

Dyadic Developmental Psychotherapy (DDP) Accreditation supervision January 2015 – October 2016

I would like to take this opportunity to sincerely thank FPSA for their generous funding which made it possible for me to complete the Dyadic Developmental Psychotherapy (DDP) Accreditation process over the period January 2015 – October 2016. DDP is an attachment focussed family based intervention that is now being widely sought by commissioners, Children's Services and national agencies (such as BAAF) as the intervention of choice for children and young people who are looked after or adopted and who have experienced trauma and attachment difficulties in their histories. As an approach, DDP seeks to encourage the development of warm and caring relationships between the child and their carer or parent that allow for attachments to then be nurtured and a sense of belonging to grow. This, in turn, allows children and young people to develop a sense of safety, value and to feel protected within their families. It also allows them to develop more coherent and meaningful narratives about their experiences that release them from the shame and psychological damage that can result from experiences of loss, trauma and abuse. This has significant implications, then, on that child's mental health and emotional well-being, replicating the principles and values in NICE/SCIE guidance.

Receiving funding from FPSA to engage in the accreditation process has enabled me to access the necessary supervision to become a DDP practitioner. The process entails the submission of 10 DVD's of clinical sessions, over an undetermined period of time, to a consultant supervisor in DDP who then offers clinical supervision and practice guidance in order to develop skills within the DDP therapeutic model. The process acknowledges where skills are already present (through previous completion of levels 1 & 2 in DDP), but develops and deepens these to ensure that the practitioner is ultimately able to offer a high quality therapeutic intervention using the DDP model. Engaging in this process and becoming an accredited DDP practitioner has enabled me to both develop and deepen my knowledge of the therapeutic model in addition to honing my clinical skills when working with the most vulnerable children and young people. Through the accreditation process, my skill level has been recognised by two national consultants in the model (one main supervision and another second supervision who advises on DVD's 5 and 10), who have now deemed me worthy of practicing at this higher level. This, in turn, allows me to offer children, young people and their families a well-developed and skilled attachment-focussed intervention which is being increasingly recognised as being able to produce positive outcomes for this population. Becoming accredited in DDP also allows me to offer DDP-specific supervision to other therapists hoping to develop their own DDP skills and may offer opportunities to engage in clinical research aimed at evidencing the effectiveness of this intervention. This will offer a significant benefit to both clients and families, as well as services, researchers and commissioners.

Without funding from FPSA, participation in this process and all the benefits that have come with it, would not have been possible and so for this I am hugely grateful and appreciative.

Regards

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