

SO WHAT NOW?

What to do in the therapy room for infants and toddlers post family violence



Presented by Wendy Bunston

Addressing Family Violence Programs (AFVP)

Royal Children's Hospital

Integrated Mental Health Program

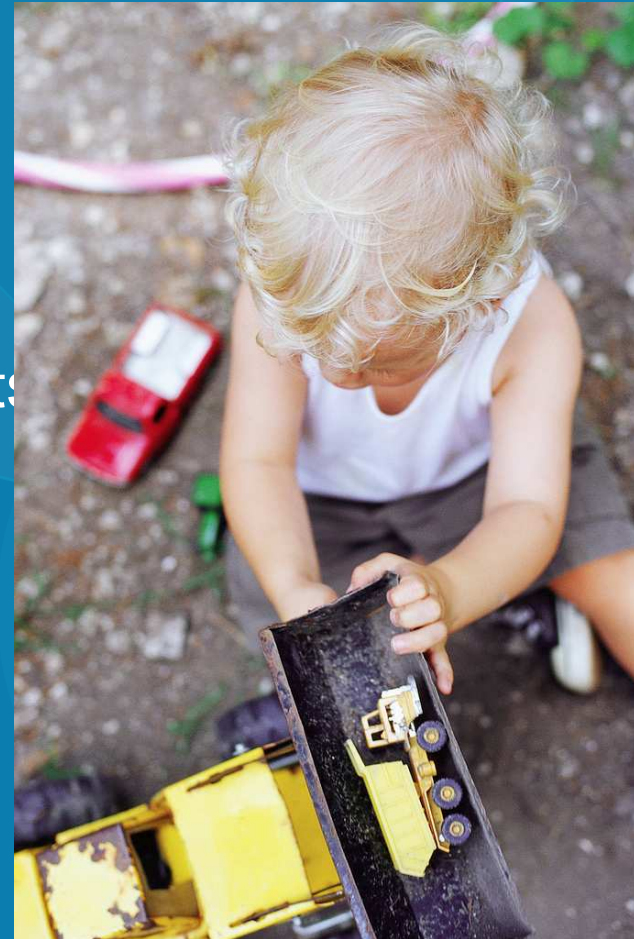
Ph: (03) 8734 1650 Fax: (03) 8734 1660

website: <http://www.rch.org.au/mhs/avfp>

Key areas

- Hear their story
- Follow their lead
- Understand their attachments
- Hold their feelings

- Know ourselves
- Know our practice
- Know the service systems



RCH Addressing Family Violence Programs

The AFVP aims to address the consequences of family violence and provide early intervention to disrupt the intergenerational cycles of violence known to transmit itself from generation to generation. It also aims to create new futures by engaging women, infants and children early in a developmental pathway that challenges family violence and creates links into a comprehensive service support system.

From PARKAS to Peek a Boo

Over 90% of the children (ages 8-12 years) who participated in the RCH IMHS Addressing Family Violence Programs (AFVP) PARKAS (Parents Accepting Responsibility Kids Are Safe) intervention had been exposed to significant family violence from birth onwards.

WE NEEDED TO INTERVENE EARLIER!



The Peek a Boo Club



- Infants from birth to 4 years of age
- An experiential, activity based and interactive format that creates a therapeutic arena for the infant and mother to form and consolidate healthier attachment patterns.
- Facilitation team – Always multi-disciplinary
- Infant led practice
- An 6-8 week, 2 hour group, based in community locations, with an individual intensive pre-group assessment/post-group feedback session and reunion
- Weekly debriefing of group with facilitators, Weekly process notes / observations / planning of group
- Formal supervision provided weekly provided by specialists in infant mental health

An intervention for fathers who have successfully completed a men's behaviour change program



- To accurately read and understand the relational and communicative cues of their infants,
- To develop a curiosity and respect for the subjectivity of their infants,
- To understand the concept of 'holding' their infants, physically, emotionally and psychologically, and
- To appreciate the impact of their relational patterning and behaviours on the emerging relational template, personality and capacities of their infant.

What defines this work?

- Long term impact on the developing infants regulatory systems
- Sensory overload coupled with severe attachment difficulties
- Risk of significant learning difficulties
- Mental health & attachment difficulties that solidify over time

Hear Their Story (How we listen)

Talking about violence with the infant present – Our fears?:

- Is it safe? Are we doing more damage?
- Are we at risk of shaming the mother?
- How do we hold the original couple in mind?
- Is the violence too difficult to give voice to or to change?
- Do we ask what the mother's capacity for violence is?

By not speaking, what are we telling the infant? – it is unspeakable? normal?; the invisible infant; diminishing the impact?



Follow Their Lead: What is Infant Led work?

