

"Pooh!" whispered Piglet.  
"Yes, Piglet?" said Pooh.  
"Oh, nothing," said Piglet.  
"I was just making sure of you."

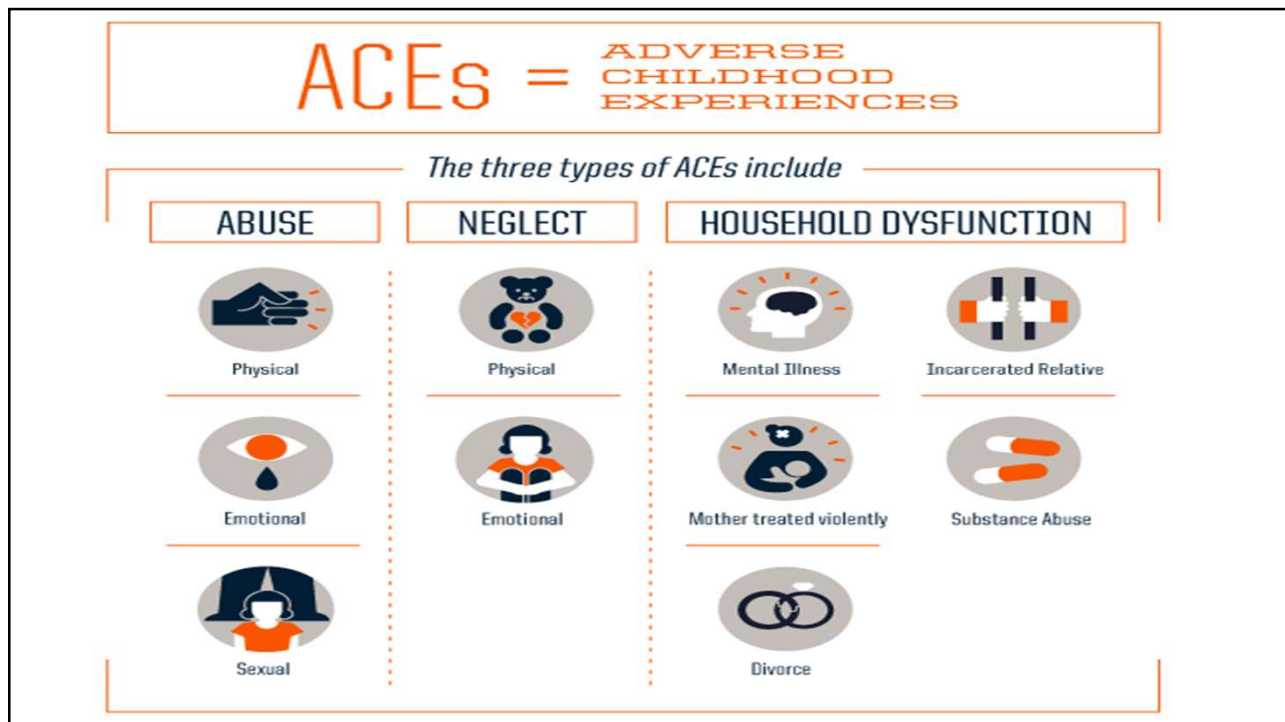
## DDP – LEVEL 2

Sian Phillips, Ph.D. C. Psych.

