DDP: ‘Does it do exactly what it says on the tin?’

A qualitative study of adopters experiences of DDP therapy

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Background

• First time exploration of grouped experiences of DDP therapy by parents in the UK conducted by Dr Megan Wingfield (University of Oxford) supervised by BGS with help from Kim
• Accepted for publication in Clinical Psychology and Psychiatry
• Adds to existing research and evidence base for DDP practice and parenting
• Follows on from NICE recommended studies on attachment (2015)
• Part of the stepped approach to evidence gathering
• Assists with informing an RCT of DDP which is in application now
NIHR open call application led by Prof Helen Minnis, University of Glasgow

• Three phase study
• Phase one: Syndemtics approach to each trial site
• Phase two: Single blind feasibility study
• Phase three: RCT of between 130-190 families either DDP or SAU
• Submitted September 2018 with decision pending November 2018
• See DDP connects website for updates and news which also has:
  • Guidance for Measures
  • Published studies
Problem, Inputs and Outcomes

**Problem**
- Child behavior problems, adoptive/foster carer stress, threat of placement breakdown
- Barriers to development of healthy relationships in foster or adoptive placement through mistrust of/resistance to parenting
- MAPP: i.e. complex psychiatric and neurodevelopmental problems both stemming from and precipitating abuse and neglect
- Abuse and neglect in the birth family

**Theory, mechanisms, input Intervention (inputs, pre-conditions, mechanisms of change)**

- Building parental capacity for inter-subjective dialogue, co-regulation of affect and to co-create meaning
- Building family capacity for inter-subjective dialogue, co-regulation of affect and to co-create meaning
- Achieved within DDP sessions by using the DDP principles:
  - Playfulness, Acceptance, Curiosity and Empathy (PACE)
  - Intersubjective, co-regulating, affective/reflective dialogue
  - Relational Safety
- Micro-theories – Child behaviour change including capacity to signal attachment need
- Mid level theory – Parental behaviour change – use of PACE in family communication; better parental understanding of roots of child’s behaviour & less parenting stress
- Macro theory – reduction in family isolation; improved family relationships with extended family, friends, neighbours, school
- MAPP: i.e. complex psychiatric and neurodevelopmental problems both stemming from and precipitating abuse and neglect

**Intermediate outcomes**
- Attachment relationship progress within DDP sessions
  - More trust being shown by child in adoptive/foster parent
  - Increased co-regulation of affect, co-creation of meaning,
  - Increased sense of safety in the child & openness to parenting
  - Attachment relationship progress in the home (transferrable learning)
- Access to a supportive social network for child (school, peers, neighbours) and for adoptive/foster family (other adoptive/foster families, extended family, neighbours social worker)

**End outcomes**
- Improved child capacity to signal attachment needs
- Improved relationship between child and adoptive/foster parents with less caregiver stress
- Improved ability of adoptive/foster family to access support
- Better placement stability
- Better child mental health
Does DDP do exactly what it says on the tin?

This is a door
As recommended by

It does exactly what it says on the tin
Method

• Interpretative phenomenological analysis (IPA).
• IPA allows for the interpretation of peoples’ lived experience and the personal meaning given to them (Smith, Flowers, & Larkin, 2009)
• To allow for comparison, was the same methodology used in a qualitative study of adoptive parents who received a DDP informed parenting group (Hewitt, Golding & Gurney-Smith, 2018).
• Essentially analysis is a shifting process-conducted by Megan Wingfield
Sample & Recruitment

- The following inclusion criteria were used to enhance sample homogeneity:
  - Adoptive parents who completed DDP with a certified DDP clinician or clinician becoming certified,
  - who completed at least six DDP sessions &
  - who completed DDP within twelve months of interview to ensure good recall.
- DDP practitioners were emailed about the project and asked to provide information to potential participants.
- Parents were able to opt in by contacting the researcher (MW) or clinician known to them.
<table>
<thead>
<tr>
<th>Participant</th>
<th>Gender</th>
<th>Age</th>
<th>Sexual Orientation</th>
<th>Ethnicity</th>
<th>Time since adoption</th>
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### Main themes

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<td>A new way to help</td>
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<td>DDP fits</td>
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<td>The unknown: “I need to see the evidence”</td>
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<td>Commitment to the journey</td>
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<td>”It’s a shared kind of experience you go through and come out together”</td>
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<td>Emotion regulation</td>
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<td>The therapist’s stance</td>
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Endorsement of superordinate (in bold) and subordinate themes by participants

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1. Increased understanding

• All but one parent described gaining a better understanding of their child and increased curiosity about their child’s mind.

• This fresh insight provided parents with a new way of working in terms of strategies, skills and techniques to support their child.
1.1. “You get that glimpse into his mind”

- “Part of it was understanding why Lilly was feeling the way she was feeling, why she was presenting the way she was presenting...Richard drew a picture of the brain and talked about the three parts...so we understood that actually, for the first time, that because of how Lilly’s brain is different, normal sort of parenting doesn’t work” (Mike, 87-93)

- “Luke’s biggest problem is that he doesn’t like himself...he thinks he has a dark heart, his heart must be black because they made him” (Sam, 108-111)
1.2. A new way to help

“It’s lovely to have a formula because we had nothing before...Whereas now there is, there is a bit of security as parents as well. You know, you’re just going along following how your parents were and how you’ve watched other parents and it doesn’t fit our children” (Marie, 94-99)
2. “It’s a different method of parenting generally”

- This theme incorporates parents’ descriptions of DDP as different, experiencing a “eureka moment” (Mike, 111) where something ‘clicked’ and DDP felt like a fit for their family.

