Chrysalis Associates

Dynamic Solutions for change

STATEMENT OF PURPOSE 2019

Ofsted Outstanding Adoption service 2016|2017

If you wish to have a copy of this Statement of Purpose in any other format, please contact

Tel 0114 250 9455 or
E-mail: info@chrysalisassociates.org

Chrysalis Associates is registered with and inspected by:

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enquiries@ofsted.gov.uk

Registration number: SC387711

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1. INTRODUCTION

This statement of purpose has been prepared in accordance with the requirements of the Standards and Regulations and will be a useful source of information for staff, service users, and external agencies.

The statement of purpose will be reviewed and updated on a regular basis, at least annually, and modified if necessary.

Upon request arrangements can be made for the Statement of Purpose to be translated, explained or produced in a different format to suit the needs of staff, service users or commissioning bodies.

Chrysalis Associates, registered with the Office for Standards in Education, Children's Services and Skills (OFSTED), operates within the requirements of the following primary and secondary legislation and guidance:

* The Adoption and Children Act 2002 and associated Regulations and Guidance
* The Children Act 1989
* The Data Protection Act 2018
* The Human Rights Act 1998
* The United Nations Convention of the Rights of the Child
* The Care Standards Act 2000
* Working Together to Safeguard Children
* Other relevant Legislation and Regulations and Guidance issued to Local Authorities, which highlights good practice relating to services.

2. Aims & Objectives

Chrysalis Associates are a multi-disciplinary therapeutic team of professionals who specialise in the assessment and treatment of developmental trauma and attachment difficulties. We offer services to children, their carers and families as well as to organisations working to promote young people's wellbeing.

We aim to provide services of the highest quality which are evidence-based, timely and effective by;

- Ensuring that all therapeutic provision is supported by research.
- Ensuring that all our staff are trained in the relevant therapeutic models
- Ensuring that all our staff receive regular supervision
- Expecting all our staff to undertake regular training to keep their skill base up-to-date.

Always keeping children and families at the centre of everything we do by;

- Providing them with information leaflets
- Providing information about our complaints procedures.
- Asking the children and their carers to fill out feedback forms at the end of Therapy
- Undertaking consultation and feedback exercises with children and their families.

We aim to ensure that all our services are accessible and suitable for all regardless of race, colour, religion, nationality, sexuality, age or disability by;

- Ensuring one of the Directors acts as Equality and Diversity lead.
- Ensuring all staff undertake Equality and Diversity training
- Monitoring the diversity of all the referrals we receive.
- Using feedback forms to monitor our service provision
- Ensuring our information is available in different formats

We aim to ensure we keep children safe by;

- Ensuring one of the Senior Leadership Team acts as Safeguarding Lead.
- Having a robust safeguarding policy that all staff are aware of.
- Regular safeguarding training for all staff.

3. SERVICES PROVIDED

We offer services both to individual children, to their carers and families, and to organisations working to promote young people's wellbeing.

We offer a range of therapeutic interventions including:

- Trauma and Attachment therapy
- Post-adoption support
- Eye Movement Desensitization and Reprocessing (EMDR)
- Theraplay
- Dyadic Developmental Psychotherapy
- Psychotherapy with young people
- School Liaison

We also offer:

- Trauma and Attachment Assessments
- Assessments to inform Adoption Planning
- Psychological assessments
- Psychometric testing

For professionals and organisations, we can offer:

- Training on attachment and complex trauma
- Clinical Supervision and staff support (for individuals or groups)
- Consultation
- Consultancy on Team and Service development

What sort of issues do we work with?

- Attachment difficulties & Disorders
- Complex Developmental Trauma
- Adapting to changes (loss, separation, etc)

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- Post-traumatic reactions
- Behavioural Difficulties

- With whom do we work?
- Adoptive Families
- Foster families
- Children and Young People in Residential care settings
- Local Authorities
- Private Fostering Agencies

4. Assessment

The assessments provided by Chrysalis Associates are specifically tailored to the needs of the child and family. The commissioning organisation or family is welcome to contact Chrysalis for an informal discussion of their needs. Prior to a referral being made, the family and/or professionals involved can access a free consultation session with one of the management team to explore the issues in more detail and ensure Chrysalis is the right service to meet the family's need if required.

Once a formal written referral has been received, Chrysalis will provide an outline costing and proposal for services. Once funding has been confirmed, the family is contacted to arrange an assessment appointment.

All children and young people will receive a pre-therapy assessment in order to create an individual therapeutic package.

