EARLY INTERVENTION with MULTI-RISK FAMILIES

An Integrative Approach

by

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interventionist also encouraged them to talk about their experiences growing up and related them to their parenting. These discussions were revealing for both Joan and Michael and allowed them to be more communicative and understanding of each other and more open to trying new parenting techniques together.

**Play Therapy**  Mark’s intervention began with a nondirective approach to play therapy in which the interventionist encouraged him to expand his play themes and to include richer characters in stories that he acted out. He was supported to use play activities to resolve some of his conflicts and concerns, such as issues over his adoption, fear that his adoptive parents might leave him, and anxiety that he could not contain his angry, negative feelings and that he would become overwhelmed and could hurt others. After about 6 months of this nondirective intervention, a more cognitive-based approach was used in which Mark was introduced to problem-solving strategies to use in various learning and social situations. These approaches were also modeled for his parents and teacher so that they could use them in their interactions with Mark.

**Consultation with the School**  The psychologist and child and youth service provider consulted regularly with Mark’s classroom teacher and other teachers in the school setting in which he was placed. These interventionists informed teachers about some of the reasons for the difficulties that Mark was having and suggested classroom strategies that could be used to work with him.

Mark’s teacher expressed a great deal of concern about his lack of empathy for other children. The interventionists provided a careful explanation of the developmental process of gaining empathy and drew the teacher’s attention to the gains that Mark had already made through her very appropriate interventions with him. This helped the teacher to see that Mark was indeed making progress. By acknowledging the teachers’ excellent work with Mark and providing her with further strategies, the interventionists were instrumental in the school’s decision to allow Mark to remain in his original school placement. In fact, by the end of the year, the teacher had this to say on Mark’s report card:

> “Mark is a well-organized student. He is always quick to begin his work and does so in a neat, well-organized manner. Mark works quietly and usually finishes within his time frame. He has a very good attitude toward school and responds very well to any reminders of appropriate behaviors in school. He gets on well with his peers and joins into groups well. Mark is a highly motivated student and a pleasure to have in the classroom.”

**CASE STUDY 2**

Nina, a Mother with Unresolved Loss and Trauma and Borderline Symptoms

**Reason for Referral and Request for Service**  Child Protective Services (CPS) referred 26-year-old Nina to a social services agency because her four children had just been returned home after a few weeks in foster care, their third placement in the last year. Services were requested by CPS to improve Nina’s parenting and to eliminate the possibility of any physical abuse so that the family could stay together.
On her first contact with the agency, Nina came with all of her children and, for the most part, expressed willingness to be involved in the program. During the first interview she indicated that this would be a way to understand herself and that she hoped it would be a new beginning for herself and her new baby. After this, there were times when she appeared totally uninterested in getting help, and she pointed out that she only came because she had to in order to keep her children. Nina’s degree of self-motivation to attend sessions was obviously tenuous, and she experienced a great deal of ambivalence about being involved. When asked what she thought would be most helpful to her, she indicated that she wanted to understand why she did certain things and why her relationships did not last. She also indicated that two of her children, Derrick and Meg, needed help. Derrick tended to get out of control, and the school had been telephoning about his behavior. CPS was concerned about Derrick’s behavior and Nina’s demeanor with Meg, who seemed to bother her. Nina expressed no interest in improving her parenting ability or acknowledging that she herself had any problems with parenting.

**Initial Assessment** Much of the necessary information was gathered during early counseling sessions with Nina, and it was determined that the family’s complex needs would necessitate that the assessment extend over several sessions.

**The Children** When Nina joined the program, she had four children: Aaron, 8 years old; Derrick, 5 years old; Meg, 3 years old; and baby Paul, who was 6 weeks old. Intellectual assessment of the three older children showed no significant delays, although their verbal or language development tended to be less advanced than their nonverbal learning. The older children all showed emotional, social, and behavioral difficulties.

The older children were able to engage in play for significant periods of time. During the assessment, they very quickly began to play out the chaos of their existence, with people coming and going and the police arriving to take their mother away to jail. Aaron, the oldest boy, was extremely parentified, which could be observed in his tendency to take care of his mother and look after his siblings at times. Although he did well at school, he was obviously an unhappy and angry child who occasionally lost control and attacked one of his siblings or a child at school. Derrick, the second boy, was totally out of control and continually placed himself at risk, such as by jumping from furniture and climbing on the stove. His recent behaviors had included jumping off a roof, running on the road, and even setting a fire. School personnel were talking about putting him in a special classroom to keep him and the other children in the classroom safe. He was also defiant and aggressive with his siblings and other children, at times. Meg appeared to be the most emotionally abused and neglected. She presented as a sad, whiny little girl who was constantly demanding attention, but she frequently ran away or cowered if it was offered. Paul, the baby, was doing well because Nina was at her most responsive when the children were infants.

