Interview, Consultant 1/6/21

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| Andrew | […] So, I suppose the thing, I sent you the wee staff leaflet – that’s the information leaflet for staff and there’s some details about the project in there, which is about everyday, everyday care. So, a lot of research for residential childcare looks at outcomes and things beyond the care environment. So, we’re looking at just the everyday life. What it looks like for kids, what it looks like for staff. What aspects of that may be therapeutic, may help children to recovery from the difficult beginnings that they’ve had.  So, but, like any other participant, you know, it’s completely voluntary [name]. If you decide, you know, that you don’t want to go ahead with this, you don’t need to explain why, you can just say ‘no, I’m not up for this interview, I don’t want to answer that question’. Anything at all like that, it’s completely up to you. You’re in control… |
| E | That’s fine. |
| Andrew | … in terms of informed consent. Confidentiality-wise, all our outward-facing reports will be… it’ll be ‘a residential school in Scotland’ rather than any details. Names and identifying details will be changed. The only thing… the big limitation to confidentiality is within [org] because, the staff will know if I talk about a consultant, they’ll know that it’s you. |
| E | Absolutely. |
| Andrew | Similarly, the staff will recognise the children, you know, and can recognise each other from their stories even if you change details. So there is a limitation to the confidentiality… |
| E | Absolutely |
| Andrew | External reports, conference papers, it will just be ‘a residential school in Scotland’ and things will be anonymised like that. |
| E | OK |
| Andrew | Is that ok with you? |
| E | Absolutely, yeah. |
| Andrew | And, the questions I’ve got for you, actually, probably won’t surprise you. So, just so you know what’s coming… I’ve read the literature on DDP but I was going to ask, because you’re an expert, a bit about the background of DDP, it’s development in the UK, some of the ways that it’s been adapted to work with, for example, residential or school kinda environments? How you approach the training with staff and how that looks and feels and, then, I was going to ask you about your views on how you think it has influenced, changed, developed practices within the field. That’s the kinda broad questions that I’ve got for you, if that’s, ok with you? |
| E | Ok, yep, Ok. |
| Andrew | Will we start at the beginning then? As I say, I’ve read some stuff on DDP and I was familiar with Dan Hughes work on attunement before, and I’ve read some of the papers but I wonder, from your perspective and somebody who is kind of immersed in DDP as part of your role, whether you could tell me a bit about the background of the model here in the UK? |
| E | Ok. Well, I guess it’s worth going back then to the very beginnings of DDP. So, let’s think about, actually, if this is ok, a bit of historical imput here? So, let’s go back to the 80s and think about Dan Hughes as a clinical psychologist and play therapist working with families, offering actually one-on-one rather than family therapy at the time… and struggling to connect with children who were fostered and adopted. Children who we would now call… developmental trauma, who’d experienced developmental trauma… and wondering why that was. As a therapist who could connect with children generally, but these children had a particular barrier. He tells the story about a little girl, it doesn’t matter what her name was, she was around about 11 and came into therapy – struggling in foster care and he had said to her ‘ok, so’, let’s call her Emily, I don’t know. ‘So, Emily is there some way in which I could help you?’ and she said ‘Yes’ and he thought ‘oh, great, one of these kids who’ve experienced abuse and neglect and she actually says “yes, you can help me”’ and he said ‘ok, so how can I help you?’ and she said ‘well, you can help me move every three months because that’s what I’ve had to do’. |
| Andrew | Right, ok |
| E | So, for him, that really struck a chord in terms of ‘my goodness, what sort of life is a child to have if they think that life is about moving every three months’? What’s the long-term for her in terms of relationships and her own mental health? So, he then started to think about, back to attachment theory. Because attachment theory at that point was really out of vogue in the 80s and went back to start to think about the early relationship babies have with parents and what, how much of that we know now, how much of that relationship in the early years develops the child’s sense of self… and, at that point, and their relationships with… everybody! From parents – your parent is your first friend. Your parent is your first boss. Your parent is your first carer. It’s that blueprint that’s established of course… and I guess, at the beginning of that, attachment theory was really what there was. Since that time, then other theoretical perspectives have come in and reaffirmed what… not only Dan, but what people knew instinctively about first relationships. So, as DDP has developed, then it’s been influenced not only by attachment theory but also by intersubjectivity, which, erm, I don’t know how much you know about intersubjectivity? |
| Andrew | Not a great deal, no |
| E | Again, the basis of intersubjectivity, if you’re interested in that go and look at the work of Daniel Stern or Colwyn Trevarthen in Scotland, and, again, it’s basically, your sense of self come from, you experience yourself through the eyes and then senses of your parents. It’s about a relationship – all learning comes through relationship. All learning. About self, outside world, how to relate, everything comes from that experience of being in a relationship. So intersubjectivity and then comes along developmental trauma, or complex trauma… ah, those two aren’t really interchangeable – developmental trauma would be what I would prefer… and now we have the neuroscience of course, which is affirming, yes – if you have experienced neglect and trauma in the early years then that does impact upon your brain development, although, there is always hope for change. Brains are ‘plastic’, in a relational sense, for the reset of your life as far as we know. So, those theoretical strands came in, so Dan, basically started off as a therapist working with foster carer, adoptive carer *and the child* in the room. So, it became an attachment-focussed family therapy and, erm, and… He then realised, I guess, well he called it Dyadic Developmental Psychotherapy – Dyadic, it’s all about a relationship; Developmental, is about acknowledging that the children that I work with or traumatised kids are quite patchwork developmentally. So they