Adolescent children provided information (Likert scale) on interactions with parent/caregiver (monitoring, discipline, emotional closeness), internet usage, and online harassment. Caregivers provided information on demographics, income and living location. Found that poor PCR significantly more likely to be cited by internet bullies. Poor PCR also increased child’s chances of being a bully.</td>
</tr>
<tr>
<td>PCR</td>
<td>Amato (1994)</td>
<td>19 years old and above (471)</td>
<td>Adult children phone interview</td>
<td>Measures included closeness to parents, life satisfaction, amount of contact with parents, education and overall happiness. Both parents and children provided report on PCR (closeness, conflict). Results showed that happiness, life satisfaction and psychological distress yielded independent results between child and father. That is, regardless of the child-mother relationship, closeness with fathers yielded reports from both sons and daughters that they were happier, more satisfied and less distressed.</td>
</tr>
<tr>
<td>PCR</td>
<td>Steinberg (1988)</td>
<td>11-16 years old (157)</td>
<td>Parenting dimensions</td>
<td>Mothers, fathers and children</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td>Parents and children completed questionnaires about conflict and closeness in the PCR. Results showed that pubertal maturation distances adolescents from their parents. Also, maternal distance accelerated only girls’ pubertal maturation (and maternal closeness slowed it down) but not for boys. PCR was measured by children’s report (maturation was determined by an independent rater) which suggested that children’s subjective perception of PCR might</td>
</tr>
<tr>
<td>PCR</td>
<td>Ackard, Neumark-Sztainer et al. (2006)</td>
<td>13-18 years old (4746)</td>
<td>Children</td>
<td></td>
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<tr>
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<td></td>
</tr>
<tr>
<td>PCR</td>
<td>Chil Teens were surveyed using self-report questionnaire with multiple-choice options on family (2 questions) and weight-related factors. Found that children’s report on family connectedness was inversely associated with risky health behaviours and emotional health indicators, depression, low esteem, substance use and bulimic symptoms. Furthermore, adolescent’s perceptions of maternal caring are associated with their behavioural and emotional health.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PCR</th>
<th>Crnic, Gaze &amp; Hoffman (2005)</th>
<th>3-5 years old (141)</th>
<th>Not stated what specific aspects of parenting were measured</th>
<th>Mothers and fathers</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCR</td>
<td>Parents completed booklet of questionnaires pertaining to stress, family functioning, parental attitudes &amp; beliefs, CBCL (when child was 5 year old) and PCR. Children were observed in the house by an independent rater and families were observed during dinner time. Found that cumulative parental stress affects parenting behaviour and the quality of PCR. Parenting stress was related to less dyadic pleasure while overall major life event stress was more associated with dyadic conflict.</td>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>PCR</td>
<td>Hypothesized that mothers with high marital adjustment have better relationships with children (irrespective of mothers’ attachment history) but mothers with poor marital adjustment only have good PCR if they are securely attached. Dyads (n = 47, children aged 16-62 months, M= 33 months) were observed</td>
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</tbody>
</table>
completing a puzzle together and behaviours were rated on their negative/positive affect, interactions etc. Mothers completed questionnaires about their marital dynamic (e.g., level of agreement with husband), their attachment style during childhood. They found that there was no direct relationship between marital adjustment and PCR. Mothers classified as secure behaved with more sensitivity and responsiveness to their children.

<table>
<thead>
<tr>
<th>PCR</th>
<th>Gribble, Cowen, Wyman &amp; Raoof (1993)</th>
<th>10-12 years (131)</th>
<th>Parenting behaviours, dimensions and PCR</th>
<th>Parents (not specified as mothers or fathers), children and teachers</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCR</td>
<td>Harrist &amp; Ainslie (1998)</td>
<td>5 years old (45)</td>
<td>PCR</td>
<td>Mothers</td>
</tr>
</tbody>
</table>

Both parent and child interviews obtained measures on: parent attitudes, involvement, shared activities, rules/discipline etc. Children were asked open-ended questions about their parents (e.g., what are the most important rules in your family?) and completed questionnaires (Likert scales). Found that parent-child that were more resilient reported more positive parental attitudes, authoritative parenting and parental involvement in activities that were important to children. Also found that resilient children were more securely attached to their parents and resilient dyads had more congruent views in reporting.

