

Adult Attachment Interview Special Issue # 1

Edited by Nicola Sahhar and Franco Baldoni



Nicola Sahhar



Franco Baldoni

The Long-awaited Adult Attachment Interview Trainers Issue!

This is the first of three issues of the DMM News dedicated to the Adult Attachment Interview (AAI)! In these long-awaited special editions, the applications of the AAI based on the Dynamic-Maturational Model (DMM-AAI) in different fields (clinical, research, forensic) are presented by several of our AAI trainers.

The three articles of this issue are centered on parents, their self-protective needs, and how knowledge about these issues may be helpful in court proceedings and treatment planning.

Andrea Landini, Rebecca Carr-Hopkins and Alison Dunkerly describe the assessment of parents in family court proceedings to decide whether and how parents will be allowed to raise their children. They also highlight parental self-protective needs and resources, rather than focusing solely on parental limitations. Treatment plans are outlined in which parental self-protective needs, their influence, and sometimes interference in their relation to their children become a prominent focus.

At the end of the newsletter is a list of upcoming 2013 DMM Courses. If – after reading – you want to learn more, you can also check The Family Relationship Institute website www.familyrelationsinstitute.org.

The next training for the DMM-AAI will take place at the Tavistock Center, London (Jun. 4-9, Oct. 8-13 and Nov. 18-23, 2013). The Trainer is Andrea Landini (for information and to register contact: pmcrittenden@gmail.com).

Nicola Sahhar, AAI Special Issue Editor
nsahhar@mac.com

Franco Baldoni, DMM News Editor-in-Chief
franco.baldoni@unibo.it

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Editorial Board: Franco Baldoni (Editor-in-Chief), Patricia M. Crittenden and Nicole Letourneau





Andrea Landini

The DMM-AAI in a Family Court Decision

Introduction

An Italian family court requested an expert attachment report when social services signaled that two children (aged 9 and 6) might have to be removed from the father's custody. The separated parents were in strong conflict; the mother was hospitalized after an overdose, and this was highlighted by the father as a reason for not letting the mother care for the children.

The social services agreed, considering the mother neglectful, and supported the father as primary caregiver. Specifically, the service's report described a high level of conflict between the parents; the mother as having a low level of involvement with the children, while father's care was considered adequate (although limited in time by his work obligations).

Both children were described as ambivalent about the mother, with the older girl having "desperate" aggressive fits, and the younger boy appearing very withdrawn. Their proposed treatment plan involved day care, psychotherapy for the children, meeting the mother only under supervision, and generic support for the parents.

When heard by the judge, the father said that he would prefer his sister to help him instead of daycare, and stressed how important it is for the mother to change her attitude. The mother thought the children didn't need to see her in the presence of a professional and complained that the father didn't consult her for important decisions.

After about two years of intervention, the services updated the judge, describing both parents as denying their responsibilities with the children, and the mother being confronting and uncooperative with the services, whereas the father was more neglectful.

The day care center personnel reported that the behavioral problems of both children were not improving, and their academic performance was getting worse. They advocated placing the children out of the family. The social services endorsed the idea, considering the parents' difficulties in cooperating.

Focus of the assessment

The judge requested an expert evaluation of the whole family. I used the AAI to gather information about the parents' current strategies for processing information about danger (to themselves and to their children), and to observe the result of the processing in strategic behavior. This would allow me to answer the judge in terms of what were the past dangers that the parents' strategies were based on, what were the current dangers they were protecting themselves from, and what this would mean in terms of their strengths and weaknesses regarding the task of protecting their children.

Analysis of the AAI

The father's AAI was classified as UI/tr(p/ds/dpl)F C3(5), aggressive (partially punitive), with an unresolved loss/trauma about separations from the father in preoccupied, dismissed and displaced ways. The mother's AAI was classified as (Dp) Utr(p/ds)parents' separation UI(p)MGM C3(5), aggressive (partially punitive), with unresolved loss in a preoccupied form of the maternal grandmother, and unresolved trauma for the parents' separation in a preoccupied and dismissed form, and a partial depressive modification.

This means that both parents used an aggressive coercive strategy which verged on the punitive (without showing all the features of the punitive coercive pattern). Both of them showed complexly unresolved losses/traumas about their parents' separating and abandoning them as children. The

mother, in addition, showed an emerging awareness that her strategy has not fit her context for some time, and her behavior has not been adaptive (the Dp modifier).