may be chronologically any age, you know, all the way up until late teenage years and early 20s though, very often, the children are emotionally and socially much, much younger and we need to have an idea of where they are socially and emotionally because that’s where we need to engage with them. If we expect a 13 year old who has experienced trauma to be able to do what a 13 year old from a healthy family would be able to do, then they are going to fail all the time. So, we have to think about where they are developmentally and be working with that and be very clear that the healing is in the relationships that we have with the kids. So, starting off as a therapy and then, I guess, what Dan realised that well therapy is great but it’s an hour or two a week – and that’s the model, always to work with parents and carers and then to bring the child into the room – it’s an hour a week. So, in actual fact, the support given to the parents or parenting figures, be they adoptive, foster, kinship, residential, parenting figures is a priority. So, we need to support the people who support the children. Because they are taking on board the types of behaviours that these children have – the spitting and the kicking and the biting and the ignoring and all of that – then there is a real danger that the parenting figures move into something called blocked care… and, again, I don’t know how much you know about blocked care but the essence of that is – you sort of start to give up, you don’t care anymore about why the child is behaving as they are, you lose your empathy and the neuroscience of that is that you start to lose your oxytocin and your love, your potential to love and care? You start to lose that, and you move into a ‘I don’t care why they did it, just stop it’… and there are different forms of blocked care and I guess then, that term ‘blocked care’ has now come in to the forefront of DDP and the fact that the children we work with have ‘blocked trust’. They have mistrusting brains. So, from being, again, on the website, there is a diagram of the practice model, so, from being a therapy, an attachment-focussed family therapy in the middle circle if you like, then we have a second circle that says supporting parents and carers is really important and that first space. And, then thinking broader than that, this is how the DDP practice model started to emerge other than just as a psychotherapy, and then we have to think about the team around the child. So, if we have some of the team – the parent/carer – working one way but we have educationalist still working on a behavioural model, we have CAMHS involved, we psychological services, we have to think about all of the team around the child understanding why the child behaves as they do from the same perspective otherwise we’re going to get crosswires and confuse the children. So, the practice model has the team around the child and then it has a more systemic view about how do the systems, erm, how do the systems all be influenced by an understanding of developmental trauma… and systems are getting *better* than that but we’ve still a long way to go. So, practice model sort of expanded. |
| Andrew | Yeah, and how does that, I mean, were there any particular adaptations that you had to think through to move that model from a psychotherapy based *dyadic* to this group-based, team-based, systemic, I’m quite interested in how that process worked to develop that?  [11:38] |
| E | Erm, I guess, I mean that’s, that started I guess by acknowledging that, in a residential care setting, the care staff, and to an extent the teaching staff, anybody else, are parenting figures. So, we need to put in place, so, the core attitude, I guess what’s common across the practice model is the core attitude of PACE – the Playfulness, Acceptance, Curiosity and Empathy – that that is the essence of the relationships that a baby should have, that PACEful attitude, with a parent in the first instance but where that’s not, where there’s not been enough of that, then that’s the attitude that we need to carry whether we’re a birth parent, whether we’re an adoptive carer a foster carer, or whether we’re a residential parent. So, again, it’s about the healing comes through the relationships. I think fairly early on into the 90s, then residential care settings were adopting that way of understanding developmental trauma… and, adopting the sort of principles of DDP about working with parents and carers, which is they’re doing the best they can, they want to love/care for these children, they have good intent, all parents needs support, some parents need more than others… and I guess issue in a residential care complex is that it’s extremely complex because we’ve got multiple parenting figures. So, the issue then becomes as much about the team dynamic as it is about supporting the children. About what the relationship is like among the staff, that they can all, given that they all have their own attachment histories and their own experiences of being parented, how do we then help everybody to be working in a PACEful way and how do we have the team working together PACEfully? So, I’m trying to give you an example – is this helpful? |
| Andrew | Absolutely, it is… I suppose that’s one of the questions I’ve been interested in is how does this model, if you like, the training, come up against individuals, you know, exactly as you describe there, who have their own background, their own history of attachment, their own history of being parented, and potentially parenting, and their whole value base and whatever else that goes along with that – how does that come up against this complex caring environment? [14:35] |
| E | Yeah, and it is really complex and, I guess, my job as a consultant when I’m working in residential care, my first base is to say to the staff team and individuals ‘how are you?’ and ‘how’s the team’ and sort of issues are you coming across? ‘What’s going well’ is always the really important question because the team can forget to congratulate themselves – that they work with really challenging kids and they are having some success, albeit very slow, they can forget that they are making some progress; forget what John was like two years ago… and, erm, yes, to say ‘how are you’, ‘how’s the team’, ‘what’s going well’, ‘what’s challenging for you just now’… Let me tell you a story, just to sort of illustrate that. It’s a true story, working.. not in [org] actually, but another residential setting. Then, a team I knew quite well and I was, it doesn’t matter where I was, but I happened to be walking across the courtyard in this establishment. I could see a manager walking towards me, who I know quite well, and I could see him shaking his head and he, well, it’s alright, there’s a bit of swearing in