

Raising Parents

Plenary Address at Parent Child 2008 - Getting it right for families?

Patricia M. Crittenden, Ph.D.
Family Relations Institute,
Miami, FL 33176 USA

www.patcrittenden.com; www.isas-dmm.org;
pmcrittenden@att.net

Raising children is the most complex and most particular thing we do in life. It is so tied to specific people and occasions that there is no set of instructions that will fit all circumstances. Instead, the guidance that enables us to raise our children successfully is embedded deeply and almost imperceptibly in our cultures.ⁱ We begin learning its lessons from the day we are born. Indeed, we could say that all our development is directed toward enabling us to manage the task of giving safe passage to the next generation.

I want to talk about how we raise parents, what culture has to do with it, and how childrearing in Britain today looks to me, as an outsider. My observations cover a bit more than two decades and are not tied to the policies of any particular government or political party. I'll close with a simple 'take-away message' – a few ideas for policy makers and some for direct service personnel about what to do to help to raise more protective parents and happier children.

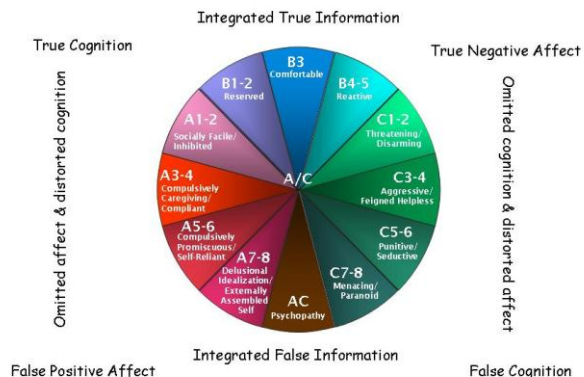
Among all the tasks that fill our days, only three are of absolute, crucial importanceⁱⁱ:

1. Protecting ourselves
2. Reproducing
3. Protecting our children until they reach reproductive maturity.

If we do nothing more than that, we are biologically successful. If we fail at any of these three, our genetic future is cut off. No wonder issues of adoption, reproductive rights, child protection, and a myriad of other issues related to childrearing elicit such intense feelings. Nothing matters more than the next generation.

How do we protect ourselves and our children? Depending upon the dangers, there are many possible strategies, each undergirded by mental processing for sorting out incoming information and using it to organize a self- or child-protective strategyⁱⁱⁱ:

A Dynamic-Maturational Model of Patterns of Attachment in Adulthood



I won't describe the strategies now. I only want to say (1) that every culture has all the strategies, (2) cultures differ in the distribution of the strategies, and (3) every strategy is the best response to some threat and none is the best response to all threats.

Today, Great Britain faces the combined crises of (a) increasing diagnoses of severe psychological and behavioural disorders among children^{iv} (as do most western countries), (b) some unruly white English youth, and (c) some radically righteous Asian youth. For example, I recall several occasions of walking home from dinner with a probation officer. With the kind of vigilance that precedes fear, we walked quickly and close together through swirling crowds of inebriated adolescents, while he muttered, 'Let's move along before they notice us and we become targets.' In addition, as my years of visiting in England pass, I feel (d) deepening despair among the professionals charged with protecting children and their families. What has happened?

The years since World War II have seen a dramatic change in how children are raised. For possibly the first time in human history, we have *decided* to raise our children differently than we were raised. This attempt at social engineering shows in all Western countries, but more in Europe than America, and, I think, more in England than in other European countries.^v Both family structure and parenting practices have changed.

In the past, the most common family structure was married parents living in or near extended family, including grandparents. Now the most frequent structure in the UK is a single mother, with cohabiting partners and married couples, following in that order.^{vi}

Marriage is out of fashion, but the data argue against giving parents this much freedom to come and go in the lives of their children. Children of cohabiting parents are 6 times more likely to experience having a single parent by age 10 than children of married parents (8% versus 48%)^{vii}. Children who have single parents or experience the dissolution of their parents' relationships are more vulnerable to academic failure, social exclusion, psychological disorder, broken love relationships, low income and unemployment in adulthood than children of married parents.^{viii}

Part of the advantage of marriage, over cohabiting, is likely to be the level of commitment implied by making marriage vows. A less obvious factor is the combination of acceptance and responsibility of family and community members for the welfare of the new family. By attending a wedding, family and community both celebrate the new family and, equally important, accept responsibility to support both the couple and its future children. This benefit is more variable for unmarried couples.