**Mother–Child Interactions and Parenting** Although Nina proclaimed a great deal of caring for her children, this did not match the behavior observed in these first assessment sessions. She showed few attempts to respond to her children, with the exception of the baby, Paul, who appeared well cared for and to whom she at least responded when he was hungry. She showed little interest in inter-
acting with him at other times, however. She seemed to be removed from the other children unless they came to her, asked for something, or acted out by hitting each other or trying to break something. At these times she responded inconsistently: Sometimes she laughed at them, sometimes she appeared frightened, and other times she was frightening and became quite angry and threatening toward them. It was obvious that often she could not tolerate Meg’s attempts to get her attention, which often involved whining, clinging, stamping, and asking for things. In marked contrast, she became more animated and sometimes laughed when Derrick acted out aggressively or when Meg’s frustration gave way to a temper tantrum.

Perhaps the most poignant moment was when Meg fell down the stairs and lay there, crying plaintively. Nina made no effort to go to her and laughed at her daughter’s pain as if she found it amusing. The chilling scene became more meaningful when Nina later talked about the level of deprivation and abuse she had experienced in her own childhood.

**Nina’s Psychological Functioning**  
Nina’s early life history included significant trauma and abuse. She was the second of five children. Her parents were both severely alcoholic and her father had been physically violent with his wife and abusive with the children. She also reported being physically abused and sexually molested by her mother between the ages of 2 and 10. Her mother would abuse Nina by fondling and kissing her while telling her that men were no good and that it would be better to find a good woman to be with. It was only when Nina reached puberty that this stopped. Nina noted that her father was particularly violent and abusive with her older brother, whom he beat unmercifully. Some of Nina’s memories included huddling under the bed with her younger sisters during her parents’ fights, trying to keep the girls quiet so that they would not get hurt. She described that during these times she sometimes felt aroused, but at other times she would think about other things or “go places in her head” as if it were not happening. She shared another powerful memory that illustrated how her mother was totally unavailable and did “nothing to keep her safe.” When she was 3 years old, she fell down the stairs, but her mother only laughed. Although she told her mother that her arm hurt, nothing was done until she cried endlessly and could not move it. Two days later the arm was found to be broken. Nina described knowing from that age on that she was on her own and that she could never expect anything or trust anyone.

This information improved the interventionist’s understanding of the initial session when Meg fell down the stairs and Nina laughed at her daughter rather than comforting her. Few other details were described. It was as if, as much as possible, she had erased the past in order to survive in the present. Still, it was revealed during the assessment that her background was chaotic, with multiple moves and schools, and that there was no one whom she could identify as supportive. As is outlined in Chapter 9, Nina showed many symptoms indicating that her trauma was unresolved. These included a powerful pull to repeat the trauma, which in turn, constantly retraumatized her. For example, when she was 16 years old, Nina married a 45-year-old man who she said “treated her like a daughter” and wanted her totally under his control. She described the relationship as “weird, freaky, and abusive.” Nina’s husband kept her totally isolated in the house, never allowing her outside except when accompanied by him. The first two children,
Aaron and Derrick, were from this first relationship. By the time Derrick was 1, the abuse Nina was receiving at the hands of her husband had escalated, and she ran away with her children to a shelter. After leaving the shelter, however, she soon moved in with another abusive man, who left as soon as he discovered she was pregnant with Meg. Another abusive relationship followed in which Paul was conceived, but she left that man during the pregnancy. At the time of the referral, Nina was not living with anyone, but during the intervention she lived with other men. Interestingly, at one point she met a man who came from a stable background, had meaningful employment, and really cared for her children. However, she rejected him, choosing instead another abusive man because, she said, she found the more stable man boring.

This reflects a common symptom of people who have been abused and traumatized like Nina—the need to repeat the trauma and to live “on the edge,” going through frequent crises to overcome the underlying fear or experience of emptiness, nothingness, abandonment, and betrayal. This became clearer as the intervention progressed. Nina also had a need to detach and little capacity to experience any small emotions, whether pleasure in simple things, or alerting to signs of fear or anger so that she could do things to check out their reality and take steps to calm down. Instead, she would avoid or fail to recognize those signs until something would trigger a rage reaction or extreme fear, during which she reported that she “blacked out” and did not know what she was doing. These “attacks” as she called them appeared to be linked to the dissociation she used to withdraw from re-experiencing physiological reactions that had been triggered by the previous abuse.

Nina also escaped the pain or feelings of emptiness by using drugs and alcohol. She frequently picked up men and had multiple sex partners and unprotected sex. She also made frantic efforts to avoid real or imagined aloneness or abandonment. Nina’s interactions with all of her children suggested unresolved loss and trauma, as well. As described previously, these interactions were characterized by role reversals with Aaron; an inability to provide any nurturance when the children were hurt, ill, or upset; and frightened and frightening behavior toward the children. At times, dissociated and in her own world, Nina totally ignored the reactions of the children. At other times, memories of her trauma were triggered and she would become extremely punitive or abusive with them.

