



Clark Baim

Recalled to Prison: A Case Study Using the DMM to Inform Criminal Justice Risk Management and Treatment

Presenting Problem.

Christopher (not his real name) is 21 years old and was recalled to prison one year ago for parole violations. He had been in secure facilities from ages 11 to 19, after committing a serious violent offence at age 11. After living in the community in his own flat for a year, he was found in a random search to be carrying a knife – a violation of his parole conditions.

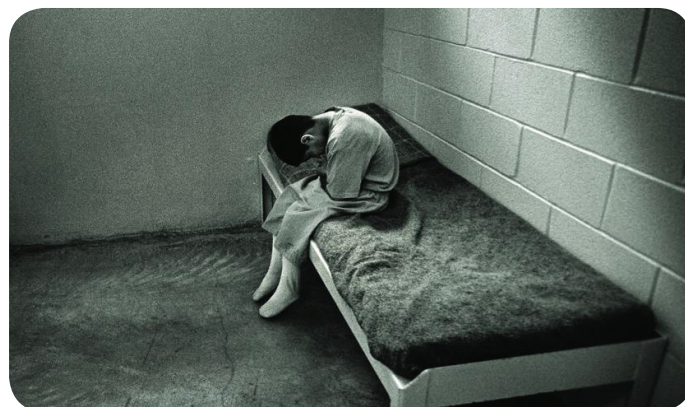
The probation officer, the judge and the parole board want to know:

1. *Is Christopher ready for release from prison? What risk does he pose to the public?*
2. *What forms of treatment will best suit Christopher, and what is contraindicated?*
3. *What long-term emotional and practical support will he need after release and after treatment ends?*

In their letter of instruction, the Probation Service requests a Transition to Adulthood Attachment Interview (TAAI) and report.

The Development and Assessment of Attachment.

The period between ages 16 and 25 is crucial. When young people have had troubled childhoods, like Christopher's, they have the opportunity during these years to turn their lives



around and create a safer future for themselves and their children. At age 21, a young man such as Christopher would normally be expected to begin to form increasingly close relationships, where sexuality becomes a part of committed love relationships. This is also a time when a young adult such as Christopher would normally take responsibility for continuing the course of his own development, including preparing to become financially independent.

The *Transition to Adulthood Attachment Interview* (Crittenden, 2005) is a procedure for assessing older adolescents' and young adults' (ca.16-25 years) strategies for identifying, preventing, and protecting the self from perceived dangers, particularly dangers tied to intimate relationships. The assessment is based on the structure of the Adult Attachment Interview (AAI, George, Kaplan & Main, 1984), but focuses on salient issues of young adults.

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Patricia M. Crittenden, Clark Baim and
Andrea Landini

Continued

Christopher's TAAI.

The TAAI shows that Christopher uses a primary strategy of compulsive compliance to authority figures (A4), with some delusional idealization of his neglectful mother and abusive father (A7); he understands himself based on what authority figures have told him about himself (A8). Christopher also displays psychological traumas regarding his parents' violence, being placed in foster care, physical abuse from his father, and neglect by both parents.

Functional Formulation.

Christopher is the youngest in a group of siblings. His violent crime at age 11 is likely to have been only one event in an escalating chain of events that began with his parents' neglect and abuse of their children and their marital conflict. Based on the evidence in his TAAI, Christopher has a limited ability to think productively about himself or his behaviour because he does not know how he feels now or felt when he was a child. In particular, his negative feelings are not regulated interpersonally; they are fully inhibited unless triggered and, when triggered, they are beyond Christopher's control.

For Christopher, the critical cause of his aggressive behaviour is the experience of being victimized. This certainly refers to his experiences with his parents, but likely also includes victimization by his older siblings. Christopher might have experienced being both victim and perpetrator at one time. For example, knives feature in different ways in Christopher's life. In childhood, he was hurt by his older siblings with knives, and he committed his offence using a knife. When he violated parole one year ago, he was carrying a knife, most likely for self-protection, rather than criminal use.

Other Professionals' Understanding of the Problem.

At age 11, when he committed his offence, Christopher was diagnosed with severe personality disorder equivalent to the C5-8 strategy in the DMM. Based on the TAAI, we disagreed on whether or not Christopher was manipulative/calculating or, alternatively, compulsively compliant with delusional idealization of dangerous caregivers (A7) and lack of a personal self (i.e., an externally assembled self, A8). The DMM formulation of A4(7-8) with partial depression and possible intrusions of forbidden negative affect [ina] s accounted for more, but not all, of the information in the reports. The DMM formulation indicated greater risk than the severe personality disorder formulation, because [ina] s operate like hidden land mines, with the possibility of uncontrollable explosions.

Answers to the Questions and Treatment Recommendations.

1. *Is Christopher ready for release from prison? What risk does he pose to the public?*

Christopher does what he thinks is safest. When an authority figure is available, that means doing what the authority requires. Without an authority figure, Christopher might feel unsafe and act in self-protective ways such as carrying a knife. While he is unlikely to initiate aggression, he might find himself feeling unsafe and act out aggressively to protect himself.



