

**Intervention Name:** Dyadic Developmental Psychotherapy

**1. Brief Description of the Intervention:**

***Dyadic Developmental Psychotherapy*** is a model of treatment and parenting for children with problems secondary to abuse, neglect, and multiple placements. When a child's early attachment history consists of abuse, neglect, and/or multiple placements, he/she has failed to experience the dyadic (reciprocal) interaction between a child and parent that are necessary for normal development and he/she often has a reduced readiness and ability to participate in such experiences. Many children, when placed in a foster or adoptive home that provides appropriate parenting, are able to learn, day-by-day, how to engage in and benefit from the dyadic experiences provided by the new parent. Other children, who have been much more traumatized and compromised in those aspects of their development that require these dyadic experiences, have much greater difficulty responding to their new parents. For these children, specialized parenting and treatment is often required.

**2. Please select the primary categories that relate to the intervention:** (Please highlight applicable categories)

- Academic performance/functioning and achievement
- Adult behavior problems (violence/aggression)
- Adult mental health
- Alcohol and drug use
- Assessment and Measurement Instruments for Target Populations
- Attachment Interventions***
- Basic Needs
- Behavioral Management and Treatment***
- Child Mental Health – externalizing***
- Child Mental Health - internalizing***
- Child Mentoring Programs
- Child Supports and community connections
- Child Welfare Practice and Service Models
- Crisis Intervention
- Delinquency and Criminal Behavior
- Educational Support Interventions
- Family Functioning (communication, bonding, interactions and relationships)
- Family Support and Placement Stabilization Programs***
- Independent living and career readiness
- Marriage and Relationship Support
- Parental Mentoring Programs
- Parent Engagement***
- Parental Supports and community connections
- Parenting Skills - Training and Enhancement***

- Peer associations/relationships
- ***Resource Parent Training Programs***
- ***Sexual Behavior Problems in Adolescents and Children***
- ***Social/emotional functioning (social competence/prosocial behaviors, conflict management, problem solving, coping-stress management, decision making and self-esteem)***
- ***Trauma Treatment***

**3. Describe the intervention's current use with one or both of the QIC-AG's target population:**

- Children with challenging mental health, emotional or behavioral issues who are awaiting an adoptive or guardianship placement as well as children in an identified adoptive or guardianship home but the placement has not resulted in finalization for a significant period of time.
- Children and families who have already finalized the adoption or guardianship. This group includes children who have obtained permanency through private guardianship and domestic private or international adoptions.

Dyadic Developmental Psychotherapy has been used for many years with foster families, kinship families, and adoptive families, as well as birth families where reunification was the goal. Research has indicated positive results (see below).

**Target Population:** Families with children/teens with disorders of attachment and trauma. Typically adopted and foster children, those who meet the DSM-V criteria for Reactive Attachment Disorder, various anxiety and depressive disorders, mood disorders, and trauma-related diagnoses, and those who meet the clinical criteria for Complex Trauma (aka Developmental Trauma Disorder)

**For children/adolescents ages:** 2 – 21

**For parents/caregivers of children ages:** 2 – 21

**4. If currently not being used with one or both of the QIC-AG's target population, describe how the intervention could be adapted to respond to the needs of the QIC-AG's target population:**

- Children with challenging mental health, emotional or behavioral issues who are awaiting an adoptive or guardianship placement as well as children in an identified adoptive or guardianship home but the placement has not resulted in finalization for a significant period of time.
- Children and families who have already finalized the adoption or guardianship. This group includes children who have obtained permanency through private guardianship and domestic private or international adoptions.

**5. Intervention goals/outcomes:**

The goals of *Dyadic Developmental Psychotherapy* are different for the child and the caregiver as listed below.

**Goals of Treatment for the Child:**

- Develop a more secure pattern of attachment
- Resolve trauma symptoms

- Secure a more permanent connection and relationship with the committed caregiver
- Improve functioning in the seven domains that may be affected by Complex Trauma:
  - Attachment
  - Emotional regulation
  - Behavioral regulation
  - Cognition
  - Defensive functions (such as dissociation)
  - Biology (somatic symptoms, for example)
  - Self-concept

**Goals of Treatment for Caregivers:**

- Increase bond with their child
- Develop reflective function
- Use attachment-facilitating parenting approaches
- Increase sensitivity
- Improve state of mind with respect to attachment (resolve issues that may be interfering with the parent being sensitive, reflective, and insightful).
- Increase insightfulness
- Increase commitment to child and placement.