Nina had several symptoms of borderline personality disorder (BPD) and her defensive functioning was at a very primitive level. In her initial assessment session, Nina was articulate and did not show evidence of a psychotic thought disorder. However, she dealt with anxiety using extreme denial, splitting, projective identification, and acting out. She also showed some evidence of magical thinking and talked about needing to “exorcise the devil” from Derrick so he would stop misbehaving. She depicted the children and other people as sometimes “good” and at other times as “bad,” which indicated that she was engaging in splitting and had an inability to retain positive memories in bad moments and to remember less positive aspects when experiences were good. Unfortunately, Nina also used projective identification and projected the bad parts of herself onto the children—particularly on Derrick and Meg. When they acted in ways that reminded her of herself, Nina punished them for showing the feelings she could not tolerate in herself. In Meg's
case, Nina punished the little girl’s whiny and needy behavior, for example. As pointed out, Nina often used acting out to create a crisis or to avoid feelings of emptiness and abandonment.

Given that Nina had experienced extreme neglect of her emotional needs and abuse, and later retraumatizations and a lack of either a new nurturing experience or a therapeutic relationship, she met criteria for both a dismissive attachment and as having unresolved loss and trauma. This type of attachment was played out in her relationships with others and in interactions with her children. Nina had very little insight or self-reflectivity about the effect of her past experiences on her current behavior. Her denial of her emotional experiences and rejection of closeness in her current relationships made it difficult for her to identify reasons for her acting out or to see her own role in what happened to her. In fact, her ability to consider her feelings, thoughts, and behavior was minimal at the beginning of the intervention. Because it was so difficult for her to explore what was going on in her own mind, it was not possible for her to understand her children’s minds, either, and to acknowledge and empathize with their thoughts and feelings. In fact, very negative motivations were ascribed to them and she had very little capacity to understand or to empathize with their pain or unhappiness.

Nina’s attributions of her children were not realistic or complex, and particularly for Derrick and Meg, they were mostly negative. More important, she ascribed the cause of any of the children’s difficult behaviors to factors within them and she believed that she had no control over them herself. This meant that, not only were the attributions negative but also she felt powerless to do anything about the children’s behavior, blaming it all on them, or in Derrick’s case, on the devil, without any consideration of the trauma they had experienced. Aaron, who met her needs through role reversal, and Paul, who, at first satisfied her needs for having someone who loved her, were only seen negatively when they no longer played out the roles to which they were assigned.

Given Nina’s lack of a sense of control (i.e., learned helplessness) as she was growing up, she viewed most events as controlled by fate or negative factors that she could not change or influence in any way. This also led to feelings of being unable to influence the children, or a lack of parenting competence. In other words, she believed that Derrick’s behavior was a result of the devil ruling him, and that Meg was a weak child who used her whining and crying to bother and control her. Nina saw many situations as hopeless and herself as helpless and unable to do much about them. This also led to feelings of being unable to influence the children and of having a lack of parenting competence.

As mentioned, Nina frequently reacted angrily or abusively to her children, which seemed to occur without warning. She was also unable to deal with her children’s need for emotion regulation, particularly around sadness and neediness, and she could not provide the nurturing, understanding, or containment the children needed at these times.

Nina did not have the capacity for planning or problem solving in any areas of her life, and particularly not in relation to parenting her children. Decisions were made impulsively and without consideration for the possible results of her actions.

The level of family functioning was generally chaotic because of the frequent crises that they experienced. Nina’s male partners, who came and went, and the
family’s inability to use adequate strategies to solve conflicts, contributed to this chaos. In spite of this, the children at times supported one another and provided some sense of security for each other. Nina’s tendency to become easily frustrated and to shift rapidly between seeing people as good and bad meant that she had virtually no supportive people she could trust in her life. She had no contact with members of her family, except with her brother with schizophrenia whom she tried to look after for a brief period. In the family system, the children tended to play out a variety of roles that allowed them to be noticed, and in some ways they held the family together.

Service providers used the integrated model presented in Chapter 3 in formulating and selecting interventions for this family, and the same four components suggested previously were considered. A summary is discussed next.

FORMULATING THE INTERVENTION

1) Theoretical Approaches

Discussion of this case drew on a number of theoretical perspectives and ideas from a variety of disciplines. These included the following:

*Developmental Theory and Brain Development* Developmental theory was helpful in understanding the emotional, social, and behavioral challenges faced by Nina’s children. It was important to understand that some of the developmental failures occurred because of Nina’s difficulties in providing them with nurturing interactions, but also with consistent structure and discipline to help them control their emotions and behavior. The children all struggled with emotion regulation and with managing their behavior. Their insecure attachments also affected their self-esteem and ability to problem solve. The team determined that interventions were needed to support Nina to provide nurturing parenting so that she could help the children to gain these developmental capacities. Given the extreme difficulties they experienced, direct intervention with the children was crucial, however.

