



## **Dyadic Developmental Psychotherapy (DDP)**

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### **Conference Handout**

**George Thompson, MD**  
**Dyadic Developmental Practice: Integrating Family, Medication and  
Parent Approaches in a Residential Center**

With many thanks to George Thompson for giving permission for this conference handout to be reproduced on the website.

#### **About DDP Network**

DDP Network is a worldwide body that promotes DDP and supports professionals, parents and caregivers in finding out about the therapy and the parenting approach. We provide information about the therapy, how to become certified in DDP, the parenting approach, resources, training courses and conferences.

## **Dyadic Developmental Practice: Integrating Family, Medication and Parent Approaches in a Residential Center**

George Thompson, MD

Chief Medical Officer, KidsTLC, Inc., Olathe, KS

913-324-3679, [gthompson@kidstlc.org](mailto:gthompson@kidstlc.org), [www.KidsTLC.org](http://www.KidsTLC.org)

### Objectives

- Participants will be able to:
  - Discuss some of the elements of DDP organizational certification
  - Identify the benefits of teaching parents to do PACE with each other
  - Initiate a a basic level conversation about medication management of traumatized and/or attachment disordered children with a psychiatrist

### DDP Organizational Certification at KidsTLC

- A mission/vision statement for building capacity for attachment
- An articulated theoretical base of attachment and trauma theory into practice
- Professional staff trained in DDP Practice - managers and practitioners
- PACE is the operational modus operandi of all relationships

### Mission (draft):

- KidsTLC enhances human dignity by providing compassionate, quality care to all

### Vision:

- We believe that all children deserve to feel loved and special, and to know in their hearts that their lives matter to their families, to their community and to future generations, regardless of what challenges that life has presented them with so far
- We believe that when loving adults take responsibility for understanding and providing children with what they need, without using fear or shame, children will take responsibility for themselves, show concern for others, and will work to improve their worlds

### Actions:

- Through our programs, we facilitate patterns of communication and relationship that promote healing and growth in families, and spark a ripple effect that transforms communities
- Residential, intermediate, outpatient and street outreach behavioral health programs

### We help troubled children:

- Build bonds of attachment that will allow them to heal, grow and succeed in families
- Learn to take charge of their emotions, thoughts and behavior
- Find their goodness reflected in the eyes of trusted adults
- Think clearly about the consequences of their actions, expand the love in their hearts, and discover the joy in serving others

### We train and support families, caregivers, teachers and others

- To awaken deeply troubled children with healing experiences of trust, comfort, joy and love
- To be accepting, curious and empathic towards children's experience
- To connect before correcting

- To contain risky behavior without scaring or shaming children

#### Curriculum for Care

- Essential topics
  - E.g., attachment, developmental trauma, intersubjectivity
- Knowledge, skills, behaviors and attitudes
- Applied to Residential Care Specialists, therapists, teachers, children, parents

#### Why PACE training for parents?

- Parents will get better at PACE
- Parents will get support
- Care will get unblocked – “unburned out”
- Parents will understand what PACE feels like

#### PACE – Yes!

- Playful
- Accepting
- Curiosity
- Empathy
- From Dan Hughes and Jonathan Baylin, Brain-Based Parenting, 2012

#### Not-PAACE – Wait!

- Encouragement
- Problem solving
- Teaching/lecturing
- Rescuing
- Consequences
- Judgment/criticism

#### Window of tolerance

- Chaos and rigidity
- Safety and threat
- Reflexive flexibility and emotional regulation
- (see Dan Siegel, Pocket Guide to Interpersonal Neurobiology)

#### Prescribing medication to children

- FDA-approved indication
- Expert consensus guidelines
- Extrapolate from adult studies
- Small studies in children
- Treat comorbid conditions

#### Expert consensus guidelines for using medications in children with PTSD

##### AACAP PTSD Practice Parameter (2010)

SSRI's - especially when there is depression, anxiety, OCD

- Sertraline/Zoloft
  - May help with concentration (pro)
- Fluoxetine/Prozac
  - Long half-life (pro)
- Escitalopram/Lexapro
  - Well-tolerated (pro)
- Fluvoxamine/Luvox
  - Approved to treat OCD (pro)
- Citalopram/Celexa

- Paroxetine/Paxil
  - Withdrawal symptoms (con)

#### Adrenergic agents

- Clonidine/Kapvay
  - Hyperactivity, impulsiveness
- Guanfacine/Intuniv
  - Hyperactivity, impulsiveness, re-experiencing, hyperarousal
- Prazosin/Minipress
  - Nightmares, sleep disturbance