The pre-therapy assessment comprises of:

- Intake interview with parents
- Marschak Interaction Method (MIM)

  The M.I.M. is a structured observation technique designed to assess the quality and nature of child-carer interaction to identify how the child reacts to the carer's attempts to:
  - Structure the environment and set clear, appropriate expectations and limits.
  - Engage the child in interaction whilst being attuned to the child's state and reactions.
  - Respond in a nurturing way to the child's needs,

including being able to soothe and calm the child when needed.

- To provide and respond to challenge in an appropriate way.

- Good enough: Draw a person test

  The Draw-a-Person Test involves the child being asked to draw pictures of a man, a woman and themselves. It gives an indication both of the child's developmental level and of how they see themselves and others.

- Bene Anthony Family Relations Test:

  This is an assessment of a child's view of the dynamic within their family. The assessment identifies the feeling that a child has for family and friends and their perceived emotions that they receive from these people. The assessment also identifies a child's view of themselves and the level of nurture and protectiveness that they receive from family and friends.

- British Picture Vocabulary Scale

  The British Picture Vocabulary scale is a measure of a child's receptive vocabulary for Standard English which does not require any reading, speaking or writing. This test consists of a series of pictures from which the child has to select the correct one in response to a spoken word. It provides an approximate measure of the child's understanding of spoken language, and hence of their verbal ability.

- Strengths and Difficulties Questionnaire

  The SDQ is a 24-item questionnaire addressing areas in which the child may struggle or excel. Within the questionnaire there are six scales to address within the child as reported by their current carer. The scales include: Overall stress; emotional difficulties; behavioural difficulties; hyperactivity and attentional difficulties; Social and peer relationship difficulties; kind and helpful behaviour.

- Trauma Symptom Checklist for Young Children (TSCYC)

  The TSCYC is a standardized, parent/carer report test of trauma symptoms and evaluates acute and chronic posttraumatic symptoms and other psychological sequelae of traumatic events in children.

- Behaviour Rating Inventory of Executive Functioning (BRIEF)

  Executive function describes a set of cognitive abilities that control and regulate other abilities and behaviours. We use the BRIEF to assess the executive functioning in the home and school environment. The BRIEF is useful in evaluating children with a wide spectrum of developmental and acquired neurological conditions.

- Child Behaviour Checklist (CBCL)

  The CBCL evaluates behaviour and social competency of children and identifies difficulties in the following areas: Affective Problems, Attention Deficit/Hyperactivity Problems, Anxiety Problems, Oppositional Defiant Problems, Somatic Problems and Conduct Problems

- Parent Stress Index (PSI)

  The PSI is a questionnaire completed by a carer to identify their view of their child and the level of stress that parenting the child causes them.

- Vineland Adaptive Behaviour Scale

  The Vineland Adaptive Behaviour Scales measure a child/adolescent's actual use of adaptive behaviours in the domains of Communication, Daily Living Skills and Socialisation. They also provide a measure of Internalising and Externalising Maladaptive Behaviours which may interfere with a child/adolescent's adaptive behaviour

Additional Assessment measures that can be commissioned

Weschler Intelligence Scale for Children, fourth edition (WISC-IV): This is an assessment of a child's intellectual and neurological functioning. This involves completion of a number of subscales and the resulting score pattern is indicative of different areas of neurological processing, and the verbal and performance ability. The assessment takes approximately 90 minutes to complete and depending on the child would usually be administered over two sessions.

Weschler Memory Scale (WMS): This is an assessment of a child's memory processing ability. The WMS assesses a child's short and long-term memory, and overall memory capacity for both verbal and pictorial memory. The WMS is linked to the WISC-IV and are often completed in conjunction to give a fuller neurological picture of potential damage. The WMS takes approximately 90 minutes to administer and must be completed within one session.

Wisconsin Card Sorting Test: This is an assessment of a child's ability to identify that what is inside their head, is different to what is inside other's heads. It also assesses a child's ability to think flexibly and to adapt to differing rules set by adults and altered by them.

Child Depression Scale: This is an assessment of a child's level of depression and their self-concept. The child rates themselves on their self-esteem, ability to experience pleasure and sense of guilt and preoccupation with illness. The parent also scores the child on the same scales and these results are compared to identify how able the parent is to judge their child's emotional state.

Following on from the pre-therapy assessment, a therapeutic plan will be drawn up in conjunction with the family and the commissioner. Our therapeutic packages draw from the following interventions;

- Theraplay
- Dyadic Developmental Psychotherapy
- EMDR
- Cognitive Behavioural Therapy

More information on each of these interventions can be found in Appendix 1 of this document.