*Transactional Theory* This family was experiencing a number of risks that placed all of the children’s development at risk. These risks were ongoing and, thus, were likely to continue to affect the children’s development, placing them at risk for having academic and learning difficulties, for developing psychopathology, and certainly for having an insecure and disorganized attachment that would affect their relationships with others. It was clear that with these complex needs, longer term, multidimensional interventions were necessary.

*Object Relations/Attachment Theory* All of Nina’s children had insecure relationships with her, and this insecurity was key to understanding the children’s behavior with their mother and with others. Unfortunately, the cross-generational transmission of the effects of unresolved loss and trauma was apparent, causing abusive behavior to be passed from her parents to Nina and from Nina to her children. Consequently, it was important to provide interventions that could improve Nina’s interactional behavior, such as interactional guidance and modeling of interactions.
**Psychodynamic Theory**  Nina’s defensive functioning resulted in her employing self-defeating ways of dealing with her anxiety. Also, she was constantly triggered by unconscious memories when her children behaved in certain ways, which led to her acting in ways reminiscent of her own mother and to inadvertently lead the children to repeat her own childhood experiences. It was important to encourage Nina to use more adaptive defense mechanisms by providing her with alternative ways to alleviate her anxiety. This took place in supportive therapy and in various group settings. Although it was inappropriate to push Nina to remember her past trauma too early in her intervention, before she had developed adequate ego functioning, it was important to empathize with her traumatic early experiences and to gradually help her to be more aware of their impact on her.

**Trauma Theory**  Obviously, significant and unresolved loss and trauma affected Nina’s functioning in multiple areas of her life, as well as in her parenting behavior. A number of strategies were used to help her to overcome the effects of her trauma, including giving her calming strategies such as meditation and relaxation and ongoing support to find ways to deal with the triggering, which could lead her to abuse her children. Medication was suggested, but Nina refused to take it. The children were also dealing with reactions to abuse and neglect and Nina’s failure to nurture and calm them when they were hurt, upset, or frustrated.

**Ecological/Social Support Theory**  Nina had no reliable supports from friends or family, partly because she did not want to be around other people, and partly because of the continuing rejection by her family. This isolation added to her difficulties in trying to parent four children. Although she managed her money well, it was difficult to find enough money to pay for some of her children’s needs. By being involved in a number of groups at the agency, Nina was gradually able to form some supportive friendships. Also, she began to find a new sense of competence as she took on new roles in the groups.

**Self-Psychology**  Nina and her children had little sense of self-efficacy because they all lacked mirroring and responsiveness in the early stages of development and were constantly seeking affirmation and acknowledgment in negative or self-defeating ways. Nina also had little sense of confidence in her parenting ability. By improving Nina’s interactions with the children, the children began to feel more supported. Nina also began to gain a sense of greater competence in her parenting role, and her self-esteem was improved as she became involved in programs at the early intervention center and returned to school.

**Cognitive-Behavioral Theory**  All of the members of Nina’s family tended to have negative views of themselves and others. These negative views, of course, arose out of the responses and interactions Nina and her siblings received from their parents and other people, especially when they were infants and young children. Nina’s negative attributions of herself, other people, and her children largely affected how she disciplined her children and her tendency to become abusive in certain situations.

**Systems Theory**  Nina’s behavior was significantly influenced by the family system in which she grew up and by the alcoholism and drug addiction inherent in the lifestyle that formed a system around her. In the family system made up of Nina and the children, each child adopted a certain role that influenced his or her behavior and continued to keep the family system in place.
Interventions were needed that would help Nina understand the reasons for her children’s behavior in a new way and to problem solve about coping with them and changing her negative attributions of them. Family play sessions were used to help the children and Nina to interact in new ways together.

**Health Promotion/Population Health**  Because they were living in a violent, high-risk neighborhood and because of the history of neglect, abuse, and violence that was being perpetuated from generation to generation, this was a family who was at the extreme high-risk end of a continuum. The provision of information individually or in groups was not going to be sufficient for Nina to be able to change her parenting interactions in order to prevent her children from developing a number of ongoing problems. As research has shown, information provision has not been successful for parents with mental health issues, and rather than a health promotion approach, a more nondirective and listening style of counselling was necessary both to encourage Nina to agree to intervention and to stay involved in it. As mentioned previously in Case Study 1, the following factors are very important influences on the ultimate success of any intervention.

2) **The Stage or Willingness to Be Involved in the Intervention**

Nina was quite ambivalent about receiving services and very sensitive to any perceived rejection or feelings of lack of control that might be triggered by the intervention. Consequently, it was important to allow her to feel a sense of control in the intervention and to work at her pace in getting her involved in various intervention modalities. This is described in the next sections of this chapter and also in Chapter 5.

