

Dyadic Developmental Practice Psychotherapy and Parenting (DDP) Level One

Trim Co. Meath Ireland

Dates: 22nd to 25th June 2018 (28 Hours)

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This training introduced the principles and interventions of Dyadic Developmental Practice. It was delivered by Dr Kim Golding, Consultant Clinical Psychologist. The training was delivered using formal presentations, discussion, videotape of sessions, role play and handouts. Particular emphasis was given to role play over the 4 days as we worked within a group of 3 building valuable understanding and confidence in the practice skills.

The DDP approach aims to assist in understanding and effectively supporting children, young people and their families who have experiences developmental trauma. It builds on our knowledge of attachment theory, child development and intersubjectivity, and offers a therapeutic approach which fosters positive relationship development between child and primary carers and allows for trauma resolution.

In my work with children and young people in a CAMHS team frequently the families I meet have experienced significant trauma. I also work with children who are in foster care or residential care and their carers. The DDP approach helps develop healthy patterns of communicating and relating to others. Children and carers can be supported to integrate the impact of their experiences of trauma and loss and develop their emotional regulation skills. In delivering PCAP to parents / primary carers reflective functioning is a key focus, DDP also focuses on developing this skill and this training compliments my work using the PCAP model.

The four days offered much food for thought and was very inspiring. Two areas of particular interest to me were:

1. Playful approach / Storytelling.

Taking a playful approach comes easy to me, and the emphasis on this in the training reassured me regarding how I work with families. Creating a fun space at the outset helps a child feel at ease, and safe to talk about their inner world and assists in developing a therapeutic alliance which is critical to the work. In DDP reference is made to using a storytelling style and holding a stance of curiosity – this light tone maintains a sense of fun and openness and allows the therapist stay connected with the child. It promotes trust, and

this sense of safety and ease allows the child to enter their inner world, which in turn brings opportunity to rebuild relationships and integrate trauma as they move forward positively.

DDP uses the concept of 'connect and chat' which promotes this fun playful story telling approach. Lecturing, problem solving is not considered helpful. Emphasis is on taking the time to build an alliance and engaging with the child. In a busy CAMHS setting which is under strain due to lack of resources, taking a DDP approach may not always sit automatically with a medical model. However, this training offers my multidisciplinary team opportunity to consider the importance of building alliance and allowing space and time to take what can be a challenging but necessary and successful journey with service users.

2. Exploring attachment history.

Exploring attachment history with primary carers, and the impact of past relationships on current relationships, is an area of my work in CAMHS which I can find difficult, particularly where parents have experienced trauma in their own childhood which may never have been acknowledged. The DDP training gave a thorough map in exploring attachment history with primary carers. It offers guidance in how to support carers to enter into a mutual journey of discovery as a space is created to reflect on how their current relationship with child is influenced by their own childhood. Assisting parents to understand the feelings they have in response to the child and how this is linked to their own history is done through the use of curiosity, deepening the exploration with questions about separation, difficult experiences, how as a child they sought comfort, how they responded to upset. A greater understanding of their reality provides opportunity to encourage a hopeful outlook.

To conclude I would highly recommend this training to CAMHS colleagues and expect that it will enhance my practice greatly. Please convey my gratitude to the foundation for supporting my attendance.