The Anna Freud National Centre for Children and Families has developed and delivered pioneering mental health care for over 60 years. Our aim is to transform current mental health provision in the UK by improving the quality, accessibility and effectiveness of treatment. We believe that every child and their family should be at the heart of the care they receive, working in partnership with professionals.

About the Anna Freud National Centre for Children and Families

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Working with Trauma and Maltreatment at Anna Freud National Centre for Children and Families

Introduction by Dr Sheila Redfern, Head of Specialist Clinical Services for Trauma and Maltreatment

Trauma and Maltreatment is one of the major priority areas for innovation and research development within clinical services at Anna Freud National Centre for Children and Families. The Centre’s Specialist Trauma and Maltreatment Services (STAMS) offer a number of distinct clinical services in this area, with shared principles of high quality service delivery, treatment model development and research, evaluation and training. Information about these services, including key priorities, modes of treatment and referral information will be outlined in this booklet.

Why have services for trauma and maltreatment?
Where children have been traumatised by their early experiences, or maltreated by caregivers who are supposed to offer them protection, the impact on their development can be severe and potentially life limiting. Without adequate intervention these effects are known to be cross-generational. Understanding the effects of maltreatment and traumatic experiences on a child’s development and finding ways of preventing or limiting these harmful effects is a major part of the clinical work at our Centre.

The Centre’s mission is to transform the experience of children, young people and families with mental health issues. Through research and evaluation and through pioneering innovative treatments we aim to build resilience and help children, adolescents and families in distress. Teaching and training researchers and clinicians is key to this work to equip new generations of professionals with the latest skills and tools to improve mental health globally.

In collaboration with our partners in mental health, education, housing and partners in the third sector, we are continually developing new ways of working with this population. For example under STAMS we currently have collaborations with the NSPCC, developing a group programme for foster carers and with Coram with a focus on bringing mentalization based family treatment to families as part of our post adoption support work. The Parent Infant Psychotherapy service has pioneered parent infant interventions dyadic and group interventions to help reduce the risk of disorganised attachment. The work on acute trauma within the FAS team is bringing an evidence based rapid response intervention to acute trauma to families were children
have witnessed severe domestic violence and traumatic incidents.

**Where are we now in relation to knowledge of maltreatment?**

Maltreatment by a parent or carer is the factor most likely to lead to disorganised attachment (DA) in the child (from Bowlby and Ainsworth to van Ijzendoorn and Bakermans-Kranenburg). Cicchetti’s meta-analysis in 1999 showed that where parents had maltreated their child, 80% also displayed DA behaviours.

Understanding and developing treatment interventions for these responses in children and young people is vital to innovative treatment development in this area. There are three key variables predicting of maltreatment in parents and disorganised attachment in children; unresolved loss, insensitive parenting and frightening parenting.

In the case of unresolved loss or trauma, the parents attempt to defend themselves against re-experiencing the fear, helplessness and anger associated with the trauma. This may lead to them failing to soothe and comfort their children when their attachment system is activated. The interplay between a parent’s lack of response and the child’s continuing feeling of helplessness when emotionally dysregulated is the focus of many current services within STAMS and the development work with its collaborative partners.

With frightening parenting there is a greater chance of DA than with any other characteristic, although Fonagy and Target argue that Reflective Functioning (RF) is an important intervening variable. They conclude that the ‘unresolved’ parents most likely to exhibit frightening and insensitive parenting are those with low RF. Low Mentalization and RF is therefore mediator of DA. In addition, Pasco Fearon found elevated externalising behaviours in children with DA. These two factors together are key to our understanding of the need to develop clinical services under Maltreatment, which understand the mechanisms underlying RF. The development and testing of interventions which increase mentalization and potentially RF will be at the heart of the work.

**STAMS Clinical Services:**
- Early Years Parenting Unit (EYPU)
- Parent-Infant Project (PIP)
- Post Adoption Support Assessment and Treatment (including MBT-F)
- Reflective Fostering Programme (in collaboration with the NSPCC)

**STAMS Court Services:**
- Family Assessment Service (FAS) including Acute Trauma Contact and Residence Disputes (CRD)
- Complex Cases
Parent Infant Project

Parent Infant Psychotherapy is a therapeutic modality that works to promote the parent infant relationship where there is a risk that the baby’s development will be hindered by unhelpful or psychological factors in the relationship.