Mothers completed questionnaires (CBCL) and an interview on marital discord, PCR (mothers also reported on father’s PCR) and children completed WPPSI and social-emotional using vignettes. PCR predicted reports of children’s behaviour problems. Furthermore, if parents maintain good PCR during marital conflict,
children might be protected from the potential emotional fallout of the conflict. PCR also predicted children’s ability to infer emotions.

| PCR | Regnerus & Luchies (2006) | 15 year old and above (2368) | PCR | Adolescents | Used data from National Longitudinal Study of Adolescent Health. Adolescents provided their responses to audio questions via computer about PCR (parental closeness and parental activities with teens- Likert scale) and teens’ sexual activity. It was found that only father-daughter relationship quality is associated with delay virginity loss but the direct influence is considerably reduced when other opportunity variables are factored in.

| PCR | Branje, Hale III et al. (2010) | 12-20 year old (1313) | PCR | Adolescents | Dutch adolescents completed self-reported questionnaires on depression, PCR (trust, alienation, communication etc), and personality type. They found that adolescents who reported depression also reported lower PCR and this was consistent across ages.

| PCR | Kowal, Krull & Kramer (2004) | 11-13 years old and 13-15 years old (74) | Parent dimensions | Parents (not specified as mothers or fathers) and adolescents | Families were intact and individual interviews were conducted. Measures included reports via questionnaires (Likert scales) about differential treatment in the family, their perception of fairness of the differential treatment of siblings, and also reported on parent hostility/warmth. Adolescents’ perception of fairness of differential treatment was most robustly associated with relationship with parents than parental report. This suggests that children’s construction of the meaning of differential
<table>
<thead>
<tr>
<th>Attachment</th>
<th>Reference</th>
<th>Age Range</th>
<th>Study Design</th>
<th>Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>18-44, M = 22 years. (71)</td>
<td>Parent attachment styles</td>
<td>Adult children</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Self-report questionnaires about their dating relationship. Found that attachment styles impact dating relationships in how one chooses a partner and also has an impact on the dynamics in the relationship.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>14-18 years, M = 15.7 (48)</td>
<td>Parent attachment styles</td>
<td>Mothers and adolescents</td>
</tr>
<tr>
<td></td>
<td>Kobak, Cole, Ferenz-Gillies (1993)</td>
<td></td>
<td></td>
<td>Mother-teen dyads completed ratings of their relationship and then compared it to each other’s ratings. The discussion of discrepancies in ratings was videotaped and rated by independent observers. Results showed that secured teenagers and their mothers demonstrated constructive regulation of emotion during their discussion (i.e., less dysfunctional anger and more engagement in problem discussion).</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>M = 18.2 years (53)</td>
<td>Parent attachment styles</td>
<td>Adult children</td>
</tr>
<tr>
<td></td>
<td>Kobak &amp; Sceery (1988)</td>
<td></td>
<td></td>
<td>College students completed self-report questionnaires about their perception of self and others, as well as an adult attachment interview. Each participant nominated three people to provide Q-Sort description for them. Across the different attachment styles, they found that the secure group was best adjusted (based on reports from both self and peers).</td>
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<tr>
<td></td>
<td>Laible, Carlo &amp; Raffaelli (2000)</td>
<td>M = 16 years (89)</td>
<td>Parent attachment styles</td>
<td>Adolescents</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Measures included a self-report likert scale on parent and peer attachment, academic</td>
</tr>
</tbody>
</table>
They found that attachment to parents and peers contribute similarly to adolescent’s overall adjustment and that secure teens were reported to have the best overall adjustment.