3) **The Risks, Strengths, and Needs of the Family**

The risks, strengths, and needs of Nina’s family are outlined in Table 4.2. However, it is clear that the risks and needs of the family were complex and multidimensional and that all members of the family needed support if they were to stay together. In spite of the degree of risk and the number of problems, the family had a number of strengths, one of which was Nina’s wish to keep her children with her rather than having them removed by CPS. This gave the intervention a goal that was understandable to Nina, that she had requested, and that was very much desired by the children. It did mean that in order to meet her needs, a multisystem and multidimensional approach provided by a team of a social worker, students, a home visitor, and a psychologist, was crucial to meet her needs and those of the children, however, and that progress was slow and regressions frequent before some degree of stability was achieved.

4) **Intervention Strategies Available**

Most of the intervention approaches were provided within the early intervention center that Nina attended; however, for other interventions, such as treatment for her alcohol and drug addiction, Nina was referred to other agencies in the community. CPS also continued to be involved with the family. The intervention then
Table 4.2. Assessment of strengths and risks and formulation of intervention for Nina and her family

<table>
<thead>
<tr>
<th>Subject/area of intervention</th>
<th>Strengths or protective factors</th>
<th>Difficulties/risks</th>
<th>Suggested interventions</th>
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<tbody>
<tr>
<td>The children: Aaron, Derrick, Meg, and Paul</td>
<td>All of the children have average intellectual functioning, although they perform less well on tests of verbal intelligence. The children are all very likable and continue to reach out to others in an effort to get their needs met. The older children have the capacity to use play and other creative activities to express their feelings and to understand their conflicts.</td>
<td>Each of the older children has emotional, social, and behavioral difficulties. The children have not developed emotion regulation or behavioral control and sometimes act out aggressively when triggered. They have little capacity for empathy for others because they have received very little themselves. They have possibly suffered from the effects of trauma and loss from their experiences during Nina’s drinking episodes and interactions with her male partners. Aaron has been extremely parentified and has little sense of being cared for himself.</td>
<td>Provide play therapy for Aaron and Meg. Provide consultation with the children’s schools on the family situation and each child’s needs. Seek a nurturing child care program for Meg. Work with Nina to help her find strategies to help Derrick manage his behavior. Look into social skills groups in the school for Derrick and sessions to teach him ways to calm down and control his acting-out behavior.</td>
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<td>Parent–child interactions</td>
<td>Nina’s interactions with baby Paul are the most appropriate; she responds by feeding and holding him when he is hungry. In some rare moments, Nina is able to enjoy her children and respond to them appropriately (e.g., when Meg played out some of her concerns about her mother being taken away by the police).</td>
<td>At times Nina’s interactions with her children are insensitive, unresponsive, intrusive, and rejecting. Nina shows many signs of unresolved loss and trauma such as frightened and frightening behavior, teasing, and failure to respond to her children’s needs.</td>
<td>Provide interactional guidance to strengthen parent-child relationship between Nina and Meg. Model nurturing interactions when appropriate. Arrange for Nina to attend parenting groups on development and parenting strategies.</td>
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<td>Nina is committed to keeping her children together and with her, and she spoke about this to them.</td>
<td>The children all have an insecure-ambivalent/resistant attachment and show signs of disorganized attachment as well.</td>
<td>Work with Nina on understanding the causes of her children’s behavior and problem-solving around parenting problems.</td>
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<td>Parent’s psychological functioning</td>
<td>Nina has above-average intelligence. She is motivated to improve her situation at least part of the time. Nina has controlled her finances and has geographic stability (i.e., she has not moved frequently). She attends therapy sessions consistently and is interested in understanding herself and her relationships at a deeper level.</td>
<td>Nina’s unresolved loss and trauma results in frequent triggering that lead her to dole out harsh discipline or abuse to her children. Her lack of self-reflectivity means that she has very little insight into her own actions or empathy for her children. Nina uses primitive defenses, which often lead her to blame the children, fail in other relationships, and act out in dangerous ways. Nina tends toward making negative attributions of her children and blaming them for their negative behaviors. She doubts her own ability to control things and has little sense of parenting competence. She has difficulty controlling her own emotions or behaviors, often acting compulsively and drinking frequently.</td>
<td>Provide long-term psychodynamic therapy for Nina. Encourage her attendance at a number of groups focusing on such issues as alcohol abuse, anger management, and relaxation and meditation. Provide crisis intervention and follow-up discussions of the situations and Nina’s reactions to them. Encourage Nina to make positive efforts toward getting an education and attending drug and alcohol counseling. Empower Nina by encouraging her interests and abilities and her involvement in programs such as a Mother’s Club, bead-making, and cooking. Later, support her in her decision to go to a university.</td>
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included the need for coordinating the services, and a number of case conferences with the services providers responsible for various aspects of the intervention strategies were held.