this, but it’s minimal. I see one of the managers coming across the courtyard and I can see him shaking his head going ‘aww’ and I went ‘oh, hi Jim, how are you cause I can see you shaking your head’ and he went (excuse my French) ‘fucking Pot Noodles’ is what he said. Remember, there’s no one around us, it’s just him and I and it was a vent, an offload as we call it in DDP. Fucking Pot Noodles! I said, ok, tell me the Pot Noodle story. He said, well, some of the team, some of the team… he had to have a meeting about Pot Noodles and food in general because some of the team think that the kids should be able to have Pot Noodles whenever they want to. Others of the team think they should never have Pot Noodles and we need to arrive at some sort of understanding about Pott Noodles and with food that is not considered to be good food anyhow. He said, I’ve just spent an hour talking about Pot Noodles and we *still* haven’t arrived at any sort of conclusion about that. And I went, oh, that’s really tough cause these little things like that have a *big* impact. Clearly this is food, it’s really important, it’s nutrition, and he said, actually, it’s not that bad, he said, because what it meant was that all of the staff, one by one, were able to talk about their experiences at home of meal times. So, he said, we had some staff who, you know, that very hard line – you eat what you are given and, unless you eat it, it will keep coming back to you. And some of the staff, though, grew up in environments where, you know, your mum or your dad or your granny or whoever was cooking for you, was very flexible around you know ‘if you don’t want that, have this’. Some of the staff sat at table to have meals, some people chatted at meals, some people didn’t. So, he said, what that offered was each of the team an understanding of where they came from with respect to food and that will help us build more of a consensus about what we are going to do here with respect to the children. So, it was about people, giving people an opportunity to reflect and share their attachment stories. And, there are many, many examples of that. And, of course, what Jim said was, you know, there can’t be a hard and fast rule because actually we have some children and all they’ve ever eaten is tins or Pot Noodles because that’s all there’s been. If that’s all there’s been, then we have to start off with that baseline with them and encourage them into healthier food and, be curious with them about ‘I wonder why it is that you will only eat tinned food, I wonder what that’s about for you’? So it’s those conversations with the children and helping them to make sense of that. And he said, clearly other children that’s not the case, so what we have to deal with is children saying ‘that’s not fair because so and so gets’ and the approach to that has to be ‘no, yeah, it doen’t seem really fair does it that Jane can have this but you can’t, but hey, we’re all different, what food would it be that you would like’? So, it’s moving into the child’s experience but the staff have to be able to reflect on their own backgrounds. So, and very often, working in residential, then there are particular symptoms that children bring like lying or stealing, hitting and harming, and we have to talk about those and the meaning of those for the staff. So, we have staff in all, well we have people working in childcare who themselves have experienced some trauma. So, trying to create a safe space for them to share their experiences and that way they are more likely to be able to understand each other and also to be able to understand the children’s worlds. So, it’s more, erm, it’s much more complex but it’s still about establishing – every child needs to feel special. Every child needs to experience a positive parental delusion – do you know positive parental delusion? |
| Andrew | I’ve never heard, I mean I could probably start to think about what that means but, yeah, yeah, I’ve never heard it put like that before. [20:38] |
| E | It’s that notion that, in healthy families, at some point – not all the time, because children and toddlers can be tricky – but at some point along the way you are thinking ‘my child is the best child in the world’ – the most special – you’re not going to say that to anyone else but that’s how you feel when you experience… and that is intersubjectivity. That experience that the adult, the parent has of their child is how that child experiences themselves. That’s the essence of it. So, what we need to put in place is that, adults who are able to look at children and see their essence really, see their spirit… and that’s what’s going to help them re-experience themselves – move from seeing themselves from unlikeable, unlovable into a maybe I’m likeable, maybe I’m lovable, but it’s often only a maybe because we’ve got children who are going to take years and years to recover – to be who they were meant to be. |
| Andrew | Yeah, and I suppose years and years of having positive relationships – you would need that to… |
| E | That is the essence! Somebody who looks at them and really sees them in a way that nobody else has. One of the kids, this isn’t DDP but, I worked in residential way back in the 80s and early 90s as well, and I was aware that some children made it, it was a therapeutic community, and some children sadly didn’t… into their late teenage and early adult year then, well they’re not here anymore sadly… and that was a puzzle for me why some did and did, but one of my first key kids – she’s now 50 [both laughing] – and I didn’t know anything about DDP then but, one of the things he said to me, not that long ago actually, is ‘you saw me, for the first time you saw me’. So, children need to be seen.  And, in a residential context then, you’re talking about from the moment staff are, apply for jobs, and then are interviewed. Right the way through to their induction, to the support that they receive, to being able to access support that isn’t necessarily internal – external support – then we… erm… we, need to be thinking about and letting staff know that ‘actually this is a challenging job’ – it’s a joyful job but a challenging job and looking for the right people, that’s hard… and then supporting them in every way possible – as well as having boundaries about that is not ok – but understanding that they too can really struggle from time to time personally. I think any residential worker who is actually engaged fully in a relationship and really cares about and loves these kids will have, at some point, experiences of blocked care – like ‘I don’t want to be here’, ‘I want to run away’, ‘I could kill them’, and you need to provide space then for the residential team to be able to vent about that and say ‘just right now, I hate the wee bastards’ and you go ‘ok, get that, that’s ok’ – not to them, but in a private reflective space where they can say what they feel. So, whatever is offered the children in terms of safety, support, structure, soothing, supervision, whatever is offered the children, there needs to be congruence in terms of what the staff are offered. There’s a therapeutic community for the staff as well as for the children is the idea. |
