

The second DMM News issue on the IASA Court Protocol

This DMM News is the second in a series dedicated to the IASA Family Attachment Court Protocol. As in the previous one, the content is drawn directly from the IASA's 10-Year Celebration, Florence, June 2018 (the complete Abstract Book of the Celebration and many slides are available at: <https://www.iasa-dmm.org/slides-abstracts>).

In this issue Rebecca Carr-Hopkins, an independent social worker from the UK, presents an effective example of the application of the IASA Family Attachment Court Protocol. According to the DMM, avoiding foster care whenever possible is crucial. In this very problematic case (violent father, child neglect and sexual exploitation, children's involvement with criminal gangs), the family had received child protective services for over twenty years without improvement.

Adopting a DMM approach to understanding family problems, the workers decided to try something different. They convinced the local authority to abandon their plan to place the children in foster care and to support individually attuned work with the parents to increase family adaptation and child safety. Here is the DMM really at work!

Franco Baldoni, MD, PhD, DMM News Editor (franco.baldoni@unibo.it)

The Only Person You Can Change Is Yourself



Patricia Crittenden, PhD
Founder & Co-chair, IASA

Year after year, professionals write service plans to help families change so as to protect their children. Plans that fail result in court proceedings to place children in care. I often write reports to the court on these families and I see the reports from child protection personnel. They all look the same, year after year, decade after decade: "ALL THESE SERVICES WERE OFFERED and the parents didn't change. They are RESISTANT".

My DMM reports show that the parents had dangerous childhoods, that they are doing their best, and that most of the offered services are way beyond their emotional readiness and zone of proximal development. When parents fail again and again, they feel stupid and bad; they blame themselves, becoming depressed or angry with the professionals. I wonder: WHAT WERE THE PROFESSIONALS THINKING when they offered – and wasted – these inappropriate services? Again and again.

The only person anyone can change is themselves. Becca Carr-Hopkins writes about professionals who decided to change themselves – hoping that it would help parents and children. This is a GOOD NEWS STORY! Shout it from the hills:

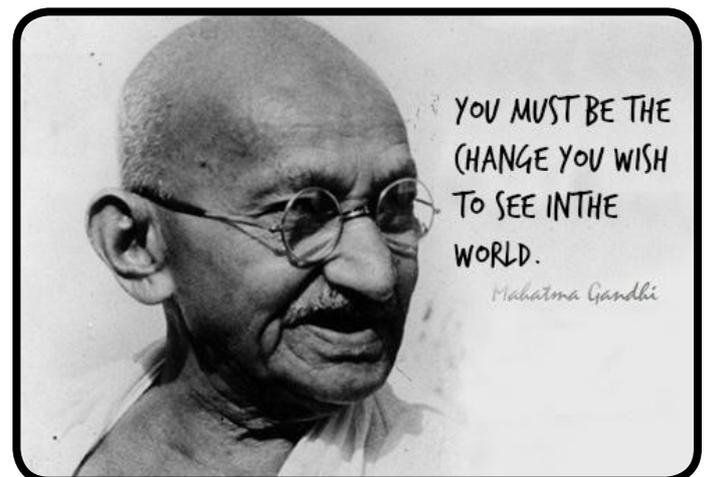
THIS IS GOOD NEWS ABOUT PROFESSIONALS BECOMING EFFECTIVE BY CHANGING THEMSELVES!

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Rebecca Carr-Hopkins





Rebecca Carr-Hopkins

Changing Direction: Using the DMM to Change How Professionals Work With a Family, Avoiding Court Proceedings and Foster Care

Why this case is important

Avoiding foster care whenever possible is crucial. In this case, changing the professionals' focus and behaviour enabled a high-risk family to function more adaptively. The children remained at home and the need for costly court proceedings was averted. If a similar approach had been adopted earlier, family suffering and professional frustration could have been avoided - at a reduced cost.

Presenting problem

The family have received child protective services for over twenty years without improvement. The current threats are partner violence, neglect of the children, and sexual exploitation (10-year-old girl) and criminalization (12, 13 and 15-year-old boys).

Family

This blended family of 2 parents has 4 children from 10-15 years of age. The father was recently required to leave the home because he was violent to the mother. He has been ill throughout the children's lives, has spent long periods in hospital, and is waiting for a kidney transplant. The father of the oldest child died eight years ago.

Question to address in the assessment

Can using the DMM as a framework for treatment planning reduce risk and prevent the children being placed in care?

Part 1: The development and assessment of attachment

1. Development:

Several competencies differentiate adult attachment from attachment in childhood. Adults can differentiate needs from desires and decide whether a child's demand is a need or merely a desire. Similarly, adults can consider the needs of several family members simultaneously and decide which to prioritize. When adults have experienced danger in their childhood, they often have children early, before attaining these competencies. Rather than integrating everyone's needs, they sometimes respond with self- and other-endangering behaviour.

When children aren't comforted and protected at home, the school years present the opportunity for them to meet their attachment needs outside of the family via teachers, friends' parents, or peer groups. Seriously endangered or neglected children might be drawn to gangs or become vulnerable to sexual exploitation.

2. Assessments used:

The Adult Attachment Interview, School-age Assessment of Attachment, Family Drawing and Parents Interview were administered to obtain information about the family's protective strategies and any unresolved loss and psychological trauma that might indicate why the family were having such extreme difficulties.

