

## Announcement: Online Training Courses on DMM Assessments and Clinical Applications

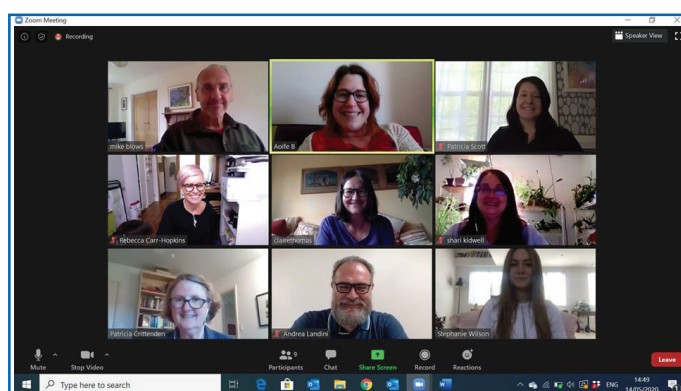
During the pandemic, DMM training has moved online. Participants say that this change has made the training far more accessible and cost-effective. While some in-person training will return after the pandemic, much of the training offered through the Family Relations Institute (FRI) will continue to be offered online.

In addition to the various assessment courses, FRI is also offering a suite of online clinical applications courses, including:

- *Attachment, Neurodevelopment, & Psychopathology (ANP)*
- *ANP Certification Program*
- *Adult Attachment Interview (AAI)*
- *Infant CARE-Index (ICI)*
- *Clinical ICI*
- *Toddler CARE-Index (TCI)*
- *School-age Assessment of Attachment (SAA)*
- *General Functional Formulations*
- *Family Functional Formulations*
- *DMM Integrative Treatment*

For full coverage of the upcoming training, including training in the basic assessments and the clinical applications courses, go to:

<https://familyrelationsinstitute.org/calendar/>



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**Editorial Board:** Clark Baim, Patricia M. Crittenden, Andrea Landini, Rebecca Darby.  
**Outreach Editors:** Stephanie Wilson, Alex Jack.  
**Assistant Editor for Latin American and Spanish-speaking countries:** Silvana Milozzi.



Caitlin Brown

## Applying the DMM in Forensic Settings

Since 2017, there have been major changes in how UK-based offending programs are designed and facilitated after the national Core Sexual Offender Treatment Programme failed to evidence positive psychological change, reportedly resulting in [increased reoffending](#). This highlighted a need to reassess how professionals meet the needs of individuals who have committed an offence.

A universal approach aiming to address one behavior may not be most effective if the varying functions cannot be considered — a notion the DMM would advocate for. Therapeutic Community (TC) prisons would also support this concept: TCs generally adopt psychodynamic principles, theories of groups and models of change to create an environment which promotes the learning of new affective regulation and interpersonal strategies.

I delivered staff training at one UK-based TC prison, focusing on the DMM's applicability to offending and how the DMM could be incorporated within TCs. The training focused on how the same offence can function in psychologically opposite ways, depending on an individual's strategy. This highlighted the need for different therapeutic approaches to enable psychological reorganization. Despite the TC wishing to adopt a more function-based approach to understanding and working with individuals, the inherent group environment may limit the extent to which this can be achieved. Nonetheless, future consultation has been requested as part of a developing training module, with particular exploration of how the DMM offers a different understanding of "Personality Disorders."

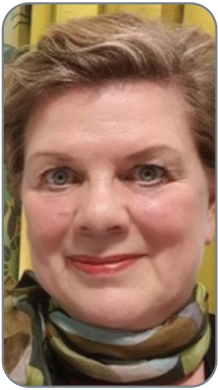
I also delivered training on behalf of a charity working with individuals who have committed sexual offences and are reintegrating into the community. Upon observation of a growing client group who had committed violent sexual offences against victims unknown to the perpetrator — offences referred to as "anger-rape" — the charity requested specific training exploring possible functions of this type of offence. The aim was to increase the effectiveness of the services

they offer. The training summarized the overlap in the attachment and sex systems and how the DMM may be applied to understand the development of complex strategies which, when applied to safe contexts, are likely to be harmful. Two AAls were subsequently funded by the service, with clients who met the criteria for "anger-rape." One transcript was blind-coded as a complex high subscript Type A, with the other classified as using a combined Type A and Type C strategy, both with unresolved trauma in various forms. The classifications further highlight the discrepancy between grouping individuals based on offence-type whilst attempting to provide individualized support underpinned by function-based understandings of behaviour. Understandings from the classifications are currently being implemented to inform individualized support, with additional AAls requested.

