Therapeutic Interventions with Parents & Children in the "Casa Aurora" Community

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villa renata

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Germany**

theory	→	• Theoretical Basis • Therapeutic Functions • Parenting
Intervention Tools	→	• Observation • Intervention • Research
Intervention	→	• Mother • Child • Mother-child relationship
Research	→	•Background of the patients
Pilot Research	→	•Pilot program on parenting roles

Theory

THEORY

The Institution

It can be represented as a large machine characterized by automations and repetitive motions. Eventual changes can only come about slowly and often only through outside help.

It can be understood as a group that is held together by strong bonds of affection, a common history and shared language (social-analytical model).

<u>Affectivity</u> refers to a sense of belonging, group spirit, identification with a given task, feelings of great potential that have a molding affect on the members of a group.

<u>History:</u> memory which is largely unknown, partially inhibiting and essentially blocking the understanding of one's own self. If you don't know this, or you don't remember it or you deny it, no one will tell it to you, which in turn becomes an obstacle impeding your progress.

<u>Language:</u> Each institutional group creates its own language, with certain predominating guidelines and role players resulting from its history. Each institution has terminologies which allow members of the institution the perception of belonging to a family of its own. However these terminologies often prevent strangers from decoding its meaning.

THEORY

AFFECTIVITY   HISTORY
LANGUAGE

An institution's ability to represent itself, that is **its capability to think about itself, to narrate its history, to understand its phases and to observe who it is and who is was and to imagine what it could become.**

Supervision
Allowing space to step out of the routine and to think about one's own experience, perhaps even in emotive terms.

THE OBJECTIVE IS TO DEFINE ONE'S OWN IDENTITY AND THE PURPOSE OF ONE'S TREATMENT

THEORY

That which renders one's own existence conceivable, renders one's own reality and maternity conceivable and ultimately allows for a change, is accomplished not by the instruments at hand (albeit highly refined ones), but by a team and indeed an institution with great commitment and competence . . .

**Method of treatment** → ← **Method of change**
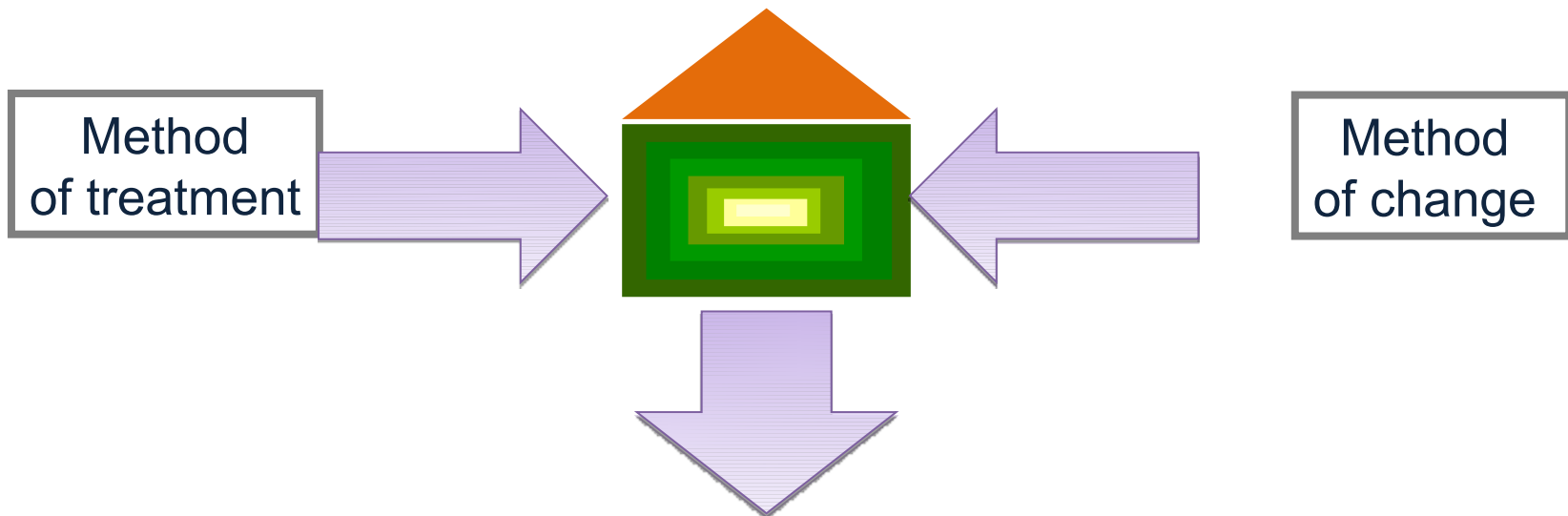
A psychic apparatus containing and integrating various aspects, fragments, and contrasting pulses, ultimately allowing one to gain some kind of sense.

