



WAIMH2020

17th World Congress

Brisbane Australia | 7-11 June 2020

*Creating stories in Infant Mental Health:
research, recovery and regeneration*



WORLD ASSOCIATION FOR
INFANT MENTAL HEALTH

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Our Infants - Infant Mental Health is a Public Health Matter

Australian Association for Infant Mental Health National Conference

For Baby's Sake: taking a trauma-informed and attachment-based
approach to breaking the cycle of domestic abuse.

Judith Rees

Chair - Mary Hood





Trauma-informed and attachment-focused model



Judith Rees
Director, *For Baby's Sake*



*For Baby's Sake: Intervention Development
and Evaluation Design of a Whole-Family
Perinatal Intervention to Break the Cycle of
Domestic Abuse*

**Jill Domoney, Elaine Fulton, Nicky
Stanley, Amanda McIntyre, Margaret
Heslin, Sarah Byford, Debra Bick, Paul
Ramchandani, et al.**

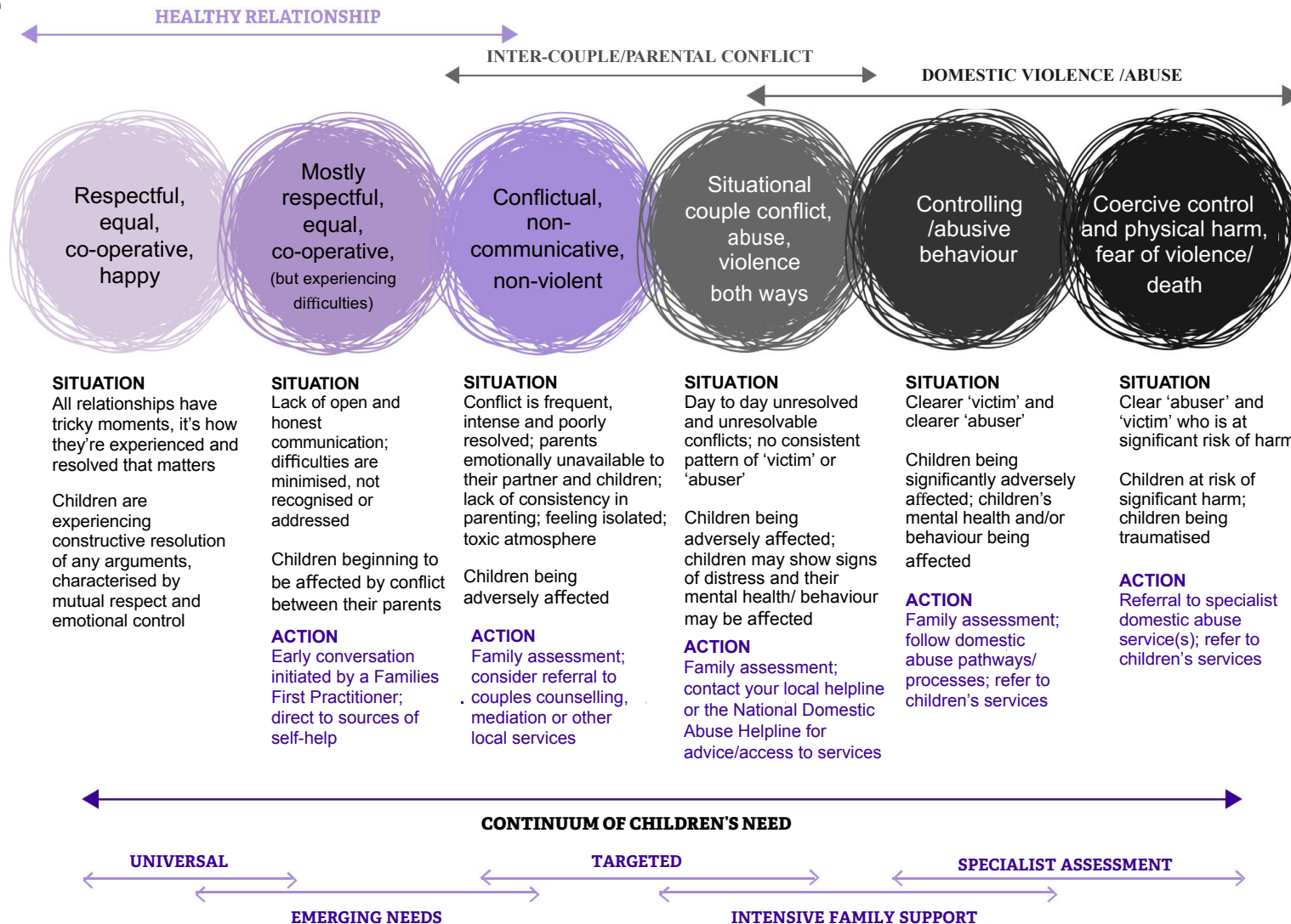
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Parental Relationships Spectrum*



Adapted by the Stefanou Foundation from the model* developed by Dr Mark Farrall, Ignition Creative Learning Limited

www.stefanoufoundation.org

Therapeutic Approach

Whilst Practitioners are not qualified Therapists they have undertaken significant, targeted training with a qualified Therapist and lecturer, in addition to sector experts.

All practitioners understand and adopt therapeutic approaches to support, applying the concepts of empathy, active listening, congruence, reflection and unconditional positive regard in every meeting with service users.

This has the potential benefit of establishing and maintaining meaningful relationships that maximise the possibility for lasting and sustainable change.

Trauma Informed

Our trauma-informed approach offers the service users the opportunity to reflect on their own childhood experiences, make links between the past and the present and make sense of their unconscious world and the motivations that drive their behaviours.

Feelings are validated encouraging an understanding of the trauma they have suffered and its impact on their sense of self.

This approach, that operates within a multi-agency, recovery framework offers service users a unique pathway to overcoming their unresolved trauma.

Attachment Focused Parenting

Attachment Focussed Parenting is key for our service users to avoid intergenerational maltreatment.

Children experiencing DA in their homes will likely present with disorganised attachment styles and For Baby's Sake seeks to ensure that Secure Attachment becomes the reality for all the babies on the Programme.

There are 3 main indicators that resonate with our service users –

- unresolved loss & trauma
- disconnected and often extremely insensitive parenting and
- low parental mentalisation and reflective function and these need addressing within the context of Attachment.