5. STAFF

The Responsible Individual

Helen Freake, Chrysalis Associates, 48 Wostenholm Road, Sheffield, S7 1LL
Tel: 01142 509455
E-mail: helen.freake@chrysalisassociates.org

Dr Freake is a Clinical Psychologist with over 15 years' experience and holds a Doctorate in Clinical Psychology, a BA in Social Science and a Post-graduate diploma in clinical supervision. She has also undertaken additional training in Dyadic Developmental Psychotherapy; Theraplay and EMDR.

The Registered Manager

Jacqueline Lynch, Chrysalis Associates, 48 Wostenholm Road, Sheffield, S7 1LL
Tel: 01142 509455
E-mail: jacqueline.lynch@chrysalisassociates.org

Dr Lynch is a Consultant Clinical Psychologist with over 20 years' experience. She holds a BSc in Psychology and a Doctorate in Clinical Psychology and has undertaken additional training in: Drama Therapy, CBT, Narrative Therapy, Dyadic Developmental Psychotherapy, Theraplay, Group work with Children and Adolescents and Eye Movement Desensitisation and Reprocessing [EMDR]. She is also trained in the administration of the ASI.

Chrysalis Associates is a limited company, the Board of Directors are as follows:

Helen Freake – Director & Responsible Individual

Jacqueline Lynch – Director & Registered Manager

Sarah Allkins – Director

Sarah Allkins has over 15 years' experience working in Health and Social Care, including statutory and voluntary sectors. She holds a BA (Hons)/DipSW and has completed the Open University course 'Managing Health and Social Care Services'.

Sarah Terry – Director

Sarah Terry has over 20 years' experience working in Health & Social Care, including the statutory and voluntary sectors. She qualified as a social worker in 1995, obtaining a MA/DipSW at Leicester University

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Additional Staff

Rachel Johnson - Finance Manager

Rachel has over 9 years' experience of office management, para planning, financial & accounting, managing a large team of advisors. Rachel previously worked for St James's Place a large invest bank within the financial services industry.

Julie Morewood - Administrator

Julie has had over 20 years' experience working as a PA, Secretary and Office Manager and holds RSA1 – 3 in Word Processing & Audio Transcription.

Matthew Clark – Trauma & Attachment Therapist.

Matthew has a BSc in Psychology and is currently undergoing a DcPsych in Counselling Psychology and Integrative Psychotherapy with Middlesex University. He has also worked with vulnerable adults and children in number of settings over a 4 year period. This work has included working within an acute mental health ward, residential care for children with disabilities and employment within CAFCASS working directly with children undergoing public and private law proceedings. Matt has trained in Theraplay, Dyadic Developmental Psychotherapy and EMDR.

Janet Drake - Trauma and Attachment Therapist

Janet has a B.Ed and a CQSW and has 10 years teaching experience and 20 years' experience working as a social worker in both health and social care with 9 years' experience as an adoption social worker. She has undertaken additional training in the following therapeutic models, Theraplay, Dyadic Developmental Psychotherapy, EMDR and NVR.

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Sarah Bryan -Trauma & Attachment Therapist
Having originally qualified with BHSc in Occupational Therapy in 1996, Sarah has since worked in the NHS, predominantly in Child and Adolescent Mental Health Settings. Sarah has a range of experience in assessment and treatment of developmental issues and has specialised in working with attachment and trauma issues. She is experienced in the application of sensory processing strategies to enhance the development of regulation. Post qualification Sarah has completed training in Dyadic Developmental Psychotherapy, Theraplay, Sensory Motor Psychotherapy, The Alert Program for Self-Regulation and EMDR.

Ian Hutchinson -Trauma & Attachment Therapist
Ian attained his Bsc Philosophy and Sociology before gaining 10 years' experience, working with children of all ages in a variety of special educational needs settings. Following this Ian gained a further 5 years' experience of therapeutic work with a Looked After and Adopted Children's team. Ian also holds a Masters in Art Psychotherapy Practice and is currently an Associate Lecturer on the Sheffield based course. He has completed training in Theraplay and Dyadic Developmental Psychotherapy.

Lisa Fletcher - Consultant Trauma & Attachment Therapist
As a Consultant Family and Systemic Psychotherapist Lisa has over 17 years' experience working in Health, Social Care and Post Graduate Education. Lisa is a qualified Family and Systemic Psychotherapist and holds an MSc in Systemic Psychotherapy, a Diploma in Systemic Psychotherapy, an MA/DipSW in Social Work and a BSc in Sociology. She has undertaken post qualification training in Dyadic Developmental Psychotherapy, Theraplay and EMDR.

