Attachment & Adolescent Harmful Sexual Behaviour

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Introduction

- **Activity** - A pilot in the use of AAI, parents' interview and TAAI in assessment of adolescents who display harmful sexual behaviour.
  Setting - A specialist harmful sexual behaviour service within a national UK child protection charity (the NSPCC).

Purpose

- As the new manager of this multi-disciplinary team, which describes itself as attachment informed, I wanted to see how the DMM model of attachment and Family Functional Formulation could impact upon the assessments currently produced and interventions currently offered/recommended by this team.

- My team is comprised of four social workers, a family systemic psychotherapist, a consultant clinical psychologist, a psychiatrist – and me!

Problem

In the course of the pilot I wanted to understand:

- How well families would engage with the additional meetings and the particular style of the interview/s
- Whether referrers to our service would be willing to pay the additional cost/ establish their financial threshold
- How could the concepts and constructs of the AAI/TAAI and DMM be shared meaningfully with a team not yet trained in the model?
- How could the FFF be integrated in to our current assessment reports?
- Whether the new information was useful to referrers (usually social workers) and beneficial to families.

Method

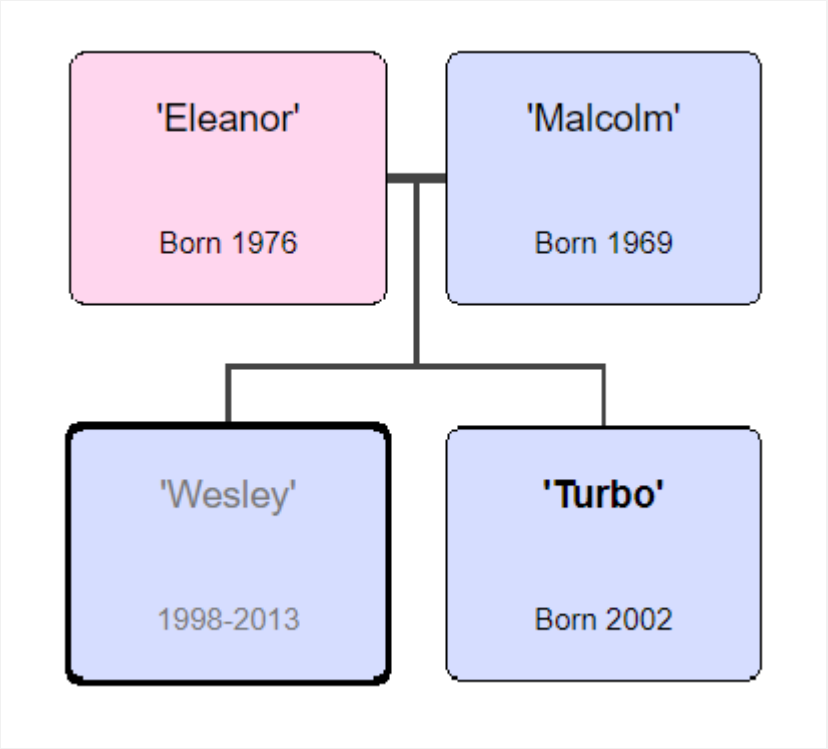
- One case/family was selected as a pilot whereby an **AAI** for each parent, a **TAAI** for the adolescent and the **parents interview** would be conducted, coded and integrated in to our multi-disciplinary report as a **Family Functional Formulation**.

Method

- All **interviews** are conducted by me as a standalone piece of work (i.e. none of the family met me in any other context).
- **Coding** of the transcripts is provided by the DMM community via Pat Crittenden (by Pat herself in this case!)
- **Interpretation** of individual classifications and Family Functional Formulation is undertaken by the authorized coder and shared with NSPCC report authors and wider team in our clinical meeting prior to inclusion in the written assessment.
- **Feedback** is obtained from the family and referring service once the multi-disciplinary report has been shared.