**Attachment**

Mother-child dyads (M= 11 years 7 months). Mothers completed questionnaires about their parenting practices and children were videotaped discussing two topics with their best friends. Found that attachment between mother and child might be helpful in understanding dynamics in friendships. Furthermore, mother-child relationships only accounted for a small variance in child’s peer relationships, suggesting that there are other contributing factors to the dyadic interactions between children (e.g., child characteristics such as attractiveness, personality etc).

**Attachment**

Dekovic & Meeus (1997)  
Dutch parent-adolescent dyads participated in the study to examine attachment styles and adolescent adjustment. Teens completed measures on their interactions with friends and rated their own competence in academics, social interactions, physical looks etc. Parents completed measures on PCR. Found that quality of PCR is more related to peer quality relationship than mere involvement with peers (i.e., more positive PCR was associated with more positive relationships with peers). Securely attached children also showed more positive peer interactions than insecurely...
attached children. Father’s (but not mother’s) parenting behaviours have an impact on the adolescents’ self-concept.
**Appendix G**

Comparison of QERS Questions Between Categories A,B,C

**Category A: Studies that Utilized Child Interviews as a Primary Methodology (on Topic)**

<table>
<thead>
<tr>
<th>QnType</th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
<th>80%</th>
<th>90%</th>
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</tr>
</thead>
<tbody>
<tr>
<td>QnNumber</td>
<td>43%</td>
<td>29%</td>
<td>29%</td>
<td>29%</td>
<td>29%</td>
<td>29%</td>
<td>29%</td>
<td>29%</td>
<td>29%</td>
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<td>29%</td>
</tr>
<tr>
<td>QnFraming</td>
<td>21%</td>
<td>21%</td>
<td>21%</td>
<td>21%</td>
<td>21%</td>
<td>21%</td>
<td>21%</td>
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<td>21%</td>
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<td>21%</td>
</tr>
<tr>
<td>Length</td>
<td>25%</td>
<td>13%</td>
<td>13%</td>
<td>61%</td>
<td>61%</td>
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</tr>
<tr>
<td>Prompts</td>
<td>4%</td>
<td>7%</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
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</tr>
<tr>
<td>Process</td>
<td>18%</td>
<td>21%</td>
<td>25%</td>
<td>57%</td>
<td>57%</td>
<td>57%</td>
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<td>57%</td>
<td>57%</td>
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<tr>
<td>Setting</td>
<td>79%</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
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</tr>
<tr>
<td>Analysis</td>
<td>11%</td>
<td>11%</td>
<td>11%</td>
<td>11%</td>
<td>11%</td>
<td>11%</td>
<td>11%</td>
<td>11%</td>
<td>11%</td>
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<td>11%</td>
</tr>
<tr>
<td>Consent</td>
<td>36%</td>
<td>64%</td>
<td>64%</td>
<td>64%</td>
<td>64%</td>
<td>64%</td>
<td>64%</td>
<td>64%</td>
<td>64%</td>
<td>64%</td>
<td>64%</td>
</tr>
<tr>
<td>Rapport</td>
<td>18%</td>
<td>21%</td>
<td>25%</td>
<td>71%</td>
<td>71%</td>
<td>71%</td>
<td>71%</td>
<td>71%</td>
<td>71%</td>
<td>71%</td>
<td>71%</td>
</tr>
<tr>
<td>Explain (purpose of interview)</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
</tr>
<tr>
<td>Reported outcome to children</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<td>100%</td>
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</tr>
</tbody>
</table>

![Figure G1](image)

**Figure G1.** Percentage of Yes/Partial/No responses for each item in Category A.

There were 28 articles included in Category A and Figure G1 shows the results according specific items on the QERS. Only the setting of interview item elicited more than 50% “yes” responses in all the articles. When “yes” and “partial” responses were combined, type of interview also emerged above the 50% response. Surprisingly, there are also additional basic methodological specifics that are not consistently addressed such as number of questions in the interview, explanation of the interview, consent of the child to participate in the interview and details about the process.
Category B: Studies that Utilized Child Interviews as a Primary Methodology (off Topic)

Figure G2. Yes/Partial/No responses for each item in Category B.