| Andrew | Yeah, it’s interesting – there’s a lot in the literature isn’t there – almost like Russian dolls where people in the middle need to be supported, need to be supported, need to be supported. [24:57] |
| E | Absolutely! Containment – not in the containment but, held, absolutely, yeah. |
| Andrew | Yeah, I would imagine that that must be really fundamental. It’s really interesting that actually that you went to induction, recruitment and stuff like that because I’ve been quite interested, I’m quite interested in situated learning generally – in how people become members of a community of practice, you know, how do you become a [org] person – worker or child actually – you know, to become part of this community and you move from that periphery in and when does that happen, and how does that happen through these different processes, these different relationships, yeah, which is interesting, yeah… god, my brain is a way off on a wee tangent there, sorry.  It was interesting, you were talking about there, it was one of the things when I was chatting to some staff in the School actually it was, when they were talking about having shared their own histories with each other – that they could recognise when one another had been triggered in some way and could then say ‘why don’t you go and have a cup of tea’ and let that person come away from that situation. I thought, oh, what a supportive team that sounds like, to have somebody, I could really use somebody who spots when I’m going off on one, you know… [26:18] |
| E | So, there’s the trust and safety and, again, the essence of all good, positive relationships is trust and safety. I can ask for what I need and, when I do, someone will be there for me – is what children learn early doors in healthy families but it’s also how the staff need to feel about each other – trust and safety. And, also carry that attitude – he/she is doing the best they can right now, rather than the judgement and falling into ‘oh, they’re always late on shift, and they always do this and they do that’. So, again, that’s PACE – that’s a Positive, Accepting, Curious and Empathetic stance with each other, and managed in that way as well. And there’s that non-defensive… open and engaged… |
| Andrew | I imagine that must be tricky in a residential setting where there are, I mean in [org] I mean obviously they’re generally associated with a particular bungalow, the full time staff and then there’s some flexibly with the sessional staff, but I would imagine, certainly in a team situation… unlike, for example, you’re in a couple and you’re foster parents or adoptive parents, for example, where you’ve got one other person and you might largely agree on particular values about how to bring children up and what are things you would do and wouldn’t do and then maybe negotiate around some of the things you don’t agree on. But, I suppose, just thinking about that complexity in a residential setting, you know – you’ve got 10 other people, 10 other sets of, that’s quite a complicated… |
| E | I think that’s, yeah, a way back at the beginning, when we were chatting, I was saying just what a complex environment it is, just how many relationships, you know, have you got going there – oh, 100s, 1000s of relationships. So, even more important then that the team, and the individuals, get time to reflect as individuals and as a team – what’s been triggered for you, what’s been tripped for you. And, again, so part of my consultancy work will be talking… so, there are staff in residential settings who have experienced, for example, domestic violence themselves growing up or, you know, so they will be triggered. But the might not actually realise that they’ve been triggered because of their experiences or, they might not even have remembered some of those things until they work with these kids who trip that experience. So, it’s, again, it’s supporting staff to have those conversations confidentially. |
| Andrew | Yeah, so that they can build up… I suppose even from my own experience – I’m not a worker there but almost like a new worker I would guess, so you’re suddenly in situations – I never worked in residential childcare before or anything like that – where there’s maybe some behaviour going on, some arguments, or aggression, swearing and shouting and whatever else. I suppose, for me, I try to become a small person so that I’m not exacerbating anything or giving someone an audience and worried about how to conduct myself but, also, this tension as well that you pick up on. Where suddenly you’re thinking ‘I don’t know where this is going to go – is this going to turn out really bad’? I don’t know what that’s, some of that might be about my own experience from the past as well I guess but I was wondering, you know, how difficult it must be to maintain a PACE attitude, you know, all the time… |
| E | Absolutely, absolutely… well you can’t. The issue there is you can’t. So, your experience as a human being when what appears to be a small dinosaur is coming at you, or not even a small dinosaur, what you know is a kid has actually moved from their thinking brain into their fight-flight brain and, they’re, they’re in survival mode and they’re coming at you. So, it’s a natural human reaction to either want to run away, make yourself small, to go into fight-flight yourself… and there’s the thing about staff having to learn to be able to stay open and engage and non-defensive. Because, as soon as you start to respond to children in the way that they are coming at you, you go on the anger escalator. Now, the anger escalator can’t always be avoided but the better the staff get to know the children – to be able to spot when they are getting onto the anger escalator, the easier to help them stay off it and not go into a huge explosion. But, there we go, so what you’re saying is, it’s the adult’s responsibility to be able to remain open and engaged and non-defensive… and you will see some of the staff in [org] who, they’ve got the T-shirt, they’ve seen it, done it, they exude a calm confidence that says no matter what you throw at me, it’s fine, I’ll manage it. But, that takes a lot of practice and confidence and, I guess there’s the thing about newer staff being inducted and mentored in so that they are not in put the position of having to deal with extreme behaviour when they are not ready for it, or be terrified by it. It will happen. But being protected somewhat and being inducted in a slow way into this business – because it is, it’s a really, really, it’s probably, if you can work in residential childcare you work anywhere. It’s a really challenging environment. |