Help clients manage disruptive emotions, deepen self-compassion and empathy, and cultivate the positive emotions that work as an antidote for the brain's negativity bias – the idea is to shift the brain's default option from survival to learning and growth

Cultivate the self-awareness and self-appreciation that help clients heal from toxic shame; keep their inner critic in check and recover their inner well-being

Assist our clients in building their relational skills – reaching out for help, communicating without shame or blame, repairing ruptures and practicing forgiveness
Help our clients identify dysfunctional patterns of coping and discern new choices of behaviour

Help our clients apply evidence-based tools for the five factors that predict genuine post-traumatic growth:

- Acceptance of reality (and the consequences of what happened)

- Resourcing with family, friends, family and community

- Recognising the positive in the midst of the difficult; finding the gifts in the mistakes

- Writing a coherent narrative of events within the larger life story

- Appreciating the new life that emerges because of the difficulties, not just in spite of them

The influence of shame

Shame can increase risk of intergenerational transmission because it reinforces one of the pathways for transmission - avoidance

“Shame works like a zoom lens on a camera.

When we’re feeling shame, the camera is zoomed in tight and all we see is our flawed selves, alone and struggling”

Brene Brown

Recovery when ‘The Body Keeps the Score’

- When triggered, survivors experience sudden overwhelming feelings, sensations and impulses convey the message *‘I am in danger now’* not *‘I was in danger then’*
- Emotional memory converts the past into an expectation of the future, making the worst experiences in our past persist as ‘felt’ realities.

“Recovery is re-establishing ownership of body and mind and this means feeling free to know what you know and feel what you feel without becoming overwhelmed, enraged, ashamed or collapsed” Professor Bessel van der Kolk



*For Baby's
Sake*

holistic

therapeutic

*trauma-
informed*

*attachment-
focused*



What is needed?

- Hope
- Compassion
- Empathy
- Courage
- Meaningful , therapeutic relationship
- Re-write scripts
- Understanding triggers
- Development of resilience
- Desire to change
- Safeguarding unborn baby
- Understanding baby brain development

How is it delivered in For Baby's Sake?

- Underpinned by Attachment Theory
- Trauma focussed approach
- Transactional Analysis
- Psychodynamic
- Creative approaches
- Person Centred
- Gestalt theory
- C.B.T techniques
- Mindfulness
- Motivational Interviewing
- VIG
- Holistic approach to support

Significant unacknowledged, unresolved childhood trauma

SHAME

Deep rooted and toxic

GUILT –

Too painful to admit
feelings

DISSOCIATION –

Numbing, substance
misuse, avoidance, fear

Reality of past experiences, scripts, belief systems,
conditioning, gender stereotyping

Splitting – “all bad” or “all good”, stuck, anger, sadness, blame

Overwhelming feelings – unconscious motivation drives behaviours,
co-dependency, chaos, intergenerational maltreatment

Vulnerability – fragile sense of self

Cannot face the reality of loss & trauma - denial, nihilism, despair - abuse

For Baby's Sake -

Link past to present, understand unconscious motivation,
trauma- informed, attachment-focused, therapeutic & holistic approach

For Baby's Sake babies -

Secure attachments, less likely to have ACEs, capacity to flourish

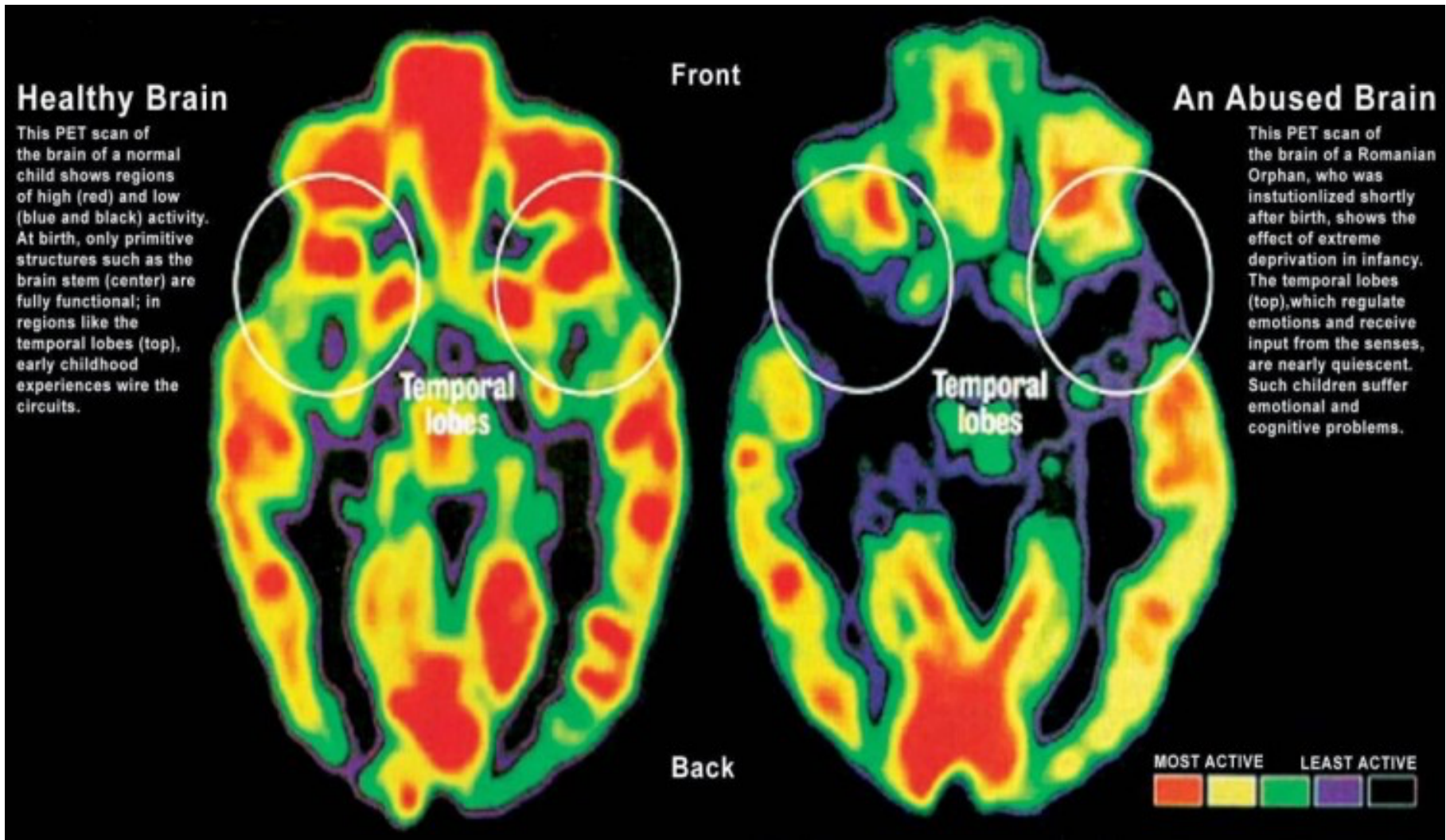
Three Core Concepts in Early Development