Of course, not all children of non-married parents suffer these outcomes, but, on the other hand, I know of no *advantages* associated with single or cohabiting status.

Two points are worth mentioning. First, the rate of marriage is low in England, but not among Asian immigrants who still marry at substantially higher rates than English parents.^{ix} Moreover, Asian parents tend to live in or near extended families. Their networks are denser, providing both more support and also a set of community-endorsed expectations regarding marriage and childrearing.^x

Second, marriage has come to carry a negative or prejudicial valence in England, especially for professionals. When I give talks such as this, I'm often accused of being pro-marriage – as if it were a primitive ritual and something to be ashamed of. Indeed, when I've used words like 'husband' or 'wife', I've been corrected. '*Partner*' – as if that were the same, but better. How can words that are stripped of gender and commitment be better? Even words like 'mother' and 'father' have become passé. 'Carer' is what professionals use to refer to biological parents, foster parents, adoptive parents, and institutional caregivers. Who ever heard a hurt child cry out, 'I want my carer!'

Parenting practices have also changed, especially since the initiation of child protection legislation in the 1970's. A short anecdote will demonstrate how difficult such progress can be for some parents.

Talisha, her mother, and her six-year-old daughter were in my office for evaluation following a complaint to child protection that Talisha often hit her daughter abusively. Usually this story would be told from her daughter's perspective, with discussion of the bruises, her mother's sullen withdrawal and refusal to admit to the abuse, the daughter's vigilant looks of concern to her mother, and the grandmother's report of Talisha's excessive punishment of her daughter.

Instead one comment from Talisha lets us see a different perspective. When being asked yet again about the bruise and whether she had inflicted it, Talisha looked with resentful eyes toward her own mother and blurted out, '*Yes, I did it! But nobody came to help me when she did the same thing to me! I don't understand why it's abuse when I do it and just punishment when she did it.*' Then, turning to me, Talisha said softly, '*I love my daughter just as much as she loves me. I don't see what I did wrong.*' And Talisha cried.

Today's parents are learning to raise their children differently than did previous generations. In the past, parents-to-be practiced caregiving on their younger siblings, had guidance from their own parents, and mixed two approaches to childrearing, the husband's and the wife's. Now with the rise of singleton children, nuclear families, and single parent families, all three of these inputs are reduced. Moreover, with so many women working, mothers spend less time together with their children than in previous generations.

The gap is being filled by the government and professionals through both restrictive child protection legislation and also supportive services, from health visiting to universal parent education to programmes for troubled parents. When the problems are serious enough, we put children in 'care.'

Indeed. A culture's experience with raising children and each person's own experience speak louder and more clearly than legislation and guidelines. Everyone loves their children and intends to protect them. Talisha was a Black American. One of the lessons of slavery is that it is very dangerous to disobey. Parents punish – and punish hard – to protect their children from worse dangers.

Many cultures know this. I fear that when we punish parents by taking their children away, we reinforce that basic lesson: life is very dangerous; you must do everything possible to protect yourselves and your children from danger. I wonder who, in these cases, is seen as the source of danger?

If these parents accuse of *us* of endangering their children, are they entirely wrong? Being a 'looked after' child is to be unseen, uncared for, and unprotected. Foster care is an attempt to free children from the limitations of their parents and enable them to develop more advantageously. But this outcome is rarely achieved^{xi}. To the contrary, children in care seem to carry the risks of their biological parents, the risks associated with changing families, and any risks associated with the recipient parents.^{xii} Although England's rate of out-of-home placement is relatively low at 5.5%, its rate of *non-familial* placement at 17% is unusually high.^{xiii}

At 16, Jackson was on probation for knifing his father; he was living in a homeless shelter and his girlfriend had dumped him. His mother? No one knew where she was; she'd taken off when he was about 10. Since then, he'd lived in all sorts of places. Today, like a lot of kids with a history of multiple placements and no viable current placement, he had dropped in unexpectedly on one of the professionals he used to know. She took time with him, but he wasn't on her client list and wouldn't be; he was now too old. Jackson was tough, charming, egotistical, and self-negating. He didn't have much to lose and, under his cool surface, a frightened little boy almost cried as he tried to find a guide to a life without committed people or a permanent home.