For therapy to be effective for individuals who have committed an offence, understanding each individual's psychological strategy is essential. The work summarized above has further highlighted, to me, the need to move away from grouping individuals based on offence-type. This raises questions regarding the suitability and likely effectiveness of universally implemented and manualized offending programmes, which risk losing psychologically functional meanings. The DMM offers an evidence-based model for better understanding the function of an individual's offence, with AAls providing the empirical data needed to accurately identify strategies and provide effective treatment. How this could be implemented cost-effectively on a wider scale needs further exploration.

**Caitlin Brown, MSc**, is a UK-based Trainee Forensic Psychologist, primarily working with adult men who have committed violent and/or sexual offences, and who are often diagnosed with a range of psychiatric disorders. Caitlin has trained in the DMM for the past three years, is a reliable DMM-Adult Attachment Interviewer, and has achieved initial coding reliability. Her research has focused on the role of attachment theory in understanding sexual offending, patterns in sexual reoffending, and intimate partner psychological violence. Her latest research is exploring the mediating factors in the intergenerational cycle of maternal psychological abuse.





Siw Lisbeth Karlsen

## Child Protection, Coronavirus, Fear and Preconceptions

*Siw Lisbeth Karlsen offers a perspective from Norway on how coronavirus affects children, parents, and child welfare work*

In this time of pandemic, we frequently hear comments in the media claiming that children subject to child protection and welfare measures are having more difficulties at home because kindergartens, schools and leisure activities are closed. While it seems certain that there is some truth in this, there is still much research to be done to understand the effects of such closures.

Child welfare professionals are having to learn very quickly how to help people cope with the deep fears, the dangers and the stresses experienced by children and families during the pandemic. At the same time, we have to remember first principles: as professionals, we start with the initial assumption that parents want to protect their children as best they can. Yet for some parents, life has been so difficult that the way they care about their children is not adaptive to their children's needs for safety and comfort. The current dangers presented by the pandemic worsen the problem.

Child welfare services must consider if it is safe enough for children to live with their parents. If not, they must intervene. These are particularly demanding assessments in the current circumstances, when all of us are affected by the coronavirus in different ways. Adding to the pressure, the Norwegian Directorate for Children, Youth and Family Affairs has distributed a guide on how to prioritize cases if child welfare services lack staff due to quarantine or illness. The guidance says that intervention should only occur in the most urgent cases. Consequently, many children and families are not being helped at an earlier stage when support could help a precarious situation from worsening.

I know many of my colleagues have sleepless nights, worried about what is being missed or overlooked, as only the most serious cases get attention. Such prioritization means that, even in serious cases, the child's parents are left with the responsibility for their children. Some parents try to protect their children in ways that hurt their children, we know that.

However, in 35 years of practice, I can say that none of the many parents I have worked with have intentionally wanted to hurt their children. Mostly, they have had a difficult upbringing themselves, and they try to protect their children the best they can against the world as they see it. Experiences from a life of insecurity, betrayal, difficult relationships, and poverty powerfully impact how they parent their own children. As child welfare professionals, we must understand human beings based on what they have experienced in life, what they did not experience but should have, and how they are feeling in the situation right now. Most of the parents I have collaborated with have the same wishes for their children as most of us: good care, security, and good lives.



The coronavirus has caused extra stress, with deep effects on most parents caring for children and adolescents. During such a stressful time, messages from the media and the government can have beneficial or harmful effects. For parents subject to child welfare measures, it must feel very insulting and degrading to hear that politicians and public commentators in Norway think they are extra bad parents now, and that their children are suffering more because of closures and restrictions, meaning they are spending more time at

home with their (demonized) parents. No one is better off hearing that they have gotten worse. In today's situation, where the resources of the child welfare system are under such pressure, we should avoid public messaging that emphasizes parents' inadequacy, because it hurts parents and adds more pain and stress. Parents need encouragement, respect, recognition, sympathy and security to feel empowered.

To promote such empowerment, we must facilitate supportive relationships for struggling parents, and help them to realize the dreams they have for themselves and their children. Instead of focusing on everything that is not "good enough parenting," we must help parents to express their love for their children in ways that help children feel protected and loved. In order to promote parents' emotional availability, we need to provide practical and financial help that can help to reduce families' daily stress. Resources spent on vulnerable families now are an investment that can save parents and children from a great deal of suffering and society from large future costs.

In these difficult times, we should be more generous and wise. We must ask, listen and engage in dialogue. We should offer support and respect, acknowledge the efforts parents make, and listen to what the families think can be helpful. Children rarely feel better than their parents, so we have to work with and support the parents, especially now (Crittenden, 2008 / 2015). As Bowlby (1951: 84) wrote, "If a community values its children, it must cherish its parents."

#### References:

Bowlby, J. (1951). *Maternal care and mental health: a report prepared on behalf of the World Health Organization as a contribution to the United Nations programme for the welfare of homeless children*. Geneva: World Health Organization.