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Rachael Hillyer - Trauma & Attachment Therapist
Rachael is a qualified Counselling Psychologist and holds a BA in Psychology and Sociology, a Post Graduate Diploma in Psychology and a Doctorate in Counselling Psychology. She has undertaken additional training in Dyadic Developmental Psychotherapy, Theraplay and EMDR.

Sharmi Gowri-Kriszyk - Trauma & Attachment Therapist
Sharmi has over 10 years' experience working in the field of Mental Health, including the statutory and voluntary sectors. She holds a BSc (Hons) in Psychology and is a qualified counsellor who has obtained her MSc and Professional Diploma in Counselling Psychology. She is trained in CBT, Psychodynamic and Client-Centred Approaches, Couples Therapy, Individual and Group Therapy with adults, children and adolescents. She has also undertaken additional training in the following therapeutic models; Theraplay, Dyadic Developmental Psychotherapy and EMDR.

Marion Cavan – Trauma & Attachment Therapist
Marion has a BHSc (Hons) degree in Occupational therapy. She qualified as an Occupational Therapist in 1996 and since then has work within children and young people's services in a variety of settings including Early Years, Health, Education and in private practice. She has worked extensively with children with a range of complex developmental difficulties including both physical and learning disabilities as well as in a residential setting for young adults with moderate/severe autism and challenging behaviour. For the past 6 years Marion has worked in Child and Adolescent Mental Health and a specialist deaf CAMHS service. She is experienced in the application of sensory processing strategies to enhance the development of regulation, assessment and treatment of developmental issues and play-based attachment work. Marion has undertaken postgraduate training in Sensory Integration, Theraplay and Dyadic Developmental Psychotherapy.

Ashley Ginter – Trauma & Attachment Therapist
Ashley has over 10 years of experience working with a variety of vulnerable populations – from recently resettled refugee families, women affected by homelessness and mental health challenges, at-risk students in the public-school system, and students with a variety of disabilities and/or mental illness in a therapeutic day school. Ashley is a registered Social Worker with the HCPC and holds her Clinical License in Social Work in the States. She has received additional training in Theraplay, Dyadic Developmental Psychotherapy, EMDR, and the Refugee Family Strengthening Programme.

Claire Rowell- Trauma and Attachment Therapist
Claire has attained a BA Hons in Early Childhood and Education Studies in 2000 and later studied Social Work Studies qualifying as a Social Worker in 2006. She has 16 years' experience working with children of all ages and their families in a variety of settings including fostering and child protection (both in the UK and Australia). Her most recent post in fostering involved taking a lead in supporting/training foster carers to adopt a therapeutic approach in the care they offered to children. Claire has trained in Theraplay, Dyadic Developmental Psychotherapy and EMDR.

Michael Whight – Trauma & Attachment Therapist
Michael has a CQSW and Diploma in Social Work. Michael has over 25 years' experience working in Local Authorities with Children and Families including Residential Social Work; Child Protection; Fostering - recruitment, assessment and support and Adoption – assessment, family finding, and adoption support. He spent three years in his last post providing support/ training adopters, via a four-day therapeutic training programme run nationally for Local Authorities, and intensive adoption support. Michael has received additional training in Webster Stratton Parenting, Theraplay, Dyadic Developmental Psychotherapy, and EMDR.

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Emily Glover - Humphries – Psychologist

Emily graduated with a BSc (Hons) in Psychology, and has a Masters in Developmental, Disorders and Clinical Practice. She has previously worked with children with various learning disabilities in a special needs school and as a Support Worker in a residential unit, working with children with severe autism and learning difficulties. Emily also coaches children of varying ages gymnastics in her spare time and is currently training to be a part of the clubs safeguarding team.

Jack Purrington – Psychologist

Jack graduated with an MSc in Psychology with Distinction. He has volunteered in a number of support roles which include working with adults with enduring mental health conditions and learning difficulties, children with learning difficulties and physical disabilities, and vulnerable adolescents in York. Jack has now completed his training and is working with the Samaritans.

Jessica Webster- Psychologist

Jessica graduated with a BSc (Hons) in Psychology with Counselling. She has previously worked with CAMHS children within an acute mental health ward, and as a Support Worker in a residential unit, working with vulnerable children and adults with mental health conditions and learning difficulties. She has also volunteered in Ghana with a charity supporting children to gain access to education and learning opportunities. Jessica has also undertaken a range of additional training in Autism Awareness, Safeguarding, Complex Needs and Personality Disorders.

