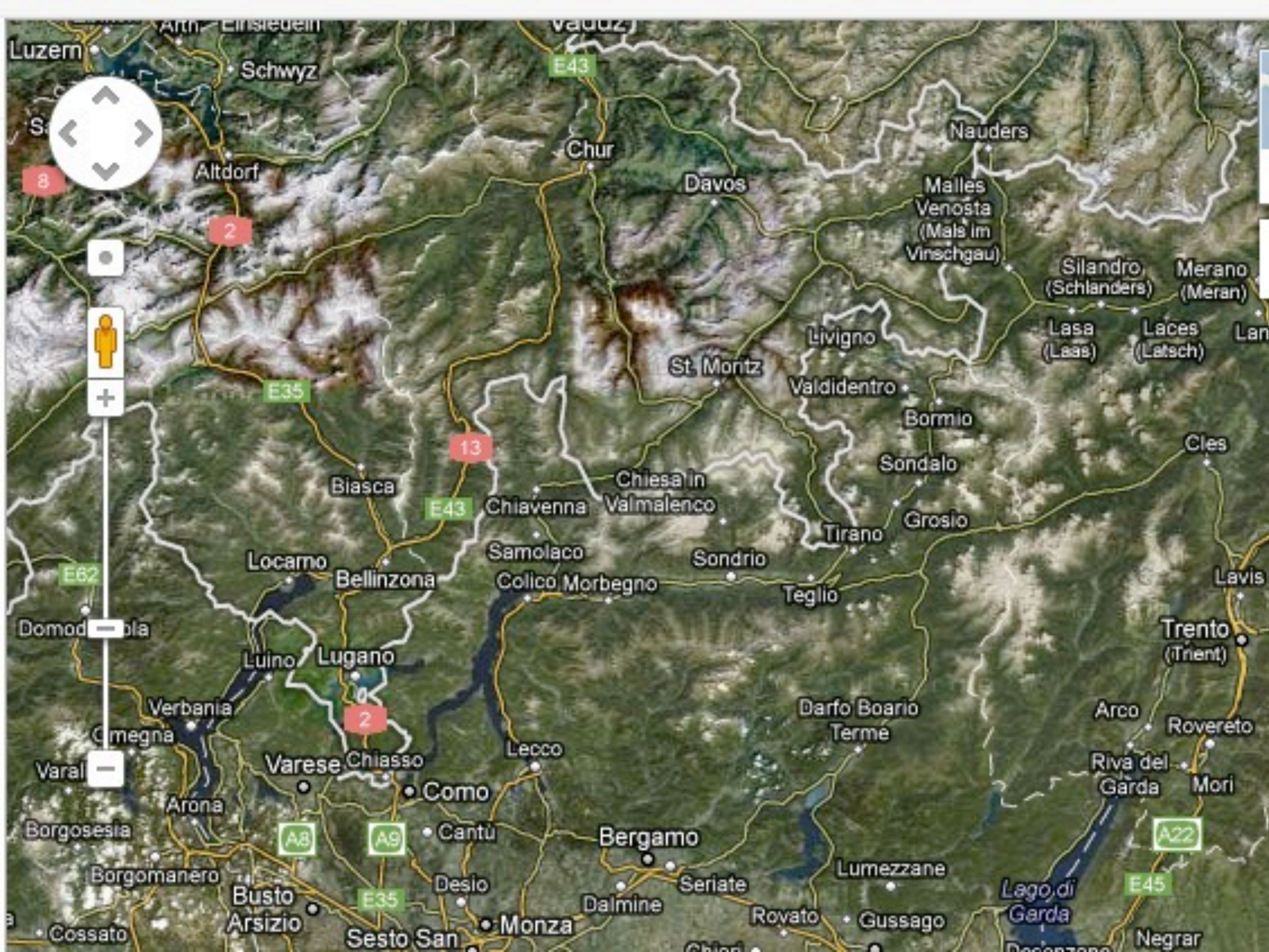


Multifamily Therapy Unit Child Protection Service

***“WORKING WITH RELUCTANT
FAMILIES”***

Sondrio – Italy

Bruxelles 15 - 16 Dicembre 2011



Map showing the region of the Alps, including major cities and roads. Key locations include:

- Switzerland: Luzern, Schwyz, Chur, Davos, St. Moritz, Nauders, Malles Venosta (Mals im Vinschgau), Silandro (Schlanders), Merano (Meran), Lasa (Laas), Laces (Latsch).
- Italy: Lugano, Varese, Chiasso, Como, Bergamo, Trento (Trent), Arco, Rovereto, Riva del Garda, Mori, Lumezzane, Gussago, Negrar, Desio, Monza, Sesto San Giovanni, Monza, Bergamo, Lumezzane, Gussago, Negrar, Desio, Monza, Sesto San Giovanni.

