

***“NOT WHO AM I, WHO ARE YOU? AND WHAT CAN YOU DO FOR ME?”***

**WHAT CLINICAL PSYCHOLOGISTS CAN OFFER  
DEVELOPMENTALLY TRAUMATISED YOUNG PEOPLE**

**PAUL GAFFNEY, PAUL WALTON,  
SANNA CRAMNELL, AISLING HAGERTY, ANNA MCINERNEY  
& EIMEAR RYAN**

**BPS DCP ANNUAL CONFERENCE  
MANCHESTER 23<sup>RD</sup> JANUARY 2019**

# THANK YOU FOR JOINING US.....

*“Not who am I, who are you? and what can you do for me?”.... “I can help you become **STRONGER?***

What problems do encounter here?

- \*The need to address attachment, trauma, dysregulation & invalidation *together*, and often, *simultaneously*, requiring theoretical flexibility and openness
- \*Lack of therapeutic “lever”, in the midst of unmet needs
- \*No single diagnosis... “repeated adversity, ongoing misery”?
- \*Danger of under-committing/over-committing

# WHAT WE CAN OFFER DEVELOPMENTALLY TRAUMATIZED CHILDREN...

*Strengths focus*

*Time and opportunity to **T**rust*

*Regulation Skills & Practice*

*On side of the child*

*Narrative... tell their own story*

*Genuine relationship & interaction*

*Evidence based practice & values*



# STRENGTHS FOCUS

- These young people tend to be described in terms of what is missing or wrong (eg, AD/HD, CD, even BPD or APD), and a focus on their deficits only heightens resistance.
- Traditional talking therapy alone, will rarely be enough to engage and sustain them, especially in times of crisis.
- A range of therapeutic approaches play a key role here, including attachment focused (DDP), trauma focused (EMDR) & activity focused (Wilderness Therapy), as well as approaches addressing the system and milieu around the child and those significant to them.

# STRENGTHS FOCUS



Take time to get to identify the strengths already present

Look at how existing strengths can be generalized from one setting to another

Make existing strengths a key part of therapeutic work

# TIME AND OPPORTUNITY TO TRUST

- This work takes time to build up trust and best outcomes seem to come after a number of months/years
- A child's interpersonal defenses serve a purpose, and clinicians must work hard to EARN this trust, and to continue to DESERVE it
- Attunement with the young person's inner world and hopes help, as does the expectation that our commitment to the young person will be tested and stretched.

# TIME AND OPPORTUNITY TO TRUST



“Keep turning up” for the young person, and try not to give up on them

Be dependable, realistic and keep your promises

Seek opportunities to emphasize your trustworthiness

Most of all, **BE HELPFUL**

# REGULATION SKILLS & PRACTICE

- Perhaps the most important skill for developmentally traumatized young people is that of self-regulation, leading to better regulation in key relationships, allowing for co-learning and improved distress tolerance
- We often have to understand (re) triggering and the likely presence of pre-verbal trauma, with the cycle repeating until physical, psychological and interpersonal safety occurs
- All the while the young person's brain and experience is developing, and change is a constant.



# REGULATION SKILLS & PRACTICE

Awareness of the need for skills can be cultivated through tailored mindful activity

Look for opportunities to help improve skills and learn at every chance

Provide an ongoing relationship with a focus on skills and model regulation yourself



# ON SIDE OF THE CHILD

- While our Codes of Ethics, NICE guidelines and Service Policies keep us focused, we have to be loyal to the child
- A history of ACE's and Developmental Trauma and resulting behaviours can often be mis-interpreted or mis-understood, a key role is to not let the suffering get lost
- Rarely will therapy progress without **ADVOCACY**
- Being an advocate can be lonely and frustrating, especially in the face of repeated setbacks, we need to constantly

# ON SIDE OF THE CHILD



Advocate early and often for the child in the therapeutic work

Remember the importance of “One Good Adult” here.

Be congruent and honest with the child, being on their side also means highlighting what they do against their interests

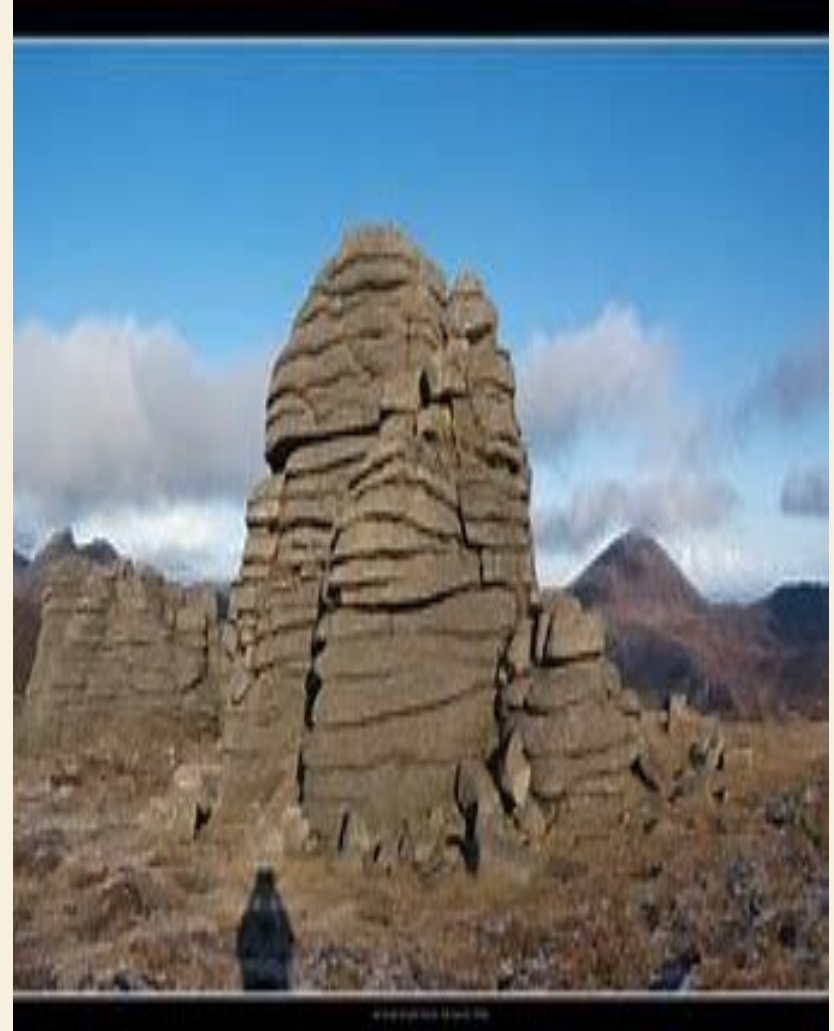
Seek your own support and regular feedback