RESIDENTIAL COMMUNITY

A receptacle where all of the therapeutic and educational strategies are integrated and are completed in a sort of game of Chinese boxes, where each "box" has meaning as long as it's contained in a larger box which protects and reassures its continuity.
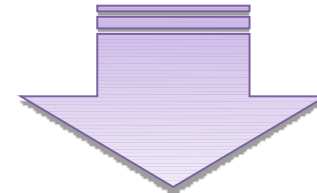
SPACE THAT GATHERS AND CREATES FUNCTIONAL RELATIONSHIPS FOR THE EVOLUTION OF THE PSYCHE.

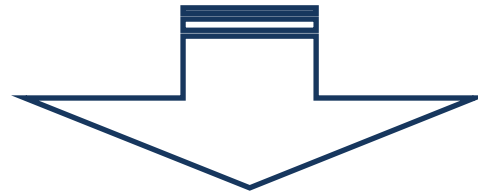THE PRIMARY COMPONENTS OF A PATIENT'S TREATMENT

Collecting

Narration

Integration

Sustaining a productive relationship

**Favouring the development of a healthy psyche**

TEORIA

An interesting perspective on children's precocious relationships with the significant figures of their lives is formulated by JOHN BOWLBY in his THEORY OF ATTACHMENT.

According to this approach the human child, similar to the offspring of other species, is predisposed from birth to develop a BOND with at least one person who cares for it in an intimate and significant way.

The creation of a BOND OF ATTACHMENT strives towards the creation of a protected condition and thus creating a feeling of safety within the child.

The IWM seem to guide parents in the protective behaviour directed towards the child, creating with him a quality attachment relationship analogous to the one experienced in the parent's own infancy.

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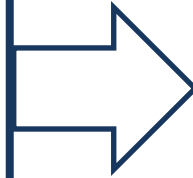
Assumption of the inter-generational transmission of attachment styles

i.e. "a child with a sure attachment will be an adult with a sure attachment."

One of the selected and most widespread tools for the evaluation of attachment representations, using early infancy, through a narrative form is "ADULT ATTACHMENT INTERVIEW" (AAI) by George, Kaplan e Main (1985)

It takes the form of a semi-structured interview composed of a series of unvarying questions that focus on the reconstruction of the subject's own experiences of attachment with his/her significant figures from infancy.

TOOLS

TOOLS

TOOLS ACTIVATED DURING THE MOTHER-CHILD COMMUNAL INTERVENTIONS

OBSERVATION	INTERVENTION	RESEARCH
The observation phase* is directed towards the mother and the child, whose relationship unfolds within a particularly protective context, such as the communal one.	The intervention phase provides the activation of special tools for the mothers as well as for the children and their relationship.	The research ** begun on different levels, fundamental for the monitoring and the growth of various tools.

* In collaboration with the Developmental Psychology Department of the University of Padua

** In collaboration with the Developmental Psychology Department of the University of Padua and the Euro-TC Association.

TOOLS

Child: Observation plans structured and aimed at gathering information on the quality of psychic performance regarding cognitive aspects, relational affection in the context of care, to emphasize the evolutional resources and to plan eventual interventions.

Mother: Multiple observations that confirm the clinical situation and diagnosis of the patient (state of dependence and psycho-socio-biological damage, analysis of the question and capacity for introspection.

Mother-child relationship: An observational schematic specific for the context in which it's administrated becomes preliminary for the intervention/support plan.