Many of the most troubled children in England reach adulthood outside of living in a family. Moreover, older adolescents are largely excluded from services during the ‘transition to adulthood’ when they are too old for child-and-adolescent services and not yet crazy enough for adult services. Nevertheless, this is when criminality and the most serious psychiatric disorders take shape.^{xiv}

The ‘transition to adulthood’ is also a special *moment of opportunity* between young adults’ failed childhood families and their not-yet-formed adulthood families. Don’t we want to support emerging adults in that gap in time between one disaster and the next? Because, if we don’t, the gap will be very brief, as loneliness pushes them to precocious sexual activity and sexual activity creates the next generation of troubled parents and distressed children. How shall these troubled young adults get their own families off to a good start, having only known failed families themselves?

Only when their families come apart, when sex and drugs and loneliness make life too hard will the professionals show up. Professionals, from child care workers to psychiatrists, become the missing parent – and we can’t fill the role. Something very important has gone awry and we, the professionals, seem unable to correct it. Indeed, our best efforts often only record, and possibly assist, the death of a family.

The best data that we have on treatment effectiveness indicates that, within one year of the conclusion of treatment, about 65% of individuals are better off. That’s only 15% better than not having treatment where 50% are better off after one year. Moreover, no treatment or theory seems any better than another. Usually, we don’t even look at whether intervention could be harmful, but in the cases where we have looked, about 15% of individuals experienced harm. Put another way, treatment appears to be a washout!^{xv}

The answer, I think, is not to establish a new administration, ‘services for the transition to adulthood’, and surely not another fad-like, manualized programme for adolescents leaving care. I think the solution begins with connecting existing services in ways that reflect the connections that exist in families in real life. Child and adult services need to come together as *human* psychological services directed toward relieving families’ suffering. Let’s stop sending the parents to different programmes and therapists, their children to child therapy, and the young adults to nothing. Families need integrated services, not long laundry lists of agencies and service providers.^{xvi}

Indeed, maybe when we bury families with services, we *bury* them. Do we take the families who can’t even manage relationships within their family and give them so many services with so many different professionals that we *augment* their problems and *create* the failures we fear?

If we consider services in terms of families’ ‘Level of Family Functioning’, our responses might change.

Level of Family Functioning^{xvii}

- I. **Independent and Adequate**
These families are able to meet the needs of their children by combining their own skills, help from friends and relatives, and services which they seek and use.

- II. **Vulnerable to Crisis (6-12 months' service)**
Families in this category need temporary, i.e., six months to a year, help resolving unusual problems; otherwise the family functions independently and adequately.

- III. **Restorable (2-5 years' service)**
These are multi-problem families who need several types of service around specific issues. Following intervention, it is expected that the family will function independently and adequately. The intervention will require active case management to organize the sequence of service delivery and integrate the services.

- IV. **Supportable (for as long as there are children)**
There are no rehabilitative services which can be expected to enable these families to become independent and adequate. With specific on-going services, the family can meet the basic physical, intellectual, emotional, and economic needs of their children. Services will be needed until all the children are grown.

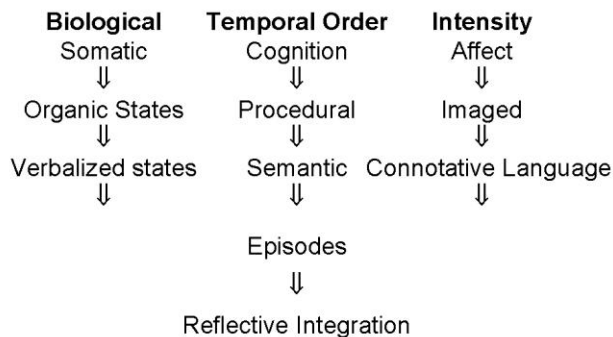
- V. **Inadequate**
There are no services that can enable these families to meet the basic needs of their children, now or in the future. Permanent removal of the children should be sought.