Crittenden, P. M. (2008 / 2015 2nd edn). *Raising Parents: Attachment, Parenting, and Child Safety*. London: Routledge.

**Siw Lisbeth Karlsen** lives in Trondheim, Norway. She is an Infant CARE-Index (ICI) trainer with 35 years of experience in clinical and development work for child welfare services. Siw has her own company, and also works for the Regional Centre for Child and Youth Mental Health and Child Welfare, based in Trondheim. She is also a foster mother.

This article is adapted from an article first published in the regional newspaper [Adresseavisen](#) in Trondheim, Norway, March 24th 2020.



Helen Johnson



Dr. Patricia M. Crittenden

## The Power of Compassion Combined with Truth

By Helen Johnson  
with Patricia Crittenden

Siw Lisbeth Karlsen described how endangered children rarely do better than their parents, and the importance of helping parents to overcome their own endangered past. On the day that I proofread Siw's article, Helen Johnson wrote me, updating our work with "Mary," whose child had been removed when Mary was drug addicted. I had evaluated her assessments and made suggestions about rehabilitation. Mary was now drug-free, but her AAI indicated that she still delusionally idealized her own mum and had many dismissed and blocked traumas. I said we needed to know if Mary could use reflective functioning. Helen's update fit exactly what Siw wrote and reminded me of a video that you might want to use.

Here's what Helen wrote:

*In a feedback session with Mary, I asked her what the DMM assessments had brought up for her. She said*

*it had made her think about her own relationship with her mother and what that had been like. Nothing too in-depth, and I only asked one or two questions to help her to clarify her thoughts.*

*Then, because I was talking about your recommendations, I decided to show her a [short video](#) so she could see who this Dr Crittenden is and what her values might be around working with parents. I showed Mary a 5-minute clip from your talk to the NSPCC. It's about valuing parents and how children have to fill gaps in their parents' development and warp themselves to manage their parents' problems. They don't get to grow strong and straight and then they too have children.*

*I asked Mary what the clip brought up for her. There was a long silence. Then Mary said it had made her*

*think about her own experience of parenting and how she had parented her son. She said she didn't blame her mum and that she felt guilty as a parent. When I asked her to think about those two statements together, Mary was silent again and then a thought popped out (it really was like a pop) "I think I was a better parent than what my mum was with me." She then drew back (a bit excited and shocked at the same time) and said, "Wow, that's quite a statement. I can't believe I just said that!" I asked her to tell me how that felt. She said she felt herself crawling back from the statement already. She added that she didn't think her mum always did the best for 'her children.' When I asked who her mother's children were, she said her brothers, then, after a pause, 'me.' I asked her if she could make the statement more personal and she said that she didn't think that her mum always did the best for her and then she talked about that a bit more.*

That's reflective integration! A video for child protection workers about being compassionate with parents who endanger their children elicited more thought than many therapy sessions do. Why? I think it was comfort,

combined with the hard truth. Together, they might have made it safe for Mary to talk about her hard truths.

The last words in the [video](#) are meant for child protection workers: **'Do unto parents as you would have them do unto their children.'** As Siw described, this intervention avoids directives and threats, relying instead on the professional being an example for Mary of listening compassionately and thinking about how to change.

**Helen Johnson** is a social worker with more than twenty-five years of experience working with children and families. She has worked independently since 2009 and has extensive experience of undertaking specialized risk, parenting and sibling assessments; providing expert opinion in the family courts; planning and providing therapeutic interventions to children and families in adoptive, birth family and foster care settings; and providing consultancy and supervision services to a variety of multi-agency professionals.

**Dr. Patricia M. Crittenden's** academic degrees are in special education (M. Ed.) and developmental psychopathology (Ph.D.). She studied with Mary Ainsworth, John Bowlby (on the CARE-Index), and David Finkelhor on child sexual abuse. She was trained in behavioural therapy and family systems therapy. Beginning with Mary Ainsworth and carrying on with many colleagues, she has developed the Dynamic-Maturational Model (DMM) of Attachment and Adaptation. The focus of her work has been the protective function of variations in child-rearing strategies. Dr. Crittenden has published more than 100 books, chapters, and empirical papers.



Silvana Milozzi

## DMM News Announces Our New Assistant Editor for Latin American and Spanish-Speaking Countries

I am Silvana Milozzi from Bahía Blanca, Argentina. I would like to introduce myself as the new Assistant Editor for the DMM News for Latin American and Spanish speaking countries. I am delighted with this new role and with the possibility of helping to spread the DMM model in Spanish-speaking countries. At the same time, I look forward to sharing with the DMM community the applications of the DMM in Spanish-speaking countries. I would like to thank the IASA Board of Directors for giving me this opportunity.