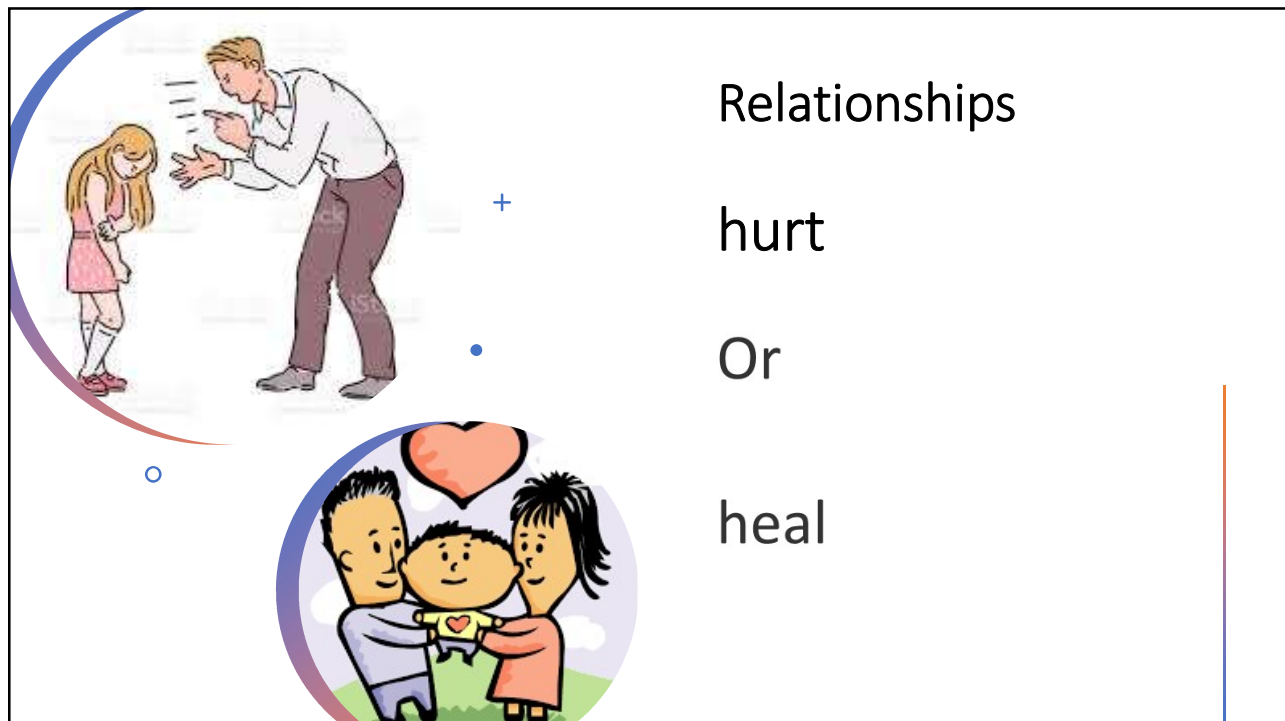
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BRENE BROWN *"I define connection as the energy that exists between people when they feel seen, heard, and valued; when they can give and receive without judgment; and when they derive sustenance and strength from the relationship."*

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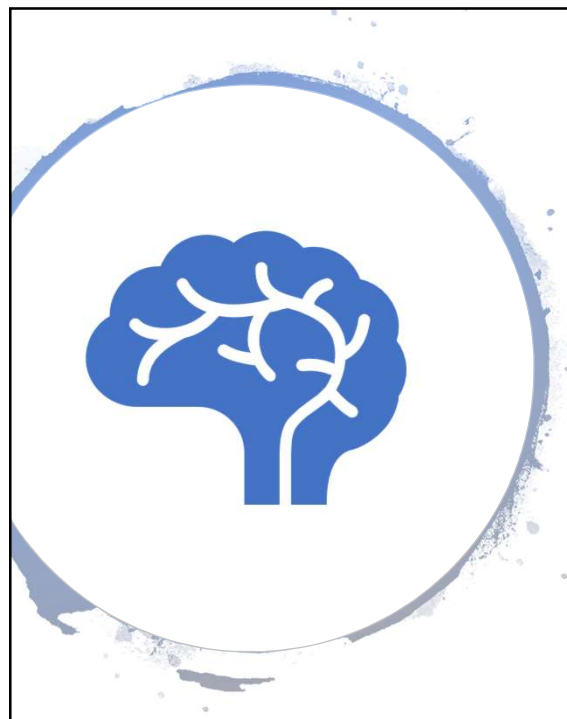
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## Parent responsiveness at 4 months predicts

- cognitive development at one year
- Attachment security at 1 year
- Child and adolescent capacity for empathy
- Reflective capacity at 30 years.

