

Letter to court about contact visits incorporating DDP concepts

All identifying information has been removed

Dear [professional involved with the child's court case],

I am writing at the request of [the child's caregiver] to describe my impressions of the best interests of her child re visitation contact with the natal or birth parent. I am seeing this child on your referral.

My practice specialty is emotion-focused therapy for children with histories of trauma and attachment difficulties. I see many adopted and pre-adoptive child cases, including children in Child Protection custody. Additionally I provide attachment assessments and recommendations, and also give trainings and speaking engagements on the topic.

I have met with [caregiver] once for background and history, and once with her and the child (I work only with children and their safe adult caretakers.) We are scheduled to meet at two-week intervals.

This child presented in the office as prematurely independent. Though my office was a new and strange environment, he abandoned the adults without words to search the room and handle objects without permission. It was as if he thought he was invisible or uninteresting to us.

In my experience that behavior in the first session indicates a history of neglect. Neglect requires a young child to survive by making his or her own decisions in the absence of parental attention, supervision or co-regulation of affect (i.e. insufficient feedback, guidance and interest toward the child.) Like many neglect survivors, he appears to have aged with behavioral and emotional regulation deficits.

While nearly all parents love their children and most adults are "good enough" parents for most children (Hughes), there are exceptions for various reasons which create "blocked care" in parents at the neurological level, sometimes based in that parent's own history (Hughes and Baylin).

Per this child's history I understand he is one of a number of siblings who suffered maltreatment from the natal parent with whom he now visits several times per month.

Fortunately while wandering in my office this child responded quickly to [caregiver's] appropriate supervision and he subsequently referenced her for permissions – up to age-level behavior toward a parent. However [caregiver] also described for me a concerning pattern of behavioral regression before and after the visits -- crying, whining, resisting comfort, and sometimes trying to hurt his day-care staff.

In my experience this is common around visits, even supervised visits, when a safely-placed child is prematurely placed back into extended proximity with a former perpetrator of maltreatment. However fun or safe the immediate visit, this is not the adult who is now meeting his early developmental needs for safety and comfort. It is the person who did the opposite.

In this case my concern is that this child, like many before him, will be subjected to further visits, which work against the progress he is making in learning to trust a safe adult – a skill that most infants learn from birth onward.

Perhaps such visits are designed for the benefit of the natal parent, or even the involved helpers hoping for a breakthrough leading to “reunification”. It is my belief that these are separate issues from most traumatised children's need for a long and unbroken period of complete safety with a secure attachment figure, a period in which to recover the developmental ground they lost. By contrast, visitation for many safely-removed children – and I believe this child to be one – pushes against their developmental progress, before they have established sufficient emotional strength to integrate such contact. i.e., such visits are premature and not in his best interest.

I hope this helps explain my concern. I recommend that contact be terminated for this child until he is older and has firmly established what John Bowlby aptly termed “a secure emotional base.”

Please do not hesitate to contact me if I can be of any assistance.

Sincerely