CONTAINING VIOLENCE: A CASE STUDY ILLUSTRATION OF BION’S CONTAINER-CONTAINED MODEL AS APPLIED TO MOTHER-INFANT INTERVENTION

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ABSTRACT: Secure Beginnings is a program of psychotherapy for pregnant women with potential problems in the formation of the parent–child relationship including, in the extreme, infant maltreatment. The core of the therapeutic process is to help the mother recognize and think through unbearable thoughts and feelings rather than project expectations of abandonment, hate, helplessness or ridicule into her infant. Case material, from 18 months of treatment, is used to illustrate the Secure Beginnings approach. The case is a mother with psychosis and addiction who lost nine previous children to foster care.

KEY WORDS: mother–infant; psychotherapy; at-risk populations.

BACKGROUND

Relationship-based home-visiting services are a relatively common and a preferred intervention model for high-risk women and infants (Heinicke & Ponce, 1999; Lojkasek, Cohen, & Muir, 1994; Powers & Fenichel, 1999). When offered as a selective prevention strategy beginning in pregnancy, experimental studies have shown a range of benefits including improvements in women’s prenatal health-related behaviors (i.e., diet and smoking: Olds, Henderson, Tatelbaum, & Chamberlin), fewer symptoms

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of maternal depression, longer delay to subsequent pregnancies and
greater knowledge of child development (Erickson, Korfmacher, & Ege-
land, 1992; Erickson & Egeland, 1999). Documented positive effects of
prenatal/infancy intervention on mothering behavior include greater emo-
tional involvement and responsiveness to infant cues (Beckwith, 1988),
a more patient, supportive interaction style, a more facilitative home
learning environment (Barnard, Magyary, Sumner, Booth, Mitchell, &
Spieker, 1988; Osofsky, Culp & Ware, 1988), more coordinated and sus-
tained joint play and greater infant security (Heinicke, Fineman, Ruth,
Recchia, Guthrie & Rodning, 1999).

While the evaluations of relationship-based family interventions are
genernally positive, specific findings differ from study to study. Possible
explanations for variation in outcomes among programs include differ-
ences in program duration (Heinicke et al., 1999; Heinicke, Goorsky,
Moscove, Dudley, Godon, & Guthrie, 2000), mode of delivery (i.e., group
vs. one-to-one), and the professional experience and training of the inter-
ventionists (Korfmacher, O'Brien, Hiatt, & Olds, 1999). In addition to
analyzing outcomes as they relate to differences in programs' designs,
investigators have begun to look within programs at individual differences
in client engagement to understand why some parents have difficulty
maintaining high involvement in even the most carefully-planned and
well-supported intervention programs (e.g., Duggan, Windham, McFar-
lane, Fuddy, Rohde, Buchbinder, & Sia, 2000; Kitzman, Cole, Yoos, &
Recently, in a study of a relationship-based Early Head Start intervention,
Barnard and her colleagues reported it was difficult to maintain the
participation of over one-third of the women who initially volunteered for
the program (Solchany, Rector, Barnard, & Caldwell, 2002). They found
intellectual and emotional problems were common impediments to pro-
gram engagement; and, significantly more of the women judged as difficult
to engage (versus easy to engage) had unresolved, often painful memories
of their own childhoods that were identified during the Adult Attachment
Interview during pregnancy (Spieker, Solchany, McKenna, DeKlyen, &
Barnard, 1999).

Taken together, the findings about program engagement from large
eyard early intervention studies corroborate the clinical experience of many
medical and mental health service providers who work with high-risk
women. In the period surrounding a pregnancy, a woman’s hopes are
often high for a change from a past troubled life to become a mother who
wants to keep her child and, unconsciously, grow by understanding her
own internal mother–infant experiences. Despite earnest hopes however,
many women with addictions, psychosis, severe depression or traumatic
past relationships are unable to persist in conventional forms of high-