

# THE LIGHTHOUSE MODEL

*ILLUMINATING THE 'CHILD-IN-MIND'*



*A MENTALIZATION BASED  
TREATMENT PROGRAMME  
WITH PARENTS  
FOLLOWING SEVERE CHILD  
ABUSE AND NEGLECT*

*GERRY BYRNE  
GENEVA 2016*

**FAMILY ASSESSMENT &  
SAFEGUARDING SERVICE**



# The Family Assessment and Safeguarding Service Oxfordshire (also Wiltshire and BaNES)





# ReConnect

PARENT AND CHILD



Oxford Health  
NHS Foundation Trust



# The Infant-Parent Perinatal Service Oxfordshire





# Acknowledgements

## Thanks to...

---

Professors Anthony Bateman and Peter Fonagy  
Professor Pasco Fearon, Dr Michelle Sleded &  
Dr Nick Midgley at UCL/Anna Freud Centre

Members of the FASS and ReConnect teams including  
Nicola Connolly, Gabrielle Lees, Mary Lacy, Clare Mein,  
Sheena Webb, Alice Brady and Anne Wynne Jones who  
have co-facilitated LH MBT-P groups.

In Ireland: Maria McGrane, Linda Hanlon and Tom Casey.

# THE LIGHTHOUSE MODEL

*ILLUMINATING YOUR CHILD  
AND HIS WORLD*



**FAMILY ASSESSMENT &  
SAFEGUARDING SERVICE**

*A MENTALIZATION BASED  
APPROACH  
TO HELP YOU AS PARENTS  
DEVELOP SKILLS IN*

*OBSERVING YOUR CHILD  
UNDERSTANDING YOUR  
CHILD'S NEEDS  
CONNECTING WITH YOUR  
CHILD  
AND IN*

*ENHANCING YOUR CHILD'S  
SENSE OF SECURITY*



# Mentalizing

Mentalizing is a form of *imaginative* mental activity about others or oneself.

Implicitly and explicitly interpreting the actions of oneself and other as meaningful on the basis of intentional mental states (e.g., desires, needs, feelings, beliefs, & reasons)

Mentalizing is holding mind in mind

Perhaps, nowhere is this more important than in the caregiver-infant relationship

---

**FAMILY ASSESSMENT &  
SAFEGUARDING SERVICE**



# Abuse and mentalizing 1/4

- “Our reflective capacity is (thus) a transgenerational acquisition... and its fragile status indexes a vulnerability to later trauma (Fonagy, 1999).”
- Parents referred to FASS and ReConnect almost invariably have childhood histories of neglect and abuse and most have already caused harm to their children through physical abuse/neglect, and/or emotional abuse/neglect.



## Abuse and mentalizing 2/4

- These parents invariably ‘love’ their children.
- They are indignant at being referred to us.
- Many tell us that they have chosen to parent their children differently so that their children do not experience abuse the way they did.
- More often than not, they are right. And yet...
- Their children have often been physically and/or emotionally abused and/or neglected.

## Abuse and mentalizing 3/4

- We construe these instances of severe child abuse and neglect as a consequence of deficits and catastrophic failures in mentalizing.
- Deficits in reflective capacity result in emotional and physical neglect.
- Catastrophic failures in mentalizing, involving the mechanism of projective identification, result in physical and emotional abuse.

## Abuse and mentalizing 4/4

- Sexual abuse, child sexual exploitation (CSE) and acts of ritualistic or sadistic abuse we construe as deliberate mis-uses of mentalizing and we rarely conclude that these parents are treatable by our services within the timescales of the child/children







*“Humans live their lives and build their institutions on dry land. Nevertheless, they seek to grasp the movement of their existence above all through a metaphors of the perilous sea voyage. The repertoire of this nautical metaphors of existence is very rich. It includes coasts and islands, harbours and the high seas, reefs and storms, shallows and calms, sail and rudder, helmsmen and anchorages, compass and astronomical navigation, lighthouses and pilots.”*

**Hans Blumenberg - Shipwreck with Spectator (1979)**

---

**FAMILY ASSESSMENT &  
SAFEGUARDING SERVICE**



## ***We say to our parents... 1/3***

- We are not going to tell you what to do, how to behave, or how many minutes *time out* to give...
- We want to help you develop the skills that will help you understand your child at any time, so that you are best to judge what he needs...
- Once we can see the world through a child's eyes, we can understand and respond more accurately to his needs.
- Also, we will be thinking about what goes on in our minds, and what can get in the way of being able to see a child clearly, or in the way of us thinking about our child's needs.