The results from Category B are summarized in Figure G2. Results show that type of interview and setting was available in more than 50% of the articles. When both “yes” and “partial” responses were combined, including children’s consent was included in at least 50% of the articles. For the remaining items on the scale, it was observed that they are not often included in the reporting of methodology. Put together, the frequency of responses in Category A and B show that it is hard to identify what is common practice and there is a large variability even within the same methodology of interviewing children.
Category C: Studies Where Interviews were a Secondary Methodology

<table>
<thead>
<tr>
<th>Category</th>
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<th>No</th>
</tr>
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<tbody>
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<td>22%</td>
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<tr>
<td>QnNumber</td>
<td>41%</td>
<td>9%</td>
<td>50%</td>
</tr>
<tr>
<td>QnFraming</td>
<td>11%</td>
<td>19%</td>
<td>70%</td>
</tr>
<tr>
<td>Length</td>
<td>24%</td>
<td>10%</td>
<td>66%</td>
</tr>
<tr>
<td>Prompts</td>
<td>91%</td>
<td>1%</td>
<td>87%</td>
</tr>
<tr>
<td>Process</td>
<td>95%</td>
<td>1%</td>
<td>87%</td>
</tr>
<tr>
<td>Setting</td>
<td>46%</td>
<td>6%</td>
<td>49%</td>
</tr>
<tr>
<td>Analysis</td>
<td>4%</td>
<td>96%</td>
<td>96%</td>
</tr>
<tr>
<td>Consent</td>
<td>10%</td>
<td>32%</td>
<td>58%</td>
</tr>
<tr>
<td>Rapport</td>
<td>1%</td>
<td>97%</td>
<td>97%</td>
</tr>
<tr>
<td>Explain (purpose of interview)</td>
<td>4%</td>
<td>96%</td>
<td>96%</td>
</tr>
<tr>
<td>Reported outcome to children</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Figure G3. Yes/Partial/No responses for each item in Category C.*

Keeping in mind that Category C were studies in which interviews were secondary, the results are perhaps not surprising: none of the items were reported in more than 50% of the studies. When “yes” and “partial” responses were combined together, only the two items of question type and setting were reported in more than 50% of the studies.

**Results between categories A, B, C.**

Figure G4 reports on the “yes” responses for each category.
Given the limited reporting across all the items across the categories, we combined “yes” and “partial” responses (see Figure G5).
Figure G5. Combined partial and yes responses for each item across Categories A, B, C.
Figure G6. Percentage of results from the QERS (Yes: item was present, Partial: item was partially described and No: item was not mentioned) as identified from Category A,B,C.

The pattern of results across the categories show that regardless of whether interview was a primary methodology, a majority of the items were not reported in methodology (i.e., the highest density of bars in the graphs fall in the “no” section), suggesting that in general, there are limitations in reporting practices. There was some variance in categories when the items were present (i.e., “yes” rating) and this has been outlined in greater detail (Figure G6).
Although there were some items that were consistently present across the categories (e.g., interview setting and type of interview), it should be noted that none of the items reached 50% across all categories. Overall, across the categories, Category A showed the highest reporting of information, but it also had the smallest sample size (n = 28), which suggests caution in the generalization of findings.

