

A panoramic view of Florence, Italy, featuring the large red-tiled dome of the Florence Cathedral (Duomo) on the right, the Campanile tower in the center, and the city's red-tiled roofs in the foreground. The background shows rolling hills under a cloudy sky.

Use of DMM in “high risk” PIMH Service

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“On which day does a victim of repeated abuse – who should be protected – become transformed into a perpetrator who should be punished?” (Pat Crittenden pg. 10, *Raising Parents*, 1st edition, 2008)

Parent Infant Mental Health Attachment Team (PIMHAT)

- Works in large county in UK with pockets of deprivation
- Originally government funded project now service funded by local authority
- Aims to provide integrated mental health support to ensure infants at risk who are at the *edge of care* (0-2 years) remain safely with their parents
- Small multi-disciplinary team taking therapeutic approach with “hard to reach” families, parents characterised by developmental trauma
- Collaborative working with social workers and local professional network

Distinctive Approaches

- Outreach “alongside family” in community - more “accessible”
- Offer therapeutic support to parent as well as promote parent-infant relationship – clinician as “transitional attachment figure” (INTEGRATIVE)
- High level of inter-agency communication – shared risk, safe uncertainty
- Targeting areas of highest socio-economic need
- Flexible – based on specific needs of each family – variety of approaches – adult psychotherapy, video interactive guidance
- Underpinned by Attachment Theory (DMM) – understanding risk and strategies, creating “safe base” – promoting mentalizing
- Collaborative and integrating on multiple levels of change (Commissioners / Managers / Local Teams / Communities & families)

Relevance and use of DMM for PIMHAT

- Provide intergenerational strategies of high risk relationship
- Contributes authoritative relational understanding of risk in safeguarding context – less pejorative perspective on parental behavior
- Use of DMM informed methods in assessment – CARE Index, Meaning of the Child, some use of AAI
- Helps team to communicate issues / needs to family & professional system – especially helpful in highlighting *infant compulsivity*

Case Study

- S is young mother forensic history / inter personal violence – intrusions of negative affect
- History of neglect & abuse (physical) not fully understood including CSA by brother – foster care from 13 years – increasing self harm
- Promiscuous attachments & volatile relationship with infant's father – pregnant aged 17 PIMHAT involvement from pregnancy
- Lack of hope in professional system / active dislike

Case Study 2 – use of DMM

- AAI – impoverished narrative / bleak “concrete” images with limited affect – indicative of A6 with intrusions of anger. Offered authoritative relational understanding to Social Worker and other professionals – use as “evidence” in order to counter professional anxiety (points of rupture where removal of infant proposed)
- Some limited use of AAI narrative / understanding with S – “story making & breaking” (Jeremy Holmes)
- Use of CARE Index confirmed tentative bonding but “high risk” unresponsive / repeated to indicate developing synchronous “co-operative - sensitive” pattern after 6 months
- Promotion of “here and now” relationship through offering predictable and moderately “empathic” responses – “claiming” of this isolated young woman (Anne Alverez) – concrete enactment of care (therapist visiting residential placement a long way from home / service)

Case Study 3

- PIMHAT therapist becoming “transitional attachment figure” –S seeking her out and asking her advice
- Enabled S to 1) increase level of regulation and 2) inclusion of infant’s internal world
- Trauma not directly addressed but stabilization that increased of felt “safety” leading to more awareness of infant and more accurate appraisals
- Limited intrusion of past trauma in relationship with baby and abstention from forming romantic attachment (ongoing risk)
- Bridge between mother and wider professional system – some increase in “epistemic trust”

Service outcomes

- PIMHAT has worked with 91 families (111) parents since 2015.
- 77% of infants involved with PIMHAT since launch, remain in the care of their birth families, at home.
- Levels of reduction in safeguarding statuses have increased since the project started
 - From 2016 to 2018, safeguarding level reduced for 42% of accepted families from referral to discharge

Challenges of using DMM in clinical context

- Some resistance for services to take a “relational” perspective linked short term and precarious position of services
- Complexity – how to convey to parents? Can’t make implicit explicit merely by stating
- Imbalance of power / knowledge through assessment process could increase sense of impoverishment / lack of agency
- Impossible for clinicians to be trained in all DMM methodology – expense & time for coding
- How to use it therapeutically (DMM is more elaborated as means of assessment) especially with traumatized hypervigilant parents
- Balance authoritative use of DMM with humility that the parent is “more” and has more resources than assessment can capture
- Ensuring not misinterpreted / misused e.g. in court context

Ideas for further integration of DMM in edge of care services

- Translating terminology without compromising meaning
- Use of parents language as derived from interview transcripts
- Honest but limited feedback until it can be received (sometimes reviewing CARE Index clip retrospectively)
- Sometimes differentiating team roles with family with regard to assessment and therapy
- Baseline level of DMM knowledge in team (including self awareness) and wider system
- Iterative use of DMM in case discussion / safeguarding appraisal
- Understanding better the interaction between trauma and DRs and how these influence parenting
- Further developing suggested differentiated approaches relating to degree of strategic distortion / psychopathology

References and contact details

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Bertinoro, 2008



Cambridge, 2010

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



Frankfurt, 2012



Miami, 2015