Major roads shown include E43, E35, E62, A8, A9, A22, and E45. National routes are marked with red numbers (8, 2, 13).





MULTI-FAMILY INTERVENTION SONDRIO

- 1 group : 6 family units with 11 minors
- 2 group: 8 family units with 9 minors
- 3 group: 5 family units with 5 minors
- 4 group: 4 family units with 5 minors

'Multi-family Unit' Team

- 1 supervising psychotherapist
 - 1 psychotherapist
 - 2 psychologist
- 2 professional support workers
 - 1 trainee psychotherapist

Philosophy

- **Complexity**
- **Respect**

Complexity

(etymology)

from the Latin *cum plexum*:
interwoven, interlaced

Complication

(etymology)

(from the Latin *cum* and *plicare*: to
bend)

***COMPLEXITY* is not reducible**

In **COMPLEXITY** the emphasis is more on *relationships* and less on the intrinsic characteristics of the system's components

In ***COMPLEXITY*** change in one component influences all components

In the inanimate world, to every action there is a reaction proportional to the intensity of the action itself.

If I hit a nail with a hammer, the stronger the force of my arm the deeper the nail will penetrate the wood (when all other variables remain the same) and theoretically it is predictable, measurable and reproducible.

In the world of living beings, an action is an act of communication, there is no proportion between an action and the effect it produces. It is not measurable, it is not predictable and it is not reproducible.


If I hit a person with a hammer, the effect will be stronger than the force of the blow, it will depend on the **relationship** and on the **relational meaning** this action has.

Gianfranco Cecchin believed there are three capital errors- or three traps- into which the therapist can fall:

- 1: believing he is an **expert**. This is manifested when we believe we know what the other has, or worse still, what the other is.
- 2: believing he is the **teacher**. When we believe we can teach others how to behave.
- 3: believing he is a **judge**. When we believe we know what is right and what is wrong.

Multi-family work helps avoid these traps

1. The experts are the families themselves, they are the ones living the painful experiences, they are the ones who **know** the meaning of the various problematic situations.
2. They are also the ones who, when interacting with the others, can experiment and **learn** how to behave in a more functional way
3. Furthermore, they are the ones who, when interacting and discussing with others, can see and listen to themselves and establish what is right and what is wrong for themselves and their children.



Our job as therapists is to build the conditions necessary for this to happen. We put families in critical situations and then enable reflexive processes utilising creative tools.

At the root of the families' relational difficulties there is often a deficit in the ability to **mentalise**, meaning the natural ability human beings have to *see others from the inside and see oneself from the outside*.

Our intervention aims to increase people's ability to **mentalise** and in particular parents' ability to mentalise their children

Respect: a few definitions

'Acknowledging the dignity of oneself and the other with behaviour that is consequent to this acknowledgement'

(Dictionary of Psychology U. Galimberti)

“Respect is that which allows us to treat one's equal, and more in general man, always as an end and never as a means”

(I. Kant, 1778, I, 1 chapter III)

**Respect for the opinion of each
worker**



➤ **Can you teach respect?**

➤ **Can you learn it?**

Different points of view

Social worker

Support worker

Psychotherapist

ROLE OF THE SUPPORT WORKERS:

INTEGRATION WITH THE THERAPEUTIC FIGURES

**WITH THE FAMILIES: BRIDGING,
MEDIATING, CONNECTING**

*ROLE OF PROXIMITY
(being with, doing with....)*

HOW AND WHEN?

- During **activities, field-trips**, moments of **routine** (i.e. cooking): offer stimuli, observations, support and interaction between families
- **Sub-group discussion**: facilitate communication, acknowledge various points of view, stimulate reflexivity and explore themes.


- **Parent narrative interviews**
give value to life stories...attribute meaning to one's own life, increase awareness and contact with one's resources...give a testimony of oneself...return to autonomy... create new connections, new order, reorganising fragmented images.

- **Residency**
time-limited interventions with specific objectives, generalising therapeutic objectives, integration in the mind of the clients, immediacy in acknowledging roles

The treatment of TRAUMA requires the activation of two interventions

Psychotherapy

Corrective Experience



Effects of multifamily therapy treatment on abusive parent's mentalising and problem solving discussion

Theoretical Background

Child abuse and neglect are influenced by a vast and complex ecology of causal factors. A crucial proximal factor can be identified in the parent's difficulty in mentalizing the child's behavior (as well as her own) during challenging childrearing situations/episodes, and in engaging in related effective problem-solving discussion/interaction, either with the child or with the partner.

Hypothesis

We hypothesized that parental mentalizing and effective problem solving discussion in abusive and/or neglectful parents would be enhanced after the participation in a Multifamily group treatment.