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## Developmental Trauma Disorder impairs:

- Attachment
- Biology
- Affect Dysregulation
- Cognitive Functioning
- Dissociation
- Behavioural Controls
- Self-Concept

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## Developmental trauma- Treatment

- Safety
- Regulation
- Reflection
- Relational Engagement
- Trauma Experience Integration
- Positive Affect Enhancement.



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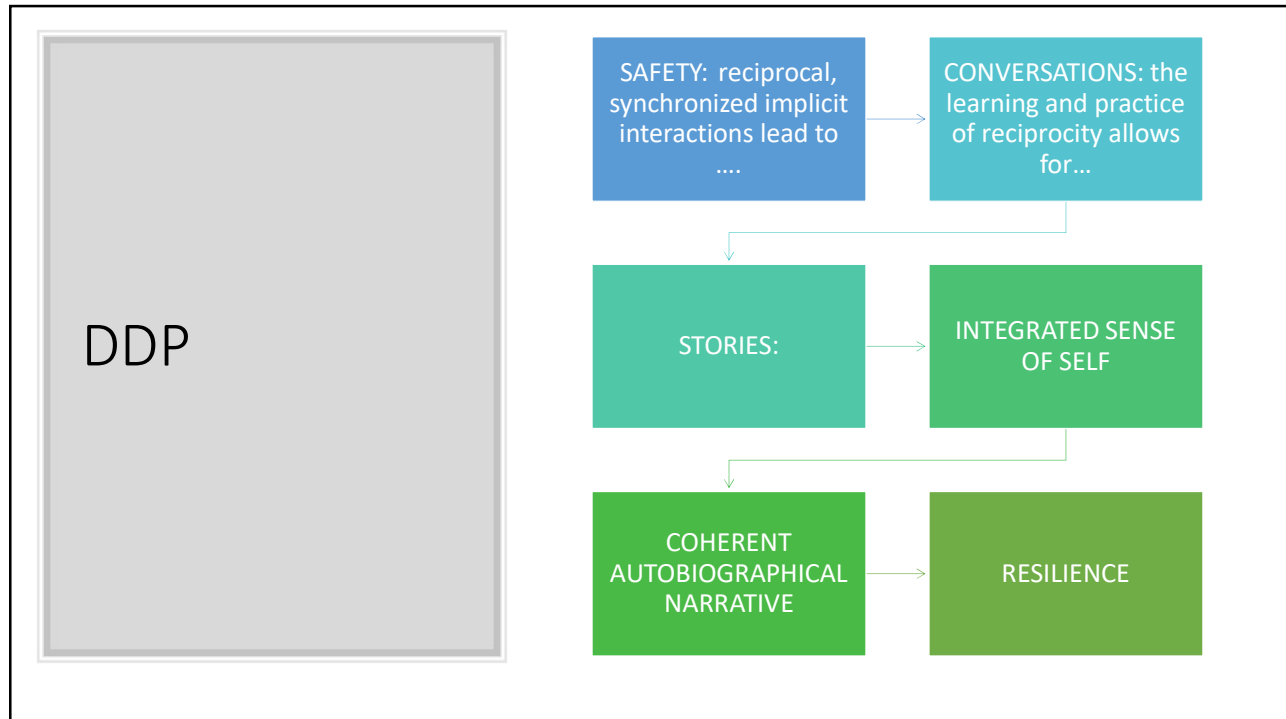
## Dyadic Developmental Psychotherapy Practice & Parenting

Interpersonal  
Neurobiology

Attachment  
Theory

Intersubjectivity  
Theory

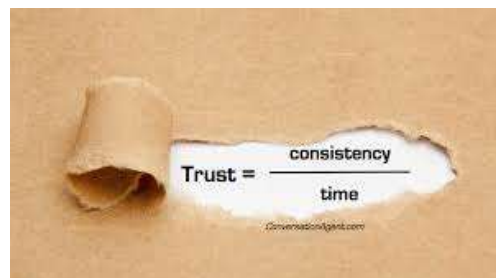
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## TRUST IS A BIG ASK!