Part 2: Assessment of each family member

Despite not being blind coded, informal review of the parents' transcribed AAI's revealed that both parents had experienced significant danger in their childhoods, likely resulting in psychological traumas. For the father, life-long ill health and abandonment by his mother (after a violent sexual attack by his father) was most striking, whereas for the mother significant emotional neglect and abuse from her mother were prominent. Strategically, the mother was largely focused on herself, self-pitying, angry and blaming, whereas the father focused more on the perspectives of others. Whilst openly angry with his father, his unrealistically positive description of his relationship with his mother suggested inhibited anger towards her.

Although the children's SAA's were not transcribed or coded, the way they responded to the interview strongly suggested their desire to deny vulnerability and present the self as powerful. All expressed concern about the possible death of their father.

In the Parents Interview, the parents answered all the questions cooperatively but looked tired and defeated. They said they had never talked about how best to bring up children before. They hadn't known about each other's childhood difficulties. They reported feeling closer now, but said it was hard. Father sat back whilst the mother leaned forward. A noticeable brightening occurred as soon as the questions shifted to parenting. They giggled and shared a smile when recounting how the mother had routinely allowed the children to go out when grounded by father. The mother said it was unfair to expect her to 'suffer' the children's behaviour if the father wasn't there. The parents said that the children's lack of respect for them was a major problem and looked excited when they talked about some of the changes they were making. For example, the mother had recently followed through on her threat to take away the children's game console as a punishment for rudeness.

Part 3: Family Functional Formulation

1. The current situation.

The father was living away after a fight in which he bit the mother's face. The mother said such arguments had been longstanding with violence typically occurring when she threatened to end the relationship. Managers wanted to go to court to remove the children because of the violence, child neglect, and the children's involvement with criminal gangs and sexual exploitation.

2. Formulating the problem.

The professionals are stuck. Past services have focused on improving home conditions without questioning why the family has such serious difficulties.

Basic training in the DMM inspired the workers to try something different

The workers thought that, if they understood the parents better, they could see why parenting had been so difficult for them.

The mother's AAI highlighted how her childhood experience had left her desperate to be loved. This fuelled her desire to have children, but also resulted in her being unable to take a hierarchal role because she feared that the children would reject her if she upset them. The father's chronic ill-health, including sexual impotency, diminished his ability to make the mother feel loved. In addition, he was not always able to take charge when needed. As a result, the mother felt let down, alone and overwhelmed. Sometimes she undermined his attempts to exert authority to get back at him for not meeting her needs. This frustrated him, leading to spousal conflict. When the mother threatened to leave, he lost control (tied to the unacknowledged trauma of his mother abandoning him). Her misguided attempts to elicit love provoked his aggression. Their struggles resulted in their not being able to protect their children and unintentionally harming them. Understanding the links between childhood and current dangers showed the professionals that removing the father from the home had probably made the situation worse.

3. The proposed plan:

Guiding the parents to take a hierarchal position and exert the required authority will make the children safer. In the long term, the focus should shift to helping the parents develop a wider range of self-protective strategies focused on maximizing family safety. If the father receives a transplant, the threat of him dying would be immediately removed.

Part 4: Outcome of the evaluation

1. The local authority abandoned their 'typical' child protection plan and shifted to working individually with the parents to increase the children's safety by (1) addressing arousal and engagement (often low), (2) expanding the parents' ability to understanding their feelings and (3) linking their emotional experience and difficult childhoods to their current difficulties.
2. The father returned home with a family safety plan in place. This made explicit the probability that trauma from being abandoned by his own mother could be triggered if the mother threatened to leave him. The couple accepted that they need help to learn how to resolve arguments and agreed to seek support if things became difficult between them.
3. Although the workers have found the new way of working scary and emotionally taxing, they said the reward of seeing the parents beginning to behave differently has increased their job satisfaction.



4. The father is fully engaged for the first time in the family's involvement with services. He says this is because the current workers are genuinely interested in the family's perspective and listened to them.
5. The parents practice taking a hierarchal position with the children with positive effects. For example, one of the boys asked the social worker to show his SAA to his mother, in which he talked about being worried about his father dying. The children have talked about the death of their sibling's father for the first time.
6. The social worker is being encouraged to act as a 'transitional attachment figure' in line with the authority's stated model of relationship-based practice. This is significant as previously she was criticized for being 'over-involved' for doing things like attending a bike ride on a Sunday (organised by the children to raise money for the father's kidney dialysis unit). She now provides support to other workers and has been asked to deliver training to the Police.
7. The financial benefits of averting the plan for court proceedings are significant.
8. A 'pilot' has now been proposed to include funding for DMM assessments with two other families where the children are at risk of being put in foster homes.

Take-away learning for professionals:

Adopting a DMM functional approach to understanding a family's problems increases the likelihood that (1) workers will understand the parents' behaviour and (2) be able to do helpful, rather than harmful, things.

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The screenshot shows the IASA website with a navigation menu on the left and a main content area. The main content area features a globe graphic and text about membership. Below the globe, there is a section titled 'Membership in the International Association for the Study of Attachment' with a list of membership fees. The fees are: Regular Membership: \$1750; Two year Membership: \$3275; Students and Life Members: \$75; Former US&A Countries and Africa: \$50; Sustaining members: \$500. The website also mentions that membership lasts for 12 months from the date of subscription and provides contact information for the membership department.

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