#### Dopamine blocking agents/atypical antipsychotics

- Mood stabilization, anger, disruptive behavior, psychosis
- Risperidone/Risperdal
- Aripiprazole/Abilify
- Olanzapine/Zyprexa
- Quetiapine/Seroquel
- Ziprasidone/Geodon

#### Newer atypical antipsychotics

- Paliperidone/Invega
- Iloperidone/Fanapt
- Asenapine/Saphris
- Lurasidone/Latuda

#### Lithium/Anticonvulsants

- Mood stabilization, anger
- Lithium
- Divalproex/Depakote
- Carbamazepine/Tegretol
- Oxcarbazepine/Trileptal
- Lamotrigine/Lamictal
- Topiramate/Topamax

#### FDA-approved meds for conditions comorbid with PTSD in children

- ADHD
  - Methylphenidate (6-17)
    - Ritalin, Metadate, Concerta, Daytrana, Quillivant
    - Dexmethylphenidate/Focalin
  - Amphetamine (3-17)
    - Mixed amphetamine salts/Adderall
    - Dextroamphetamine/Dexedrine
    - Lisdexamfetamine/Vyvanse
    - Methamphetamine/Desoxyn
  - Atomoxetine/Strattera (6-17)
  - Clonidine/Kapvay (6-17)
  - Guanfacine/Intuniv (10-17)
- Bipolar Disorder
  - Lithium (12-17)
  - Aripiprazole/Abilify (10-17)
  - Olanzapine/Zyprexa (13-17)
  - Quetiapine/Seroquel (10-17)
  - Risperidone/Risperdal (10-17)
- Depression
  - Fluoxetine/Prozac (8-18)

- Escitalopram/Lexapro (12-17)
- OCD
  - Fluoxetine/Prozac (7-17)
  - Fluvoxamine/Luvox (8-17)
  - Sertraline/Zoloft (6-17)
  - Clomipramine/Anafranil (10-17)

#### Medication decision-making

- Syndrome (Disorder)
- Symptoms
- Circuits
- Synapses (neurotransmitters)
- Cf. Stephen Stahl, Essential Psychopharmacology

#### Medication in childhood PTSD – Tips

- Use general principles to start
- Then it is trial and error, N of 1 research
- Intuition can be important
  - Mother’s intuition
  - Father’s, grandparents’, aunt’s, uncle’s, foster parent’s, case worker’s intuition
  - Doctor’s intuition
- Always consider risks of treatment vs. risks of non-treatment
- Make one change at a time
- If it is not broken, don’t fix it

#### Goldilocks and the med management of trauma symptoms

- Too much activation leads to reenactment
- Too little activation is emotional numbing
- Need enough activation to do psychological work
  - Dr. Baylin: Need to unfreeze emotion, movement and speech

#### Medication in childhood PTSD – Tips

- If “as needed/prn” medication is helpful, it may then be scheduled
  - Atypical antipsychotics
- Accidents are sometimes helpful
- Sometimes bigger increases are needed to “capture” the symptoms
- Sometimes symptoms cannot be recaptured once a dose is decreased
- Sometimes treating another person can help the patient’s symptoms

#### Support psychotherapy treatment goals

- Sense of safety
- Behavioral control
- Emotional regulation
- Intersubjectivity/narrative creation
- Reflection

### When to consult a psychiatrist?

- When thinking, emotion or behavior significantly interfere with therapy
  - Rigid thinking, inattention or dissociation
  - Emotional dysregulation
    - Anger, anxiety, sadness, euphoria
  - Dominant, aggressive or oppositional-defiant behavior
  - Impulsiveness

### Examples of medication to support psychotherapy in child PTSD

- SSRI's
  - Less anxiety (but remember Goldilocks)
  - Decreased depression
  - More flexible thinking
- Stimulants/Adrenergic agents
  - Improved attention, thinking before acting, ability to stay in the conversation
- Mood stabilizers
  - Less anger – more tolerance
  - Mood more stable – more tolerance
  - More flexible thinking
- Stimulants/Adrenergic agents
  - Improved attention, thinking before acting, ability to stay in the conversation
- Nightmare agents
  - Prazosin, Trazodone, Cyprohepatine
  - Less fear of going to sleep, more willingness to talk about trauma
  - Increase confidence in treatment/clinician

### How to find a psychiatrist?

- Do they answer the phone?
- Are they willing to collaborate with therapists?
- What is their theory of how people change?
- If you can talk with them, do PACE with them
- Consider volunteering to teach a lecture or two in a psychiatry residency or child psychiatry fellowship