Sarah Cassidy – Psychologist

Sarah has over ten years experience with children and families in the Education sector, working with children with learning difficulties, mental health difficulties and fostered and adopted children. She is experienced with Safeguarding and trained in Theraplay, and Lego Therapy. She holds a MSc in

Developmental Psychology and specialised in Autism Spectrum Disorder

Holly Edwards - Psychologist

Holly has a BSc (Hons) in Psychology and an MRes in research methods. She has also worked with children and adults in a number of settings. This work has included working with adults within an acute mental health ward, and a Children's Hospital School for children with mental health difficulties. Holly has also volunteered in Indonesia, working with adults and children with mental health conditions and learning difficulties.

6. SUMMARY OF COMPLAINTS PROCEDURE:

Chrysalis Associates has a formal Complaints Procedure, which is made available to all service-users at their first point of contact. A simple child-focused form is also available for children.

If the complainant, the staff member involved, and their Manager are unable to resolve the dissatisfaction, then the formal Complaints Procedure will be implemented without delay.

Complaints may also be directed to Ofsted National Business Unit, Piccadilly Gate, Store Street, Manchester, M1 2WD. Tel: 0300 123 1231

email: enquiries@ofsted.gov.org
Website: www.ofsted.gov.uk

Where a child or young person wishes to make a complaint Chrysalis Associates will seek to support them and provide them with the appropriate information to facilitate the process of their complaint. If the matter cannot be resolved through the organisations informal or formal Complaints Procedure, a child or young person may contact:

The Office of the Children's Commissioner, Sanctuary Buildings, 20 Great Smith Street, London, SW1P 3BT
Freephone 0800 5280731
Email: advice.team@childrenscommissioner.gsi.gov.uk
Website: www.childrenscommissioner.gov.uk

Coram Voice (Formerly Voice of the Children in Care) Freephone 0808 8005792
Email: info@coramvoice.org.uk
Website: www.coramvoice.org.uk

National Youth Advocacy Service, Freephone 0808 8081001 www.nyas.net
Coram Children's Legal Centre, Tel 08088020008
www.childrenslegalcentre.com

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Stage 1: Informal Complaint

A service-user can tell the people who run the service about their dissatisfaction.

If a service-user is not happy about the service that has been offered, he/she will be able to tell the person who is working with them. That member of staff should then tell their manager or supervisor about the complaint and also explain how they have dealt with it. This helps us to make sure that the matter has been handled properly. The manager will keep a written record of the complaint, because it is necessary for Chrysalis to take an overview of all concerns and complaints, so that we can ensure that we offer the best possible services.

If the service-user feels that the person he/she is working with cannot help them with the matter, or if he/she is not happy with the answers they give, then he/she should contact the registered manager.

The manager can be contacted:

- by telephone
- by letter
- by asking to see them

The registered manager will look into the matter and, wherever possible, the outcome of the investigation will be provided within ten days. If the service user is not satisfied with the outcome at this stage the registered manager will support the service user in putting their concerns into writing. This then moves on to a Stage 2 complaint.

Stage 2: Formal complaint

All formal complaints must be put in writing to the Responsible Individual. In Chrysalis Associates, the Responsible Individual is a Director, who is removed from the day-to-day management of clinical work. The Responsible Individual can be contacted:

- by letter addressed to the Responsible Individual at Chrysalis Associates, 48 Wostenholm Road, Sheffield, S7 1LL
- by e-mail: helen.freake@chrysalisconsortium.co.uk

A service-user can ask a friend, family member, or advocate to help them think through what he/she wants to complain about and how he/she wants to share their views.

The Responsible Individual will let the Complainant know within three working days that their complaint has been received.

The Responsible Individual may:

- telephone the service-user and ask for more details
- arrange to meet with the service-user to discuss their concerns
- talk to other people who are involved

The Responsible Individual will look into the matter and, wherever possible, the outcome of the investigation will be provided within ten days. If the service user is not satisfied with the outcome at this stage the matter will move on to a stage 3 complaint.

Stage 3: Review Panel

Under these circumstances, the complainant will then be considered by a Review Panel. The review panel comprises of our clinical lead, personnel officer and responsible individual and the panel will formally respond in writing within 28 days. The written response will also be sent to the commissioning agency.

Stage 4: Independent Review

The Independent Person is someone who is not responsible for the service that is being complained about and is not employed by Chrysalis Associates. The Independent Person will look into all the circumstances that led to the complaint and may interview the Complainant or other members of staff, may look at all the records concerning the matter being complained about, and will then recommend what should be done.

The Independent Person will aim to complete the Investigation within twenty-eight days. The findings and recommendations of the Independent Person will be given to the Responsible Individual, Complainant and commissioning agency.

Sometimes Investigations take longer than twenty-eight days. If this happens, the Complainant will be informed of the outcome as soon as possible.