# **NARRATIVE...TELL THEIR OWN STORY**

- Narratives can abound about bad behaviour, dysfunction and difficult personality traits...yet there is a broader unique story for each young person waiting to be told
- While the themes are universal, each young person and story are different
- Remember Linehan's advice about always working with incomplete information, sometimes back to front is a better way to tell the story....
- Today's acts are tomorrow's narrative....

# NARRATIVE...TELL THEIR OWN STORY

Each story is different, allow the individual child to tell theirs  
Don't focus on the past unless the young person asks you to  
Be comfortable with not knowing everything, just leave room in your formulation for what you don't know



# GENUINE RELATIONSHIP & INTERACTION

- Young people in and around the care system bemoan the lack of “real” people, rather than those fulfilling a role
- As clinicians, the relationship is the prime vehicle for change and progress, and being genuine is key
- Strong relationships include both connection and disconnection, with the opportunity always available to re-connect and repair, after a rupture or disagreement
- Genuineness allows the clinician an opportunity to model not knowing, vulnerability and seeking help when unsure

# GENUINE RELATIONSHIP & INTERACTION



- Young people need you to be yourself, “warts and all”, so you can better model for them
- Being genuine means not always agreeing with the young person, allowing them to learn how to repair ruptures in relationships
- Being genuine usually means you are more transparent and predictable

# EVIDENCE BASED PRACTICE & VALUES

- The core of the Scientist-Practitioner model is a commitment to the evidence base for our actions
- We also need to remember that practice guidelines refer broadly to discrete conditions, while developmental trauma is very rarely reflected in only one diagnosis
- Guidelines refer to broad groups presenting with certain issue, while our work is bespoke to a large extent
- We need not only to know what works best for certain clinical issues, but what works best for each child



# EVIDENCE BASED PRACTICE & VALUES



- Being aware of the evidence base and applying this individually really helps
- The approach in these cases is almost always multi-modal and multi-disciplinary
- Value the richness in the literature, and opportunities that follow to be creative

# RESPECT FOR THE CHILD, YOURSELF AND OTHERS

- Given the background of treatment failures, imminent dangers and frequent emergencies, the system around the child can often be in crisis, with high expressed emotion
- Meetings can feel like scapegoating sessions, and clinicians can feel blamed in the light of limited/no progress and finite resources
- Equally the child and their family of origin can feel judged, unheard and invalidated, only adding to resentment and disillusionment

# RESPECT FOR THE CHILD, YOURSELF AND OTHERS



- Try not to always take things personally in these cases
- Remember how we behave is just as important as what we say/write
- Model tolerance of difference and seek consensus where possible

# REFERENCES & FURTHER READING

- Conlon, C., Wilson, C., Gaffney, P., & Stoker, M. (2018) Wilderness Therapy with Adolescents: Exploring the process of change. *Journal of Adventure Education and Outdoor Learning*, 18, 4, 353-366.
- Golding, K. (2017) *Nurturing Attachments: Supporting children who are fostered or adopted*. London: Jessica Kingsley
- Peterson, J. (2018) *12 Rules for Life: An antidote to chaos*. London: Allen Lane
- Treisman, K. (2017) *Working with Relational and Developmental Trauma in Children and Adolescents*. London: Routledge
- Van der Kolk, B. (2015) *The Body Keeps the Score: Mind, brain and body in the transformation of trauma*. London: Penguin

# THANK YOU!

- Sincere thanks to all the people who suffer adversity and trauma, yet trust us to try to help to make things better
- Thank you BPS DCP for having us at this special event in Manchester
- Many thanks to all our colleagues, past & present in our respective services
- Many thanks to the team for collegiality, encouragement and fellowship



# SOME WORDS TO END WITH.....

*I've spent years building impenetrable walls  
so nobody could gain entry  
for a while people knocked  
but now - nobody knocks, and I can't get out  
I'm not complaining.  
Simply observing.*

Dylan James, from *Lack (Indefatigable: Collected Poems and Stories)*