3 Toxic Stress Derails Healthy Development

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD

Center on the Developing Child  HARVARD UNIVERSITY

Healthy and Abused brain scans





For Baby's Sake –
Preventing babies going into care

What are ACEs

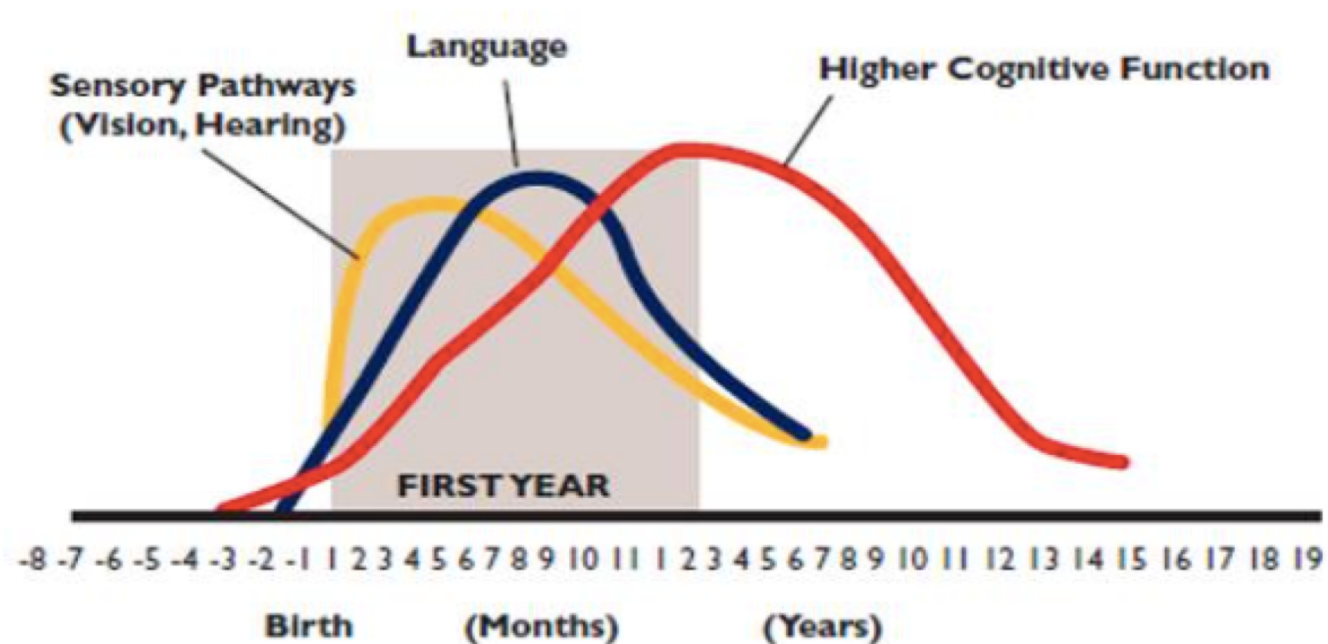
– and how do they affect our work?

- ‘Adverse Childhood Experiences (ACEs) are stressful experiences occurring during childhood that directly harm a child (e.g. sexual or physical abuse) or affect the environment in which they live (e.g. growing up in a household with domestic violence)’ Bellis et al
- Every day we encounter the trauma in adults caused by ACEs in childhood

ACEs —→ Trauma —→ Disengagement

- Guarded approach to connecting with others
- Reduced capacity to tolerate relationship or a therapeutic intervention
- Lack of willingness / capacity to verbalize and share historical or current experiences
- Historical or ongoing experiences of disconnect, disrespect, and disengagement from system and providers
- Lack of shared understanding of “the problem”

ACEs – Critical time

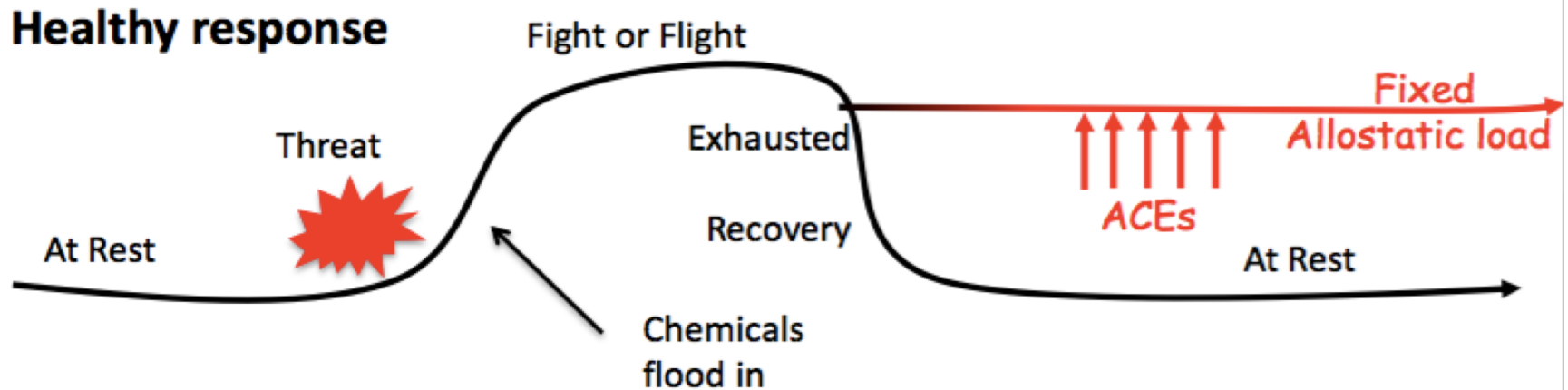


Data source: C. Nelson (2000); Graph courtesy of the Center on the Developing Child at Harvard University

- In the first 2 years a baby's brain grows from 25% to 80% of its adult size
- Development continues in childhood learning empathy, trust and community

ACEs, trauma and brain development

Trauma response and the impact of ACEs on brain development



Chronic Stress from ACEs over-develop 'life-preserving' part of the brain.