INTERVENTION

THE INDIVIDUALIZED THERAPEUTIC PROJECT

The ITP is:
•An inter-institutional project between health care providers and social services;
•An individualized therapeutic project for the patient aimed at addiction problems and parenting roles;
•An Educational/therapeutic project individualized for the minor

It contains:
• Therapeutic aims and objectives;
• A work itinerary;
• Tecnology;
• Methodologies, techniques e tests;
• Ways of involving the family

Time Periods:
• Defined within the second month of in-service;
• Frequently tested, possibly bi-monthly;
• Extra tests for particularly difficult cases.

INTERVENTION

Interventions applied to mothers

Specialized interventions

•Psycho-Diagnostic Evaluation
(Rorschach test, Scid, Adult Attachment Interview)

•Medical evaluation

•Weekly individual psychotherapy;

•Weekly group psychotherapy;

•Psycho-educational workshops;

•Daily educative activities done individually or in groups.

Interventions applied to the child

Specialized interventions

• Indirect diagnostic evaluation on the development level, the level of adaptment to the environment and the quality of the attachment style

• Individual or group psychotherapy, if necessary

• Medical and psychological evaluation

• Individual or group psycho-motor skills development sessions

• Individual scholastic assistance

• Pet Therapy

• Individual assistance at specific times throughout the day (meals, nap time or during structured play.

INTERVENTION

Interventions regarding the mother-child relation —————— General Objectives

•Accompany and assist mothers in their educational tasks: helping them to focus their attention on the relationship with their child;

•Allow for and highlight possible doubts, fears, and difficulties encountered;

•Recognize and strengthen the parenting abilities already present;

•Allowing mothers to experiment and learn new forms of communication and interaction with the child;

•Helping to recognise and satisfy the needs and requests of the child;

•Prepare intervention objectives which correspond to the problematic areas that from our experience are frequently confronted by these couples. Providing evaluation charts that demonstrate the response to the proposed activity.

INTERVENTION

Interventions regarding the mother-child relation ——————— Work Program

•Structured observation on the mother-child observation (chart) in the initial work phase.

•Teamwork for supervision to distinguish in a collaborative way the most problematic areas that require specific intervention.

•Collaboration over the emerging problems and on the mother's intervention project.

•Creation of a structured space (laboratory) with a specially trained operator working with two or three mother-child pairs on the specific and shared objectives for a pre-determined time period of one month.

•Observation and registration of the results of the mother and of the couple in the activity undertaken.

INTERVENTION

The Context ──── <u>Assistance with family relations</u>

• The relationships with the relatives of our guests are maintained according to the families availability. The guests can meet with and telephone their relatives arranging with them times and ways of meeting with the pertinent operator. The pertinent operators meet with the relatives periodically or according to the needs of the program.

• When necessary cyclical meetings are organised to meet with the families of origin. The meetings are held by the director of the organisation and aim at tracing back the problematic areas within the family web that impede functional communication.

• The guests are free to write and to receive mail. The letters received are opened, but not read, in the presence of the operator.

• Family visits are guaranteed to the children and are held in a protective environment, in the presence of an educator, or freely, according to the needs of the Child Care Services.

• Parents of the guests are invited at the beginning of the year to attend a support group that the Management Agency (Villa Renata) organises for the relatives of the guests being served by both Villa Renata and Casa Aurora. The groups hold their meetings twice a month. The meetings are conducted by a psychotherapist and are held in locations outside of those where the guests reside.

INTERVENTION

The Contest

<u>Assistance aimed towards the partner and/or father of the minor</u>

• Whether or not there's a relationship between the guest and the child's father, the community guarantees the right for fathers to visit their children, as long as its allowed by the referral service.

• The child's father is invited to get to know the organisation and the child's pertinent operators. Visits are organised following the norms prescribed by Child Social Services.

• For those couples who desire it or believe it necessary, the community has services available which aim at educating the couple on their parenting responsibilities.