Both parents had experienced, as children, unpredictable availability of their parents, with a special threat represented by the impending dissolution of their parents' relationship. Currently, the dangers that they face now are largely self-generated, due to the use of an outdated coercive strategy (excluding cooperation) and the under-use of their own skills and abilities.



For their own children, this means unpredictable neglect from the parents. This problem seems to be augmented by the services provided to them.

Implications for intervention

On the basis of their DMM-AAI, the strengths of these parents appear to be: an ability to fight for what they think is right with persistence, to join forces in a shared fight, and to draw attention to the current problem and enlist resources. They are also able to communicate with emotional intensity, and they have the potential to understand their children's experience of the separation of their parents.

Structuring the relationship of the family with the authorities purposefully can provide equality between parents (placement, responsibility with children), focusing their ability to manage triangles on their joint "fight" with the service for the interests of the children (which is ultimately everybody's goal). The other parent, rather than an enemy, can be an ally in keeping the children with the family. The services would mainly evaluate the performance of the allied parents (highlighting

their competence and not their flaws), but also support them (refocusing them on the shared fight/goal).

Recommendations and outcome

The final recommendations were for the children to be placed with the parents, with equal responsibilities, and for the social services to provide strict control of the parents' performance through frequent contact with the parents and monitoring of the children. Psychotherapy was advised for the unresolved traumas and losses of the parents. Early feedback on the situation by the new social worker, who picked up the case after the court report, indicates that the parents' cooperation is much improved, although the daycare workers still seek an out-of-home placement for the children. The DMM-AAI perspective is not necessarily truer than the daycare providers', but it does have the advantage of framing the situation in a way that allows the resources provided by the parents to be used.

*Andrea Landini is a neuropsychiatrist, psychotherapist and trainer in private practice, Reggio Emilia, Italy.
dutil@tin.it*



Rebecca Carr-Hopkins

Unresolved Trauma in the Adult Attachment Interview

Introduction

Carla and her baby son Diego were referred for an attachment assessment after six months in a parent and baby foster placement. Carla had been known to Social Services as a child, due to concerns about neglect and familial violence. She was never in care herself, but she did live with her grandmother from fourteen to eighteen. Because of this history, combined with worries about her relationship with Diego's father, Carla was asked to go into a foster placement with Diego when he was born. Care proceedings were issued in the family court, so that plans for Diego's future could be made speedily if Carla was deemed unable to care for him. A parenting assessment had already recommended that Diego be adopted by the time of the attachment assessment.

At the time of assessment, Diego was six months old and Carla was twenty. The assessment comprised an Adult Attachment Interview for Carla and CARE-Index to assess the quality of the parent-infant interaction. This article is written to show how the Adult Attachment Interview helped understand Carla's behaviour towards her son, and directed us toward a treatment plan.

Observation of the CARE-Index

The CARE-Index revealed a big surprise. About halfway into the three-minute interaction, Diego watched a toy as his mother jiggled it, but his interest faded. He looked enquiringly at the camera and she looked up too, smiling happily. His eagerness began to take on a distressed sound and his face scrunched up in worry, as if he might cry. There was no apparent reason for this. He flailed an arm, lightly brushing his mother's cheek. She grabbed her cheek as if she were hurt; her face froze in a blank expression, with eyes and mouth closed, and she cried out 'Op!' She was still for an instant, then she smiled and kissed Diego on the head, vocalizing to emphasize the kiss. Diego was unaware of what happened. He played a bit, sometimes looking bewildered, sometimes happy, and occasionally worried or distressed for no apparent reason. She wiped her eye (thus not seeing him) during a distressed-looking moment. Diego seemed almost to be trying to engage the camera person. The play seemed not to take shape, but both stayed engaged. As the camera was turned off, Diego had just flung his arm upward again and 'hit' his mother's face. She pulled back with a strong pain expression, then the screen went black as the camera was turned off.

Although the dyadic synchrony was deemed to be in the normative to mild risk range, there were these two moments of very great discrepancy when Carla behaved as if she had been attacked and hurt by her son, even though there was no force to Diego's 'hit'. The first instance was followed immediately with a kiss.

Analysis of the AAI

Could the AAI reveal why Carla was excessively attuned to the possibility of painful violence and why she might, in a truly violent moment, choose affection as the means of resolution?