**THE COURSE OF INTERVENTION**

Because the case-study of Nina and her family provides a good example of intervention that was long and complex and involved a variety of therapeutic approaches, only this intervention with Nina will be described. Times that changes occurred are highlighted, and the course of intervention is described in three stages:

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<td><strong>Family functioning and support systems</strong></td>
<td>Nina is committed to keeping her family together. The children can, at times, be supportive of one another.</td>
<td>Family members have little communication with each other and few strategies to resolve conflicts. Children are placed in roles that influence the way they are expected to behave. All family members are extremely needy, have learned to manage their sadness and pain on their own, and have difficulty providing comfort to each other. No supports outside of the family are in place.</td>
<td>Encourage Nina to be involved in a number of programs at the agency so she can find more positive support systems. Initiate family play sessions followed by discussion of what has occurred.</td>
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<td>Table 4.2.  <em>(continued)</em></td>
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<td>Nina makes decisions impulsively without any planning or problem solving. She has a history of being involved with a variety of men who had significant difficulties and were often in trouble with the law, which endangered herself and the children.</td>
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• **Stage one:** Establishing the therapeutic alliance and boundaries of intervention

• **Stage two:** Dealing with past trauma and memories

• **Stage three:** Stabilizing and consolidating gains made during the therapy

For very multi-risk clients, this gradual approach, rather than a premature move to accessing memories or early confrontation and interpretation, is crucial in order to lay a foundation of trust and to strengthen ego functioning so that the client can gradually begin to understand the impact of the past on her current functioning patterns. A number of other interventions were provided, as discussed previously.

**Stage One: “Establishing a Therapeutic Relationship” (Duration: 4 months)**

In this stage, it was necessary to establish a sense of trust, stability in attendance, and some level of mutuality and collaboration. A top-down, distant, or authoritarian stance could lead to a resurfacing of Nina’s anger about the abusive and sadistic nature of her early experiences. At the beginning and throughout her intervention, Nina was encouraged to talk about her goals, giving her a sense of control over what would take place.

Efforts were also made to set boundaries in order to begin to bring Nina’s self-destructive and dysfunctional behaviors under control. Unfortunately, Nina had a strong tendency to continue being involved in the patterns of abuse she had suffered long after she left her parents’ home. She had been involved in three abusive relationships and had been raped at least three times, following evenings in the bar.

It was also crucial to let her know that any abuse or neglect of the children—whether perpetrated by Nina or one of her boyfriends—was not acceptable and would result in her being reported to CPS. Although the person in charge of her therapy did not make efforts to have Nina remember her early trauma during this stage of intervention, she was helped to begin to realize its role in her present difficulties. It was also important to let Nina know that what had happened to her was unacceptable and to let her experience empathy for the pain of her past. Use of some expressive therapies turned out to be an important way for Nina to find words for previously unspeakable feelings. These included writing poetry, keeping a diary, and creating artwork.

Despite all of the positive effects of therapy, at various times Nina had experiences with her therapist that she perceived to be re-enactments of previous relationships. For example, there were several times when Nina perceived that her therapist, whom she had initially idealized, was letting her down. The first came when a bus that was supposed to pick her up for her art group failed to arrive. It took many discussions before Nina was able to understand and accept that there had been a mistake by the receptionist rather than any intended rejection by the therapist. The next instance was when she called in a “crisis” because the washing machine that she was trying to move would not go down the stairs. The therapist made it clear that this was not really a crisis, although she would have come if it had been. At other times, Nina was upset when the therapist confronted her about driving without a license and about having multiple sex partners. Even with reassurances that the therapist wanted to keep her safe, on each occasion it led to Nina accusing the therapist of being like everyone else in her life—unreliable and critical.
At these times, the therapist would, in turn, feel violated and wonder if the relationship could be sustained.

These experiences needed to be interpreted in order for her intervention to proceed effectively. This process of interpretation can ultimately provide a corrective emotional experience and, in Nina’s case, was critical for setting the stage for some resolution of her past.

For several sessions, Nina had talked about her desire to take in her older brother, whom she acknowledged might be violent. She had dreams of them being a family and helping to support each other as a family should. She believed that she could get him straightened out and that he could help by babysitting the children. Her therapist talked about how he might place Nina and her children in danger. One evening, Nina called to tell the therapist that her brother had a knife and was threatening her and her children. On being told that the police were on the way, the therapist went over to the house and found the police taking her brother away. Nina was hysterical, blaming everyone and swearing endlessly. After she calmed down, she was able to describe in detail for the first time the beatings that her brother had received and to express the rage she felt toward her father for these acts. Even more, she expressed her rage toward her mother for ignoring the situation and for not keeping them safe. The therapist did not push for more memories but supported Nina’s understanding of the effects of the past on her brother and herself.

This incident gave Nina an opportunity to think about her abuse and to begin to understand its effects in a more powerful way as she talked about her brother’s difficulties. This was only a very tentative beginning of a long journey in which Nina began to explore her abuse, however. During this stage of therapy, Nina made little mention of any emotions about events she described and just stated the facts with no consideration as to what may have led to them.