I encourage my Spanish-speaking colleagues to contact us. We would like to hear from you and learn how the DMM is useful for your work. You can send us your drafts to be published to the email: [smilozzi@yahoo.com](mailto:smilozzi@yahoo.com).

I look forward to hearing from you!

### En español:

Soy Silvana Milozzi de Bahía Blanca, Argentina. Me gustaría presentarme como la nueva Asistente de Edición de DMM

*News con responsabilidad para los países Latinoamericanos y de habla Hispana. Estoy emocionada con esta nueva tarea y con la posibilidad de difundir cada vez más el Modelo Dinámico Maduracional del Apego en los países de habla Hispana y a la vez compartir con la comunidad DMM las aplicaciones que le damos y nuestro trabajo.*

*Me gustaría agradecer a la Comisión Directiva de IASA el haberme dado esta oportunidad, especialmente a Clark Baim, con quién he tenido el placer de trabajar durante estos meses y de quién puedo decir es una persona absolutamente dedicada, paciente y generosa.*

*Quisiera invitar a mis colegas de habla hispana a contactarnos. Queremos conocerlos, y saber de qué manera el DMM es útil en sus trabajos. Pueden enviarnos sus publicaciones a la dirección de email [smilozzi@yahoo.com](mailto:smilozzi@yahoo.com).*

*¡Estamos ansiosos por conocerlos!*





Alexander Jack

## From Stephanie Wilson and Alexander Jack, the Outreach Editors for DMM News

We would like to provide an update on exciting developments happening online. The DMM Community, which is a forum and networking space for DMMers, is almost ready to launch. The forum will provide an arena to explore and discuss the DMM in theory, in practice, and in everyday life. We hope that existing connections will be strengthened, and new international relationships developed. Truly, the DMM is a worldwide community and we hope that this development will bring us all closer together.

What happens next? The forum has been created, and we are now moving into the 'beta' phase of testing. Over the next month or so, a small team of DMMers will be tasked with creating content, testing the structure, and providing feedback. We want this to be a lively, interactive, and accessible space when we launch. In addition, we are developing our presence on Twitter, LinkedIn, Facebook and YouTube. We want to reach out and bring our friends and colleagues into closer contact.



Stephanie Wilson



Clark Baim  
DMM News Editor

## From the Editor

In this issue of DMM News, **Caitlin Brown** offers us an insight into the DMM introductory training she has offered to UK prisons and to an ex-offender charity, focusing on how the DMM can provide a deeper understanding of offending behavior and more individualized treatment.

**Siw Lisbeth Karlsen**, in her article about the coronavirus pandemic and its effects on families, reminds us of how statements in the media and by politicians can inadvertently stigmatize parents, especially parents who are subject to child welfare scrutiny. Siw revisits the basic principles of empowering, collaborative, attachment-informed practice with children, parents, and families. This is followed by a short piece by **Helen Johnson** and **Patricia Crittenden** in which

they reflect on Helen's remarkable work with a client who gained important insights when she compared her own approach to being a mother with her experience of being raised by her own mother.

Also in this issue, we announce the impressive roster of DMM courses in the basic assessments and also the advanced clinical courses. We welcome **Silvana Milozzi** of Argentina, our new DMM News Assistant Editor for Latin American and Spanish-speaking countries. And **Stephanie Wilson** and **Alexander Jack** bring us an update about the latest developments with the online DMM Community website and app. There are many new developments in store and lots to look forward to with this new online community.

If you would like to share your experience and your thoughts about how you are using the DMM, please contact me using the details below, and I will be pleased to consider your writing for the DMM News. I am eager to hear from you.

*Clark Baim, DMM News Editor*

**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 IASA website:

**[www.iasa-dmm.org](http://www.iasa-dmm.org)**

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

**For information on DMM News manuscript submission, contact:**

Clark Baim, Editor: **[cbaim@hotmail.com](mailto:cbaim@hotmail.com)**

For Spanish speakers and submissions of manuscripts written in Spanish, please email Silvana Milozzi, Assistant Editor for Latin American and Spanish speaking countries, at: **[smilozzi@yahoo.com](mailto:smilozzi@yahoo.com)**.

**En español:** Para Hispanohablantes y envío de trabajos en Español, por favor contáctense con Silvana Milozzi, Asistente de Edición para países Latinoamericanos y de habla hispana al email: **[smilozzi@yahoo.com](mailto:smilozzi@yahoo.com)**

**For submissions in languages other than English or Spanish**

– contact: Rebecca Darby, Co-editor in charge of international translated editions: **[Rebecca.darby@nspcc.org.uk](mailto:Rebecca.darby@nspcc.org.uk)**