Risks associated with ACEs

Compared with people with no ACEs, those with 4+ ACEs are:

2 times more likely to currently binge drink or have a poor diet

3 times more likely to be a current smoker

4 times more likely to have had sex while under 16 years old or to have smoked cannabis

4 times more likely to have had or caused unintended teenage pregnancy

8 times more likely to have been a victim of violence in the last year or ever been incarcerated

10 times more likely to have been a perpetrator of violence in the last year

Preventing ACEs in future generations could reduce levels of:



**Early sex
(before age 16)
by 36%**



**Unintended teen pregnancy
by 44%**



**Smoking
(current)
by 25%**



**Binge drinking
(current)
by 22%**



**Cannabis use
(lifetime)
by 45%**



**Heroin/crack use
(lifetime) 54%**



**Incarceration
(lifetime) 50%**



**Violence perpetration
(past year) 61%**



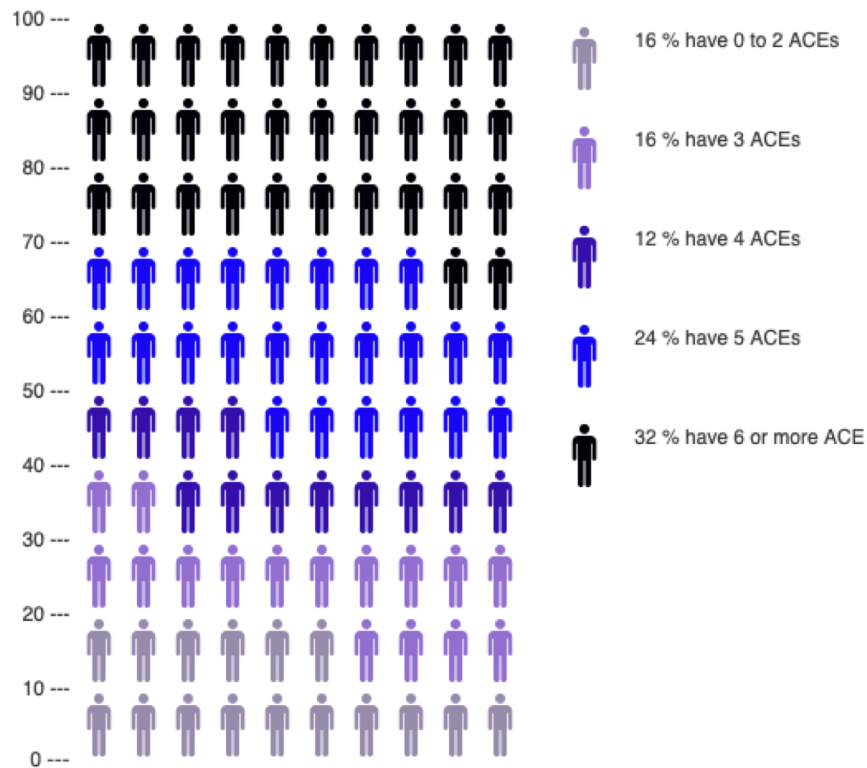
**Violence victimisation
(past year) 56%**



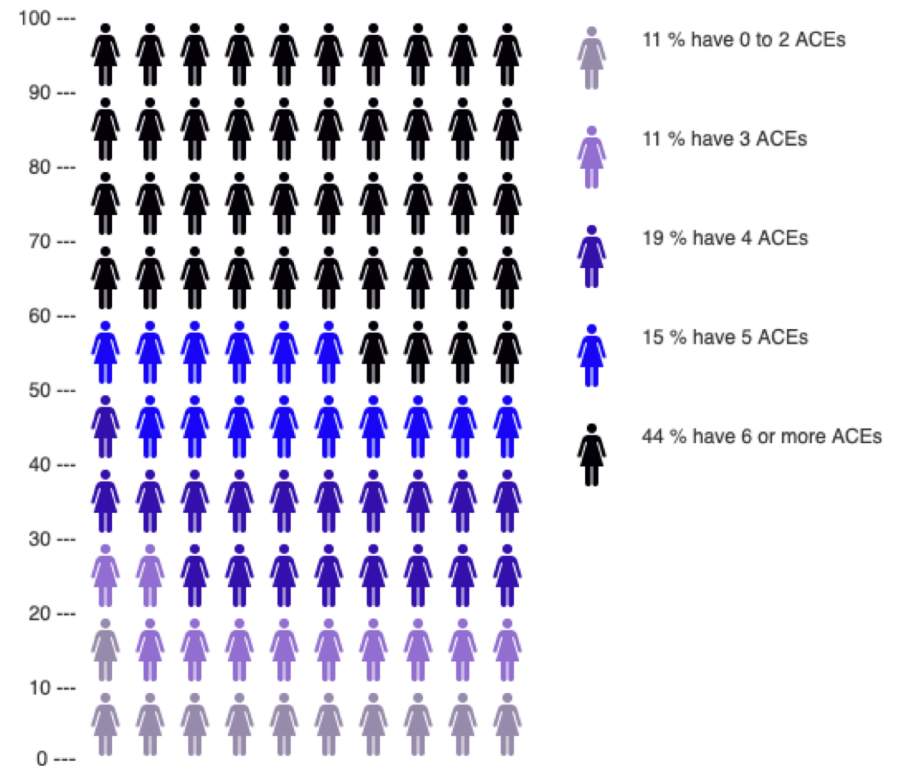
**Poor diet (current;
<2 fruit & veg
portions daily) 14%**

Adverse Childhood Experiences of current Hertfordshire service users

Male co-parents



Female co-parents



Comparative data from Centre for Public Health, Liverpool John Moores: ACEs study (Stevenage)

For every 100 adults in Stevenage 46 have suffered at least one ACE during their childhood and 10 have suffered 4 or more



Figures based on population adjusted prevalence in adults aged 18-69 years in Stevenage

CHILD MALTREATMENT



Verbal abuse
88% (n=46)



Physical abuse
67% (n=35)



Sexual abuse
13% (n=7)

CHILDHOOD HOUSEHOLD INCLUDED



Parental separation
73% (n=38)



Domestic violence
male perpetrator
60% (n=31)

female perpetrator
12% (n=6)



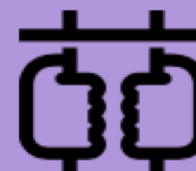
Mental illness
31% (n=16)



Alcohol abuse
48% (n=25)



Drug use
27% (n=14)

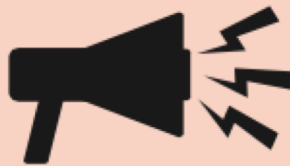


Incarceration
6% (n=3)

Comparative data: ACEs study (Stevenage)

How many adults in Stevenage have suffered each ACE?