It is striking that the UK has many services for Level II and very few for Levels III & IV. This pushes those families to Level V – and we remove their children. But with a different service structure, we could support their families. It would cost no more, and possibly less, than foster care. Why do we support unlimited foster care and only very limited services to families?

I'm particularly interested in parent education and short-term treatment. If parents can think integratively and if thinking motivates their behavior, then parent education and cognitive behavioural treatment might be the right answer. But research indicates that most people do not usually think abstractly and integratively and a substantial minority never do.^{xviii} Further, most behaviour and almost all troublesome behaviour is generated preconsciously.

Let me show you a schema of how people, including both children and parents, represent aspects of their lives so as to organize a behavioural response.

Types of Representation



Three forms of representation function in infancy (and throughout the lifespan): somatic, procedural & imaged memory. These become *dispositional representations* that can organize the child's response. (I use the term 'dispositional representations' – borrowed from Damasio^{xix} – because it captures the multiplicity of representations and their function of disposing one to a possible action better than the neurologically outdated term 'internal working model'.)

Once language is possible, body language, semantic memory and connotative language can organize behaviour. I'm particularly interested in *borrowed prescriptive* semantic representations – because these tell us what we *should* do, but we don't generate these ourselves. Instead, they are given to us by outside 'authorities' like our parents or parenting programmes. When our feelings run high, for example, when we or our children feel endangered, most of us act on our feelings, using old procedures. We may know what we *should* do, but, before we can even think about that, we've acted. Reflective integration is for after the fact, not in the urgent instant.

One aspect of preconscious and non-verbal dispositional representations is that, after an event has turned out badly, we find it difficult to understand what motivated the parent. Take Vanessa, another example from my book *Raising Parents*.

Vanessa was a single mother with two-month-old, healthy twins. A neighbour made a child protection complaint, saying she had tried to choke her babies by placing them side by side on the bed and pressing a broomstick against their throats. Medical examination confirmed the pressure, but no physical damage was found. Evaluation of Vanessa's parental competence was ordered.

My initial visit was without an appointment, not even a phone call. The purpose, of course, was to see how conditions were ordinarily. The twins were awake and quiet. The home was a bit messy, with baby paraphernalia scattered about, but it was clean. Vanessa accepted me in a friendly, but anxious way, beginning immediately in urgent and fast speech to explain her behaviour, her parenting strategies, the things you

should do with babies, etc. She seemed both eager to talk and eager to display her competence.

Her discourse was characterized by not being an interpersonal dialogue; instead, it was more like a fast-paced monologue. In addition, its *prescriptive* semantic quality was outstanding. Vanessa was extremely concerned to announce all the things that a parent *should* do. Most striking was her use of citations for the points that she made. She explicitly referenced well-known baby-book authorities. She even challenged me about these authorities: Did I know this book? This author? Did I agree? A glance around the room quickly revealed two tall stacks of library books; Vanessa had about 20 books on caring for babies and raising children!

In spite of all of this accumulated information, Vanessa was not able to (1) identify contradictions among the various authorities although the prescriptions that she quoted were often incompatible and (2) consider and adapt the advice in the light of her situation (her personality, her beliefs, her babies' needs, the context of twins, etc.). That is, she was not able to *reflect* on the advice and integrate it with other information about herself, her children and her context to render it helpful.

Instead, her urgent need to do the right thing (a procedural representation), combined with the intensely arousing effect of having two infants screaming at once (an imaged representation) and the difficulty of calming them both, especially as her own arousal was increasing, catapulted Vanessa into action. She grabbed a broom and pressed. Two babies fell suddenly silent at once.

In the aftermath, Vanessa was probably left with both cognitive dissonance and somatic relief. She 'resolved' the cognitive discrepancy semantically; she got books, studied, and focused on the right rules for raising babies. But affectively, she was relieved; affectively she *felt* she had done the right thing because the crying had stopped. It did not feel like abuse, she had not *intended* abuse. In her mind, she had not abused her babies.