- Parents cited acceptance as a key component, which made DDP different to other interventions.
2.2. DDP fits

• Mike explains using traditional forms of parenting as:
  “Like trying to bang a square peg into a round hole. The only way it would work is if you smashed it so hard that you just turn the square peg into a round peg by breaking things off it and that’s not right” (Mike, 539-542)

Whereas DDP was described as:

• “a very natural approach. It felt as though it was very focused on our situation and the challenges we were facing, so it didn’t feel like something was being force-fit.” (Mike, 8-10).
2.2. Acceptance

• “He knows we know that story and we know everything and we’re still there and we still love him“ (Marie, 335-336)

Can be difficult for parents not to reassure their child

• Acceptance was linked with children accepting themselves

• “Katie is better able to tackle life day-to-day, she’s more open and she is um, she has a better understanding of who she is, of her own identity and how she works. And actually she knows that in certain situations she will freeze but actually that’s ok, these are the strategies she can use to be able to move on from that.” (Ben; 590-594)
3. The DDP journey

- Most parents described undergoing a ‘journey’. Parents described initially knowing very little about DDP and questioned its validity initially.
- This phase seemed to come to an end when parents saw evidence of its progress, becoming committed, despite difficulties.
- All parents also spoke about having significant feelings about ending treatment.
3.1. The unknown: “I need to see the evidence”

• Although DDP was unfamiliar, parents reported experiencing a “cry for help” (Rachel, 468) and feeling so “overwhelmed” (Mike, 192) that they accepted DDP “willingly” (Mike, 75) despite, in some cases, having never heard of it. This ‘unknown’ naturally fostered some scepticism, which for most receded over time:

• “And we were sceptical for a while, until something clicked... We went willingly, feeling very lucky that we got access to it, we didn’t let our cynicism, scepticism, whatever it is, sway us” (Mike, 72-76)
3.1. Evidence

• All but one parent felt that after some time, progress became evident:
  • View of themselves and others, emotional regulation, increased empathy, openness and sense of security.

• These changes led to more tangible progress such as improved sleep, less behavioural difficulties, placement stability and better peer relationships. Progress led a handful of parents to conclude that DDP ultimately kept the family together:

  “The placement would have likely broken down because I don’t think I could’ve coped with it having no understanding what was going through his head” (Stan, 300-302)
...but not for one

• “I realise that I’m a fixer, I want to fix things and I understand that the treatment wasn’t ever to fix these things but to bring them up and kind of explore them...but ultimately the issues that we had are the same, they haven’t changed.” (Rachel, 312-315)

• Rachel put this down to wanting a ‘fix’, which contradicts the feelings of acceptance that other parents identified.
3.2. Commitment to the journey

- A number of parents also described some discomfort during sessions, learning to speak to their child in a different way and completing therapeutic activities, which felt odd and unnatural to certain parents, “I think some of the things we were kind of having to do did feel quite unnatural” (Lina, 185-186)

- “We’d both be exhausted afterwards, you know? I’d keep him off school afterwards because he’d just be so upset... And I found it really hard seeing how difficult it was to hear from another person, the stuff that had failed him (cries). I found that really, really hard “ (Laura, 582-596)
3.3. Significance of ending

- The **significance of ending** was described as important for parents who experienced anxiety of managing post-therapy or sadness at it being over:

  “Do you know it was really nervy because you get used to knowing you’ve got that sounding board, knowing that she’d always impart a gem of wisdom...and just knowing we were going it alone almost was a little bit daunting. But very quickly you then get home and you realise that you’re the master of your own destiny and you just crack on” (Chloe, 671-675)
4. “It’s a shared kind of experience you go through and come out together”

- Parental involvement appeared important to all, mainly because it enabled strengthening of the parent-child connection and allowed parents to support children.
- However, the therapist was also identified as an important part of the process and relationship.
• 11/12 parents reported “it worked for them”
• It fits (unlike other brands)
• Helps with stubborn dysregulation and mistrust
• Understanding will grow
• Acceptance key ingredient- may not be available in other brands
• Instructions: requires active parental participation, embodied therapist and more evidence.
• Tin will feel empty once contents are finished and may cause mild anxiety.
• Does not involve holding.
Caveats

• Bias in sample selection method?
  • Led by clinician
  • How about families who do not take to it and drop out?

• Control for qualifications of therapist?

• Needs replication in larger study

• Not an effectiveness study
Implications

• Coherence with theory and practice-passes the ‘tin test’ but we are not there yet!
• Positive experiences for the majority (11/12) but not an effectiveness study
• Guidance for parents about the impact of active participation may be helpful
• Attention to endings, may reflect the nature of the difficulties but also the availability of services (see Harris-Waller et al., 2016)
• How to measure change using a relational approach-importance of capturing change in parent and child regarding emotional regulation
• No reports of the use of holding helps answer biased critiques (Mercer) that this is not part of the approach
• RCT is the next step on the evidence journey.
Thank you

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