INTERVENTION

The Context ——————— <u>Working through networks</u>

The services prevalently involved in the community caretaking project are:

- Drug Service, services involving the majority of the adults
- Child Social Services – Family Counsellors
- Tribunals for Minors
- Hospital Services (Paediatrics, Gynaecology, Infectious Diseases)
- Medicine and Regular Paediatrician
- Family Counsellors
- Infant Neuropsychiatrist
- Pre-school –Day Care
- Local Entities and Associations
- Private Social Agencies

PILOT RESEARCH

RESEARCH PARTICIPANTS

12 resident mothers in the mother-child therapeutic community
Median age (31; Range 22-41)

AGE WHEN SUBSTANCE USE BEGAN

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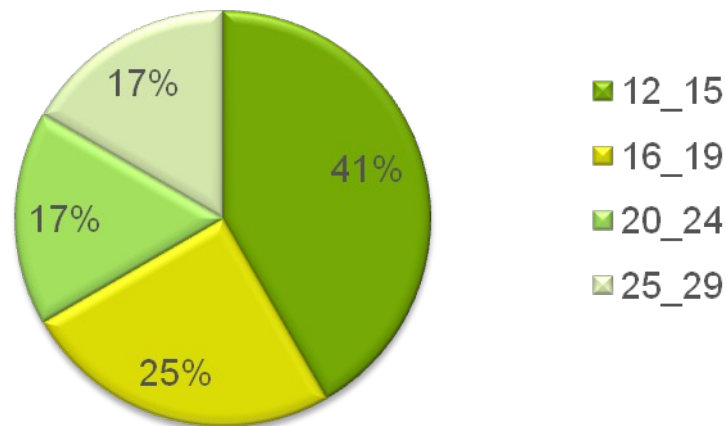
ENTRANCE INTO THE COMMUNITY

INGRESSO IN COMUNITÀ

- 12_15
- 16_19
- 20_24
- 25_29

17%
17%
41%
25%

- 2007
- 2008
- 2009
- 2010

17%
33%
42%
8%
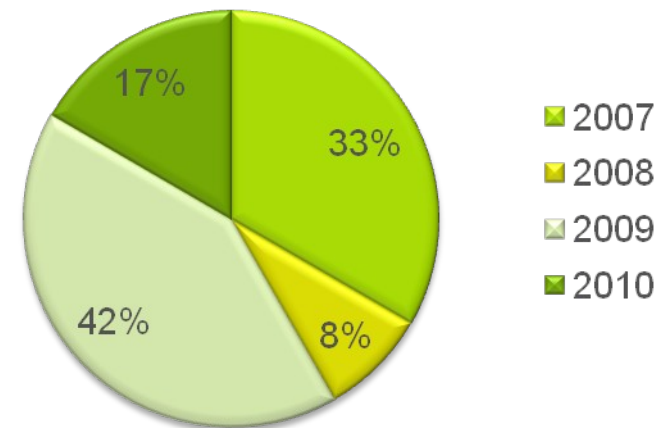
PILOT RESEARCH

RESEARCH TOOLS

AAI (George, Kaplan e Main, 1985)
Adult Attachment Interview for the Evaluation of Infant Attachment

Main e Goldwyn (1994):
5 Point Scales; 9 Point Scales of Mental Health (Likert 1-9)

CECA (Childhood Experience Of Care And Abuse, Bifulco, 2006)

SCID (Spitzer et al, 1987)
Semi-Structured Clinical Interview for the Evaluation of personality disorders as defined in Cluster B DSM

What is the prevalent attachment style?

STILI D'ATTACCAMENTO

Legend:
- F
- E
- DS
- CC/U

Pie chart segments labeled: 2, 4, 1, 5
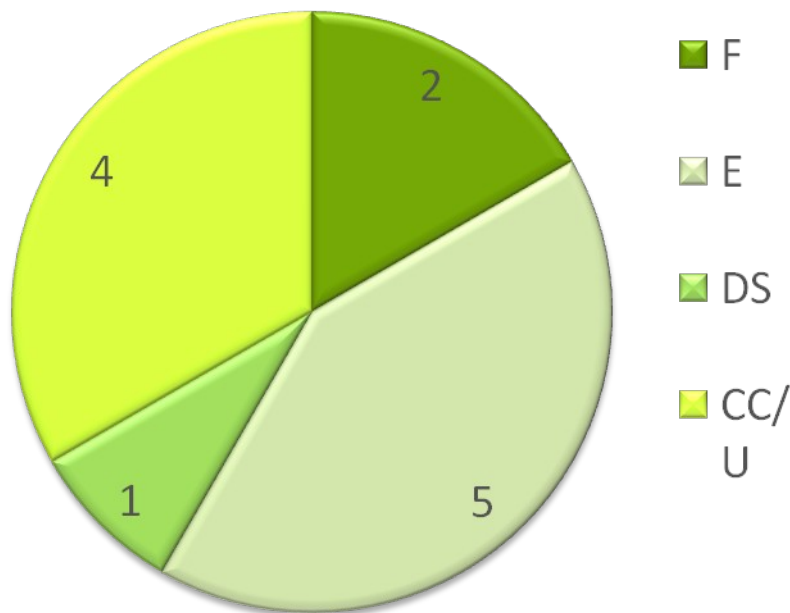
Ten out of twelve mothers demonstrate an insecure attachment style with respect to their family of origin

WHAT IS THE RELATIONSHIP BETWEEN EDUCATIONAL AND ATTACHMENT STYLES?