Carla didn't recall her early childhood well, but the history she did provide included her mother leaving her and her siblings with her boyfriend for several days when she was 7; her mother marrying 'loud, violent Big Bob' when she was aged 9 or 10; 'random' people visiting the family home; Carla staying away from home aged 11 or 12 years; shutting her finger in a door when she was age 8 or 9 years; and having pneumonia and smashing her Achilles tendon when she was 13 years old. Ironically, although Carla was physically and

childhood episodes - every story was about rejection, injury, hospitalization or hurt animals. In one highly imaged episode right at the end of the interview, Carla tells us about a deer who had to be put down because it had so much trauma it couldn't survive. If we imagine that the deer was representing Carla's trauma, we get a sense of how difficult it was for her to talk about her painful childhood experience openly and clearly. This in turn can help us understand why Carla reacted as if her son had hit her in the CARE-Index when the blow did not occur.

Carla seems to perceive Diego as a man and, based her own past experience, she vigilantly guards against unpredictable moments of violence from him. When she perceived that a violent act occurred, she reacted instantly. Such a reaction is typical of a trauma response and one that is entirely consistent with her history. The kiss that followed also suggested the entwining of aggression and affection in Carla's mind, also typical of trauma from family violence.

For Diego, there is the risk that, if this sequence recurs, he will think women like violent men. Unwittingly, Carla could be training the next bully or spouse abuser.

Treatment recommendations

The assessment concluded that Carla couldn't care for Diego safely at that time, but that with services being provided to meet the gap between what Diego needed and what she could provide, this may be possible in the future. Therapy for trauma was recommended with an emphasis on 1) defusing her unresolved trauma regarding sexual violence; and 2) helping her to see how she has carried her fear into her relationship with Diego. Once her trauma responses were calmed, therapy to help her access omitted and blocked information was recommended.

Rebecca Carr-Hopkins is an Independent Social Worker and Trainer, Targa Partnership, Brighton, UK.

iswmatters@me.com



sexually abused by Big Bob, he was often the only person who stayed to care for her and her siblings. Accepting him and being affectionate, even when he hurt her, was probably protective when her mother had abandoned her.

Analysis of Carla's AAI revealed many outstanding characteristics. Most notable was the absence of pain in her accounts of times when she had been hurt; her describing herself as having deserted her mother; a sense of her being absent from her own life, especially with her mother; a section suffused with sexuality when asked for an episode of being comforted; and there being no normal



Alison Dunkerly

Parental Assessment

Introduction

The assessment of parenting is a complex task. Families often attend parenting groups when they run into difficulties, as there is an evidence base for group-based parent training programmes (NICE Guidelines, 2010). However, a range of studies suggest that approximately one third of people attending parenting courses will not benefit significantly (Scott & Dadds, 2009). When this occurs, we need to understand the issues that make parenting such a difficult task for the parent(s).

Offering an AAI (Adult Attachment Interview) assessment provides an opportunity to understand the psychological information processing of the parent and what may be interfering with a parent taking in information that was offered in a parenting group and implementing their learning.

The AAI can help us to understand the parent's patterns of psychological information processing and their underlying self-protective strategy when relating to other people - most importantly, their children. Helping a parent to understand their self-protective strategies can lead to more effective parenting interventions.

Case description

An example of this in my clinical practice is a mother whose daughter presented with oppositionality and severe self-injurious behaviours that the mother was having difficulty managing. This mother considers herself to be a responsible parent; she cares for her daughter and tries to meet her needs. Following the administration of the AAI, we understand that she organizes herself around her own experiences of trauma and loss, which are considerable. She lost her own mother, whom she now idealizes, when she was only twelve years old. This led to considerable neglect; as her father's use of alcohol escalated, she was left to be the main care-giver in the family.

As a 'parental child,' she felt that she had 'failed', because her youngest brother was taken into care. This left her with considerable guilt, which she still experiences to this day. She also experienced frightening physical and sexual abuse from her elder brother.

As she got older and things got tougher for the family, she used a compulsive A strategy with performance (A4-) to her mother, and after her mother's death, she took on a parental care-giving role (A3). As things became more difficult in the family following her mother's death, she also developed a pre-occupied C strategy with complaints and anger towards her father and older brother.

At the present time, she is not able to reflect in a meaningful way about how and why she behaves in the way she does. This limits her choice of behaviours when faced with stressful situations.

It is important to be compassionate and understand that, more than anything, she would have liked to protect her own daughter from losses and disappointments in life. The issue we need to help her understand is not the loss or danger in itself, but how these experiences may affect her own behavior, especially regarding how she relates to her daughter at present. Although she may know intellectually how to parent, she may not be able to successfully attune to her own daughter until the loss of her own mother, and past traumas (with the consequent impact on her own self-protective strategies), have been understood.