*Figure G7. Percentage of results across categories for reported items.*
Appendix H

Further analysis of the nature of empirical studies

Studies included: Real world vs. Analogue, Trauma vs. Ordinary, Objective vs. Subjective experiences. The first classification of real world vs. lab referred to whether the study was subject to manipulation or not. “Real world” classification included field studies, observations, engaging with children in a setting that is usual for them without unusual or created events. Lab studies referred to analog studies or experimental studies that required manipulation from the interviewer, such as creating a scenario with actors or requiring children to view something and asking them questions about what they witnessed. The second classification was Trauma vs. Ordinary, where Trauma is defined as critical traumatic incidents that happened (e.g., alleged sexual abuse, natural disasters) and Ordinary is simply part of the child’s everyday life (e.g., who they lived with, what they did at school), and was usually a subjective investigation about the experience of their world. The final classification is Fact vs. Opinion, which asks children to objectively report something that happened, or whether it was able engaging them in a subjective discourse about their experiences. There are some instances where both objective (e.g., how many times did the clown shake your hand) and subjective report (e.g., what did you like most about the clown) are elicited in the interview. The outcome of this analysis is outlined in Table H1.
Table H1

*Percentage of number of studies and the nature of the study across Category A, B, C*

<table>
<thead>
<tr>
<th>Natural/Analog</th>
<th>Trauma/Ordinary</th>
<th>Subjective/Objective</th>
<th>Category A</th>
<th>Category B</th>
<th>Category C</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analog</td>
<td>Ordinary</td>
<td>Both</td>
<td>6</td>
<td>1</td>
<td>0.5</td>
<td>1</td>
</tr>
<tr>
<td>Analog</td>
<td>Ordinary</td>
<td>Fact</td>
<td>6</td>
<td>12</td>
<td>0.5</td>
<td>7</td>
</tr>
<tr>
<td>Analog</td>
<td>Ordinary</td>
<td>Opinion</td>
<td>9</td>
<td>4</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Analog</td>
<td>Trauma</td>
<td>Both</td>
<td>1</td>
<td></td>
<td></td>
<td>0.02</td>
</tr>
<tr>
<td>Analog</td>
<td>Trauma</td>
<td>Fact</td>
<td>6</td>
<td>1</td>
<td></td>
<td>0.02</td>
</tr>
<tr>
<td>Natural</td>
<td>Ordinary</td>
<td>Both</td>
<td>20</td>
<td>24</td>
<td>42</td>
<td>32</td>
</tr>
<tr>
<td>Natural</td>
<td>Ordinary</td>
<td>Fact</td>
<td>10</td>
<td>5</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Natural</td>
<td>Ordinary</td>
<td>Not Stated</td>
<td>1</td>
<td></td>
<td></td>
<td>0.1</td>
</tr>
<tr>
<td>Natural</td>
<td>Ordinary</td>
<td>Opinion</td>
<td>60</td>
<td>38</td>
<td>38</td>
<td>39</td>
</tr>
<tr>
<td>Natural</td>
<td>Trauma</td>
<td>Both</td>
<td>1</td>
<td>0.5</td>
<td></td>
<td>0.3</td>
</tr>
<tr>
<td>Natural</td>
<td>Trauma</td>
<td>Fact</td>
<td>1</td>
<td></td>
<td></td>
<td>0.1</td>
</tr>
<tr>
<td>Natural</td>
<td>Trauma</td>
<td>Opinion</td>
<td>1</td>
<td>0.5</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Not Stated</td>
<td>Not Stated</td>
<td>Not Stated</td>
<td>1</td>
<td>8</td>
<td></td>
<td>4</td>
</tr>
</tbody>
</table>
Appendix I

Table I1

Responses of 7 year old girls in divorced or separate families

<table>
<thead>
<tr>
<th>Child</th>
<th>Dad</th>
<th>Mum</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>swimming</td>
<td>clean up the guinea pigs</td>
</tr>
<tr>
<td>B</td>
<td>don't know- too much cool stuff to do</td>
<td>going to the movies</td>
</tr>
<tr>
<td>C</td>
<td>nothing</td>
<td>going out to places or holidays</td>
</tr>
</tbody>
</table>

What do you remember doing with ______ last week? (salient activities)

A went to the zoo, seeing the guinea pigs give birth
B making bouncing balls from a kit, don't know
C Don’t know, yesterday, watched TV with mum

If a wizard granted you more time with ______, what would you like to do with him/her? (desired activities)

A go to scotland, get more guinea pigs
B don't know, go to the zoo
C go to the beach, go on holidays, or places we haven't been

What are the least favourite things you do with ______? (non-preferred activities)

A him lying on the couch, sleeping, catching the guinea pigs
B go around the shops, I want to stay at home, go around the shops, I want to stay at home
C argue, nothing

I know ______ cares for me because….?