The family

- 16 year old boy
- Deceased older brother
- Mother aged 42
- Father aged 48



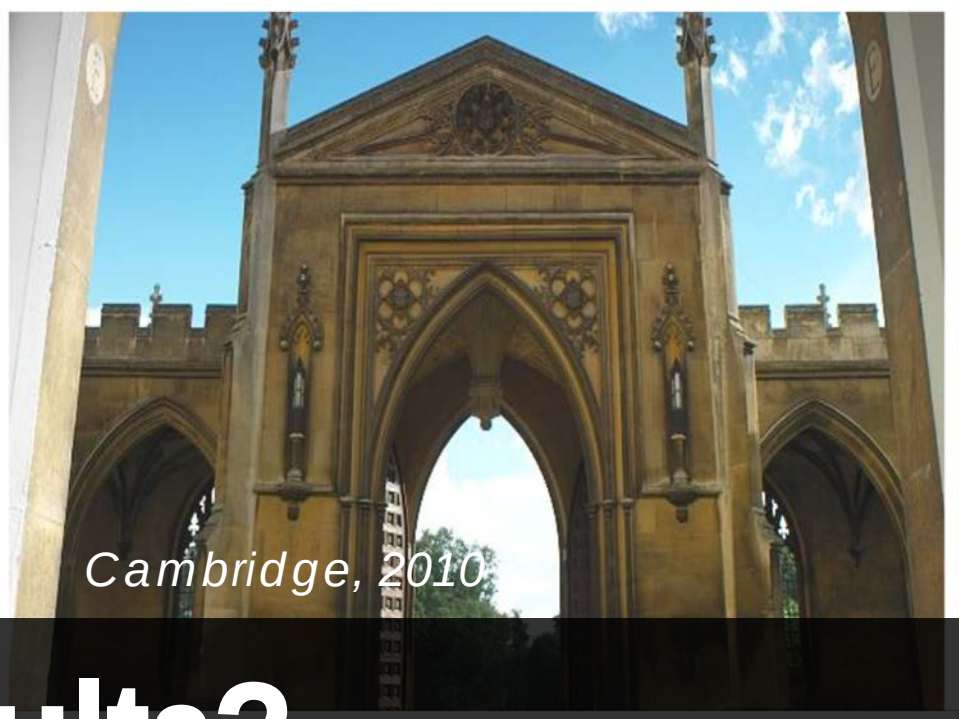
Family history

Children's services processes

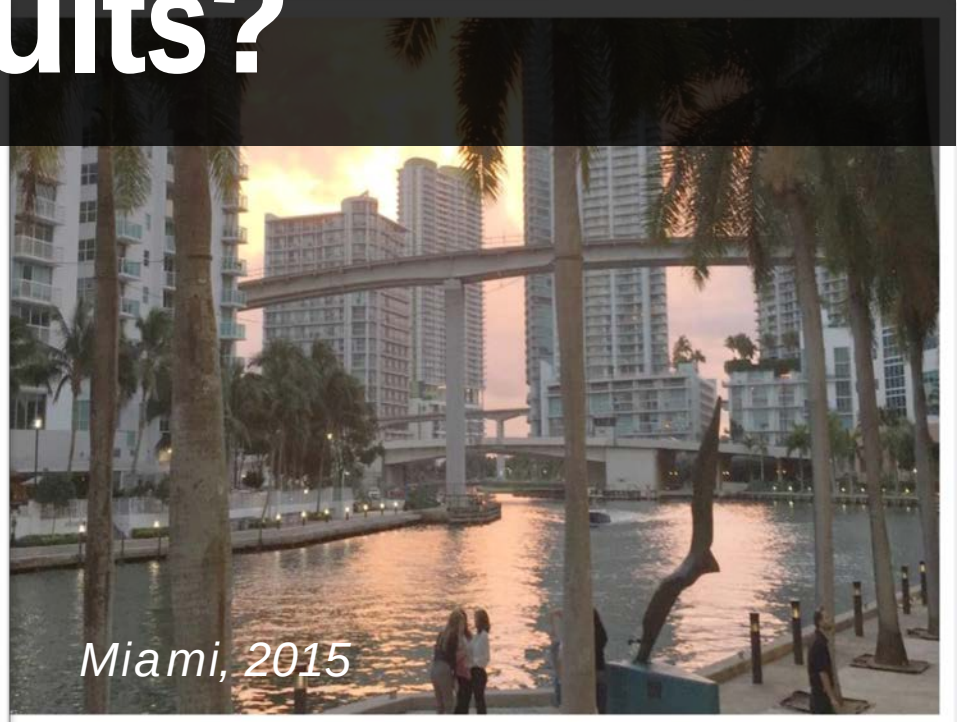
- First referral to children's services when Turbo is 6 weeks old
- Five episodes under a Child Protection Plan from age 1y9m to 15 yrs
- Legal proceedings (i.e. removal) considered twice at age 9y7m and 14y 8m
- Multi-Systemic Therapy for Child Abuse and Neglect (MST-CAN) delivered age 10y6m to 11y7m; period spans death of eldest child
- Referral to NSPCC aged 15y 10m