- The remit of the Parent Infant Project is to address disturbance in the early attachment relationship through clinical services, training, service development and evaluation.

Parent Infant Psychotherapy

Parent infant psychotherapy is a therapeutic modality for parents and babies under 12 months, when their attachment relationship is troubled and there is a risk posed to the baby’s development.

PIP does not directly target babies who have been maltreated in terms of abuse and neglect. The risks that PIP directly addresses are:

- parenting characteristics that are associated with either insecure or disorganised attachments later on. Such as, frightening behaviours in the parent, communication errors, depression/emotional and behavioural withdrawal, hostility.

- infant behaviours that are indicative of adaptation to relational stress, that will likely become fixed and maladaptive over the course of development.

Increasingly, high-risk complex cases are being referred to PIP with acknowledgement of the therapeutic role of parent infant psychotherapy in perinatal mental health. Such cases may include, for example, a parent with mental health problems, lack of bonding with the baby, difficulties with adjustment to parenting a baby with chronic illness or a syndrome, a baby with severe regulatory problems.

The strategic vision for PIP under maltreatment is to increase the availability and efficacy of interventions for young parents (adolescents and young adults) who have previously been in care and may be at risk of going back into care with their baby. It is proposed that a treatment development group will test out interventions with pregnant and post-natal care-leavers using a combined approach of mentalization work, PIP and Video Interaction Guidance (VIG) to promote the
attunement between parent and baby. A greater focus on fathers will also be part of this innovative treatment development group.

A parent infant psychotherapy assessment and therapeutic service is also commissioned by the Homerton NHS Trust Mother and Baby Inpatient Unit. With sessions also taking place at the AFC and a drop-in group at England’s Lane Hostel.

Research

Development and validation of the Parent-Infant Relational Assessment Tool (PIRAT) (Broughton, 2007), an observational measure designed to assess the quality of parent-infant interaction, developed for use by a range of health professionals in their day-to-day work settings such as clinic, home and nursery.

Courses and Professional Training

- Principles of Psychoanalytic Parent-Infant Psychotherapy (4 days) - offers an introduction to parent infant psychotherapy to professionals
- Using groups to strengthen parent-infant relationships helps professionals to develop their group thinking and practice in different group settings.
- Parent Infant Relational Assessment Tool (PIRAT) - trains practitioners to reliably use the PIRAT manualised method of coding and assessing parent-infant interaction.
- Psychoanalytic parent infant psychotherapy (18 months) is a specialist training for psychologists and psychotherapists who wish to become accredited parent infant psychotherapists.

For more information on training, seminars and courses, visit annafreud.org
Early Years Parenting Unit

The EYPU collaborates with Children’s Social Care to resolve complex cases where children are on the edge of care. It offers an innovative and intensive assessment/treatment programme for parents with young children as part of the PLO or court process.

- The programme combines an assessment of capacity to change with treatment that addresses parents’ personality difficulties, parenting problems, and child development concerns.

They provide expert opinion which, combined with Social Care expertise and intervention, drastically reduces the time taken to assess families, thereby reducing both the cost of lengthy court proceedings, and harm to children.

Social workers involved with complex families are often confronted with long involvement of children’s services and child protection; multiple referrals to support and treatment services; intergenerational abuse and neglect; parents who deny there’s any problems, make multiple complaints and do not engage with professionals.

The EYPU specialises in working with Children’s Social Care to address:
- Physical and emotional abuse/neglect
- Drug and alcohol misuse
- Domestic violence
- Criminal/delinquent behaviour in parents
- Chaotic/dangerous behaviour in parents
- Little or no boundary setting
- Poor engagement with health and education
- Traumatic, angry/anxious outbursts in parents

“I just wanted to thank you for all your hard work on this case both in trying to engage with the mother and also helping me manage and contain the frustrations I was experiencing with the case. It was extremely useful having space to think and reflect appropriately with you on numerous occasions about this family and how to try to move forward.”

