

## DDP level 2 training

This was a 4-day course, 28 hours CPD and online due to the Covid 19 restrictions. The course was run by Dr Kim Golding from the 11<sup>th</sup> October 2021.

I work as a Team Manager (TM) for the Rotherham Local Authority therapeutic team, prior to this I was a therapeutic intervention worker in the team. I am a trained social worker and have been using Theraplay techniques, DDP strategies and have completed the EMDR course to become a therapist in this as well. I have a small clinical case load due to my new role as TM but was keen to learn the next level to enhance my knowledge and give a deeper depth to my practise with children and young people (C&YP). I also work with care experienced young adults in Rotherham.

I work with C&YP who have experienced difficult and often traumatic early lives and have moved to foster care or residential homes. They have been moved frequently and this add to the sense of loss and sometimes feelings of rejection. They are referred to my service and we hold a consultation, putting gin support around the C&YP during their waiting period for direct work. I think it is important to support the adults in the system to ensure they are informed about attachment and trauma and the potential impacts on the developing brain (and internal working models) of the child.

As a TM, I now supervise staff and find the strategies of DDP incredibly useful when we are considering the impact of this work on themselves, their triggers and transference. In the team, our ethos is therapeutic throughout – we continue to spread and share any learning between ourselves, through our training and support groups but also within social work teams.

I took notes throughout the training about key points made. I felt the training echoed my practise but also strengthening it and gave me some positivity. We unpicked the world of a child and what works – the power of connection and even 3 second therapeutic dosages as that's all a child might be able to manage. Using PACE (Playful, Acceptance, Curiosity and being Empathic) is a way of being, rather than doing. The importance of working with the presentation of the child and not their chronological age but how they are in the moment – thinking beneath the behaviour and what it is trying to communicate.

There were fantastic links throughout the training to other key professionals I follow, such as Dr Bruce Perry, Dr Tina Bryson and Dr Dan Siegel. Kim (trainer) gently wove their teachings into our learning and helped me to make sense of the connections. The learning about the brain and how we cannot empathise at times of stress, but we can cognitively have compassion/acceptance and then this calms the stress and empathy follows. I think it is important for C&YP to know why their body and brain are doing certain things, I often get asked "is this normal", or "I'm weird" – when they are naturally responding to a stressful environment given their early life experiences and "defaults". Giving children knowledge, I believe gives them some power over the he big tricky feelings – it can be empowering for young people.

I also think this training have developed my understanding of therapeutic care and parenting more and how best to support our foster carers and residential staff – to help them focus on the relationship with the child, to assist feelings and safety and security in the child. It is important for adults to learn they are not managing behaviour but supporting regulation in a child that cannot do it themselves yet.

We know that trauma destroys curiosity – we become defensive to protect ourselves – therefore aren't open and engaged. If we, as the adults, can stay open and engaged we can break down the barriers or walls C&YP have put up to protect themselves. We are helping them feel safe in the sadness. I know from practise that a child will often sabotage or kick back after a moment of happiness and to be able to explain this to carers and parents is powerful – to let them know it is not about them, but the child fears the connections being made – it hasn't previously been safe to approach, and they have avoided so connections feel alien to them.

Dan Hughes, founder of DDP would say "Let's figure it out together"

During the training we also explored social justice and equity running through DDP and everything we do and share. We discussed how training and DDP work could be enhanced, developed to be more inclusive. We spoke about our own workforce – who is on the team, do we talk about social justice and equity within our work? Kim shared the importance of knowing the family and their history – what is important to them and why.

We spoke about sessions, the preparation the flow of the work and endings. We shared good practise examples and being aware of the self. We spent a lot of time exploring our own attachment history and I found this powerful and was able to work out what I had processed (in therapy) and what I needed to work on. It was interesting to think about the impact of the self in work and practise.

Being the person that someone can sit it is helping them not be alone anymore, to share the feelings but not avoid them – but figuring it out in a safe environment.

I intend to use my learning in my practise clinically and with staff in supervision. Using DDP is a way of being and I will continuously strive to keep being this in all areas of life and work. I am extremely grateful that FPSA provided me with the funding to attend this and would thoroughly and actively encourage others to complete this training. Thank you