STILE EDUCATIVO
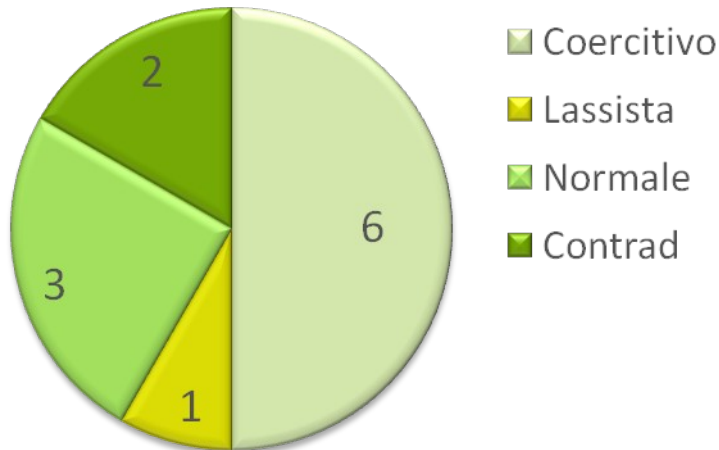
STILE EDUCATIVO E ATTACCAMENTO
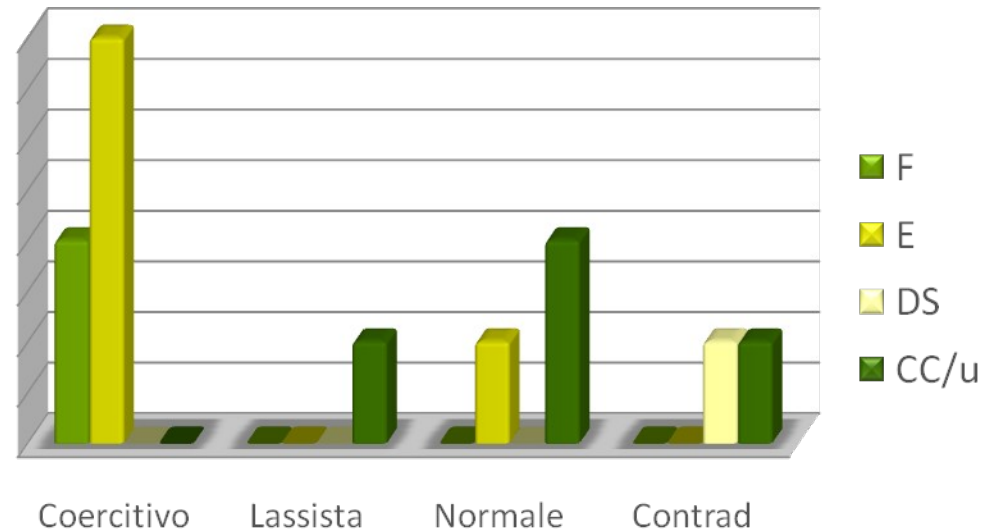
The prevalent educational style is coercive, which shows a prevalent association with the worried attachment style. Only in 25% of the cases did the mothers show a normal educational style.