How does one decide what services to provide to Vanessa? One size does not fit all. Vanessa would be a whiz at parent education, but I think it wouldn't help her and, in moments of crisis, it might prove detrimental. Can you imagine the twins at 18 months in a two hours' 'time out' while Vanessa prided herself on doing the right thing?

Maybe we need to assign services based on how parents process information in crisis moments? Maybe if we differentiated thinkers from feelers and implicit functioning from explicit verbal functioning from reflective functioning, we'd assign different services to different parents.

Like this:

Gradient of Interventions^{xx}

- **Parent education**
Parent can *reflect & integrate*, but needs new information.
- **Short-term counseling**
Parent can *integrate and has information*, but needs another perspective and dialogue around discrepancies to promote problem-solving.
- **Parent-child intervention**
Parent can *use explicit information* to describe problems, including their own contribution, but needs to focus on and integrate discrepant information.
- **Adult psychotherapy**
Parent's *behavior is generated implicitly*, i.e., not consciously, and is maladaptive, sometimes dangerously so.
Parent needs understanding of implicit 'triggers', verbalization, recognition of discrepancy, integration, plus the experience of being understood empathically before they can understand others (for example, their children) empathically.

In Vanessa's case, we might begin with parent-child intervention and, if that didn't work, shift to adult psychotherapy. As it happened, a video-feedback group worked well, allowing Vanessa to both see what she did and regulate it better and also assist other, less social mothers to become functioning members of the group.

This shouldn't surprise us. If the transition to adolescence is the right time to *prevent* Vanessa's predicament, early parenthood is the best time to *change* parenting behaviour.

On the other hand, parent education would be a *wasted* resource for an adequate parent – and providing it might undermine the parent's self confidence. Moreover, if the service were universal, it might unintentionally promote the values and practices of one cultural group at the expense of another.

If we consider two major cultural groups in Britain, English and Asian parents, there might be disagreement around parental roles. English parents might prefer egalitarian partnerships and shared responsibilities whereas many Asian parents might prefer a paternal family structure. We could *say* that the educational programme was inclusive of both, but I've already shown how the subtleties of language can reflect different cultural values.

Even more striking is comparing how English and Asian immigrant mothers interact with their children. What I will describe are generalizations drawn from the coding of several hundred videotapes of mothers interacting with their babies. Many English mothers show a quiet range of positive affect, expect their children to do similarly, are relatively distant

physically from their children, and when things do not go well, they are often controllingly intrusive across the distance. That is, they poke and nudge their babies. When I show these videos to English professionals, they see nothing out of the ordinary. When I show them to Norwegians, they are horrified at the ‘distal intrusion’ of English mothers. When I show them to Americans, they wonder when the mothers will wake up and do something!

On the other hand, some Asian mothers, in this case of Pakistani origin, living in England are similarly restrained and positive, but tend to be much less active with their infants. Instead, they seem relatively more passive and unresponsive. There is no evidence, however, that they love their infants any less. Does it matter, in understanding their behaviour, that their culture is attuned to circumstances in a different part of the world? That here in England they are imbedded in tight family networks that share responsibility for raising children? Does it matter that, living outside of their own culture, they might feel more need to defend their cultural ways? Elsewhere, immigrants often become extreme examples of the cultures they represent – because they are both cut off from the culture and also exposed to the threats of a new environment.

My point? All cultures give us glasses that distort our vision. They magnify whatever has been important for our people in the past and diminish that which hasn’t. We see ourselves as normal – where others see distortion. This means that when one cultural group defines ‘good parenting’, it may do so in a way that does not fit the array of adaptations typifying other cultural groups. Each culture has an inner organization that functions to promote the safe development of children; changing a part of it could unbalance the whole. This can be problematic in a multicultural society.

We don’t learn to raise children *after* we have children; we begin learning in our own infancy. In our first years of life, our brains are organizing – to perceive and respond to conditions like those we are experiencing. That’s good: it adapts each human to his or her environment. That’s bad; it doesn’t prepare us for different environments. 90% of perception is memory!!!^{xxi} If conditions in adulthood are different from those during our childhood, we might not be prepared. This can be a problem for immigrants. They come for new possibilities, but when they feel threatened, they respond with strategies adapted to a different context.