If the Complainant is not satisfied with the outcome of the Investigation, he/she should tell the Responsible Individual within twenty-eight days.

Our independent person is
Dr Sue Goulding
35 Brick House Lane
Sheffield S17 3DQ

If the Complainant is still not satisfied he/she can contact:

Complaints may also be directed to Ofsted, Piccadilly Gate, Store Street, Manchester, M1 2WD. Tel: 0300 123 4666

Other independent advice can be obtained from other organisations, such as The Citizens' Advice Bureau, which may be able to help; the local MP may also give independent advice.

If a complaint is made about one of the Directors, the independent person will be involved immediately to ensure due process is observed.

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7. MONITORING AND EVALUATION:

Chrysalis Associates strive to ensure that its services are effective and efficient, and continually monitors and evaluates its operations and administrative procedures. Systems currently in place ensure that the services provided by the Chrysalis are effective and the quality of those services is of an appropriate and high standard.

Service-Users

The organisation is committed to seeking feedback from service-users in order to inform future service provision and to assess the efficiency and quality of its service provision. We do this by;

- Asking the children and their carers to complete a feedback form at the end of their therapy.
- Running consultation forums for children and their carers

In addition we are aiming to;

- Develop a user group

The complaints procedure is readily accessible to all service-users, including children and is highlighted to service-users at the first point of contact with Chrysalis.

Employees

In the recruitment process, the views of potential applicants are sought where job description, person specification and information packs are sent and no application is received from the potential applicants.

Exit interviews are carried out with all staff leaving, where practicable and with their agreement, and their views taken into consideration.

In addition, we monitor the quality of our intervention through;

- Regular supervision with a team of peers.

- Regular clinical supervision with the Clinical Lead.
- Annual PDR's for all staff.
- Ensuring all staff can evidence training in all the interventions they use.
- Commissioning external supervision from certified practitioners in the therapeutic interventions we use.

We monitor the effectiveness of our intervention by;

- Offering a pre and post intervention assessment.
- Providing post therapy feedback forms for the child, carers and referrers to complete.
- The Research & Development Lead co-ordinates all this information and it is fed back to the Directors and is used to review and plan service delivery.

This Statement of Purpose was reviewed by Helen Freake & Jacqueline Lynch on 18.2.19

Jacqueline Lynch – Registered Manager

Helen Freake – Responsible Individual

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Appendix 1 - Information about our Therapeutic Interventions

Dyadic Developmental Psychotherapy

Dyadic Developmental Psychotherapy, developed by Daniel A. Hughes over the last two decades, differs from traditional non-directive approaches to child therapy in its involvement of the child's carer throughout the therapy sessions.

It is a treatment approach to trauma, neglect, loss and/or other dysregulating experiences that is based on principles derived from attachment theory and research, and also incorporates aspects of treatment principles for Post-Traumatic Stress Disorder (PTSD).

Dyadic Developmental Psychotherapy involves creating a safe setting in which the child can begin to explore, resolve and integrate a wide range of memories, emotions and current experiences that are frightening, shameful or avoided.

Safety is created by ensuring that this exploration occurs with nonverbal attunement, reflective (non-judgemental) dialogue, along with empathy and reassurance. As the process unfolds, the child is creating a coherent life-story (or autobiographical narrative) which is crucial for attachment security and is a strong protective factor against psychopathology. Therapeutic progress occurs within the joint activities of co-regulating affect and co-constructing meaning.

Nonverbal attunement refers to the frequent interactions between a parent and infant, in which both are sharing affect and focused attention on each other in a way such that the child's enjoyable experiences are amplified and their stressful experiences are reduced and contained. This is done through eye contact, facial expressions, gestures and movements, voice tone, timing and touch.

These same early attachment experiences, which are fundamental for healthy emotional and social development, are utilized in therapy to enable the child to rely on the therapist to regulate emotional experiences and to begin to understand these experiences more fully. Such understanding develops further thought engaging in a conversation about these experiences, without judgement or criticism. The therapist will maintain a curious attitude about the memories and behaviours, encouraging the child to explore them to better understand the deeper meanings in their life and gradually develop a more coherent life-story.

The primary therapeutic attitude demonstrated throughout the sessions is one of playfulness, acceptance, curiosity and empathy (PACE). For the purpose of increasing the child's safety, their readiness to rely on significant attachment figures in their life, and their ability to resolve and integrate the dysregulating experiences that are being explored, a person who is an important attachment figure to the child, their parent/carer, will be actively present.