Key concerns/ events

- PND, maternal self-harm & attempted overdose
- Domestic disputes, paternal alcohol misuse, low income, ?depression, NAIs
- Child aggression, soiling, speech delay sexualised behaviour at school, poor personal hygiene
- Eldest child drowns aged 15 (Turbo is 11y4m). Turbo threatens to set self alight shortly afterwards
- Violent and sexualised behaviour persists at school
- Rape allegation when Turbo aged 14y5m (NFAd due to unreliable witness and Turbo's inability to understand consent)



Results?



Preliminary findings 1

- **Family engagement**:

- Family (parents) refuse to travel for meetings but participate in AAIs at local children's services office
- Turbo avoids being seen at home; parents 'unable' to persuade him. ?Sabotage
- Turbo seen at school, successfully
- PI arranged at school 'forgotten'; quickly rescheduled at home but Turbo refuses to be in camera shot; he leaves halfway through

Preliminary findings 2

- **Referrer's investment**
- False positive re. cost – we offer this at no extra cost due to pilot status
- Very supportive of and active in liaising with NSPCC, family and school to coordinate appointments

Preliminary findings 3

- **Family attachment strategies**:
- Turbo:

Dp $Ul(a)_{self}$ $l\&tr(dp,dn)_{Bro}(dn)_{PEN}$ **A4/6**

- Father:

(Dp) $Ul(dpl)_{son\rightarrow F\ rej\ self}$ $(p)_{blame\ others\ Wesley}$ $(ds)_{many}$ $tr(p)_{rej\ by\ F}$ **A1C+**

- Mother:

Dp $Ul(a)_{self,\ Turbo}$ $l\&tr(dx,dp,dn)_{Wesley}$ $tr(dp)_{bully,\ FC}$ $(p\&dp)_{CSA}$ $(dn)_{PEN}$ **$A7_F$**

Preliminary findings 4

- **FFF & critical cause of dysfunction**:
- Rejection by parents leading to depression in all family members, delusional idealization by mother of her neglectful father, feigned helplessness by father, and compulsive compliance and self-reliance by Turbo who seeks to care for his disengaged mother.

Preliminary findings 5

- **Unspoken and unspeakable**:
- I consider it possible, even likely, that Wesley's death was from suicide. I recognize that no one has mentioned suicide (from social care or the family). Turbo says no one talks about Wesley's death at home. Surely no one did in the Parents Interview with the social worker. But everyone spoke of it in their own personal interview. *If there is an idea that Wesley might have committed suicide, it makes sense in this family that no one would discuss it because it would be too painful and it might trigger the next suicide*.

Commentary on children's services involvement

- Based on the Parents Interview, the parents are compliant with Social Services, but have not improved in their child-rearing.
- ...up to now, either the problem has not been understood properly or the services offered were inappropriate for the family or both.

Integration & Feedback

- **Guess what? Things didn't go to plan!**
- Case discussions (including DMM material) will take place early July.
- Integrated report to be produced mid-late July
- Feedback to be obtained in writing and in person from professionals and family as part of final review meeting

What can this pilot contribute to the DMM?

- Provide evidence as to how beneficial the DMM can be in understanding the pathway to and context around harmful sexual behaviour
- Highlight where to focus intervention for the young person and their family
- Introduce an agreed form of language for each case network for describing and functionally analysing attachment behaviour.
- Introduce multiple referring agencies to the DMM
- Provide an evidence base reliable enough for small scale research in the future…?

To download program materials, click here

https://www.iasa-dmm.org/iasa-conference/