CHILD MALTREATMENT



Verbal abuse
24%



Physical abuse
14%



Sexual abuse
6%

CHILDHOOD HOUSEHOLD INCLUDED



Parental
separation
20%



Domestic
violence
16%



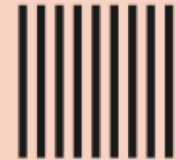
Mental
illness
11%



Alcohol
abuse
11%



Drug use
4%



Incarceration
3%

Intergenerational impact of ACEs



COMPLEX NEEDS



Domestic abuse
100% (n=52)



Smoking tobacco
25% (n=13)



Housing need
37% (n=19)



Suffering mental
illness
63% (n=33)



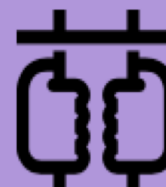
Alcohol abuse
12% (n=6)



Drug use
23% (n=12)



Physical condition
or chronic illness
15% (n=8)

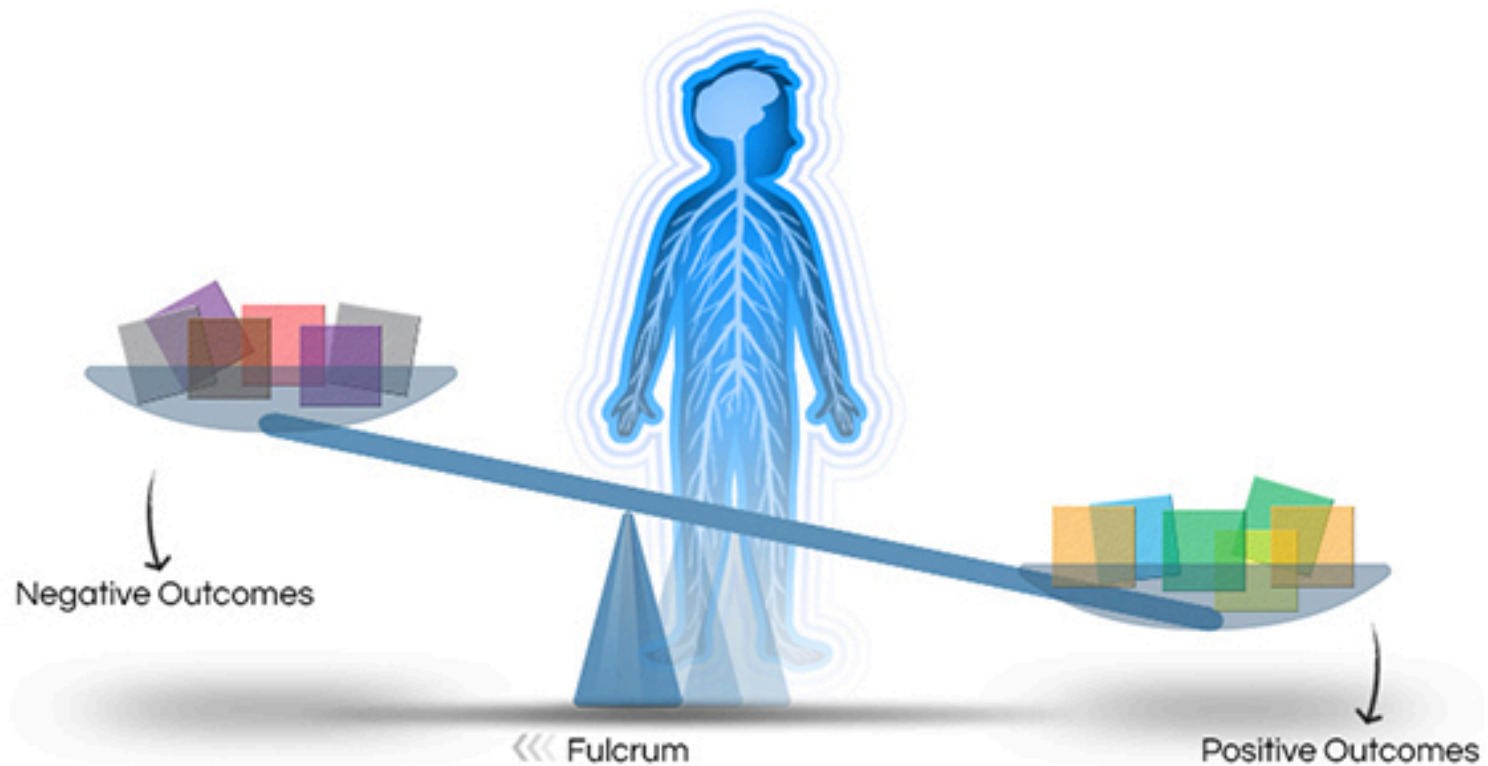


Criminal activity
17% (n=9)



Previously a
Looked After Child
27% (n=14)

What can make a difference – Resilience



VIG provides a turbo-charged attunement experience

- Not only does it emphasize the importance of the 4 principles of attuned interactions and guidance
- It also captures this wonderful positive and often moving experience by videoing it
- And then replaying it to the parent with the empathic support of the guide in the shared review
- Which provides in an ingenious way a triangle that includes the parent and guide resonating together in front of a happy baby in a moment of joyous attunement(with the likely release of oxytocin to boost!)

VIG Promotes resilience

- Increases the parent's sensitivity and emotional attunement to the infant or child-key transmitter of secure attachment
- Increases parental reflective function and mindedness- key transmitter of secure attachment
- Whilst it simultaneously:
 - reduces stress and increases self-confidence
 - inspires hopefulness and joy, even in disadvantaged contexts
 - activates service users to solve their own problems and therefore empower them

Can we recognise the capacity to demonstrate resilience?

Answer: No, not until it's tested!

- “ Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress such as family and relationship problems, serious health problems or workplace and financial stressors. It means "bouncing back" from difficult experiences.
- Resilience is not a trait that people either have or do not have. It involves behaviours, thoughts, feelings and actions that can be learned and developed in anyone. In many senses it's more like a process than a characteristic.
- A combination of factors contributes to resilience. Many studies show that the primary factor in resilience is having caring and supportive relationships within and outside the family. Relationships that create love and trust to providing role models who can offer encouragement and reassurance helping to enhance a person's resilience.

Resilience – a characteristic or a process

Several additional factors are associated with resilience, including:

- The capacity to make realistic plans and take steps to carry them out.
- A positive view of self and confidence in your strengths and abilities.
- Skills in communication and problem solving.
- The capacity to manage strong feelings and impulses.

All of these are factors that people can develop for themselves given the right support.

Factors promoting resilience in all phases of the lifecycle:

- Strong social support networks.
- The presence of at least one unconditionally supportive parent or parent substitute.
- A committed mentor or other person from outside the family.
- Positive school experiences.
- A sense of mastery and a belief that one's own efforts can make a difference.
- Participation in a range of extra-curricular activities.
- The capacity to re-frame adversities so that the beneficial as well as the damaging effects are recognised.
- The ability or opportunity to 'make a difference' by helping others through part-time work.
- Not to be excessively sheltered from challenging situations providing opportunities to develop coping skills.