Participants

Ten parents (4 marital couples and 2 single mothers) from 6 different court-mandated families participating in a 15 weeks Multifamily treatment (one day per week)

Procedures

An adaptation of Metacognition Assessment Interview (IVaM, Semerari et al. 2009) was used to assess parental mentalizing capacity. The interview was administered at the beginning and after the conclusion of treatment.

Individual scales of System for Coding Interaction in Dyads (SCID, Malik & Lindahl, 2000) were used to assess parent's problem solving communication during a discussion task (marital or parent-child couples discussing a problem involving the child) administered at the beginning and after the conclusion of treatment.

METACOGNITIVE FUNCTIONS

Monitoring is the function deputed to identify one's own mental states (thoughts, emotions, intentions) during a specific episode and to relate them to causal antecedents and to subsequent behavior.

Differentiation is the function deputed to distinguish between different kinds of mental representation (facts, hypotheses, fantasies) and to modify one's own previous point of view by using new available information

Integration is the function deputed to compare and connect mental states experienced during a specific episode to those usually experienced in similar circumstances.

Decentration is the function deputed to represent other persons' mental states (thoughts, emotions, intentions) from their point of view during a specific episode and to relate them to causal antecedents and to subsequent behavior.

INTERACTIVE FEATURES

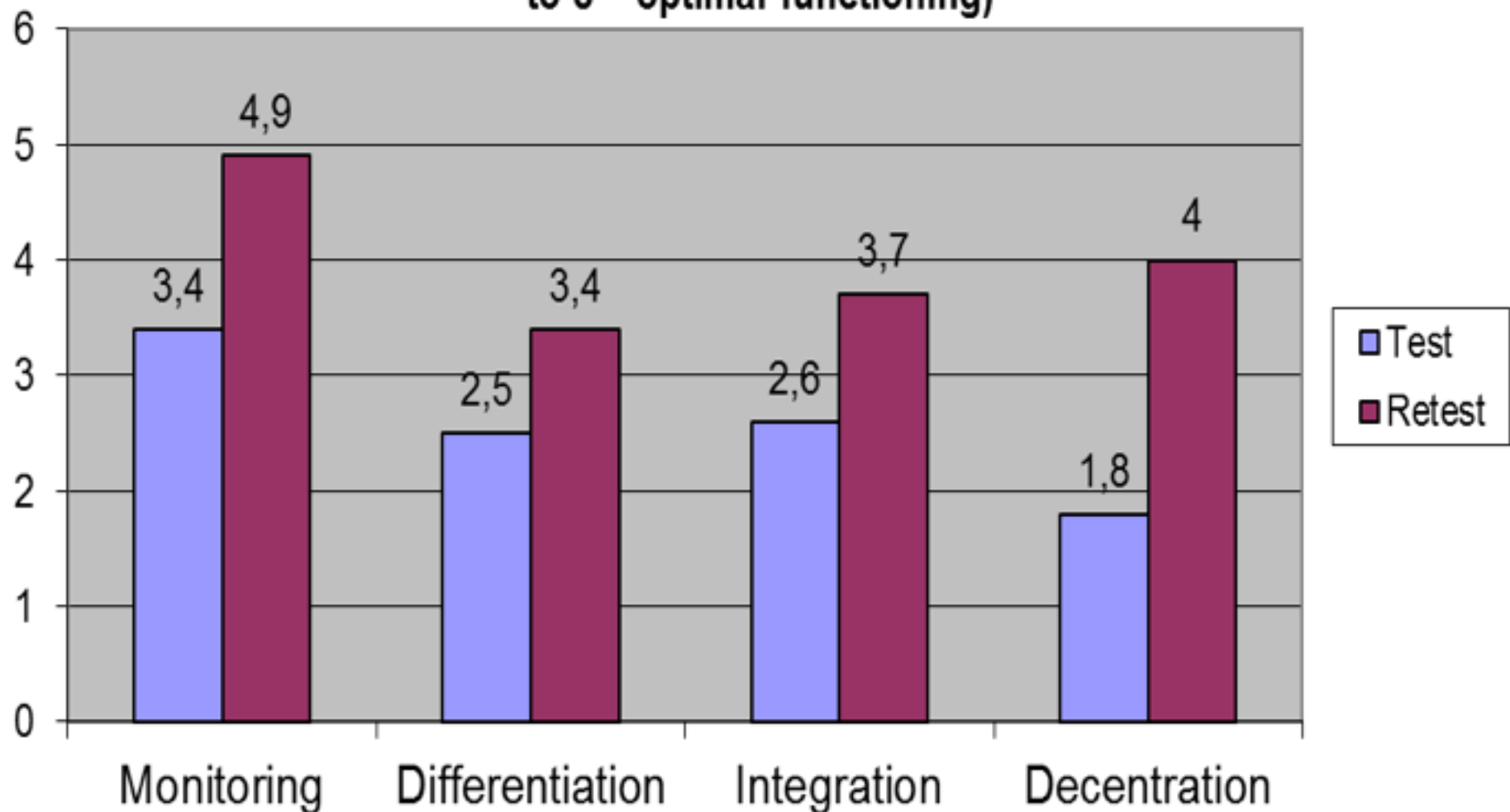
Dysfunctional communication is a composite category representing the mean of scores on Verbal Aggression, Coerciveness, Attempts to Control and Withdrawal SCID scales .