The role of the parent/carer in the child's psychotherapy is the following:

- Help the child to feel safe
- Communicate PACE, both non-verbally and verbally
- Help the child to regulate any negative affect such as fear, shame, anger or sadness
- Validate the child's worth in the fact of trauma and shame-based behaviours
- Reassure the child that their relationship remains strong regardless of the issues
- Help the child to make sense of their life so that it is organised and congruent

More information about DDP can be found at ***www.danielhughes.org***.

Further details about the evidence base for DDP can be found in the following articles:

Becker-Weidman, A. (2006) Treatment for children with trauma-attachment disorders: Dyadic Developmental Psychotherapy. Child and Adolescent Social Work Journal, March, 2006.

Theraplay

Theraplay® is an attachment therapy developed by Ann Jernberg and Phyllis Booth in the 1960's. The primary focus of the Theraplay® model is the parent child relationship, including adoptive parents and foster carers. The aim is to strengthen or re-establish the parent -child bond following loss, trauma or separation. Theraplay® is a useful therapeutic model for children with a variety of social and emotional difficulties, as well as acting as a useful preventative tool to strengthen the parent-child relationship in the face of increased risk factors.

Theraplay® involves emotionally attuned, interactive, physical play, with nurturing touch as an integral part of the therapist, child, carer interaction. The focus of the therapy is based in the here and now, rather than on an analysis of past trauma experiences, interpretation of play or pretend play. It is geared to the child's emotional level, and therefore may often include games usually played with younger, pre-verbal children.

Within the play the therapist takes charge of all the games, and teaches the carer to do likewise. The goal is to teach the child that adults can be in control as part of a positive, mutually enjoyable relationship, where the parent/carer and therapist work to engage the child in an emotionally healthy, fun manner.

The starting point for Theraplay® is the Marschak Interaction Method (MIM), an assessment of the parent/carer - child interaction. The parents/carers and child are presented with a selection of games aimed at analysing their interaction patterns. These patterns are analysed within four parameters: Challenge, Structure, Nurture and Engagement. The analysis is used to guide the direction of the therapy treatment plan, which is then developed in consultation with the child's parent/carer.

Further information can be found at ***www.theraplay.org***

Eye Movement Desensitisation and Reprocessing, EMDR

EMDR was developed by Dr. Francine Shapiro, Clinical Psychologist, in 1987. Whist trying to resolve a number of distressing personal issues Dr. Shapiro noticed that the emotional impact of the traumatic memories was lessened after a period of bi-lateral stimulation to the brain.

Further research has identified that trauma or phobias can, for some, become lodged within the brain in a manner that makes them irresolvable. As a result the brain acts to understand the experience by continually replaying the trauma in an attempt to help it adapt. This results in symptoms such as flashbacks, nightmares, preoccupations with the incident and constant rumination. The physical consequences of this include hyper vigilance, exaggerated startle response, sleep difficulties and a heightened sense of arousal and anger, which the brain seeks to avoid. As the toll becomes too great to bear, the person/child is at risk of emotionally detaching from reality.

Dr. Shapiro identified that if the memory of the incident(s) is recalled, and at the same time the brain is bi-laterally stimulated (using rapid eye movements), it will allow the brain to re-experience the trauma and the related cognitions that may be hindering and distressing them in the present. Once the trauma has lost its emotional impact and the person has become desensitised to the pain of the memory it is possible to link the memory to a more positive cognition using the same technique (reprocessing).

EMDR has been shown to be both effective with adults and children, and can be used alone to manage recovery from a single traumatic event or from a simple phobia. It is also a useful tool to be included into therapeutic packages with clients who have experienced more chronic trauma histories. The advantage of using EMDR with children is that it can be a relatively speedy model, does not rely on good verbal skills, and can be integrated into a dyadic intervention with both child and carer/parent, further information about EMDR can be found at ***www.emdr.com***