## ***We say to our parents... 2/3***

*“All your life you have been at sea. You were conceived in an ocean, and yet in that beginning, you were also contained. After birth, being held in mind is one of the most important experiences a human being can have. It can literally mean life or death...”*

---

**FAMILY ASSESSMENT &  
SAFEGUARDING SERVICE**





## ***We say to our parents... 3/3***

- Life can be imagined as dangerous sea voyage.
- As a child I need someone to act as my lighthouse.
- To see me clearly. To keep getting to know me.
- To be on the lookout for troubled waters ahead.
- To give me enough light to guide me through.
- And, ultimately; to light the light within me so that I can guide myself, and others in future.







The mother holds the baby in mind, and his sense of himself is mirrored in her eyes.

If his mind holds mysteries for her then he learns that understanding requires imagination, even understanding of one's own states of mind.

When she holds him in mind, he can securely explore her mind and their relationship.

## Room to Grow



The more room she has in her mind, the more room he has to grow.



# Your child in mind

- **Holding your child in your mind** is one of the most important experiences he will ever have
- Over your child's lifetime he will develop physically, emotionally, and psychologically.
- He could only **grow inside your body** when your body unconsciously nourished him.
- Now, mirrored in your eyes and mind, he will get to know himself through your mind.

LY ASSESSMENT &  
GUARDING SERVICE



# Your child in mind

- As you help him understand and manage his many emotions, he will, over time, learn to recognise them and manage them himself.
- Psychologically, he can only grow if he can **grow inside your mind** - if you have room inside for him to grow.
- Once he is held **securely** in your mind, and **knows** it, then he can **explore** the world.

LY ASSESSMENT &  
GUARDING SERVICE



# *Illuminating Beam = wanting to know*

- Bathed in your curiosity, in your 'wanting-to-know,' child feels **illuminated**, seen, **safe**.
- Your **wanting** to know is more important to your child's development than your **certainty**.
- In sometimes getting it wrong - *and being open to adjusting our view* - child learns about separate minds, develops his **sense of self**.

LY ASSESSMENT &  
GUARDING SERVICE



# Video-clip 1

## Safe Harbour (secure attachment)

*MBT-P-i Session 7*

*“I’ve got five children, I’ve only just realised they’ve got feelings”*

LY ASSESSMENT &  
GUARDING SERVICE





# LIGHTHOUSE

## The Roundels





# LIGHTHOUSE

## The Roundels explained

### **Secure Attachment cycle: 3 roundels:**

- ***Safe Harbour*** = Secure Base – safety of parents' minds/arms
- ***Troubled Seas*** = ordinary everyday experiences of upset, sadness, loss, that parents respond to by taking into safe harbour
- ***Exploration*** = secure attachment exploring



# SAFE HARBOUR - SECURE BASE



# TROUBLED SEAS





# EXPLORATION



# LIGHTHOUSE

## The Roundels explained

- **Insecure Conflicted Attachment cycle: 2 roundels:**
- ***Piracy*** = when children, unattended to, raid the lighthouse
- ***Battleships*** = when children fight each other over resources





# PIRACY





**BATTLESHIPS**

# LIGHTHOUSE

## The Roundels explained

- **Insecure Avoidant Attachment cycle: 1 roundel:**
- ***The Raft***





# THE RAFT



# LIGHTHOUSE

## The Roundels explained

- **Disorganised Attachment**
- ***Rocky shores*** (past traumas)
- ***Wrecking light*** (past abusers, deliberately led you into danger)







**ROCKY SHORE**



# LIGHTHOUSE

## The Roundels explained

### **The unconscious: 1 roundels:**

- ***Night Seas*** =at night we all set off on an unknown adventure and who knows what will emerge in our dreams; monsters from the deep, treasures, who will keep us safe?



# NIGHT SEAS





# LIGHTHOUSE

## Rooms in the Mind



# The Background

- The Lighthouse MBT-P programme is embedded by two services (FASS, Oxford and Reconnect, Buckinghamshire).
- We have just started running the 8<sup>th</sup> group.
- Each group has been evaluated in house, and more recently, groups in ReConnect have been evaluated independently by the Anna Freud Centre/UCL.