Social Worker

Contact: Nicola Labuschagne, Clinical Manager, Nicola.Labuschagne@annafreud.org 020 7443 2289
Example of family referred to EYPU

Jane, a single mother in her late teens with a five-month old daughter had been of concern to Children’s Social Care since her baby’s birth due to her very poor emotional connection with her daughter. Jane was a care leaver and had been involved with a violent partner whom she had separated from in her daughter’s first months, leaving some uncertainty about whether she would now be able to parent her safely and protect her from harm. She attended the unit with her daughter and participated in the programme, though within four weeks it became clear that she had no ability to understand and respond to the emotional needs of her daughter. Together with Children’s Social Care it was decided that Jane did not have the capacity to change and Children’s Services went to court to seek an Adoption Order, achieving permanency for the baby by the time she was eight months old.

Cost of programme: £7,000
Contact and Residence Disputes Team

The Contact & Residence Disputes (CRD) team is a multidisciplinary team that specialises in assessing and treating families where there is chronic litigation between separated parents around the residency of and contact with their children.

- Parents seen have highly conflictual relationships and frequently make allegations and counter-allegations against one another of domestic violence and/or abuse of their children.
- The children’s own experience and needs are frequently obscured by the conflict, and they have often not seen the non-resident parent for a significant period of time.
- A substantial number of parents we see have a history of mental health difficulties and there is often a history of Social Care involvement due to child protection concerns.

The CRD team has developed a mentalization inspired model of ‘therapeutic assessment’.

This approach aims to re-establish positive contact, where appropriate, with the non-resident parent which has three main components:

a) improving both parents’ capacity to mentalize their child and protect them from the parental conflict;

b) gradually ‘de-sensitising’ the child to the non-resident parent with the support and encouragement of the resident (primary) care giver;

c) co-constructing with both parents a coherent ‘narrative’ around family events which is acceptable to them both and which they can then share with the child (Asen & Morris, 2016).

It is hypothesised that this approach enables children to ‘let go’ of what might be negative, monstrous or frightening representations and memories of the non-resident parent. By gradually building up contact they can begin to openly value specific characteristics and aspects of that parent, re-connecting with old positive memories as well as slowly building new ones.
This process is likely to provide a protective function for the child as they undergo the psychological task of integrating the different parts of their ‘self’, including that part that comes from the non-resident parent.

The approach has been broadly successful. For those families seen by the team for therapeutic intervention between September 2015 and August 2016, contact with a non-resident parent was re-established in line with court recommendations following chronic entrenched parental dispute and child refusal of contact in 22 out of 24 (92%) of cases. This is in line with an audit conducted the previous year which indicated that contact was facilitated in 98% of cases.

The team are looking to develop the approach with individual families and Multi-Family Groups immediately following parental separation (in a preventative capacity), as well as providing further support for families where contact has been re-established in order to ensure progress is sustained. The CRD team offer consultation and are in the process of developing a training programme.

Contact: CRD Administrator, sats@annafreud.org or 020 7794 2313
Family Assessment Service

The Family Assessment Service (FAS) at the Anna Freud National Centre for Children and Families is a multi-disciplinary assessment and treatment team offering:

- The team offers a range of therapeutic mentalization informed treatments for families and children who have experienced trauma or maltreatment including post-adoption support and Child and Family Traumatic Stress Intervention (CFTSI).
- Provides support to families who have been traumatically bereaved and provide evidence-based intervention where indicated
- Training in trauma-focused CBT to Child and Adolescent Mental Health Services in the UK and around Europe

They come from a range of disciplines including: Clinical Psychology, Psychiatry, Social Work, Family Therapy, Child Psychotherapy, Play Therapy. Almost all assessments involve two or more clinicians and are informed by consultation to the wider team.

They adapt their approach to enable parents with mental health problems, learning difficulties or physical disabilities to engage fully.

Feedback is provided to all parents and professionals and written or, where possible, face-to-face feedback to children and young people about our opinions and recommendations.

Assessments routinely include:
- Assessment of children’s development, emotional functioning, attachment relationships and contact needs
- Assessment of parents’ emotional and psychological functioning, reflective and parenting capacity
- A focus on the children’s experience of harm and an assessment of the likelihood of exposure to further harm.