| Andrew | Yeah, I would agree with that, yeah, it’s pretty tense… and that constant assessment, it’s interesting that you talk about – you’re scanning, you’re looking, you’re listening, you’re feeling, trying to pick up and trying to see if something is going to develop and avoid that…[32:40] |
| E | Absolutely, absolutely… and that takes such teamwork. So, you get teams who, you know, they start to know each other well and they know the kids well… so, they can, obviously they want to concentrate on giving children experiences that they haven’t had before – of love and nurture and support and success… but, yeah, they get to know the children’s triggers… and be able to structure and plan around those triggers as well. I mean that’s the ideal but, yes of course, there’s only so much snash you can take before you start to shout or you, and that’s where you need other staff to come and regulate you – it’s all about regulation and co-regulation. The children need co-regulation because they can’t self-regulate, they can learn to do that. The staff also need that at times. Also, one of the important things about DDP is the repair of the relationship. So, yeah, so I’ve gone off, you know, I’ve shouted at a kid [imitates a shout] because I’ve lost the plot. So, I need to be in position where I can go away from that and maybe another member of the team supports me with that and says ‘that was really hard’ but then I need to be in a position where I can go back to the child and say ‘I’m really sorry there’ and repair the relationship. The repair… we need to learn to repair relationships. As human beings, it’s something that we need to do or we’re not going to have very successful relationships. The children who have been traumatised don’t find saying sorry, or repairing, they’ve not had experience of that. They’ve not had adults who’ve said ‘I’m really sorry I got cross’ or ‘I shouldn’t have done that’. So, it’s all in the repair as well and children then start to learn how to repair relationships themselves. |
| Andrew | It’s really, really interesting. I wonder if you can tell me a bit about how you, how the training, so I know, for example, from the staff talking that there’s DDP1, DDP2 – have you got a modular approach then and the way you are discussing that, you have a follow-up consultancy discussions… ? |
| E | Oh, ok, yeah. So, there’s what’s called level 1 training, which is 28 hours, the hours don’t really matter, and that is… basically it’s an experiential training [35:26]. So, there are elements of teaching about developmental trauma, neuroscience, intersubjectivity, attachment, which are helping staff to understand why the kids do what they do.. and, then, we have experiential in terms of role play and skills practice… and what they are trying to put into practice is PACE, because it sounds really easy but, actually, it’s very, very difficult to have the level of acceptance and empathy that DDP asks staff to have. So, it’s a mixture of input, it’s a mixture of people bringing their own experiences of working with the children, of role play and, also, we have all the trainers – because all the trainers work form the same… curriculum if you like – they all do it differently but we all teach the same things. Then, we also have a videos of practice to help staff to watch and I would also model role plays and things. So, it’s a mixture of things, a mixture of theory, watching videos, skills practice, and staff reflecting. So, it’s quite intense. |
| Andrew | And then, do you do consultant with each team at certain points as well where they’re able to tell you about situations that have come up? |
| E | Yes! So, I should have explained that at the beginning. There’s a level 1 and then there’s level 2 training… and, of course, training, I mean the training is great but, with the best training in the world doesn’t mean anything unless you put it into practice, does it? So, the important part is the consultancy – so the contract I have with [org] is that, on a monthly base, I was, I mean things have fallen by the side because of COVID and because of my circumstances over the last couple of months, but I would be going to each of the teams, not each of the teams but once a month I would come to the campus and I would work with Bungalow 1 or Bungalow 2 or the Teaching team, all of the cottages and the teaching team and also with the manager… and, that consultancy is around ‘how are you’ ‘how’s the team’? And, often, reminding people again about first principles in DDP, some of the theoretical input, sometimes role play practice. So, it’s following up on the training – saying how do we put this into practice as a team. |
| Andrew | Yeah, yeah… and some of the staff have described just, because I have a lot of casual conversations with people about, being able to come and bring something that’s happened – a concrete example – this is something that happened and then you could work that through…? |
| E | You can figure it through, why did it happen … and it’s the curiosity about, well ok, let’s think about that, what was going on there? And, erm, I guess the essence of that is, that staff have to know their kids’ backgrounds clearly. So, they have to know what the story is for the children… and, erm, then we figure out from there – ok, let’s look at what happened in their early years, let’s look at… erm… and you don’t just do that once, you go over it again because folk forget. What do we think is being tripped here for that particular child right now? What’s going well? What do they need to, what do they need to learn more about in terms of themselves? Do they feel special? What’s making them smile and laugh right now… and if they’re not smiling and laughing then oh my goodness, what kind of place are they in? And that consultancy is usually a day, most of a day with the whole team and, as you say, it can be a mix of, it’s always for me about ‘how are you, how are the team’, but it can also be about talking about individual children and particular difficulties, what’s worked, what’s not, and overlaying that with the DDP theory and the PACEful approach, that everybody needs to have. [39:39] |
| Andrew | And that’s interesting… there’s some diversity in thought I think, just from chatting to a different range of staff members, about that knowledge of the specifics of the background. So, some people have gone into in quite a bit of detail. Others have seemed a bit more reluctant – that they think it’s enough to know that it’s been a really traumatic childhood but, I’m not sure I really want to delve into the details of what it was like for that child. So, do you think that that’s necessary to know the details or is it enough to know the broad brush? |