“Babies are people who are alive and engage with us from the beginning”.

“Holding an infants gaze while thinking about and responding to her”.

We are interested in the babies’ experiences and feelings.



“We are curious about the baby and playfully engage with them to discover their inner world”.

We treat the baby as an individual member of the group with his own unique personality and story.

Understand their attachments

- DV during pregnancy is a risk factor for insecure attachment at age 1*
- Attachment system is activated as child experience 'Threat to caregiver' Threat to environment' and 'Threat from caregiver'
- Women who leave DV relationship more likely to demonstrate balanced postpartum maternal representations*
- strength of an attachment is unrelated to the quality of that attachment.
- dysfunctional relationships are often enduring ones

Levendosky, Bogat, Huth-Bocks, Rosenblum, von Eye, The Effects of Domestic Violence on the Stability of Attachment from Infancy to Preschool, Journal of Clinical Child and Adolescent Psychology, 40(3), 2011.

Hold their feelings (an interactive process)

- Capacity to sit with what we are given – ‘affect regulation’
- Watch Wait & Wonder
- Mentalising: “Seeing yourself from the outside and others from the inside” Jeremy Holmes
- What inhibits to our capacity to reflect – heightened & continuous states of arousal
- What enhances reflective reasoning – stance of curiosity, tolerance of uncertainty, secure sense of self

Know Ourselves: So what do we bring?

How are you
feeling?

What are you
thinking?

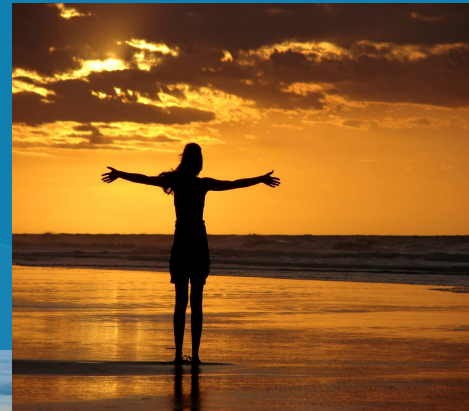
What are you
doing?



The Triune Brain*

conscious

unconscious



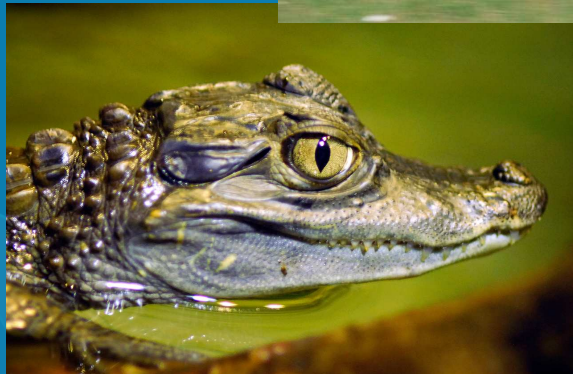
Human

Cortex
(neomammal) –
conscious
thought &
emotion



Horse

Limbic System
(paleomammalian)
– learning, memory
& emotion



Crocodile

Brain Stem
(reptilian) –
arousal, homeostasis,
reproduction

•The Triune Brain coined by Paul MacLean, American Physician and Neuroscientist. “It’s a Jungle in There,” L Cozolino, Psychotherapy Networker, & “The Scientific Contribution of Paul D Maclean”, J Newman & J Harris, The Journal Of Nervous and Mental Disease, 2009.

Know our Practice, what informs our work

- Think 'relational' – relationships caused the trauma, relationships have the best chance of healing the trauma
- Managing your own anxiety
- Building up your confidence slowly (building trust in yourself and trust with your clients)

And other cool stuff...

- Match Mismatch and Repair (Tronick)
- Angels in the Nursery (Lieberman et. al.)
- Ghost in the Nursery (Fraiberg et al.)
- Children's work as an entry point for change
- Relationships as reparative
- Thinking about both the infant and the mother/parent

Influences on adult (parent's) thinking?:

Can be (variable):

Reactive

Unprocessed Trauma

Easily Aroused

Fear / anxiety

Outcome driven

'Black & White' thinking

Operating from their own
earliest implicit memories

Preoccupied with own issues

Know the service system (we may need to act!)

- Understand the Family Violence sector and its services
- Build links with these services
- Be aware of the legal services/laws to support infants and women
- Provide your clients with information and resources
- Be prepared to notify

Suggested Readings/Websites:

- A Stitch in Time Saves Nine - Issues Paper No.30 @ www.aifs.gov.au
- www.austdvclearinghouse.unsw.edu.au
- <http://www.zerotothree.org/site/PageServer>
- www.childabuseprevention.gov.au
- www.rch.org.au/mhs/afvp