Cognitive Behavioural Therapy

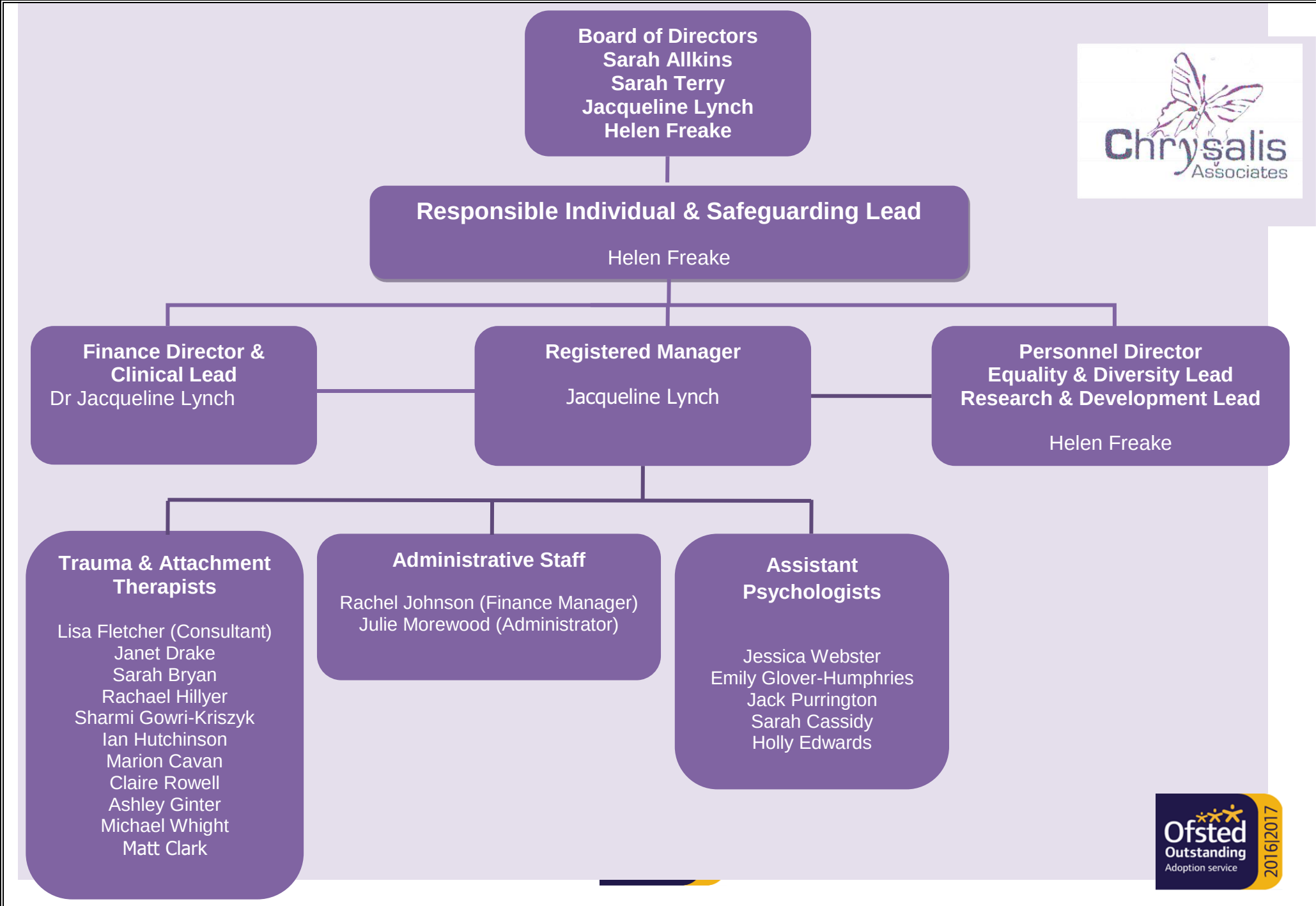
Cognitive behaviour therapy (CBT) is based on a therapeutic approach originally developed in the 1950s and 1960s by Albert Ellis, Ph.D and Aaron Beck, M.D.

CBT is a goal-oriented approach to understanding and overcoming specific problems in the "here and now". It is based on the understanding that our thoughts, feelings and actions all mutually influence each other. Because of this we can change difficult feelings (such as anxiety, depression and anger) by deliberately altering how we think and behave. We can also influence our behaviour by altering how we think about a given situation. CBT usually starts with noticing and recording how thoughts feelings and behaviours interact at the moment, for example through diary keeping. The therapist and client then work together to decide on ways of changing these patterns, for example by challenging negative thoughts with more positive ones, or by introducing new positive behaviours such as relaxation techniques.

CBT has been demonstrated to be very effective at improving a wide range of mood disorders in adults. A number of studies have also demonstrated the effectiveness of CBT with older children and adolescents suffering from depressive disorders, anxiety and phobias, obsessive-compulsive disorder, post-traumatic stress and eating disorders. CBT has also been successfully used to help children cope with chronic illnesses and painful medical procedures.

Aspects of CBT are included in Dyadic Developmental Psychotherapy where the therapist and parent/carer help the child learn to identify and challenge the negative thoughts and expectations about people and events which lead to unmanageable feelings and destructive behaviours.

Cognitive behavioural techniques can also help parents to cope with and manage their children's behaviour. CBT can help parents to understand the causes of their child's behaviour and their own reactions to it, to stay calm when confronted with challenging behaviours, and to maintain their own emotional wellbeing even when parenting a "difficult" child.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