---

**FAMILY ASSESSMENT &  
SAFEGUARDING SERVICE**



# ReConnect

**Final Evaluation Report November 2015**



# Independent Evaluation

Professor Pasco Fearon and Dr Michelle Sleded  
The Anna Freud Centre, UCL

## OUTCOME MEASURES (BASELINE + END OF TREATMENT)

Quality of parent-infant relationship

PIR-GAS (from referrer)

Child protection/CiN status (from referrer or family)

Parent-infant interactions (as rated by clinician home observations, and “blind” researcher video ratings)

---

**FAMILY ASSESSMENT &  
SAFEGUARDING SERVICE**





## Parental Mental Health

BDI

GAD-7

PSI:SF

CORE (optional)

## Parenting

Parental self-efficacy scale

Parent Development Interview (coded for RF and  
Representational Risk)

## Qualitative Interviews

---

**FAMILY ASSESSMENT &  
SAFEGUARDING SERVICE**



# Referral criteria

## Referral criteria ReConnect (FASS has no age limit)

1. Child under 2
2. On Child Protection Plan or Pre-Proceedings/Proceedings
3. Some acknowledgement of difficulties evident
4. At least one of the following:
  - a. Parental mental health problems
  - b. Parental history of childhood trauma/neglect
  - c. History of intimate partner violence
  - d. History of substance misuse
  - e. History of severe parenting breakdown (abuse/neglect)
  - f. Permanent removal of previous children

**FAMILY ASSESSMENT &  
SAFEGUARDING SERVICE**



# Treatment input

First two cohorts of families who participated in the group and individual MBT therapy (n=16)

All families were offered individual appointments and 20 sessions of the group programme and up to 6 VIG appointments (9 out of 16 families received some VIG sessions).

**Table 2.** Treatment input for families in the ReConnect programme (N=16)

	Mean (sd)	Range
Individual sessions	20 (6)	8 – 30
Group	17 (5)	4 – 20
VIG	2 (2)	0 – 6

# Key Findings 1/2

There were significant improvements over the course of the programme in relation to:

Parents' self-efficacy in caring for their babies

Parents' levels of stress in their parenting role

Parents' sensitivity in responding to their babies' needs and communications when playing with them

Although there were improvements on almost all measures, these changes were not statistically significant in relation to:

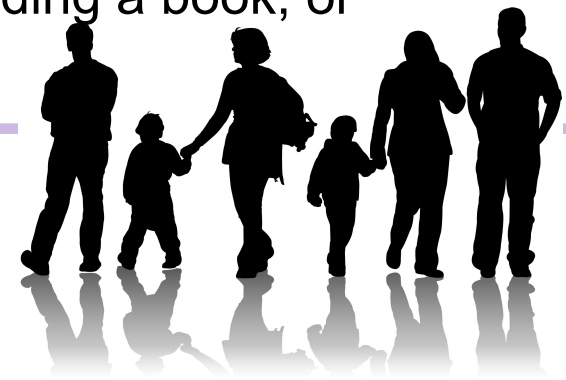
Parental depression and anxiety

Parental reflective functioning (mentalizing capacity)

Parental sensitivity on structured tasks (such as reading a book, or changing the babies' clothes)

---

**FAMILY ASSESSMENT &  
SAFEGUARDING SERVICE**





## Key Findings 2/2

There were several themes that emerged from the interviews with the mothers.

The programme was seen by most as **“a life changing experience”** as it helped them to improve their confidence, sensitivity, attachment relationship and capacity to trust.

The combination of individual and group therapy was seen as highly valuable

The imagery (such as the lighthouse) used in the programme had a powerful impact on the parents

Most parents did not want the programme to end

Most parents felt this was something that should be widely offered to all parents

---

**FAMILY ASSESSMENT &  
SAFEGUARDING SERVICE**



# Maternal Self-Efficacy

- Statistically significant improvement:
- Parents reported higher levels of parental self-efficacy after the intervention than before it.
- In other words, the parents were feeling more confident in their capacity to care for children at the end of the programme than they did before the treatment started.

---

**FAMILY ASSESSMENT &  
SAFEGUARDING SERVICE**



# Parenting Stress

- Significant improvements in the participants' parenting stress levels over time, as measured by the PSI.
- The severity of reported stress in relation to parenting was a great deal lower post-intervention than at baseline.
- This was most pronounced in relation to the subscale of Parental Distress (parents' negative feelings associated with parenting).
- There were also marginal improvements in how parents perceived their child to be difficult and in how positive they felt the interactions between them and their child were.
- There was less evidence of defensive responding at the post-intervention assessment, suggesting that parents were more willing to reflect on their difficulties in an honest and realistic manner. This may be indicative of improved trust in the clinicians administering the measures over the course of the programme.