2. *What forms of treatment will best suit Christopher and which are contra-indicated?*

The TAAI report recommended therapy in the containing environment of the prison, where treatment staff can regulate the environment and create a safe context. Christopher initially needs one-to-one psychotherapy given by a mature individual who is both able to be compassionate with the victim that Christopher was and is also aware of the threat to others and himself that he poses. Treatment goals would include helping him to recognise the dangers he experienced as a child, accepting his past vulnerability, and accepting negative affect as a useful and informative part of human life that requires interpersonal regulation.

Contraindicated treatment: Treatments that could be harmful include pre-packaged programs, because Christopher needs to contribute to the process of treatment in ways that do not rely on him complying with the plan. Pre-packaged programs would reinforce his strategy of compulsive compliance and would take him further away from connecting with his own feelings, ideas and inner resources. Furthermore, Christopher is unlikely to benefit from programs that teach him to inhibit his negative affect and behaviour, because he already does this and when the strategy fails he has no regulatory resources. Finally, Christopher is unlikely to benefit from a psychoanalytic or 'blank screen' form of psychotherapy, because it would not offer enough structure for him to feel safe.

3. *What long-term emotional and practical support will Christopher need after release and after treatment ends?*

We recommended that, on release from prison, Christopher needs a probation hostel, a group home or warden-controlled housing. Later, he may be able to move to lighter supervision with curfew. The report recommended that it would not be a good idea for Christopher to live on his own because he struggles to form friendships; living alone would likely increase his isolation and feeling of being unsafe.

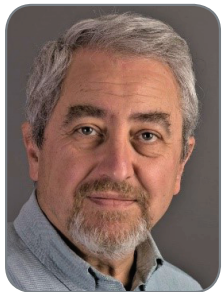
Follow-Up:

The TAAI report was welcomed by the Probation Service and the Court. One year after the report was submitted, Christopher was receiving therapy in prison, and his probation officer was arranging for him to have supervised accommodation and formal mentoring and supervision after release from prison. All of this was in keeping with the recommendations in our report.

The cost of the TAAI report was USD \$2,500, equal to one week in prison for Christopher. Given that Christopher was recalled to prison, the probation officer observed that the cost of the TAAI report was inexpensive compared to the high cost of providing insufficient or misdirected resources towards Christopher.

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IASA Court Protocol Special Issue #3

What To Do with Young Adults in Prison: Information from the DMM

What to do with young adults in prison is a particularly important issue. Many of them are not effectively treated for their psychological problems and the experience in prison - and also the educational programs - can inadvertently promote or consolidate their antisocial behaviour. In some cases, prison life and rules seem to be effective in promoting good social adaptation, but once outside the jail, violent and criminal behaviors frequently are manifested again.

In this DMM News, the third in a series dedicated to the **IASA Family Attachment Court Protocol**, Clark Baim, PhD, a psychotherapist trained in the DMM with a long experience in psychodrama and group therapy applied to criminal justice settings, presents the case of Christopher, a 21-year-old man recalled for parole violation. **Using the Transition to Adulthood Attachment Interview (TAAI)**, a special DMM-AAI adapted for adolescents and young adults, Baim collects information on Christopher's self-protective strategies (A+ characterized by compulsive compliance and unresolved trauma regarding violence, abuse and neglect by both his parents).

Using this information, Baim explains very well how to help Christopher to feel more secure, to manage his negative affect and to cease his criminal behavior. Fortunately, he convinced the judicial authorities to follow his directions in the intervention program with many positive results. At the end, the cost of the DMM assessment was the same as a week of prison.

Once again, we have the DMM really at work! As a reminder, the complete abstract book and many slides from IASA's 10-Year Celebration in Florence in June 2018 are available at: <https://www.iasa-dmm.org/slides-abstracts>.

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The screenshot shows the IASA website's membership page. At the top, it says 'The International Association for the Study of Attachment'. Below this, there's a navigation menu with links like HOME, ABOUT IASA, ABOUT ATTACHMENT, DMM NEWSLETTER, JOIN WEBSITE, IASA CONFERENCE, BOARD OF DIRECTORS, RESOURCES, FAMILY COURT PROTOCOL, and CONTACT US. The main content area features a globe graphic with people icons around it, and a section titled 'Membership in the International Association for the Study of Attachment'. This section explains the benefits of membership and lists the membership fees: Regular Membership (\$1200), Two-year Membership (\$2200), Students and Late America (\$75), Former IASAP Countries and Above \$50, and Sustaining members (\$500). It also mentions that membership lasts for 12 months from the date of subscription and provides contact information for more details.

Please support this work and the achievement of IASA's goals by becoming a member or renewing your membership. Join the conversation with IASA on Facebook.

More information on the IASA website: **www.iasa-dmm.org**.

The website has a section of videos that members can access.

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