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The part the DMM plays in the delivery of a Parent-Infant service for High risk Families.

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Topic: Clinical practice

The presentation outlines the delivery of the Parent Infant Mental Health Attachment Team (PIMHAT) a distinctive service (Smith et al 2017) that delivers intensive therapeutic support to families where the infant is at risk 1) of harm and as a consequence 2) of removal from the birth family. Given the extent of inter-generational developmental trauma experienced by the families the DMM was invaluable in establishing an understanding of the needs of families and hence inform interventions taken. Outcomes were positive given the prediction at referral that a significant number of the infants would be taken into care (McPherson et al 2018) in that 1) the majority of infants remained in the care of their birth parents 2) there was a reduction in safeguarding concern for a significant proportion of infants. The distinctive features of the service is that it is offering therapeutic input in a Safeguarding context and that this approach (which is informed by DMM) is successful because it seeks to address understanding and change at a number of levels from the organisational (recognising differing appraisals and responses to risk) to the dyadic and individual level. The presentation illustrates the significance of the DMM in the delivery of the service through case examples.

How it used the DMM

PIMHAT was informed by the DMM on account of its ability to offer a sophisticated and nuanced account of attachment strategies that have bearing upon outcomes for "at risk" infants. The service made use of DMM theory and specific methods such as CARE Index, the Meaning of the Child Interview as well as to a lesser extent the DMM coding system for the Adult Attachment Interview. The model and related measures helped the service to formulate and identify treatment approaches as well as contributing to a distinctive understanding of risk that proved helpful in dialogues with families and social workers in a safeguarding context.

What it can contribute to the DMM

PIMHAT is an example of how DMM can help to inform clinical practice particularly in the context of vulnerable high risk populations. It offered a model that helped to establish the dynamic way in which parental attachment strategies inform and respond to emerging infant strategies. DMM is more elaborated in terms of assessment and understanding and this service helps to highlight how it can be used and developed to inform therapeutic interventions. Services like PIMHAT helps to establish the validity of the DMM. This presentation highlights 1) current uses of DMM in service 2) the benefits, challenges and limitations of the DMM so far in context 3) proposes further integrating and developing the DMM in services such as PIMHAT e.g. finding ways of informing workforce sufficiently so that DMM can help to inform understanding and decision making.