---

**FAMILY ASSESSMENT &  
SAFEGUARDING SERVICE**



# Parental Sensitivity

- Parents and their babies were video-recorded interacting in a number of tasks. These interactions were blind rated by an experienced independent researcher who was not aware of pre- or post-intervention status.
- Most tasks showed improved levels of behavioural sensitivity to the babies' cues, apart from the Book Reading task.
- The task that showed statistically significant change was free-play between the parents and babies. In this task, parents were significantly more sensitive post-treatment.
- It is important to note that virtually all the measures of parenting sensitivity showed numerical trends indicating improvement.

**FAMILY ASSESSMENT &  
SAFEGUARDING SERVICE**





# Reflective Functioning 1/2

- Changes but not significant in parental reflective functioning over time. At both time points, parents were generally scoring at the lower end of the scale, suggesting a fairly limited capacity for “mentalising” about their child and themselves as parents.
- Several recent and larger studies have similarly not found improvements on this measure, despite treatment effects being found on other instruments. The non-significant results may be that the coding system is not sensitive to treatment changes at the lower end of the scale.

**FAMILY ASSESSMENT &  
SAFEGUARDING SERVICE**



## Reflective Functioning 2/2

- There is some evidence of this from the qualitative interviews.
- The mothers were clearly able to talk about their improved understanding of how they and their child felt following the intervention, and they spoke of how they could use these skills to parent in a more effective and regulating manner.
- Thus, there is some qualitative evidence of improved mentalising capacity, but this could not be confirmed by the RF coding.

**FAMILY ASSESSMENT &  
SAFEGUARDING SERVICE**



# Results of Qualitative Interviews 1/5

- There were a number of themes that emerged from the interviews with the ReConnect participants:
  - A life changing experience
  - Subthemes: confidence, sensitivity, attachment, trust
  - Value of Group and Individual sessions
  - Content
  - Timing and Endings
  - Something that should be widely offered

**FAMILY ASSESSMENT &  
SAFEGUARDING SERVICE**



# A life changing experience

The most striking theme was the very positive changes that mothers attributed to the programme. This was the case for 5 out of the 6 mothers interviewed:

*“It’s changed my life basically” (participant 6)*

*“Well, it’s the most amazing therapy I’ve ever had in my life, and I’ve had a little bit off and on; nothing has been the way this is.” (participant 5)*

*“Personally I thought it was invaluable.” (participant 2)*

*“ I feel like if I could have done it 6 months before, I think that I would have my other 2 children with me here as well.” (participant 1, talking about older children in foster care)”*





## Trust 1/4

A powerful theme that emerged was that the mothers felt that they learnt how to trust through the relationship they developed with the clinical team.

*“I was abused as a child, I suppressed a lot of memories because I didn’t want to remember. And this group therapy, and then having the one-to-one therapy to reflect upon everything, it brings back my memory. And I had nice memories come back, I also had some quite awful memories come back. But I’ve been able to cope with them, because I feel confident. I trust the people that are working with me. And I’m learning to deal with the way that affects me.” (participant 1)*

**FAMILY ASSESSMENT &  
SAFEGUARDING SERVICE**



## Trust 2/4

This trustworthy relationship with the therapist was seen by many mothers to be extremely containing and even somewhat like another chance for them to be parented in a better way:

*“It’s almost like I needed parenting myself, it’s almost like I’ve been parented.” (participant 1)*

Many of the mothers in this service have experienced traumatic and difficult childhoods. The capacity to build their trust and give them a different sort of experience of “being parented” is pivotal to interrupting intergenerational patterns of relational trauma.

---

**FAMILY ASSESSMENT &  
SAFEGUARDING SERVICE**



## Trust 3/4

*“And, you know, it also gives me faith, a lot more faith in professionals, you know? I don’t know why, I think it might just be a general non-trust for anyone. Like, I’ve always had a problem with trusting adults my whole life because it was adults that abused me and mistreated me throughout my life. And you know, I’ve never had a problem with children, but I’ve always had a problem with adults, and now that problem is breaking down and I’m able to work with professionals. Maybe to go to the children’s centre with my daughter and make friends with people, and not feel awkward, not feel like people are judging me.” (participant 1)*

**FAMILY ASSESSMENT &  
SAFEGUARDING SERVICE**



## Trust 4/4

This finding relating to increased trust is theoretically and clinically important in this population for whom attachment difficulties are so pervasive.