| E | No, I don’t. and I guess, so, what we’re talking about I guess, in a sense is the ideal. There are, within any residential setting, there are people who really get this way of working that PACEful way of working and the model… and there are others who, don’t not get it, but that’s not what their strengths are. You know, you’ve got a range there. Where was I going to go with that? So, part of what we have to be helping children to do – and here’s the difference, I guess, between the residential environment and DDP therapy – so, in DDP therapy the emphasis is on, once you’ve built the relationship with the child and they are there with their parent/carer and it’s therapy, then, what you are helping the child to do when they are ready is make sense of what happened to them… and, be, you know, kids will say, you know, well, I always think I’ve won a watch when I do therapy with children – and I don’t do therapy in residential – but, this is going to sound a bit strange, but, I know I’ve won a watch when a child actually says to me ‘it’s all my fault you know’ because most of the children, all of the children, who come into residential care from a developmental trauma perspective, they do think it’s their fault and they carry huge shame about that. They have this massive shield of shame, which is often what causes their explosions. They don’t know guilt, they know shame – guilt is ‘I’ve done something, I can make it better’, shame is ‘I’m an awful person’. It’s a terrible place to sit. So, when children in therapy – and it can take a long time to ask children to talk about what’s happened in the past – but when they say ‘it’s my fault’, there’s a temptation there for the foster carer or adoptive parent, or me for that matter, to say ‘not it’s not your fault’. Well that’s no use is it [laughs]? Because what that child is being brave enough to share is their experience of themselves as ‘I’m a bad kid’. So, the approach there is a very different one and it’s about ‘that’s really horrible for you that you think that and thank you so much for telling me that that’s the way it feels for you. You’ve been carrying that for a long time. I wonder if you always thought that about yourself? You have? Wow. So, I wonder if an adult at some point when you were growing up said that to you – “my mum said that to me all the time” – right, well I sort of get that a grown up, your mum, said that to you all the time. I absolutely understand that that’s how you experience yourself. That’s how you think you are. Can we have a think about that together?’. So, you’re stepping in to the experience. Now, that’s one example but, you know, you have even simple things - I can think about a foster carer on the food, the food thing. A foster carer saying to me – cause I always, if it’s therapy, I always see the carer before I see the child because I always need to know what kind of week they’ve had. If it’s been awful, we’re maybe not going to bring the child in the room that week because they [the foster carer] need an opportunity to vent. – so the foster carer saying, you know, he’s only eating baked beans, that’s it and I’m really worried about nutrition-wise and this has been going on for a long time now and I can’t – so, I want to bring into the room the curiosity with the child about why they only eat baked beans, because they need to know why they only eat baked beans. Now, we might make assumptions about that, but we don’t know. So, we’ve got to help the child figure it out. So, the conversation with the child might be something like ‘you know your foster mum, Catherine, was telling me that you really, really like baked beans, wow! Really like baked beans. In fact, you like baked beans so much that that’s it – that’s it! I don’t think I could do that, hmm, let me think, let me think, let me think… why would a boy only like baked beans? That’s a bit of a puzzle. Have you any idea? I don’t know. Well, so, I’m wondering, when you were living at home were there other things apart from baked beans? Not really, it was all tins. Oh, so I’m wondering if you just got so used to baked beans that actually, that’s a sort of comfort food for you in a way? Because, you know it’s food… I wonder if we can, did you realise that maybe it was because that was all you had – no’. And, you might think that children would know that, but they don’t connect like that. So, it’s conversations like that that are helping you to help the child integrate and understand their story. To have a coherent autobiographical narrative as it’s called. So, it’s really important that you know the story – not that a Social Work casefile will tell you the whole story, or a teaching file – but at least you know what events there have been that might have been traumatic for the child and you can then help them explore that. Cause they have to make sense of, you know, ‘why do you get angry’, ‘I wonder why’, ‘I wonder why it is, when you get cross, you break things’ and you might want to be saying to kids, ‘well, you know what, just from reading what I’ve read about you – and I might be wrong here, I might be right – but, you know, I think you used to see your dad being quite violent and breaking things, and I’m wondering then, if that’s how you think men behave? That they break things when they’re angry. Is that part of it?’ So, that curiosity. Not putting things in kids’ heads, but being curious with them and, if they say ‘I don’t know’, you go ‘ok, let’s figure it out’ or ‘no, that’s not true’, ‘fine, I’m just trying to be curious here’. So, the therapy then, it is very much that we need to help children make sense of their worlds. Because, unless they know what the past is and how that’s affected them, they’re not going forward. They might be able to contain their behaviour but, actually, they’re not understanding it and they’ll get tripped again and again. Whereas, in a residential care setting, it’s about in-the-moment interactions that are helping children see that adults are safe and trustworthy and caring and loving – through that PACE attitude… and you, I don’t know whether you’ve seen staff being curious with the kids, or accepting, or empathy or that… playfulness. Again, can’t do it all the time, but that playfulness stance – the non-defended, open and engaged. [47:55] |
| Andrew | Yeah – [laughing] I try and use it myself as well actually, when I’m working with the kids, just to be playful and open… and do you think, then, you’ve been working with [org] for a while now, do you *see* the influence of DDP in practice, do you sense changes among some of the staff or most of the staff or anything like that?  [48:16] |
| E |  |