A hugs me, kisses me
B I don’t know, I don’t know
C I don’t know, does nice things
Table I2

Responses of 9 year old girls in divorced or separate families

<table>
<thead>
<tr>
<th>Child</th>
<th>Dad</th>
<th>Mum</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the favourite things that you do with _______? (preferred activities)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>have special time in the city- buying clothes etc.</td>
<td>when we go to Freo and look at markets. (Frequency: every 2 weeks, on weekends)</td>
</tr>
<tr>
<td>E</td>
<td>cook</td>
<td>(stepmum) games</td>
</tr>
<tr>
<td>F</td>
<td>go to Whitman park</td>
<td>go horseriding</td>
</tr>
</tbody>
</table>

| What do you remember doing with _______ last week? (salient activities) |
| D     | whole family (including stepmum), went to a birthday party and got dirty from a truffle fight | last time I saw mum… we had fun and messed around |
| E     | movies: Over The Hedge | (stepmum) went clothes shopping |
| F     | (previous week): motorbike riding with him | she said she'd take me horseriding but we didn't. we went to a cave instead. |

| If a wizard granted you more time with _______, what would you like to do with him/her? (desired activities) |
| D     | buy new shoes | spend more time doing shopping |
| E     | fishing | (stepmum) go to the park |
| F     | don't know | I'd like to go camping and horseriding |

| What are the least favourite things you do with _______? (non-preferred activities) |
| D     | we go to one of his meetings | go to meetings too |
| E     | cleaning | (stepmum) food shopping |
| F     | don't like going to the shops | go into UWA psychology building |

| I know _______ cares for me because….? |
| D     | tucks me in , reads me stories. Whenever he comes home from work, he gives me a hug | tucks me in, reads me stories. Whenever she comes home from work, she gives me a hug |
| E     | looks after me | (stepmum) gets me stuff |
| F     | gives me dinner and after school, he picks me up | takes care of me- if I'm sick, she takes care of me. She gives me love. |
Table I3

Responses of 7 year old boys in divorced or separated families

<table>
<thead>
<tr>
<th>Child</th>
<th>Dad</th>
<th>Mum</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What are the favourite things that you do with _______? (preferred activities)</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>visiting my friend Thomas cos we don't normally see him with mum</td>
<td>going to see William, he lives around the corner, and going to the park across the road</td>
</tr>
<tr>
<td>H</td>
<td>go to the shops</td>
<td>when we play playstation</td>
</tr>
<tr>
<td></td>
<td>What do you remember doing with _______ last week? (salient activities)</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>seeing Thomas</td>
<td>last night, she gave me a Playstation game</td>
</tr>
<tr>
<td>H</td>
<td>bought a toy</td>
<td>yesterday, we watched topsea (TV show?)</td>
</tr>
<tr>
<td></td>
<td>If a wizard granted you more time with _______, what would you like to do with him/her? (desired activities)</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>have more sleepovers</td>
<td>I'd like to see my friend Caleb because we haven't see him in 6 months</td>
</tr>
<tr>
<td>H</td>
<td>play games</td>
<td>play playstation</td>
</tr>
<tr>
<td></td>
<td>What are the least favourite things you do with _______? (non-preferred activities)</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>getting in trouble</td>
<td>going to the shops</td>
</tr>
<tr>
<td>H</td>
<td>nothing</td>
<td>shopping</td>
</tr>
<tr>
<td></td>
<td>I know _______ cares for me because….?</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>when I'm naughty he always makes me feel better</td>
<td>don't know.</td>
</tr>
<tr>
<td>H</td>
<td>gives me lunch</td>
<td>stay with mum and mum sees me</td>
</tr>
</tbody>
</table>
Table I4