It can also be a problem when a culture has decided to change itself. A particular concern that I have is that, like many maltreated parents who vow not to do the same as was done to them when they were children, we may have embarked on a reversal strategy. From being overly rigid, we may have swung to an overly permissive, ‘anything goes’ approach to structuring families and raising children.

I wonder if England is experiencing the growing pains of both processes happening at once.

What is it like to be a professional in England now? Wearying and worrying. Often discouraging. Over 20 years of working with British professionals, I have concluded that

it doesn't matter which government is in power. There will be another reorganization of the NHS. Another in a series of fad-like, flavor-of-the-year, new programmes that blaze through the country, each with a new training package. There is excessive emphasis on what can be counted and a wariness toward professionals forming relationships with clients. Short-term service is offered for long-term problems. There is a lack of opportunity to attend to parents as people in their own right or to shape programmes with them around their needs and within in the scope of their readiness. In the name of the children, we push the parents to function as they should, ready or not.

The recent death, at the time of writing this, of Baby P highlights several of the problems. In spite of being well-known to the authorities, being an active child protection case, and having had more than 60 visits by professionals, nevertheless, Baby P died of injuries inflicted by her caregivers. In the uproar that followed, the caregivers were charged with homicide, the professionals involved were decried in the media and threatened with job loss, and yet another investigation of child protection procedures was proposed.

As I noted for Victoria Climbié in *Raising Parents*^{xxii} and in the *DMM News*^{xxiii}, I don't think the problem lies with the failure of either policies or individuals. It lies in two points of misinformation and missing information.

The misinformation is the belief that parents who repeatedly harm their children intended to harm their children and that when they try to cover up the evidence of the harm, they are seeking to avoid punishment and to continue the harm. The Dynamic-Maturational Model of attachment and adaptation would suggest instead that such parents had themselves been severely threatened as children and behaved in ways that they thought would protect their children from the threats that they had experienced. In the case of Baby P, her mother had been abandoned by her mother when she was a child and she had found herself without any protective caregiver by the time she was 15 years old. Children and adolescents who are without protective family often turn to peer lovers precociously. Moreover, the available partners are often themselves endangered youth. These risky sexual partnerships often generate new dangers as the lovers seek stability and sexual fidelity. These efforts often result in both violence between partners and the birth of children. In raising their children, the parents usually try to reverse the harm done to them. If they were abandoned, they try desperately to never abandon their own child. If they were abused for being 'bad', they try to teach their child, through punishment, what not to do wrong. When injuries occur, they may, like the mother of Baby P, try to cover them up in order not to have their child taken away. In these and other similar ways, they may harm their children out of the intention to protect.

Acknowledging and respecting parents' intentions, while understanding that they act on implicit information (as did Vanessa), can make it possible for professionals to reconceptualize their role with potentially dangerous parents. By crediting them with accurate motivations, rather than vilifying them with accusations, a helping relationship can be created in which parents are not threatened with loss of the child and, therefore, do not have to deceive when they have unintentionally injured the child. To reach this point, professionals must understand that effects are not the same as intentions. One can intend

to protect and, nevertheless, cause harm. If professionals consider their own situation, for example in the Baby P case and others like, they will understand that the public outcry against their heartless and negligent attitude is truly mistaken. They truly intended well – but the baby died. This discrepancy can exist for parents as well and, once it is understood, an entire new set of hypotheses about adults' behaviour can be generated. These will both correct the misinformation and promote more protective professional-parent relationships.

The missing information is the meaning of positive affect in cases where negative affect would be expected. Baby P, who was under child protection, was nicknamed 'Smiley' and was known for smiling a lot. That discrepancy between the baby's affect and situation should raise red flags. Abused children use false positive affect to make themselves safer.^{xxiv} The importance of false positive affect and excessively compliant behaviour has been building for more than two decades. It needs to be incorporated into basic training programs for all mental health professionals from social workers to psychiatrists.

What should we have learned from Victoria Climbié death that might have prevented Baby P's death?