48:17

Yes. Having said that, given that it's a long time since I've actually been there. But yes, takes time. But yes, I do from when I think I started working with [org] in 2015. Yeah, I do see it and there are some absolute stars Andrew, who live and breathe it, their absolute stars, you'll you'll you'll have spotted, I probably will

48:49

have no particular confidence. But yeah, yeah.

48:54

Some others who are going to struggle with that and will still resort to telling offs or not not on behavioural stuff. Not you should never have behavioural stuff, but you have to be careful with behavioural stuff. So yes, I guess I'm not the best person to ask that. Actually, what I experienced is staff in teams who are trusting enough of me to be able to allow me to have the conversations about venting out, you know, to trust me to be able to be curious about their own triggers to figure things out together. So, yeah. So So yes, I experienced more than that openness. But again, I think it's been a really, really difficult year, Andrew, so I don't know how much of that they've managed to hold on to, through 12 months and more of such a difficult time. I mean, hats off. The it's been It was dreadful for them, you know, just getting through. Yeah. was difficult. Um, so yes, I have, but you'd be I guess you'd be better to ask them. But as I say, there are some absolute stars. Yeah. Yeah. And there are some staff who are. Yeah, they're never going to get completely that peaceful model, but they have different skills.

50:18

Yeah, it's interesting. I suppose one of the things I've begun to notice in terms of talk to different folk, is there are some No, no, across the board, but there are there's generally I'm trying to explore there's just no come up with some differences between the education team and the residential team in terms of certainly heard they discuss the model and how the the corporate and I just I was I had some initial thoughts and whether whether or no, there is more containment in the school in the sense that it's, it's Monday to Friday, it's 9am to half 2, the same staff, whether they've got the opportunity to move in with is the residential staff have to do 24 hours a day? Yep. It's much more difficult to maintain or, or, or near Yeah,

51:05

yeah, absolutely. And of course, it is a much more predictable environment, the education environment. Absolutely. And, yes, of course, many of the children that are at [org] have barriers with respect to education, because some of them have other issues apart from developmental trauma, as well. But the teachers aren't the ones who have to put them to bed. Yeah, the teachers aren't the ones who have to deal with really getting up in the morning. And, yes, there are some deep relationships between teachers and children. But the depth demanded, I think, of the residential care workers to try and help the children really experience special, it's more demanding than No, that's not fair. The teachers are full on from the moment they walk in the door at eight o'clock. They're full on there. And I guess, one of the big things that happened in [org] is, well, it's happening in other places now, but at the time, so this idea of developmental teaching, that you teach children, wherever they're at developmentally, and you have to get them in a place where they feel safe and trusting before they will learn anything to do with Maths and English. I've got that. Yeah. I just wish I wish that the inspection always got that as well. You know, you've got to get these kids. So they, yeah, they're safe. Yeah, and then, they'll be able to learn, and it might take a long time. So and I get when I guess one of the other things in the residential, because of the changes of Shut up shifts, I think you need to remember, in fact, again, the, the the my initial kid who's 50 now used to has talked about and it's the same now, do you know, there's a routine abandonment, because of the shifts in the residential, care environment? So the staff that kids are connected to and creating really special relationships with, they go home, and the kids experience abandonment? Or if they're off sick, or if they're off on holiday? So there needs to be thought given to that, in that context about how do you let children know that you're still mind minded of them? Even though you're not with them? How do you talk about that with them?

53:39

Yeah, it's an interesting, it's an interesting aspect. You don't get another kid environments, I suppose. Like foster care or adoptive

53:46

care, because they're there all the time. In residential body wisdom, yeah. Yeah. So that's thinking, that is thinking through things like well, do I leave something with the child or take a picture home for them? Do I write to them when I'm on holiday? Do I, when I'm off sick? Is it okay? That they come in? Because if if a child's parents in a family be sick, then the child will know about that, you know, will see them? How do we do those things that are ordinary family life? Can we do those things and how do we do those things in a residential environment that replicate that and but there are some big challenges there

54:28

are complexities to consider, as you mentioned earlier,

54:31

yeah, knowing that kids can be that they really can experience abandonment. And there was a nice story. Again, it wasn't Sima was talking, he was doing some training with another staff team. And it was talking about the influence of neglect. And how neglect actually is very highly correlated with aggressive behavior violent behaviour, brief story. And this was a key worker who had I think his key child was John. And he would come in on come into shift. And John would be waiting for him, and what the staff member was keen to do with seeing what happened the day before. So to go look at the record and see what the plan was. And he was puzzling around why John then went off on one. And then he had a lightbulb moment. He said, I just realised, he said, when I go in, and all I say, Hello, all I say is hello to John. And then I go into the office, I actually just given him a massive experience of neglect. So I need to stop doing that. I need to go in and spend time with John, for 10-15 minutes. And then And that changed everything. Yeah. So it's that insight and understanding.

55:55

So grab ongoing everyday, and plus it messages that you give.

55:59

And you're a car... and carrying the assumption, that oppositional behaviour is to do with not feeling safe, not being or feeling safe, not all the time. Kids could be naughty, we all can be naughty. But that's your underlying assumption. This kid isn't safe. How are we going to make them safer? And that will come with structure, supervision, support, predictability, success, time in not timeout? For Absolutely. The the residential care staff don't? Yeah, it's not as predictable as invite even though they've tried to make it very predictable and have routines and rhythms which they need to do. Yeah. Aren't be as predictable as the as the education environment.

56:41

Yeah, absolutely. I'm just conscious my time a yoke, if I just ask you one last area, triggered some thoughts. And that's just about relationships with the other children between it. I mean, I've seen a variety of tips. [names redacted] and each other, but also. Yeah, and I suppose that's another element of complexity. And then as well, is that something that you try and address within training and consultancy and things? But how to manage the intimate relationships between children?