Responses of 9 year old boys in divorced or separate families

<table>
<thead>
<tr>
<th>Child</th>
<th>Dad</th>
<th>Mum</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What are the favourite things that you do with _______ ? (preferred activities)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>Watching TV</td>
<td>go to toy sales</td>
</tr>
<tr>
<td>J</td>
<td>Go to the movies</td>
<td>I get presents</td>
</tr>
<tr>
<td>K</td>
<td>Shopping for lego</td>
<td>swimming</td>
</tr>
<tr>
<td>L</td>
<td>playing with my remote control</td>
<td>go to king's park</td>
</tr>
<tr>
<td></td>
<td>aeroplane</td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>Go to the beach. X-box</td>
<td>going to the shops</td>
</tr>
<tr>
<td>N</td>
<td>go bike riding</td>
<td>going out to restaurants</td>
</tr>
<tr>
<td>O</td>
<td>nothing</td>
<td>go to the movies</td>
</tr>
</tbody>
</table>

| **What do you remember doing with _______ last week? (salient activities)** |
| I     | yesterday: grandma looked after me | toy sale at K Mart- I bought 4 lego cars |
| J     | went to the movies | nothing |
| K     | went soccer and basketball | Visited mum at hospital |
| L     | buy new bits for aeroplane | don't know |
| M     | went to the beach to collect glass that's smooth | went to the shops |
| N     | going skateboarding and sleeping over | went to my auntie's and we had fun there |
| O     | I don’t know | (yesterday) shopping, she bought a dart board |

| **If a wizard granted you more time with _______ , what would you like to do with him/her? (desired activities)** |
| I     | don't know | go to more toy sales |
| J     | go to the movies | play games |
| K     | go to the beach | get dvds, videos |
| L     | make a hot air balloon [*immediate response*] | don't know |
| M     | Go to the movies/adventure world | don't know.. Go to the shops maybe? |
| N     | just have lots of fun with him | probably not want to have more time with her because I'm with her a lot |
| O     | I like him to dump his girlfriend because she is mean | take S (sister) and her for dinner with my money |

| **What are the least favourite things you do with _______ ? (non-preferred activities)** |
| I     | Don't know. | take out the bins |
| J     | do my homework | clean up |
| K     | waiting for him at bank and at work | get hopes up about going somewhere |
| L     | talking | don't know |
| M     | argue | argue |
| N     | go shopping to really far shops | go shopping because it's boring |
| O     | watch movies.. It's boring | sleep in the car when she is working |
I know _______ cares for me because…?

I  hugs me
J  one time, he saved my life
K  stands up for me, doesn't force me into things that I don't want to do
L  he does a lot of stuff with me
M  when he says so
N  I'm his son
O  I don’t know

hugs me
she hugs me
she can tell when I like or don't like something
if I ask her to do something, she'll do it. She helps me
when she says so
I'm her son
she plays games with me and makes me feel safe when S (sister) hurts me. I can trust her.
Dear Dr. Lim,

**Article: Doing no harm: Addressing the quality of evidence in translating research to practice in preliminary research fields.**

Thank you for your e-mail with submission to the *European Journal for Person Centered Healthcare*. I am delighted to advise you that, following formal review, your paper has been accepted for publication in the *EJPCH*. I attach a Licence form for completion. Following signature this can be scanned into a PC and e-mailed to this e-mail address: andrew.williamsonprofunit@gmail.com

The Production Team will be in touch with you directly with typeset proofs and copy-editing queries.

With kind regards, I am,

Yours sincerely

Andrew Miles
Professor Andrew Miles MSc MPhil PhD DSc (hc)
Professor of Clinical Epidemiology and Social Medicine