We can't just tell our kids to trust us or that they should feel safe.  
They must feel it over and over again.



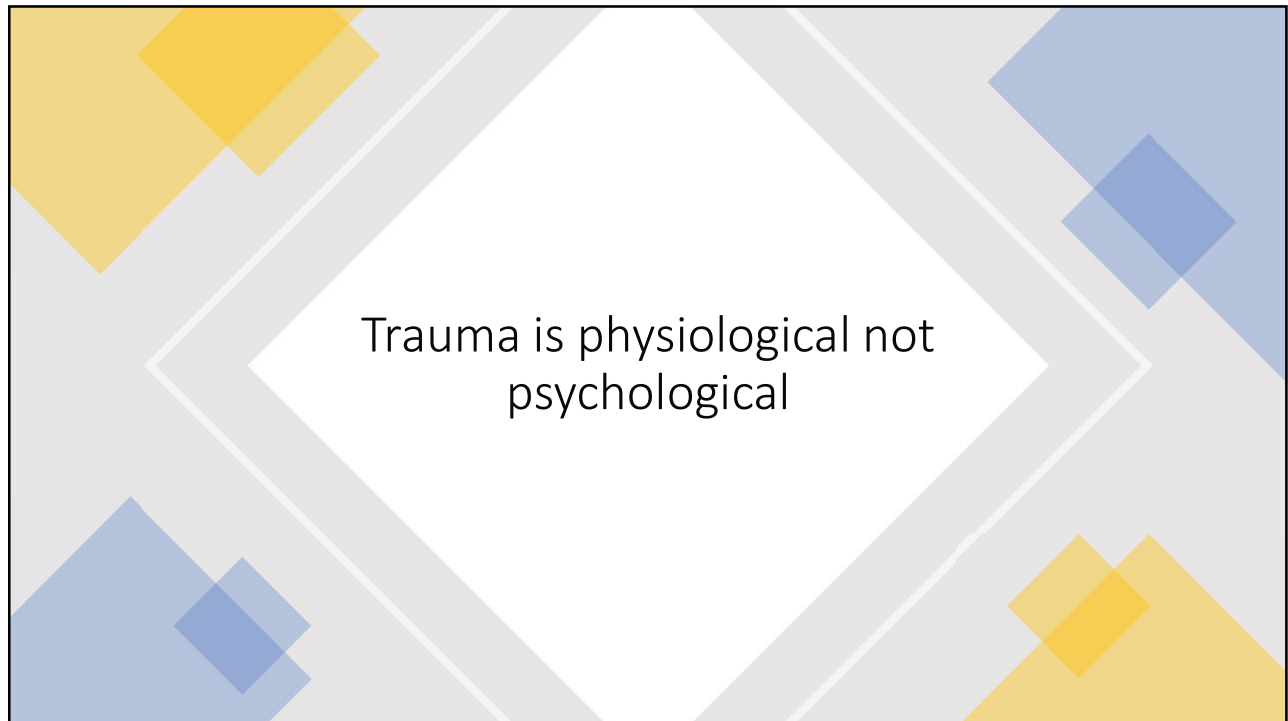
TRUST is earned through the stacking and layering of small moments.