Negative affects is a composite category representing the mean of scores on Negativity & Conflict and Dysphoric Affects SCID scales.

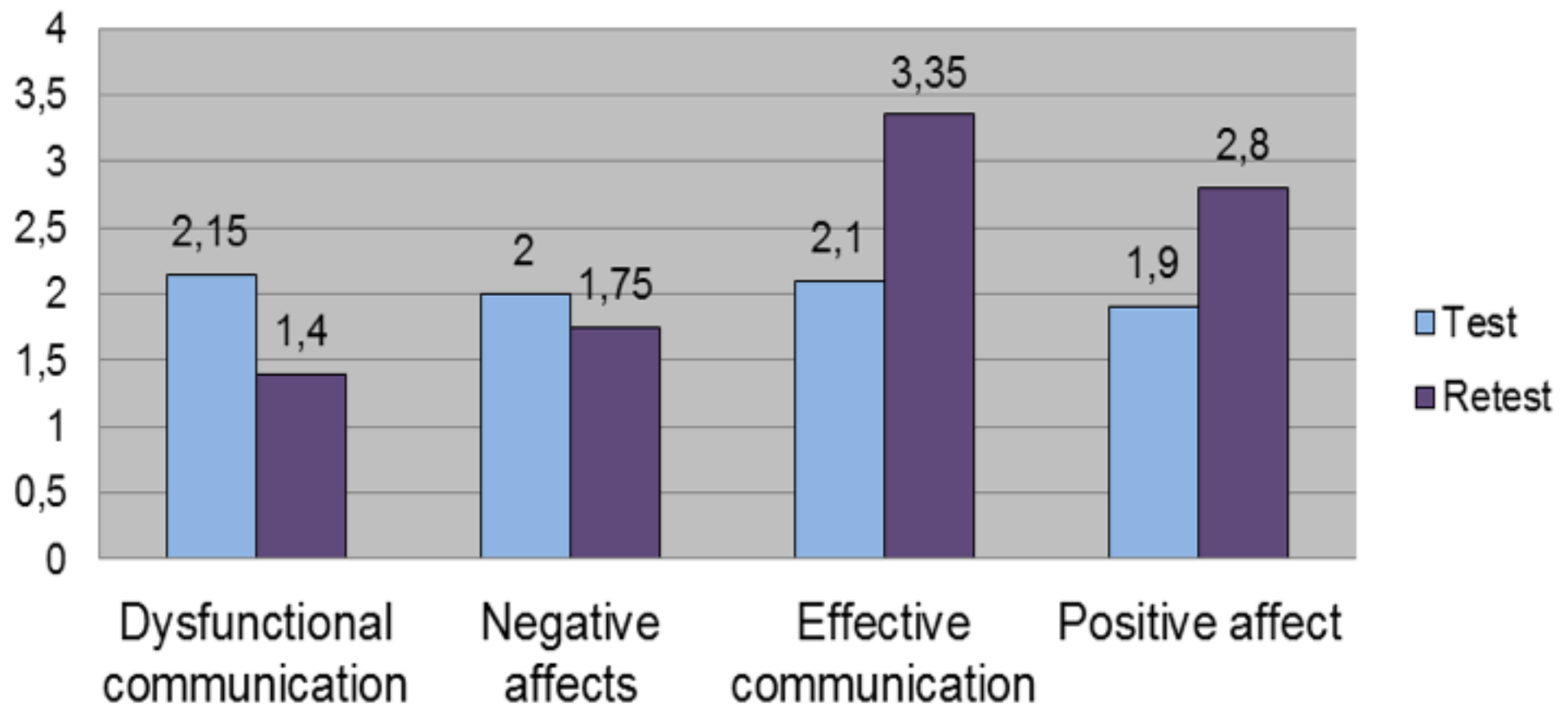
Effective communication is a composite category representing the mean of scores on Problem Solving Communication and Support SCID scales.

Positive affect equals to the score on the homonymous SCID scale

**Mean scores of Metacognitive Functions
for the group of subjects (N=10) at the beginning
and after the conclusion of MFT treatment
(on a scale from 0 = totally defective functioning
to 8 = optimal functioning)**



Mean scores of negative and positive interactive features for the group of subjects (N=10) at the beginning and after the conclusion of MFT treatment (On a scale from 1 = very low to 5 = high)



A paired Student's t-test was performed for each variable: all the score differences were statistically significant ($p < 0.005$ or less) with the exception of Negative affects.