Where indicated, assessments also include:
- Cognitive assessment of parent or child
- Psychiatric assessment of parent or child
- Specific developmental assessment (such as Autism Spectrum/ Attention Deficit Hyperactivity Disorder)

Clinicians are trained in a range of specialist measures of parent and child emotional, behavioural and cognitive functioning including:
- Parent Development Interview
- Child Attachment Interview (CAI)
- Story Stem Attachment Battery
- Strange Situation Procedure (for attachment measurement in toddlers)
- Psychometric assessment tools including WAIS, WISC and WORD
- Mood and disorder specific measures
- Autism assessments (including ADOS trained clinicians)

**Treatment Development Work in FAS**

Treatments are being delivered but also innovated in FAS, with current developments including a mentalization-based psychoeducation group for foster carers, Reflective Fostering, which is being rolled out and evaluated in 2017 across two NSPCC sites. Additionally, a multidisciplinary group from FAS and wider staff across Anna Freud are developing and planning an evaluation of treatments for post adoption support, in collaboration with Coram and with other referring families and local authorities.

The STAMS senior clinician takes a lead in finding the best fit for child, young person and family referred to FAS, and as this is the largest multi-disciplinary team at Anna Freud, are able to offer a range of interventions. The model used by the team is one of integrated assessment and delivery of therapies, e.g. family therapy linked to individual therapy of children, adolescents, grown up family members / parents, using different modes of therapy in parallel or (in managed) succession, with joined / integrated relationship / feedback systems with other agencies involved.

Contact: FAS Administrator, sats@annafreud.org, 020 7794 2313
Complex Cases

The Complex Cases team specialises in the assessment and treatment of highly complex families involving a parent with a Personality Disorder or personality difficulties.

- Families are referred from all parts of the UK. At the time of referral families are usually subject to public law care proceedings or in the PLO process.

The multi-disciplinary team has been running for 15 years and consists of a Consultant Adult Psychiatrist, a Consultant Systemic Therapist and a Child and Adolescent Psychotherapist.

The Complex Cases team have extensive experience of working with parents who have complex needs, including difficulties in managing their feelings and making relationships, and with children.

The team provides expert independent reports for the court giving clear opinions and recommendations in relation to the current and future risks to children, parents’ capacity to change, and children’s future care.

Clinicians in the FAS and Complex Cases teams are trained in using standardised assessment tools such as:
- Story Stem Assessment Protocol
- Parent Development Interview
- Child Attachment Interview
- Adult Attachment Interview.

Where treatment is indicated, the team is able to provide individual treatment for adults with personality difficulties, family therapy, and individual treatment for children.

Contact: Complex Cases Administrator, sats@annafreud.org, 020 7794 2313
# 2017 Training and Conferences at the Anna Freud National Centre for Children and Families

Below are some of the trainings and conferences offered by the Anna Freud National Centre for Children and Families for 2017. For a full list, please visit www.annafreud.org.

## January 2017
16th - Story Stem Assessment Profile Training  
18th - Mentalization-Based Treatment: Basic Training

## February 2017
2nd - Trauma-Focussed Cognitive Behavioural Therapy (TF-CBT) for Children and Young People PTSD  
20th - Mentalization-Based Treatment for Parents: Reflective Parenting

## March 2017
16th - Mentalization-Based Treatment for Fostering and Adoption: Reflective Fostering  
22nd - Reflective Functioning Training on the Adult Attachment Interview

## April 2017
24th - Mentalization-Based Treatment for Adolescence (MBT-A)

## May 2017
19th - Toddler Development & Parent-Toddler Groups in Theory & Practice

## June 2017
6th - Personality Disorder & Parenting  
13th - Child Attachment Interview Training  
29th - Mentalization-Based Treatment for Families

## September 2017
11th - Story Stem Assessment Profile Training  
18th - Interpersonal Psychotherapy Training for Adolescents with Depression (IPT-A)

## October 2017
2nd - Interpersonal Psychotherapy Training (IPT)  
3rd - Child Attachment Interview Training

## November 2017

## December 2017
04th - Dynamic Interpersonal Therapy
References


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