## What is the relationship between abusive episodes and attachment?

TIPOLOGIA D'ABUSO

- abuso psicol
- abuso fisico
- Misto
- Nessuno

STILE DI ATTACCAMENTO E ABUSO

- F
- E
- DS
- CC/U
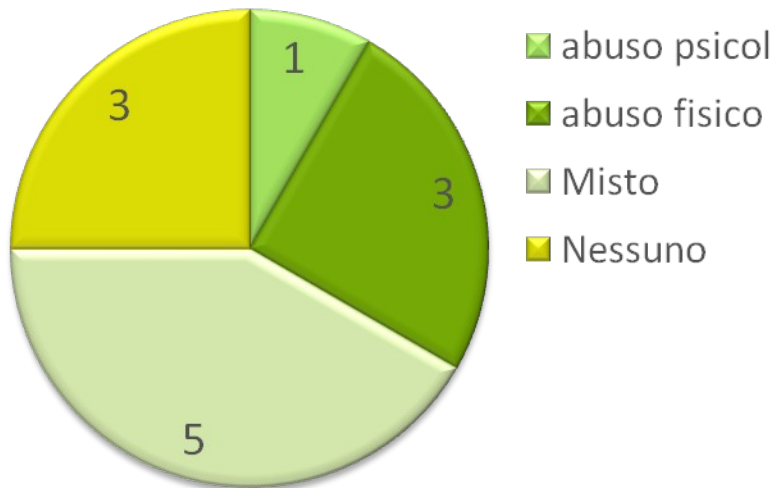
75% of patients report having experienced some form of abuse. Particularly mothers with an involved attachment style report a prevalent experience of physical abuse.
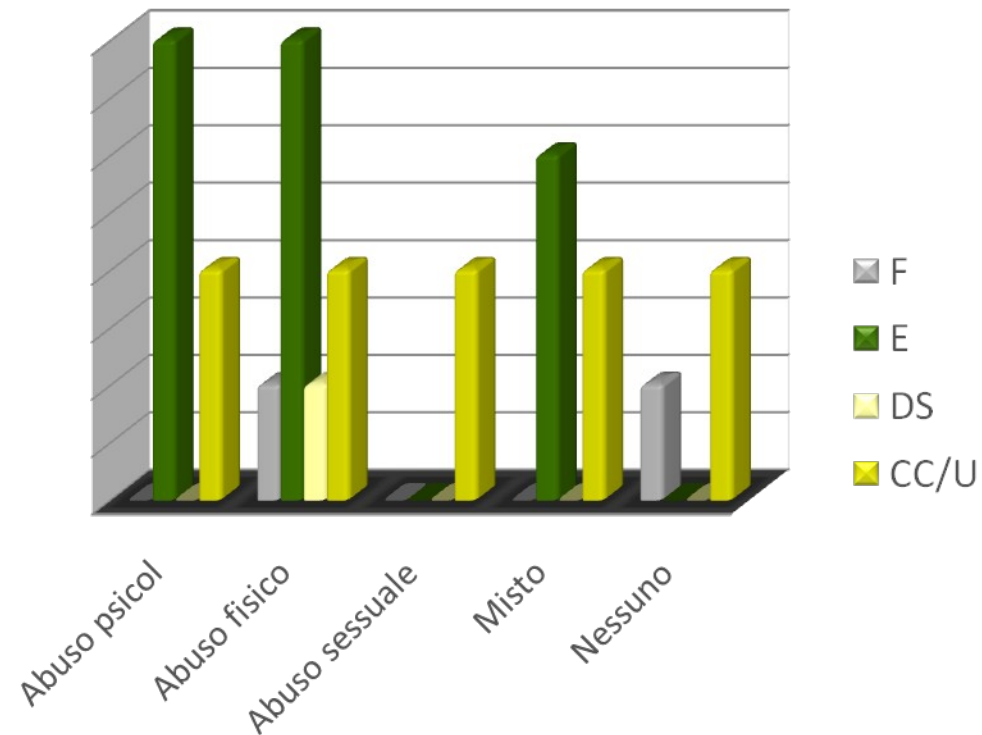