Remember

Resilience is not:

- Constant over time –
- Not simply due to personal qualities of an Individual



Its never too late

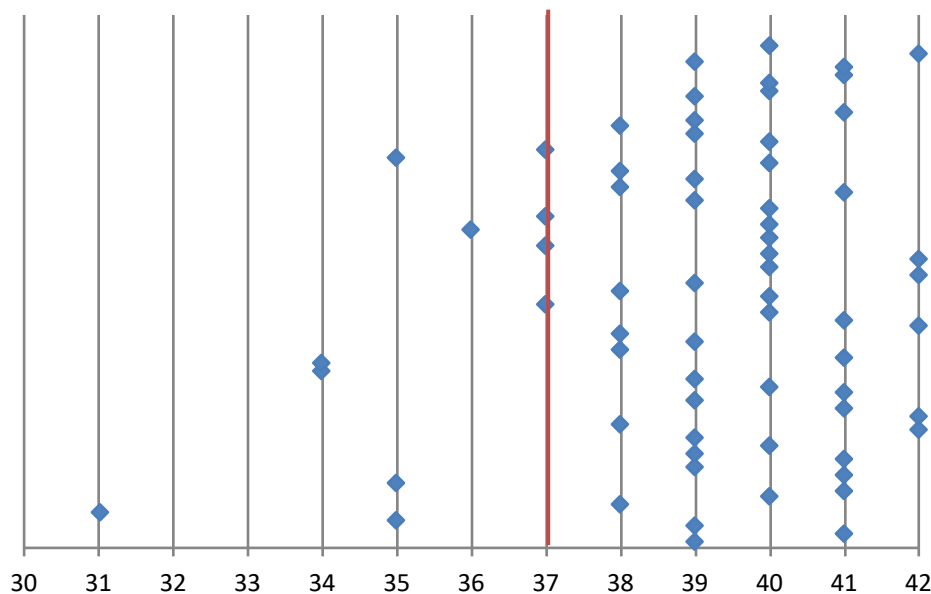
Core Capabilities

Gestation at birth of *For Baby's Sake* babies (for all those engaged)

Hertfordshire

Pre-term

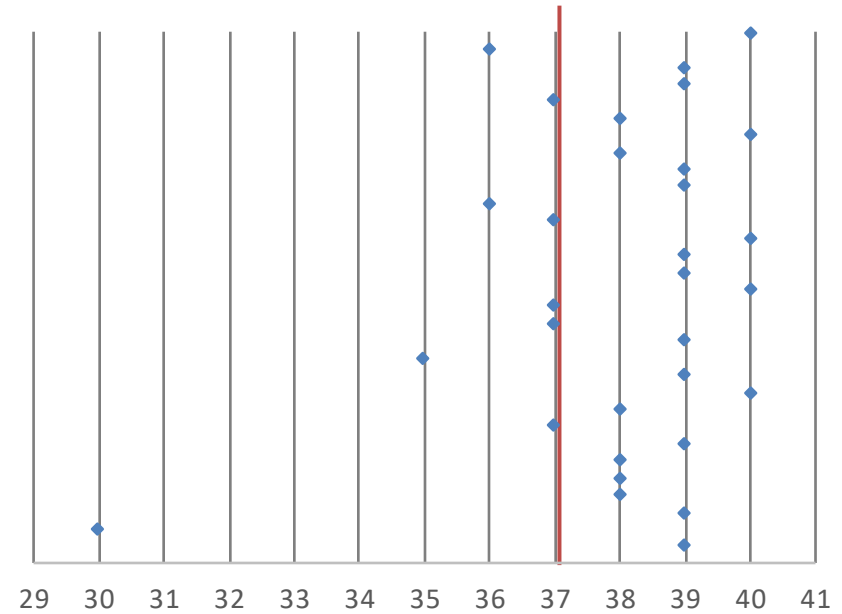
Full-term



Three Boroughs

Pre-term

Full-term



Birth weight of *For Baby's Sake* babies (for all those engaged)

Hertfordshire

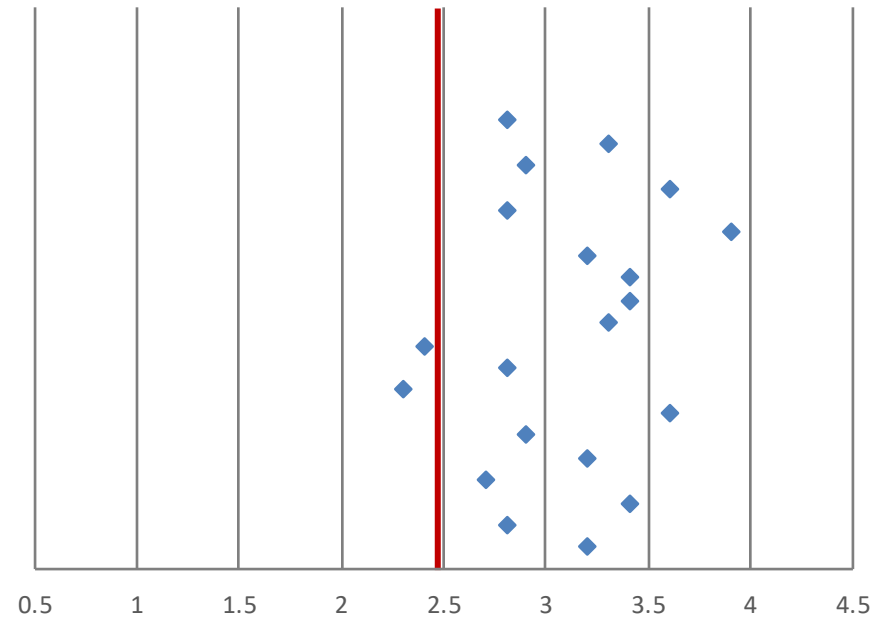
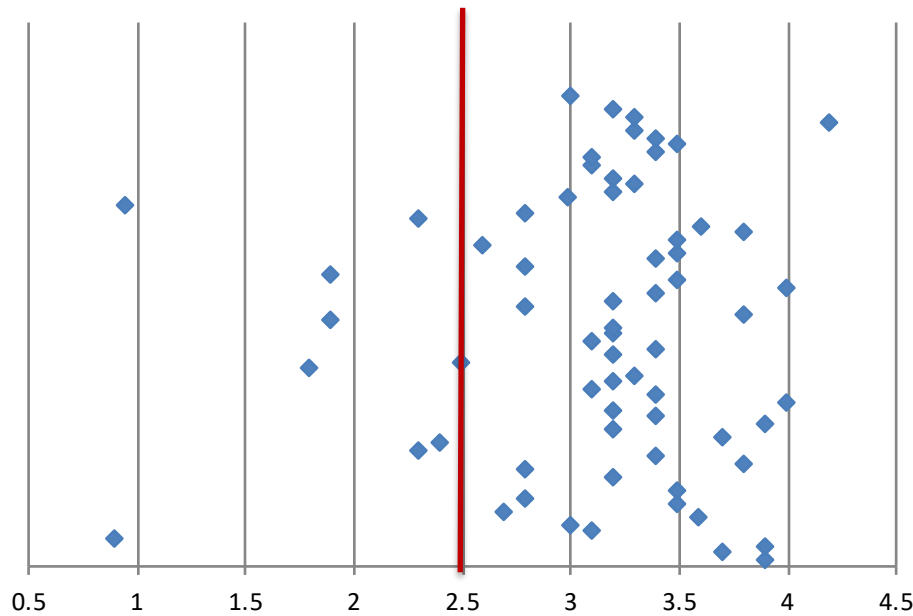
Three Boroughs