- To recognize the import of false positive affect;
- To avoid accusations and to ask parents about their fears and past trauma so we can help them to protect their children;
- To provide long-term 'supportive' services.^{xxv}

Failure to train professionals in empirically up-to-date developmental and clinical information harms both families and children and also professionals. For families, it results in preventable injury and sometimes death as well as further harm, from the judicial system, to adults whose entire lives have been characterized by being victimized. For professionals, there is anger at being misunderstood and degradation of the respect they need to function well in their jobs.

In our mix of multi-disciplinary professionals, we need to add developmental psychologists, particularly developmental psychopathologists, and particularly those with sound research training.

Professionals and the families they serve need stability, moderation, and flexibility of services. One size does not fit all, neither for families, nor professionals. A broad spectrum of services to fit an array of needs and readiness is essential if we want to protect families, as opposed to taking children into care. I'm not even sure we need more money, but for sure we need to allocate it more carefully. We need better training for professionals and long-term supportive service for vulnerable families. On the other hand, only 25% of families can be expected to need help. 75% will not. Let's not spend money on universal prevention services that when most parents don't need such services and, especially, when it might undermine their confidence.

Let's not waste the precious service of foster families either. Foster care is an expensive, high failure service. Let's save it for children whose parents die or abandon them and not put children whose inadequate parents want them in foster homes. Instead, let's pour unlimited services into those homes. Right now, money for foster care is unlimited whereas money for service to parents is tight. Let's turn that around and spend for parents, especially those who are 'supportable.'

Children rarely do better than their parents and turning 18 or having a baby cannot make a childhood of learning about danger and suffering suddenly disappear. Let's support families, especially the most troubled ones.

Do I want to turn back the clock?

For example, do I want to force unwilling couples to marry? No, but I'd like adults to want to marry before they become parents. Isn't it ironic that homosexuals are begging to be permitted to make commitments and have children while heterosexual couples, who could easily have this, don't want marriage and are having fewer children?

Do I think having married parents will solve all the problems? Of course not. Poverty, divorce, and domestic violence, to name just a few problems, will still be with us. But the data suggest that some the problems tied to instability, lack of commitment, and separation (Bowlby's concern) might be reduced if more parents were married.

Do I want to send women back to the kitchen? Heaven forbid!

Have families share dinner together? Yes, I want this.

Do I want professionals to have the opportunity to care for troubled families in a personal and empathic way? YES! It will help both families and professionals.

What I mean is that, over the last 50 years in Western countries, we have conducted a major experiment with parenting culture. Is it time to evaluate the outcomes? To identify and retain those aspects of the experiment that improved our lives and to discard those that had effects that we don't want and didn't foresee. After all, we are no different from parents: Sometimes we do things with the best intentions, but they don't work out.

If we want to do better for children, we need to care better for their parents. For that, we need to

Six Take-away Points for Policy-Makers

1. Support stability by
 - a. Supporting marriage
 - b. Providing *unlimited* in-home services; *limited* out-of home services
 - c. Ensuring organizational & staffing stability in service delivery systems
2. Connect child/adolescent services with adult services to create *human* psychological services
3. Offer fewer & better integrated services to multi-problem families.
4. Time services at natural change points:
 - a. Transition to adulthood
 - b. Early parenthood
5. Offer a variety of services: One size does NOT fit all.
6. Find ways to measure the things that matter, not simply those that can be counted easily.^{xxvi}

But which treatments are the right treatment and in which cases? We need a comprehensive theory of treatment. We have many specific theories, but nothing that accounts for all of our accumulated knowledge. That's a job for theorist clinicians. Many have begun working on it, as has IASA (The International Association for the Study of Attachment, www.iasa-dmm.org) which set this as a goal for the next decade.

And if you are a direct line worker and you cannot change the system? Here are your six:

Six Take-away Points for Service Providers

1. Attune interventions, even manualized ones, to individual parents. Sometimes just a look or a few words can make the connection.
 - a. Connect with parents around their intentions & suffering.
 - b. Appreciate something the parent is proud of.
2. Care for each troubled parent as if they had once been an endangered child. Because they were.
3. Listen. What you hear is more important than what you tell. Parents who are respected and not judged will tell you what you need to know to be able to help them.
4. Think about parents' actions as if they might be part of self- and child-protective strategies.
5. Observe carefully, treating your intervention as an experiment that can give you the feedback that you need to be able to change.
6. Use yourself as an example by behaving with parents the way you want them to behave with their children.