**Stage Two: “Exploring the Abuse” (Duration: 18 months)**

In this stage of the intervention, it seemed unclear for a long time whether Nina would be able to progress much further in her ability to nurture her children. She was unable yet to make use of the therapist’s suggestions for caring for them. When there was an audience she was able to respond more appropriately, at times, but it was clear that when she was alone with her children she had little caring to give. It was very difficult at this time for Nina to share her therapist with her children. Any attempts to focus on her children met with withdrawal, and she could not tolerate any comments that attempted to interpret her interactions in light of her own needs. It became clear that although she was able to move forward in some areas of her life, she had only made very tentative strides toward being able to achieve resolution of her traumatic beginnings.

At this time another person joined the therapeutic team, a student who would work with Nina on her reactions with Meg using videotape viewing and interactional guidance. Meg continued to present the greatest difficulty for Nina. When Meg cried, it seemed that Nina was constantly reminded of herself, the little girl who lacked nurturance for so long; her unresolved conflicts about being a woman; and her fears about her own sexuality in relation to her daughter. Nina’s relation-
ship with Paul remained warm, and she seemed a little more aware of Derrick’s needs but was still unable to set consistent limits.

Throughout this period the option of foster care was considered frequently as a way to sustain the children’s development. As things began to stabilize, however, it was unlikely that the children would be permanently removed, and her team believed that the separation involved in temporary removal would only compound the difficulty of facilitating Nina’s attachment toward her children and of them to her.

During her own therapy, it became evident that Nina was now preoccupied with a new man whom she saw as perfect—as someone who would be able to make everything all right. Efforts to help her to consider any difficulties were unacceptable and she began to slowly withdraw until she could again see the therapist as being supportive.

Her interaction with Paul continued to be nurturing until he began to walk and to show signs of individuation. So it was at this time that the next crisis call came, which again provided powerful material to bring some insight.

The call came quite late, and Nina’s voice was barely audible as she began to tell the therapist that she had a strong desire to “end it all.” The therapist made inquiries and determined that Nina was in no immediate danger of committing suicide, but was having terrifying feelings of abandonment and aloneness. She assured the therapist that her new man was still in her life but that something had changed that she did not understand. Given her great distress, the therapist agreed to come to her house, unclear as to what may have triggered her intense feelings of sadness. She was relieved that Nina had not turned to alcohol. When the therapist arrived she found Nina sitting in a rocking chair hugging a doll. She was almost in a dissociative state and was talking about how she missed her baby. At that moment, Paul woke up. When Nina picked him up, he struggled to the ground and walked across the floor and, as Nina put it, “walked right away from me.” The therapist explored Nina’s feelings about this, and suggested that Nina was experiencing a few different feelings simultaneously. One part of her felt extreme sadness while another part felt rage that someone else was “leaving” her to manage on his own.

This incident allowed Nina and her therapist to review a variety of issues extensively, such as her extreme ambivalence about her children. It also gave them the opportunity to explore Nina’s need to tell the therapist only about times when she showed caring for her children, in case the therapist rejected her. As she rocked the doll, she suddenly became aware that she had not been using birth control pills, and that she was in danger of becoming pregnant again. Rapidly, she fluctuated between wanting to be free and able to do what she wanted without a baby and wishing she could be pregnant again to fill the void she was feeling as Paul was growing into a toddler. As she talked about both feelings, some reparation of her splitting mechanism became possible. She also began to express her feelings of abandonment by her mother in her own childhood. She then started talking about her feelings toward Meg, and described how she sometimes heard herself speaking to her “just like my mother spoke to me.” Gradually, Nina began to struggle with her desires to overcome her past and the strong concerns she shared that she would not be able to do this.
Soon after this, Nina decided to move in with Brad, the new man in her life. At first, she continued to talk about how caring and wonderful he was to her and to her children. Again, Nina rejected efforts to help her to modify her idealization of Brad and what her relationship with him could mean to the family. Unfortunately, it took a crisis before Nina began to have some insight and to make changes. Nina called early one day to say that Brad had beaten her up again and had left. She sounded out of control with rage and kept talking about how he was like “all men.” By the time the therapist arrived, Nina had started to drink and began accusing her of not telling her it would end this way. The therapist interpreted this to Nina as anger caused by the therapist not trying hard enough to keep Nina safe from this violent man, just as her mother had failed her many times before. The interventionist began to review with her what it was that had attracted her to this man. She then revealed that a man, Bob, was “after her” who could offer her more. He was employed, had a stable home, and had showed her real concern over the last 6 months. The therapist suggested that in some way, Brad may be providing her with the excitement that she craved and needed so as not to feel empty, and that Bob did not. Nina began to talk about the same feelings she sometimes had toward her therapist and how she sometimes saw her as a naïve person who did nothing to stop her acting-out behaviors. She then began to reveal some of her risk-taking behaviors that she had kept secret from her therapist. These included escalated drinking and promiscuity. She described needing these outlets because she was now experiencing “weird” feelings that she did not understand. It became clear that she was experiencing flashbacks that had become too powerful to tolerate.

