

Family Level Security in Diverse Family Systems

James McHale, Ph.D.

Director of the Family Study Center

Chair of the Department of Psychology

University of South Florida, St. Petersburg, Florida.

James McHale is Professor of Psychology, Director of the Infant-Family Mental Health Center at All Children's Hospital/Johns Hopkins Medicine, and founder and Director of the USF St. Petersburg Family Study Center. He trained as a family therapist in both Palo Alto and Philadelphia, and served for many years as Director of Clinical Training at Clark University in Worcester, MA. He is the nation's leading expert on coparenting in diverse family systems, and his studies of coparenting and child development have been supported since 1996 by the National Institute of Mental Health, and the National Institute of Child Health and Development. He has authored more than 200 conference research reports and published over 70 articles, books, and other manuscripts on the topic of coparenting, and his 2007 book, "Charting the Bumpy Road of Coparenthood", won the Irving B. Harris National Book prize. In 2004, Dr. McHale was named the World Association for Infant Mental Health's Decade of Behavior lecturer, introducing the concept of coparenting in diverse family systems. Today, his presentation addresses how and why coparenting should be recognized as an every-child concept, and illustrates how an understanding of family triangles in assessment, case formulation and intervention not only augments dyadic attachment interventions but also helps assure that treatment gains will be sustained.

*

The field of infant mental health is guided by a collective understanding of how safety, security and dyadic attachment relationships are foundational for children's social and emotional adaptation in life. Concepts, constructs, case formulations and interventions are typically dyadic in nature, though both children's fathers and mothers are seen as potentially relevant targets for dyadic child-parent interventions, depending on the child's family circumstance. But even in those cases where case conceptualizations expand beyond dyadic formulations to attend to the child's full family system, the model guiding the work usually remains dyadic in nature, with other adults viewed as supports for the dyad in a 2+1 model. This is unfortunate. Synchronously, clinical work with families of infants and young children not only can, but needs to, proceed from triangular, three-together understandings. This presentation will review the past twenty years of developments in co-parenting theory, research and clinical applications, providing examples of how triangular case conceptualizations contextualize and enhance the work of dyadic intervention. Implications of this perspective for the DMM's concern with strategies that protect the self from the dangers of interpersonal contexts will be considered.

Objectives

1. Learn the scope of interpersonal and family dynamics properly subsumed under the contemporary diagnostic term “co-parenting”
2. Pinpoint ways in which co-parenting dynamics affect infant and toddler development and adjustment in diverse family situations
3. Recognize the distinction between dyadic and triadic case formulations
4. Identify how the adoption of a co-parenting frame in work with families of infants and toddlers maximizes the sustainability of improvements sought and attained through dyadic interventions