Recent thinking in attachment theory highlights the importance of “epistemic trust” (trust in the authenticity and personal relevance of interpersonally transmitted knowledge) in attachment relationships (Fonagy and Allison, 2014).

---

**FAMILY ASSESSMENT &  
SAFEGUARDING SERVICE**





# Epistemic Trust

This is considered to be the mechanism by which infants learn about the social world and themselves. These parents, many of whom did not have the experience of safe and trustworthy attachment relationships when they were infants themselves, made the links between their improved capacity to trust and the experience of being “parented” by the therapists.

This suggests that the therapeutic relationship may have provided them with an opening up to learn new ways of thinking about themselves and the social world. This could have important implications in breaking the cycle of attachment difficulties.

---

**FAMILY ASSESSMENT &  
SAFEGUARDING SERVICE**



# Mentalizing in practice: Clinical example 1/4

*“A couple of months ago, I was getting out of the car and it was raining, desperate, desperate, desperate for a wee, and I’ve got no bladder control anymore, I was desperate, and the dogs needed to go out for a wee. It was in a big mad rush to get in because the dogs needed to come out for a wee, they’ve been in all day. I needed a wee, it was raining, and I was trying to get [Child] out of the car.*

*“And I got him out of the car and I put him on the ground and said come on walk, walk and he just... he wouldn’t, he lay on the ground, just didn’t want to come in. I said, “come on we have to go in now” and he wouldn’t, he lay on the ground. It’s raining, he’s getting wet, and I just... I completely... I just said, “well, stay there then”.*

**FAMILY ASSESSMENT &  
SAFEGUARDING SERVICE**



## Mentalizing in practice: Clinical example 2/4

*“And I ran inside and I let the dogs out, and I was having my wee and I was still triggered. I was thinking, just “what an idiot, what an idiot, just out there in the damn rain, why didn’t you just come in when you were meant to come in?”*

*“And I went out to him and he was still lying on the ground. Now, it wasn’t raining hard but it was raining; now he’s wet, and I picked him up under his arms and I’m carrying him into the house. And I can feel I’m being rough, I can feel it, I’m not being a loving, wonderful mother, I’m being rough. And then as I was carrying him into the house I just suddenly got: “You’re doing this like your mum”, and then the whole mentalisation thing.*

**FAMILY ASSESSMENT &  
SAFEGUARDING SERVICE**



## Mentalizing in practice: Clinical example 3/4

*“There is just little boy got out of the car, way too much in a rush, he might have wanted to show me something, he might have wanted to do anything else. And he’s just all worried because you’re not acting normal, and he’s just been out there worried, waiting for you, and he doesn’t know any of this other stuff going on. And by the time I got through the kitchen and into the front room and sat on the sofa I was completely with my little boy, and I wasn’t my big, angry mum anymore.*

*“That whole thing I just... I don’t think that... I don’t think I’d have got it. I’d have just been in a grump, just “put yourself on the sofa then if you don’t want to walk” and, you know, carry on like that.*

**FAMILY ASSESSMENT &  
SAFEGUARDING SERVICE**





# Mentalizing in practice: Clinical example 4/4

*“But because I could get the whole mentalisation... because I could get, I was triggered, I could get I wasn’t being like... I didn’t have my lighthouse, my main beam on.*

*“And I know I was triggered and all the things, and I knew I wasn’t seeing it from [Child’s] point of view. And in the space of getting from the kitchen to the sofa I was completely... I put on my lighthouse beam and I then I was just with my little boy who’s got wet and waited for me out in the garden.”*

**FAMILY ASSESSMENT &  
SAFEGUARDING SERVICE**



# Video-clip 2

## The Raft (avoidant attachment)

*MBT-P-i Session 11*

*“I’m thinking there’s 3 ways off the raft...”*

LY ASSESSMENT &  
GUARDING SERVICE



# Projecting beam: *past memories, experiences*



LY ASSESSME  
GUARDING SER



# Staying curious

“She’s tired.  
She just needs  
a sleep.”

“She’s sad.  
Someone’s upset  
her.”