57:14

Yeah, absolutely. And I guess again, so my curiosity would be around what's going on? When children are? And very often there's a family dynamic and their birth families emerging?

57:26

Yeah, yeah.

57:28

So and you know, and this if you like, it's sibling, it's sibling jealousy and rivalry. So the children that [org] works with I work with, they tend to view love and care as something that's a like a bag of Sweeties, you've only got so many. Okay, run out. So if they see another child getting care attention from an adult that they want all their attention from, in fact, they might need all their attention from then. Yeah, they get jealous, and they do what jealous people do. So yeah, we have to talk about the sibling, how you build. And the kids that I think at [org], very often they come in, and they don't know how to share, they don't know how to play. They don't know how to cooperate. They're pre five, in many ways in their social and emotional worlds. So staff have to be aware of how they help children play together safely and teach them to do that. Again, it's back to a parent in a healthy family is a child's first friend. And it's a parent that teaches a child how to play with other kids how to, you know, do a board game and not fling it to the wall because you didn't win. All the things that healthy kids do do, actually, yeah. haven't experienced any of that. So they have to learn. So they have to learn. So it's again, staff being conscious of that and knowing what the four falls out and falls in, of course, these kids didn't ask to be together. Yeah. But they can't help but become family units. So in each of the bungalows, then you would ask the staff, because the kids will start to say that's like my mom. That's like my granny. That's like, my older brother. So it's that awareness of family dynamics and thinking about how sibling relations with tips work for these kids and knowing they will be jealous.

59:25

Yeah, yeah. Interesting. Complex. You've just given me loads of monopoly flashbacks, the us upending the board!

59:37

So yeah. And so they don't have an impulse control these kids as well, because burn cognitively. They're still developing neurologically. They're still having, you know, they have fight flight brains a lot of the time and their thinking brains go offline really quickly. So again, it's all about CO regulation, but helping them to learn to play together. Yes, it has to come to the staff playing with them and learning that, and they can switch like that. Yeah. And talking with them. I wonder why, John, you know, I wonder why is you and you in Phillip, you get on? Really, really? Well, some days. It's magic. I love watching the two of you play together. And oh, my goodness, yesterday. Wow, what happened? Because you give Phillip such a bashing? Oh, yeah, I know you feel a bit bad about that now. But I wonder what that's about. So it's been curious with the kids about why those things happen again, because they've got to understand that insight into their own worlds.

1:00:43

Yeah, help them to be able to find languages. We are supposed to discuss these.

1:00:47

Yes. Well, actually, Andrew, that's the thing to be able to use words rather than behaviour. Yeah, to be able to shout, I'm angry rather than gone. Or I'm jealous, or I'm whatever, rather than be able to go and bash somebody.

1:01:04

Yeah. Listen, that's fantastic. Thank you so much. I don't want to take up too much of your time. So that's really, really useful for me really, really helpful for understanding the model and how it's been been put in place and your approach to it and things like that as well. And MySite has been fantastic to talk to you actually. And I love the way that we examples that you're able to give as well.

1:01:25

Storytelling essence of DDP of storytelling, Andrew, yeah. Telling Yeah, stories. And it's a storytelling voice pieces of storytelling voice opens your brain up to listening. Yeah. And we're born storytellers. You know, it's what we do. From the moment we're born. We go Googly, Googly story. So it's storytelling in helping children know their own stories in the staff, you know, their own stories, too. And all that complexity as of weaving all those different stories together. Yeah.

1:01:56

Yeah. Yeah.

1:01:57

Are you enjoying [org]? Wa can't You can't say no, can you but yeah, no,

1:02:01

I mean, I don't mean to, you know, I feel about 10 cent tie ins. You know, what our focus is a great detail field notes and reflective reflective diary and stuff like that as well, which helps me to put things in place, but yeah, I've been really really enjoying a, and just getting to see how everything works. But yeah, sometimes, you know, feel I feel like these places have tension sometimes when situations are coming up. And yeah, I was thinking about with the with the, with a staff, you know, that can be awkward. Is this a do you feel in that all the time, or as you get more experienced? Maybe you don't feel it as tense as you say, there are some staff who seem to be able to just deal with what's in front of them and know, phase by whatever else and obviously, I'm quite new in environment. But that's, that can be a helpful place to be to be new to for it to be strange as well.

1:02:54

You have a different eye on things, the more objective I that's the idea.

1:02:58

Yeah. But yeah.

1:03:01

Adrenaline is that yeah. And your cortisol and being able to yeah, yes. The staff attends the kids will be tense. A mile off.

1:03:11

Oh, absolutely. Yeah. So and then for the delegate team, as well as and perhaps a good last cuts in the staff, which has been great. Yeah, there's

1:03:19

a lot of laughter in the scene. But at least again, the word I mean, that was I haven't been, but, but a lot of laughter. Yeah. There's a lot of fun there. Yeah. And really good people. Doing a really difficult job.

1:03:31

Yeah, yes. Very difficult job. I would say as well. Yeah, absolutely. Yeah, but I'm enjoying it. Yep. Okay, thanks again. Me and we I really do appreciate your time. You're welcome. Super useful. Thank you very much.

1:03:48

Okay. You're welcome. Nice to meet you. there at some point. Yeah, maybe

1:03:52

I'll be able to see your feet and everything. Yeah. A beekeeping meeting all these people. I don't know how tall they are. I know. Okay, can

1:04:05

I