**What is the relationship between diagnosis and attachment?**
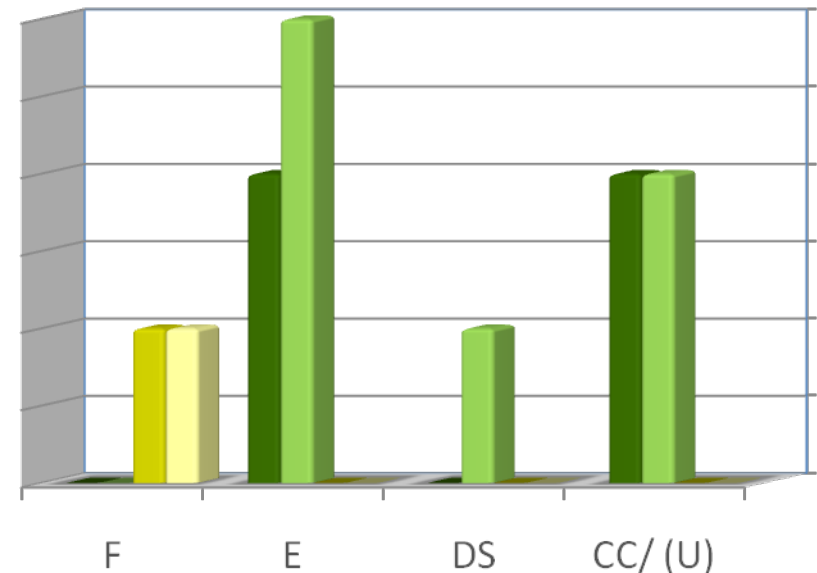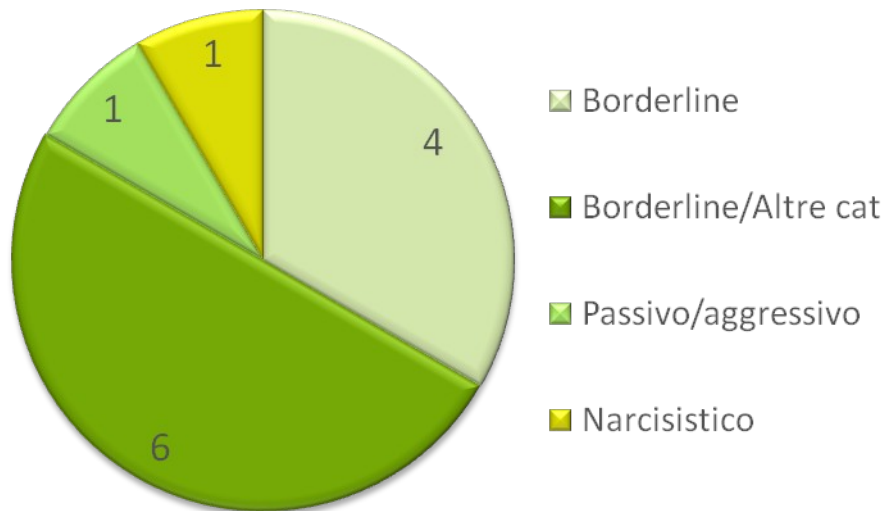
The majority of the patients demonstrate a double diagnosis in Cluster B with borderline characteristics. All of the patients with a double diagnosis demonstrate an insecure attachment style.
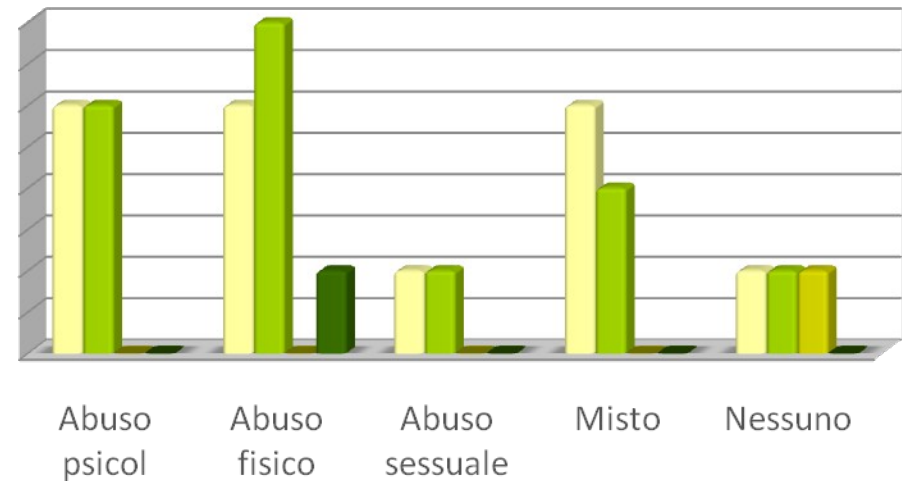
What is the relationship between diagnosis and traumatic experiences?