**6. Please name the sites and contact information where the intervention has been replicated/ implemented:**

Center For Family Development, Dr. **Arthur Becker-Weidman, PhD 716 810 0790**

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Healing Hearts Care: Pat Ann St. Germain: PatAnn@HealingHeartScares.com

**7. Describe the evaluation or research that has been collected on this intervention:**

This program is rated a "**3 - Promising Research Evidence**" on the Scientific Rating Scale based on the published, peer-reviewed research available. The practice must have at least one study utilizing some form of control (e.g., untreated group, placebo group, matched wait list study) establishing the

practice's benefit over the placebo, or found it to be comparable to or better than an appropriate comparison practice.

Based on Craven & Lee (2006) (using Saunders et al. 2004) DDP meets criteria as an evidence-based category 2 treatment, "Supported and probably efficacious." Based on two outcome studies using control/usual care groups over 1 and 4 years. 82 % of treatment group and 83% of control group has received previous treatment; 3.2 prior treatment episodes. 100% of usual care group received ongoing other treatments during the four years.

### STATISTICAL ANALYSIS OF TREATMENT GROUP

Measure CBCL	Pre-test		Post-test		t-value	P-value	2 <sup>nd</sup> post test		t-test prob.
	Mean	SD	Mean	SD			Mean	SD	
Withdrawn	65	11.8	54	6.0	4.897	<b>&lt;.0001</b>	56	6	<b>.008</b>
Anxious/ Depressed	62	10.5	58	8.1	2.665	<b>.006</b>	58	5	<b>.006</b>
Social	67	9.7	59	5.5	4.376	<b>&lt;.0001</b>	56	5	<b>.001</b>
Thought	68	9.5	65	3.9	6.133	<b>&lt;.0001</b>	60	8	<b>.02</b>
Attention	72	12.5	57	6.1	5.836	<b>&lt;.0001</b>	57	6	<b>&lt;.0002</b>
Rule-breaking	69	6.9	53	3.8	12.181	<b>&lt;.0001</b>	52	3	<b>&lt;.0001</b>
Aggressive	71	9.1	55	4.5	10.576	<b>&lt;.0001</b>	54	4	<b>&lt;.0001</b>

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## STATISTICAL ANALYSIS OF USUAL CARE GROUP

Measure CBCL	Pre-test		Post-test		t-value	P-value	2 <sup>nd</sup> post test		t-test prob.
	Mean	SD	Mean	SD			Mean	SD	
Withdrawn	65	10.5	63	9.45	1.427	.16	71	49	.18
Anxious/ Depressed	<b>62</b>	10.6	60	10.3	1.060	.30	<b>70</b>	10	<b>.03*</b>
Social	64	11.1	65	11.25	-0.854	.40	65	2	.5
Thought	<b>63</b>	8.6	62	8.1	0.948	.33	<b>67</b>	8	<b>.02*</b>
Attention	<b>68</b>	11.9	66	10.8	0.927	.36	<b>77</b>	9	<b>.02*</b>
Rule-breaking	<b>67</b>	7.4	66	9.6	1.8691	.07	<b>81</b>	4	<b>.02*</b>
Aggressive	<b>70</b>	10.3	68	9.4	0.919	.37	<b>81</b>	4	<b>.02*</b>

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"Treatment for Children with Trauma-Attachment Disorders: Dyadic Developmental Psychotherapy," *Child and Adolescent Social Work Journal*. Vol. 23 #2, April 2006, pp 147-171.

Dyadic Developmental Psychotherapy: A multi-year Follow-up, in New Developments In Child Abuse Research, Stanley M. Sturt, Ph.D. (Ed.) Nova Science Publishers, NY, Press 2006 pp. 43-60.

Becker-Weidman, A., (2012) "Dyadic Developmental Psychotherapy: An Evidence-Based Treatment," In *Psychotherapy: New Research*, Nova Science Publishers: Hauppauge, NY.

Becker-Weidman, A., (2012) *Dyadic Developmental Psychotherapy: Effective Treatment for Complex Trauma and Disorders of Attachment*. Illinois Child Welfare Journal, 6(1), pp 1-11.

### Please provide contact information Below:

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