



# The RIGHT Trial

*Dyadic developmental psychotherapy is a popular choice for many adoptive families – but how effective is it? Researchers at the University of Glasgow explain what the study involves, what it hopes to achieve and how you can take part.*

Many adoptive parents will seek support for themselves and their children at some point. Almost all adopted children will have faced abuse and neglect in their early lives and many of them will experience mental health problems, behavioural and relationship issues, or difficulties in school. This can be more difficult where neurodevelopmental conditions such as autism spectrum disorder or ADHD co-occur. There are many different therapies available and options for support, either provided by local social services and regional adoption agencies, or, in England, through the Adoption Support Fund. It can be difficult to make decisions about what is the best option, what is most likely to help and to have a long-term impact.

One of the most popular choices for therapy is dyadic developmental psychotherapy (DDP). This is a type of family therapy frequently used with children who have experienced developmental trauma, resulting from their experiences before they came to adoption, and who are presenting with attachment difficulties. DDP aims to help a child's relationship with their parents through a combination of work with the parent or parents on their own before working with the parents and children together. It is built around the principles of 'PACE' – playfulness, acceptance, curiosity and empathy. Actively involving the parents in the therapeutic process creates a safe space to help build positive relationships with their children.

However, currently there is no evidence base that DDP is more successful than any other therapy – or no therapy at all. The University of Glasgow is now trying to find this out. The Relationships in Good Hands Trial (RIGHT) is the world's first randomised controlled trial of DDP in Scotland and England,

thanks to funding from the National Institute of Health and Care Research (NIHR). We are looking at proving the clinical and cost-effectiveness of DDP for children who were abused or neglected in their early life and are now in adoptive or permanent foster placements.

We were delighted to work with Dan Hughes, the founder of DDP, to agree a standard way that DDP would be delivered in the trial as we have found out that it can be delivered in many different ways. In our trial, families who receive DDP will have around 20-24 sessions over six months and it will involve working with the parents and children together from an early stage.

## How can you get involved?

We are looking to involve families with an adopted child aged between five and 12 who is currently experiencing mental health problems or relationship difficulties suspected to be linked to their earlier maltreatment. We carry out some initial assessments with the parent and the child to find out what life is like for them at the moment. These are all done online to make it easy to participate. Then the family is randomised to receive either DDP or the alternative 'services as usual'. Randomisation is important as it cancels out any other factors which may influence how children experience therapy. When we talk about services as usual, we mean the other therapies that might be available to a family that are not DDP, and we will put families in touch with their local regional adoption agency to explore what support might be appropriate.

During the next 12 months, the family will either take

part in DDP or an alternative that is not DDP – families in the trial so far have received things like sensory integration work, play therapy and/or social work support. We keep in touch with the families every three months to find out how they are getting on, and at the end of 12 months, we repeat our initial assessments to find out how things have changed for these families. When 140 families have completed the trial, we will be able to make calculations about whether DDP was more effective than other services, and our health economists will be able to make calculations about the costs.

Fiona Lettice, herself an adoptive parent who received DDP therapy with one of her sons, is a partner researcher on the trial. We asked her why she thought it was important to do research in this area:

“I think it’s really important not just for adopted children, but all children that if parents have concerns about their children they should be listened to. Perhaps if we look at difficulties earlier before children become teenagers, interventions could be more helpful. It could help families back into, or get them into, sync with each other, so that the problems don’t escalate. Once children get to an adolescent stage they may be or are trying to make their own way in the world, but they need to know that you are a safe family to come back to. I think that anything we can do to help develop the range of services that could be helpful for children and their families is really important.”

The trial is headed by Professor Helen Minnis, a child and adolescent psychiatrist. She has had a longstanding clinical and research interest on the psychiatric problems of abused and neglected children and a current focus on interventions to help this group. She said: “I am so excited that this trial is up and running. It took us more than a decade to get it funded, and to be more than a third of the way through recruiting our target of 140 families feels amazing.”

The RIGHT Trial is recruiting adoptive families in Oxfordshire, Hertfordshire, Central Bedfordshire, the East Midlands, Doncaster, and Lanarkshire, and will soon include Wolverhampton/Dudley/Sandwell/Walsall, Norfolk, Bedford, Bradford, and South London. If you and your child (aged 5-12) live in one of these areas and you are interested in finding out more about the trial, please contact the Trial Coordinator, Verity Westgate, at [verity.westgate@psych.ox.ac.uk](mailto:verity.westgate@psych.ox.ac.uk)

Before you agree to take part, please make sure you fully understand the nature of the research and in particular the randomisation which means that not all participants will receive DDP.

Together we’re family

### Need help or advice?

To learn more about DDP: [ddpnetwork.org/about-ddp/dyadic-developmental-psychotherapy](http://ddpnetwork.org/about-ddp/dyadic-developmental-psychotherapy)

The RIGHT Trial: [gla.ac.uk/schools/healthwellbeing/research/mentalhealth/research/projects/right](http://gla.ac.uk/schools/healthwellbeing/research/mentalhealth/research/projects/right)

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