Mother spent most of her early life being a victim (shy, low confidence, bullied, parental child, hardship, sexual molestation) and being rescued, occasionally, by her mother or grand-mother. We hypothesize that she probably still feels herself to be a victim, of both professionals and her daughter. This can lead her, briefly, into alternating between a persecutor and rescuing role; if there is no resolution, as she may go back to feeling victimized. We can further hypothesize that during periods where mother gets highly aroused, she will utilize more extreme self-protective strategies, which may hinder long-term improvement in the mother-daughter relationship and which has contributed to the ambivalent relationship that exists at present.



Her daughter is extremely special to her, but the unresolved traumas and losses interfere with the close relationship she yearns for with her daughter. Mother may become emotionally unavailable to her daughter when aspects of the external environment remind

her of past traumatic experiences. This leads her to become emotionally absent or incongruent to the present emotional / social focus. If her daughter does not know about mother's problems, she may attribute the cause of her mother's behavior to herself. Further, her daughter will not get consistent and understandable responses from her mother.

Treatment plan

Mother's current difficulties with her daughter will be a strong motivating factor for treatment. Individual work with mother should focus on her experience of neglect and loss. Her personal issues require the privacy and intimacy of individual therapy. There needs to be an explicit focus on the distinctions between intentions (to be a good parent), behaviour (which may be misguided by confusing past with present moments of psychological absence) and effects (which can be unwanted and unexpected). She needs to be able to articulate in her own words the mixture of protection, love, neglect and violence she has experienced, and understand how these experiences have shaped the person she has become. She also needs to see how she has carried fear into her relationship with her daughter. Past experiences have led mother to her present strategy, but it is unhelpful in her present relationship with her daughter.

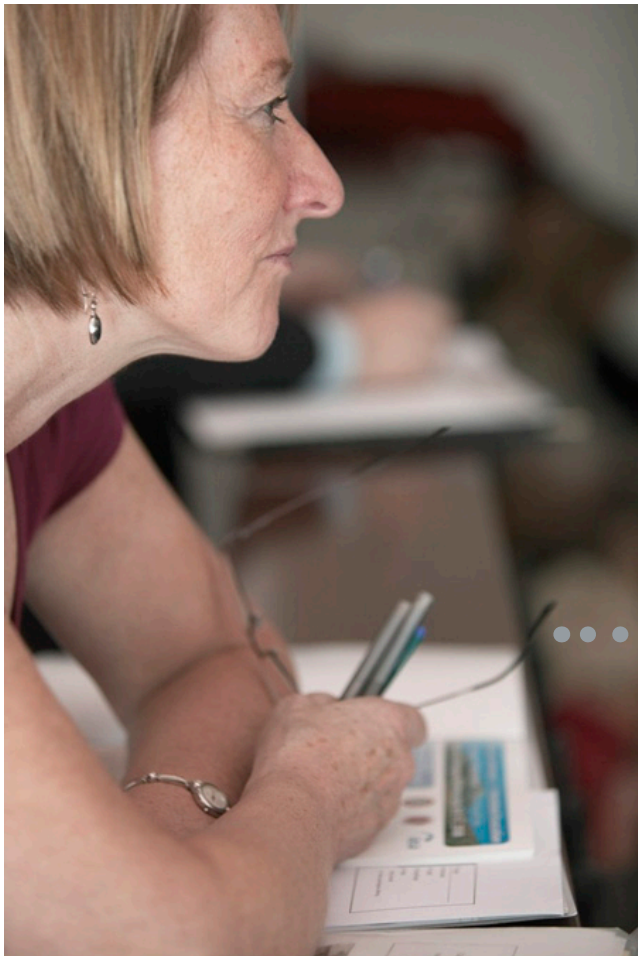
Conclusion

The AAI has helped me to elucidate the particular problems in psychological information processing which can guide therapy. Without the AAI assessment, an understanding of the difficulties mother experiences as a parent would have taken much longer to achieve.

Alison Dunkerley is a Consultant Child and Adolescent Psychiatrist, Bolton Child and Adolescent Mental Health Services, UK. ali.hagon@ntlworld.com

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Upcoming 2013 DMM Course

DMM-AAI

London, UK, Tavistock Center,
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Trainer: Andrea Landini, M.D.

Contact: pmcrittenden@gmail.com

For information on DMM News and manuscript submission, contact: franco.baldoni@unibo.it