“She’s angry.  
She hates me. I  
know it, because  
she can’t even  
bear to look at  
me.”



LY ASSESSM  
GUARDING S



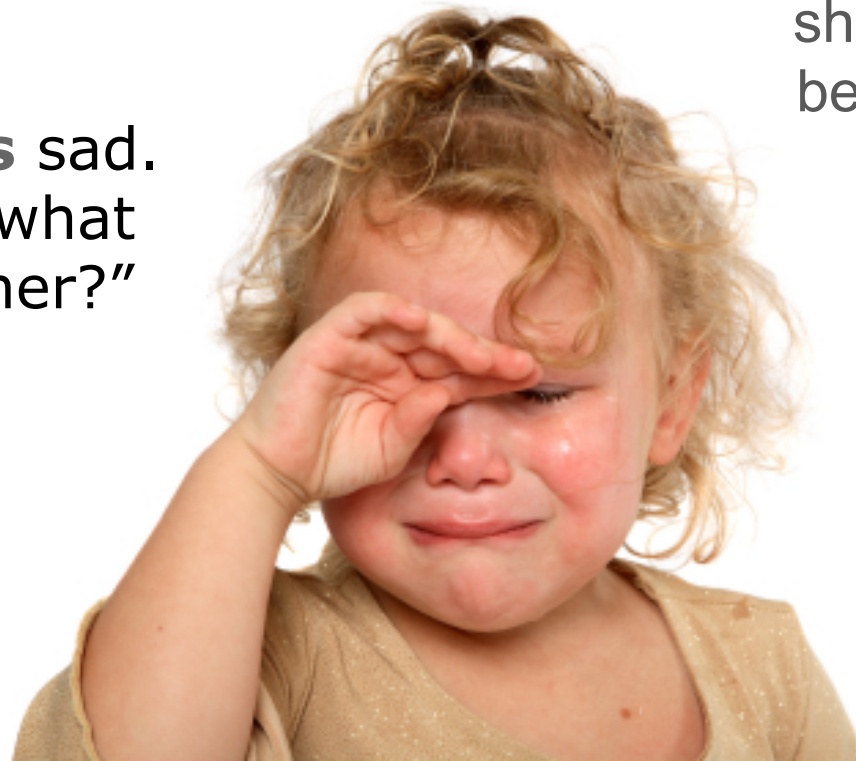


# Staying curious

“She’s tired.  
She just needs  
a sleep.”

“She **seems** sad.  
**I wonder** what  
has upset her?”

“She’s angry.  
She hates me. I  
know it, because  
she can’t even  
bear to look at  
me.”



LY ASSESSM  
GUARDING S



# Staying curious

“She **looks** tired.  
**Perhaps** she needs  
a sleep?”

“She **seems** sad.  
**I wonder** what  
has upset her?”

“She’s angry.  
She hates me. I  
know it, because  
she can’t even  
bear to look at  
me.”



LY ASSESSM  
GUARDING S

# Staying curious

“She **looks** tired.  
**Perhaps** she needs  
a sleep?”

“She **seems** angry.  
**Does** she hate  
me? It **looks like**  
she can’t bear  
to look at me...”

“She **seems** sad.  
**I wonder** what  
has upset her?”



LY ASSESSM  
GUARDING S



# Video-clip 3

## The Projecting Beam (projective identification)

*MBT-P-i Session 9*

*“I get it now...*

*I thought T. didn't like me...*

*I see him as the devil's child”*

LY ASSESSMENT &  
GUARDING SERVICE





**What do you see?  
What does she feel?**



**What does she make you feel?**

---

**FAMILY ASSESSMENT &  
SAFEGUARDING SERVICE**



*“She looks tired  
and sad –  
I wonder what  
has upset her?  
Perhaps she  
needs more  
sleep?”*



---

**FAMILY ASSESSMENT &  
SAFEGUARDING SERVICE**





***“She looks angry.  
I know she hates  
me. I know  
she cannot bear  
to look at me. “***

---

**FAMILY ASSESSMENT &  
SAFEGUARDING SERVICE**



**What you see, what you feel and what you think she feels will influence what you do – so think – have I got this right before I act...**

***“She looks tired and sad – I wonder what has upset her? Perhaps she needs more sleep?”***



***“She looks angry. I know she hates me. I know she cannot bear to look at me. “***

---

**FAMILY ASSESSMENT &  
SAFEGUARDING SERVICE**

