

# Using the IASA court protocol.

Challenges and successes working with children on the edge of care.

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# Introduction

- independent social worker undertaking expert work within the UK family justice system
- lots of experience using and supervising the IASA court protocol in the UK
- IASA Family Attachment Reports (with Pat) & DMM-informed reports

# Also

- work as a trainer, delivering specialist training in the DMM methods of assessing attachment (ICI, SSP, SAA and AAI)
- ....and delivering introductory training to social care staff on the DMM

# Growing interest in the DMM

- from many of the local authorities where I work
- one  authority now delivers a 6 day DMM informed programme shifting the focus of child protection practice towards greater understanding of family problems & how to help

# Their model

- attachment 'leads'
- attend A&P
- train in various DMM methods of assessing attachment
- cascade their understanding to the wider workforce to embed learning
- supervised by me & trained by Clark

# An idea



- 1 of the attachment leads identified a 'stuck' family to trial/test use of formal DMM methods of assessing attachment
- 2 parents and 6 children
- known to social services for 20+ years
- very little change achieved

# Current dangers



- recent domestic abuse incident led to authority excluding father from family home and proposing removal of 4 children left at home (10, 12, 13, 14yrs)
- father seriously ill- waiting for kidney & pancreas transplant
- father of 14 yr old died 5 yrs+ ago
- 10yr old girl at risk of sexual exploitation
- 14&16yr old boys at risk of criminalization

# Assessments undertaken

- AAls both parents
- SAAs with 3 of the 4 children (oldest boy refused to participate) and family drawings
- Parents' Interview



# Findings

- unresolved trauma in dismissed form relating to abandonment by mother in father's AAI. A+ strategy with Dp
- unresolved trauma in preoccupied form for emotional abuse by mother in mother's AAI. C+ strategy
- unresolved loss in anticipated form in relation to father in two of children's SAAs, plus the unresolved loss of oldest child's father. C+ strategy x2; A+ strategy x1

# Findings

- parents' (especially mother) has difficulties in taking a hierarchal position (abdication/triangulation)
- parents very limited ability to communicate with each other.
- *'we never really talked to each other....before now'* - therapeutic value of the PI and the AAI

# Critical dangers

- threat of children being removed
- father's illness and possible death if transplant doesn't happen soon
- parents' trauma(s) being activated in relationship i.e. mother threatening to leave father in response to his lack of attention leading to aggression
- lack of parental authority leaving children with too much freedom

# Critical cause of change

- [transplant removing threat of father's imminent death]
- parents (or alternative AF) – assuming hierarchal position with children
- parents talking and understanding each other individually and as parents differently

# Successes

- abandonment of previous 'typical' *child protection* plan-DV group for father etc.
- new understanding of father's aggressive behavior, support given to him returning home
- shift of focus to individual work with parents (CAT for mother; SW direct work with father using the AAI and Clark's direct work chapter)

# Successes

- father engaging with professionals for the first time in 20+ years
- individual work with parents progressing and both are practicing taking a hierarchal role with children
- children (whilst making some protest about parents taking charge) are making progress

# Successes

- for example, 10 yr old girl recently invited to take part in trampolining master class by school to reward improved behaviour
- 1 child with support of SW (TAF) showed SAA film to mother when he talked about worry about father's illness
- All children talked about death of 14yr old's father for first time

# Successes

- parents are learning to communicate with each other & understand themselves differently *bumpy road*
- the local authority has been impressed by the outcomes (improved outcomes, reduced suffering and financial savings) and agreed to fund a formalized pilot working with two other families who are 'stuck' and the children are 'on the edge of care'



# Successes

- encouragement of SW to act as a 'transitional attachment figure' for family. Ownership of her by family and vice versa
- she recently made books for all 4 children celebrating their achievements, with a focus on what they had done as a family

# Challenges during the trial

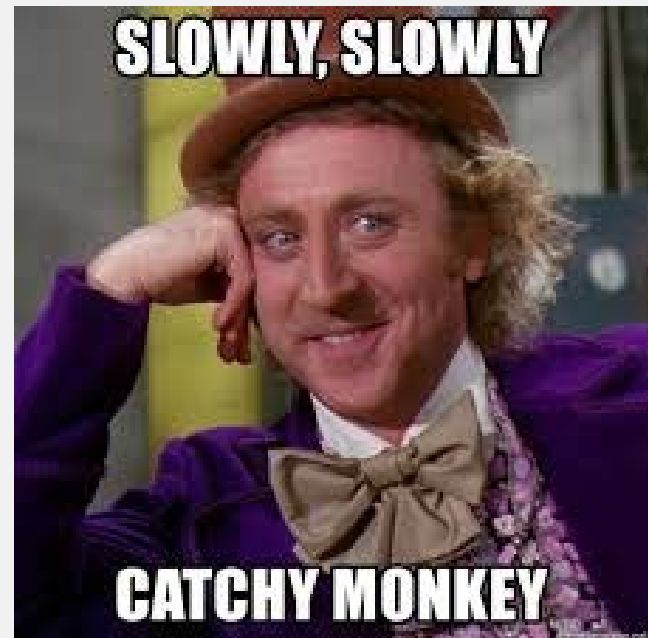
- no money for interviewing, transcribing or coding, so trial was not as 'perfect' as I'd have liked
- social worker experienced hostility from team members criticizing her for being 'over-involved'
- anticipating and managing bumps in the road-mother has 'new lease of life' and contemplating life after father

# Challenges going forward

- anticipating and managing bumps in the road
- anticipating and managing expectations
- social worker experienced hostility from team members criticizing her for being 'over-involved'
- getting the right families for the pilot
- getting the right social workers for the pilot

# Conclusions

- In 2008 (when I did A&P) very little knowledge of the DMM in the area where I live and work & now many many people are trained in the DMM...
- so I conclude....





*Bertinoro, 2008*



*Cambridge, 2010*

To download program materials, click here  
<https://www.iasa-dmm.org/iasa-conference/>



*Frankfurt, 2012*



*Miami, 2015*