Low birth weight

Normal birth weight

Low birth weight

Normal birth weight

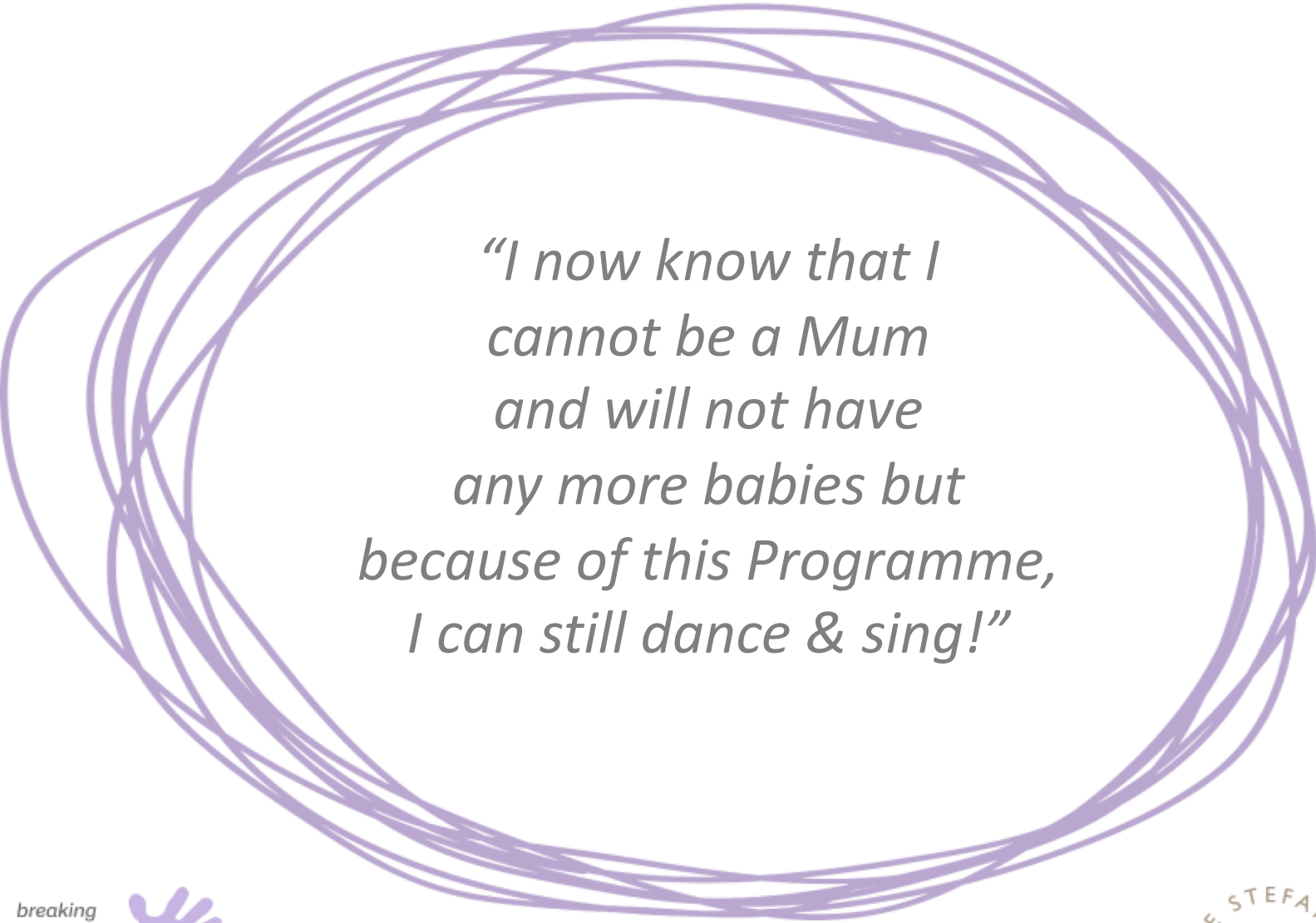


Weight in kgs

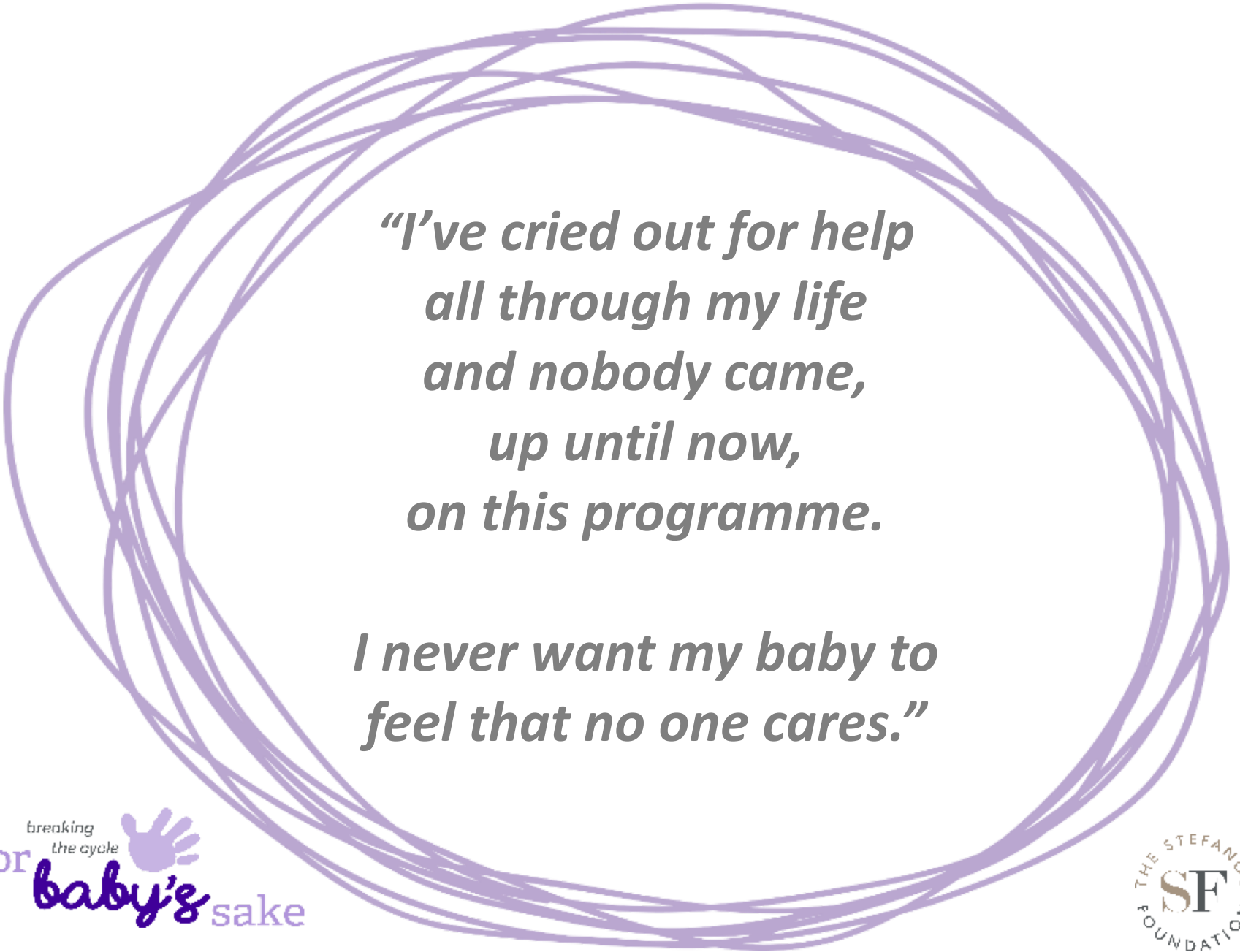
Completion and attrition rates for those who joined August 2018 – August 2019