At this point, the therapist again suggested that she needed intervention for her drinking. She refused this but did agree to attend a mothers’ group, a relaxation and meditation class, and an anger-management group. These groups became a highly effective medium for Nina, both in terms of the practical skills she learned and because they increased her contact with the outside world and other people. This contact allowed her to become increasingly more grounded in current reality and showed her that controlling her anger and overcoming the dissociative processes she experienced was possible. The groups also taught her the use of new soothing techniques to use when she was hyperaroused, which can be crucial strategies for traumatized individuals to use.

In spite of these positive interventions, Nina still remained full of rage and began to project this rage onto the therapist more frequently. Her extreme psychological pain as she remembered her past caused her to become even more self-absorbed and less available to nurture her children. The idea of placing the children elsewhere was considered again; however, Nina was obviously making efforts in many directions, so the intervention team began to concentrate on finding extra resources for her children. These included after-school programs and therapeutic groups for the boys and excellent all-day child care for Meg. Meg was also accepted for play therapy because her sadness and frequent angry outbursts were becoming more worrisome.

Unexpectedly, Nina continued all of her interventions and asked to increase her therapy to three times a week. This additional support helped her to cope with her traumatic memories and allowed for reviewing of her intense need for excitement and risk-taking behavior. Gradually, Nina began to be able to review her
feelings toward her therapist for failing to save her from her pain and for allowing her to be abused again.

At the end of this 9-month period, perhaps the most traumatic crisis occurred when the therapist received a call late at night from a very intoxicated Nina, incoherently shouting that the police were going to take her and the children away. Because it was very difficult to understand what was going on, the therapist told her to hang on and that she would be coming over.

When the therapist arrived, she was confronted by two police officers informing her that Nina had driven intoxicated and had been involved in an accident. They were determined to put her in jail and to place the children in foster care. After much persuading and assurance that Nina would appear in court the next day, the therapist was able to convince them not to incarcerate her immediately. The next day, the therapist arrived early, pulled Nina out of bed, and made her tell the truth about what she had been doing, assuring her that she would remain no matter what. Nina then revealed drunken parties and her risk-taking behavior with men and driving without a license. The therapist assured her of her concern for her and her children’s welfare, sobered her up, and insisted that she telephone an alcohol treatment center and make arrangements to enter it. Reluctantly, she capitulated, and with a date set for her treatment, the court agreed on this as an alternative to going to jail. Unfortunately, during the 4-month period that she was in treatment, the children had to be placed in foster care. Nina was allowed to visit them frequently, however, and they were happy to know that their mother was going to be “getting better.”

Although this was a turning point for Nina, it took another 9 months of therapy and ongoing support before intervention could be terminated. Nina at last began to understand her repeating patterns of risk-taking behavior, and it was possible to intensify efforts to help her to see the connections between her early experiences and current behavior. During Stage Two of the therapy, Nina became much more able to talk about feelings and make links with the past.

Stage Three: “Consolidation of Gains” (Duration: 3 months)

During this time, efforts were made to consolidate gains that Nina had made. It was a long, arduous path to begin to help Nina to integrate her frightening memories into a new self—one who perceived herself as worthy of engaging in a “new” external world. At this time, the members of the program saw extraordinary growth in Nina’s sense of empowerment; she became the president of the Mothers’ Club and began to organize some events and political action against child abuse. She completed her alcohol treatment, joined Alcoholics Anonymous, and took pride in her activities in this organization. Gradually, she risked going back to school, and finally moved away to attend a program that would allow her to work for the justice system. As beliefs in her own abilities expanded, she no longer saw Meg as a weak, helpless child and began to see her as the competent little girl she had become. Paul remained outgoing and loving. Aaron and Derrick continued to have difficulties that were characteristic of their early problems. Nevertheless, the children were succeeding in school and excited about a new beginning.
The therapist received a holiday card 4 years after the beginning of treatment. The note was brief and encouraging.

I miss you all, but can’t afford to come there this Christmas. I hoped to be able to surprise you at the Christmas party where we began. . . . You’d never recognize the children—they’re so grown up—and speaking of grown-up, that’s the way I feel . . . most of the time anyway . . . at last.

In both of these cases, intervention was long and multidimensional in order to meet the complex needs of these families. It is clear that one parenting group or a brief intervention, although useful, is not capable of meeting the myriad needs and concerns of children and families facing multiple risks. Although the intervention can sometimes be slow and difficult, the alternative of placing children in foster or permanent care is less likely to meet the needs of children in the long term and can have a devastating impact on families. How much better it is to work with a family’s strengths and desires to make its members self-sufficient and fulfilled to the benefit of all.
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