If I try to put these ideas together, they suggest valuing variety, variability, and flexibility. These are the hallmark strengths of our species as compared to others. We

should make the most of them to promote the safety and comfort of all of us, but especially of those of us who have been or are now endangered.

What does it take to raise a parent? Understanding. Enough respect for distressed parents for us to build a bridge to them, rather than expecting that they will – or even can - come to us. Empathy for how difficult it is as a parent to know what to do – and then to see your efforts fail without understanding why. And forgiveness. Everyone needs to know that sometimes good intentions don't work out. Understanding, respect, empathy, and forgiveness. Without these, we cannot raise anyone. With them, we can share hope.

-
- ⁱ Dwivedi KN (2002) 'Culture and Personality' In: Dwivedi KN (Ed) Meeting the needs of ethnic minority children. London: Jessica Kingsley.
- ⁱⁱ See Bowlby, Freud, and Stern
- ⁱⁱⁱ Crittenden, P.M. (1995). Attachment and psychopathology. In S. Goldberg, R. Muir, J. Kerr, (Eds.), *John Bowlby's attachment theory: Historical, clinical, and social significance* (pp. 367-406). New York: The Analytic Press; Crittenden, P.M. (2008). *Raising Parents*, Collumpton, UK: Willan.
- ^{iv} BCAMHS 1974-2004 (Green et al 2005, Collishaw et al 2004) showing increased rates emotional and conduct problems. Also Maugham et al (2008) from BCAMHS suggesting conduct problems increase may have plateau'd now. Lifetime prevalence research suggest higher lifetime rates of depression and other disorders in later-born cohorts - Burke et al (1991) and Kessler et al (2005).
- ^v Living in Britain-Results from the 2002 General Household Survey ONS:HMSO.
- ^{vi} Section B, Chapter 8-9 of Family Breakdown volume of the State of the Nation Report
- ^{vii} Etherton et al. 2007; Wilson & Oswald, 2005
- ^{viii} Section C, Family Breakdown volume of the State of the Nation Report
- ^{ix} Section B, Chapter 8-9 of Family Breakdown volume of the State of the Nation Report
- ^x Rowthorn & Webster, 2006
- ^{xi} Courtney & Piliavin, 1998; Dubowitz, 1990; Garwood & Close, 2001; Vandivere, Chalk, & Moore, 2003.
- ^{xii} Foresight Mental Capital and Wellbeing Project (2008).
- ^{xiii} England National Statistics, 2006
- ^{xiv} Martin & Volkmar, 2007; Maugham, Iervolino,& Collishaw, 2005
- ^{xv} Davidson, 2004; Lilienfeld, 2007; Young, Klosko, Weishar, 2003. For a fuller review, see Crittenden, 2008
- ^{xvi} Crittenden, P.M. (1992). The social ecology of treatment: Case study of a service system for maltreated children. *American Journal of Orthopsychiatry*, 62, 22-34.
- ^{xvii} Ibid.
- ^{xviii} Bhattacharya 2001
- ^{xix} Damasio, A. R. (1994). *Descartes' error: Emotion, reason, and the human brain*. New York: Avon Books.
- ^{xx} Crittenden, P. M. (2005). Preventive and therapeutic intervention in high-risk dyads: The contribution of attachment theory and research. *IKK-Nachrichten*. (English is on www.patcrittenden.com.)
- ^{xxi} Gregory, R. (1998). Snapshots from the decade of the brain: Brainy mind. *British Medical Journal*, 317, 1693-1695.
- ^{xxii} Crittenden, P.M. (2008). *Raising Parents*, Collumpton, UK: Willan.
- ^{xxiii} Crittenden, P.M. (2008). Victoria's Legacy. DMM News, #4.
- ^{xxiv} DiLalla, D. L., & Crittenden, P.M. (1990). Dimensions in maltreated children's behavior: A factor analytic approach. *Infant Behavior and Development*, 13, 439-460.
- ^{xxv} Crittenden, P.M. (2008). Another baby dies! DMM News, #5.
- ^{xxvi} Foresight Mental Capital and Wellbeing Project (2008).