	Total who joined in this period	Completed programme when child reached age 2	Planned early ending after co-parent disengaged	Planned early ending – service user felt needs were fulfilled	Attrition (premature or unplanned ending)	Still taking part in For Baby's Sake
Women	24	N/A	0	0	1	23
Men	24	N/A	0	0	2	22

- Combined data for Hertfordshire and London, covering all parents who signed up to full programme after completing *'Getting Started'*
- Current attrition rate for this cohort is 6.25% overall

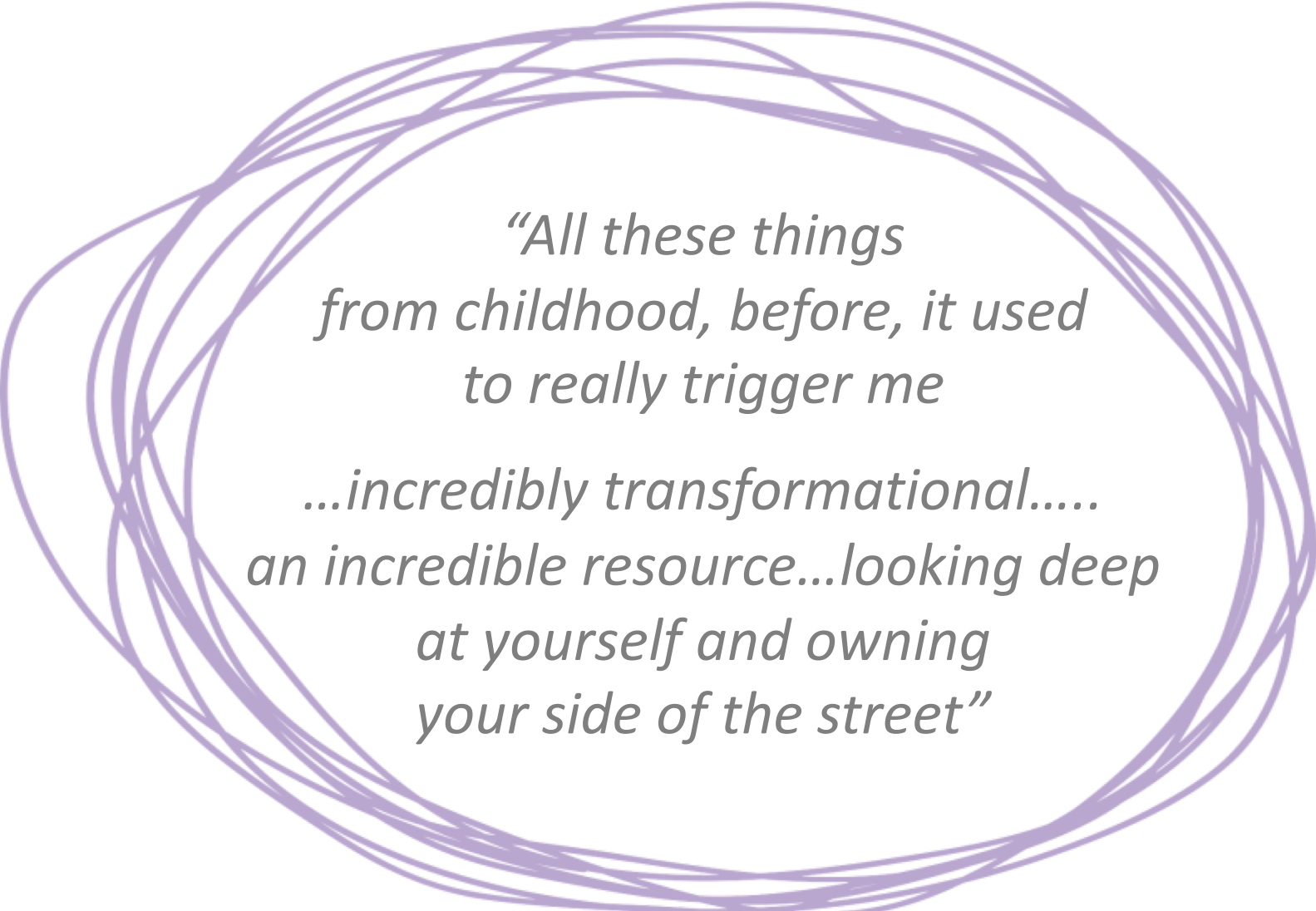


*“I now know that I
cannot be a Mum
and will not have
any more babies but
because of this Programme,
I can still dance & sing!”*



***“I’ve cried out for help
all through my life
and nobody came,
up until now,
on this programme.***

***I never want my baby to
feel that no one cares.”***



*“All these things
from childhood, before, it used
to really trigger me
...incredibly transformational.....
an incredible resource...looking deep
at yourself and owning
your side of the street”*

To find out more,
read our paper in
the Journal of
Family Violence
and stay in touch
for news of the
final evaluation
report by King's
College London

*For Baby's Sake: Intervention Development
and Evaluation Design of a Whole-Family
Perinatal Intervention to Break the Cycle of
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Thoughts and Questions ?





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