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Healing Trauma and Managing Violence Risk through Relationships: Lessons from Dyadic Developmental Practice: Psychotherapy and Parenting (DDP)

Kate Black, Interventions for Vulnerable Youth, CYCJ

The fundamental role of safe and nurturing relationships in promoting recovery and reducing violent behaviour is widely acknowledged by practitioners working within justice settings. The essential nature of safe relationships is a common theme within the literature for young people with complex needs, is consistently addressed across therapeutic models for trauma, and is reflected in the known historical, social/contextual and individual risk factors for violence. However, despite the wealth of evidence indicating the necessity of attachment informed practice, often practitioners and decision-makers experience anxiety and/or opposition to working in a way that is truly attachment informed, as such approaches are often most resource intensive. Dyadic Developmental Practice (DDP) is a model which may offer services permission to focus on the provision of safe, nurturing and coherent responses to the emotional experiences which underpin violent behaviour in young people, by using safe relationships as the intervention; the mechanism for change.

DDP was developed originally by Dan Hughes as a therapeutic intervention for families of fostered or adopted young people who had experienced significant developmental trauma, neglect, loss and attachment insecurity. The model focuses on relationships, in particular actively working with young people and the safe attachment figures in their lives to explore and resolve distressing memories and emotions, to develop a coherent life story, and to begin to build healthy ways of relating and communicating with others. It also requires a high degree of ongoing self-reflection on the part of professionals, at an individual, team and system level, so that practitioners are aware of how their own experiences or emotional responses impact on interactions with young people (both helpful and unhelpful).

DDP has been found to have far wider applications than family therapy alone, with the principles used frequently in residential child care, in which staff may represent safe attachment figures for young people. In this respect, the potential for healing is maximised, as the work focuses on adults who are with the young person daily, and with whom day-to-day interactions can be used as the therapeutic intervention. Given the life experiences of so many young people and adults within criminal justice systems, it appears pertinent to consider that DDP may be an important model when working with young people who offend.

Core Components of DDP

Ensure safety — creating physical, psychological and environmental safety for young people and adults, and reviewing this continually. If metaphorically supporting a young person is building a house, safety must be the foundation of the house; the essential starting point for any therapeutic work (managing high risk behaviour or exploring behaviour choices would be the roof or the attic) (Golding, 2008, Rogers, 2015). Whilst young people or the safe attachment figures in their lives (parents, residential workers or other professionals) feel under threat, it is extremely difficult for reflection and therapeutic engagement to be possible. If those in the parenting role do not feel safe, then the young person will not feel safe.

As such, DDP requires that attention is given to the young person's environment, and that thorough preparatory and support work is undertaken with parents and/or other key attachment figures, both prior to and also during involvement with the young person in therapeutic work.

Offer attunement and co-regulation of the young person's emotions – the practitioner takes an active role in leading interactions, focusing on emotions and communicating an understanding of the young person's inner world, using both verbal and non-verbal ommunication. The practitioner stance is not passive, but their tone of voice, body language and affect is matched to the young person's underlying emotional state.

Attention should not be on trying to 'rescue' or 'fix' the young person's difficult feelings or behaviour at this stage, but on 'sitting with' uncomfortable feelings and experiencing understanding within a relationship. Experiencing attunement allows young people to begin to understand, begin to reflect and begin to learn how to regulate their own emotions.

Co-creation of narrative —developing a shared meaning of experiences, behaviour and events, occurring in both the past and present, such that the young person can begin to build a clear, coherent story about their life. To do so, the practitioner works in a reflective manner, and uses their knowledge of the young person's history to introduce relevant themes or events in a safe way.

Use of affective-reflective dialogue – Practitioners should attend to the emotional meaning of events or experiences in the young person's life, their affective expression, the cognitive understanding of events and experiences, and also how the young person makes sense of the event within their reflective awareness. Helping the young person increase their reflective capacity offers them new ways to cope with the difficult thoughts, feelings and interpersonal experiences which may often be expressed through violent or risky behaviour.

View all behaviour as a communication – Practitioners continue to seek the meaning behind all the young person's interactions and behaviour, including violent and offending behaviour. These meanings are used directly in therapeutic work, and responded to as communications.

Use PACE—The 'way of being' for all practitioners and parenting figures using DDP is reflected in the acronym PACE, which involves a therapeutic stance in which the practitioner strives to be **playful**, **accepting**, **curious and empathic** in all interactions with the young person. PACE is an open, active, non-evaluative, consistent way of being that enables acceptance of thoughts and feelings while still evaluating behaviour. PACE with safe boundaries helps reduce shame for young people and assist in reducing the likelihood of defensive, distracted, avoidant or critical patterns of interacting occurring between staff, parenting figures and young people and supports changes in their behaviour.

For further information about DDP click here.

References

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www.cycj.org.uk
e cycj@strath.ac.uk

@CYCJScotland