STILE EDUCATIVO E DIAGNOSI

- ■ Borderline
- ■ Misto
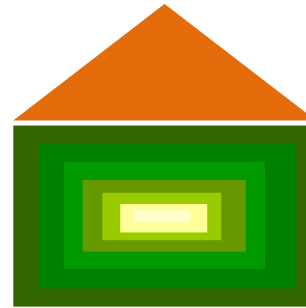- ■ Passivo-Agressivo
- ☐ Narcisistico
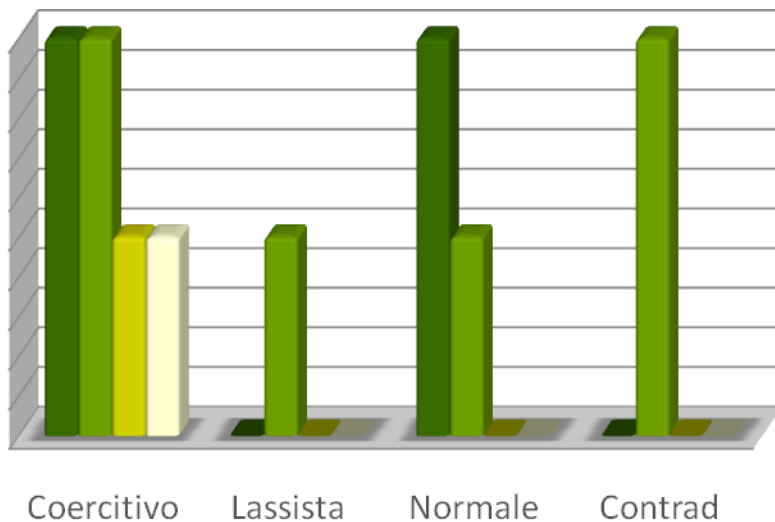
TIPOLOGIA D'ABUSO E DIAGNOSI

50% of the patients have experienced physical or psychological abuse. In all of these cases the patients have a diagnosis with borderline aspects.

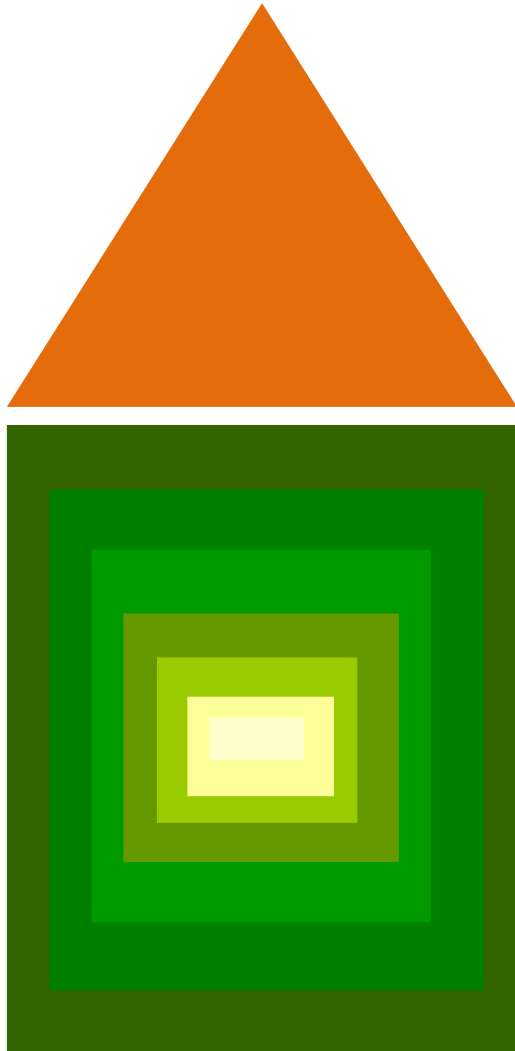**What type of intervention?**

Precocious Traumatic Experiences (coercive or abusive style)

INSECURE ELABORATION TIED TO FAMILY OF ORIGIN (involved style)

BORDERLINE PERSONALITY DISORDER

THE TEAM

1 PSYCHOTHERAPIST – DIRECTOR
2 PSYCHOTHERAPISTS
1 PSYCHIATRIST
1 RESEARCH PSYCHIATRIST
12 EDUCATORS
2 PAEDIATRISTS
2 VOLUNTEERS