Trust means you are willing to be vulnerable to the actions of

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autonomic nervous system states allow for

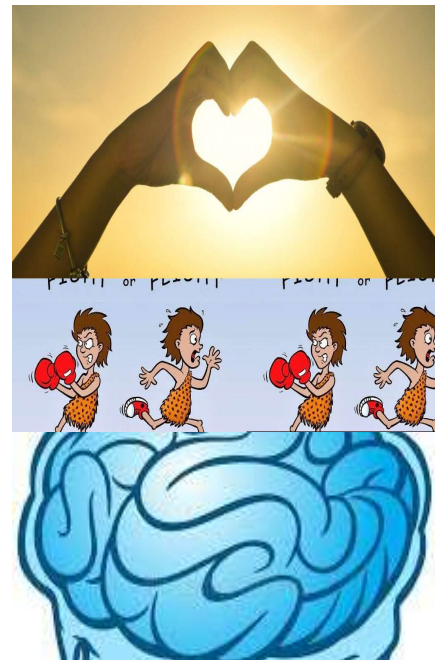
Social  
strategies

Defensive  
strategies

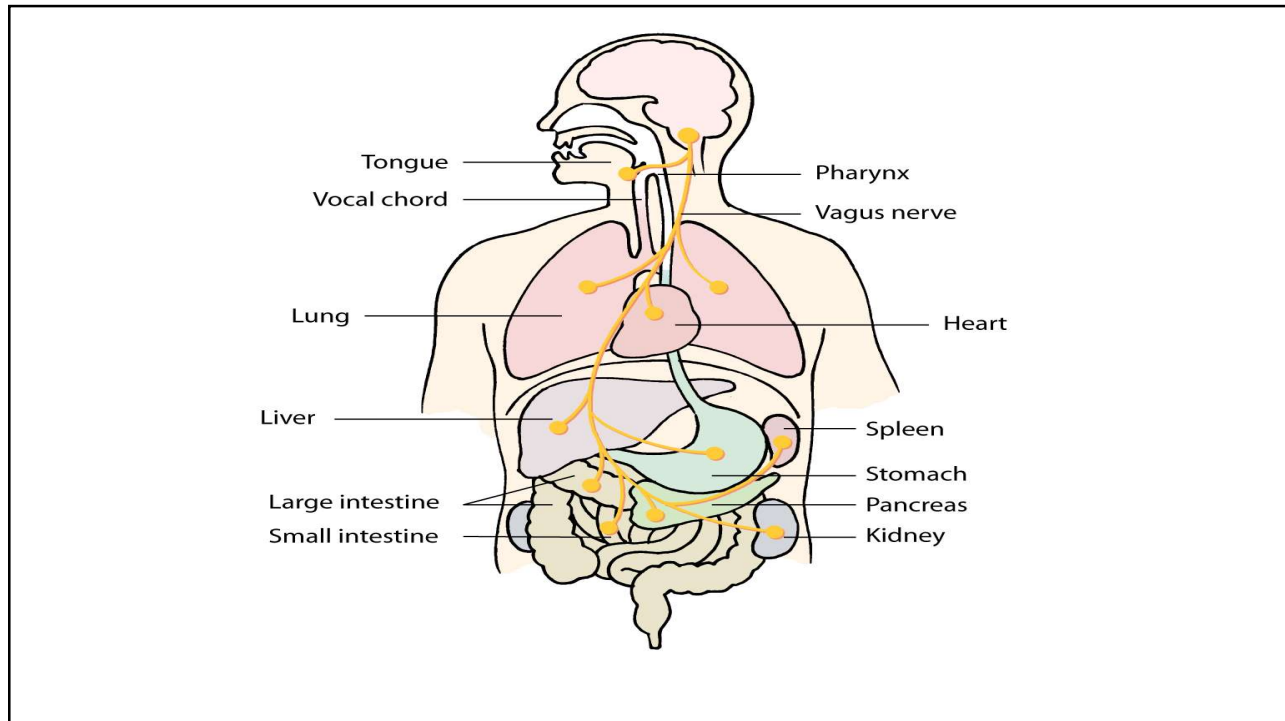
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Safety mediates which state  
we are in

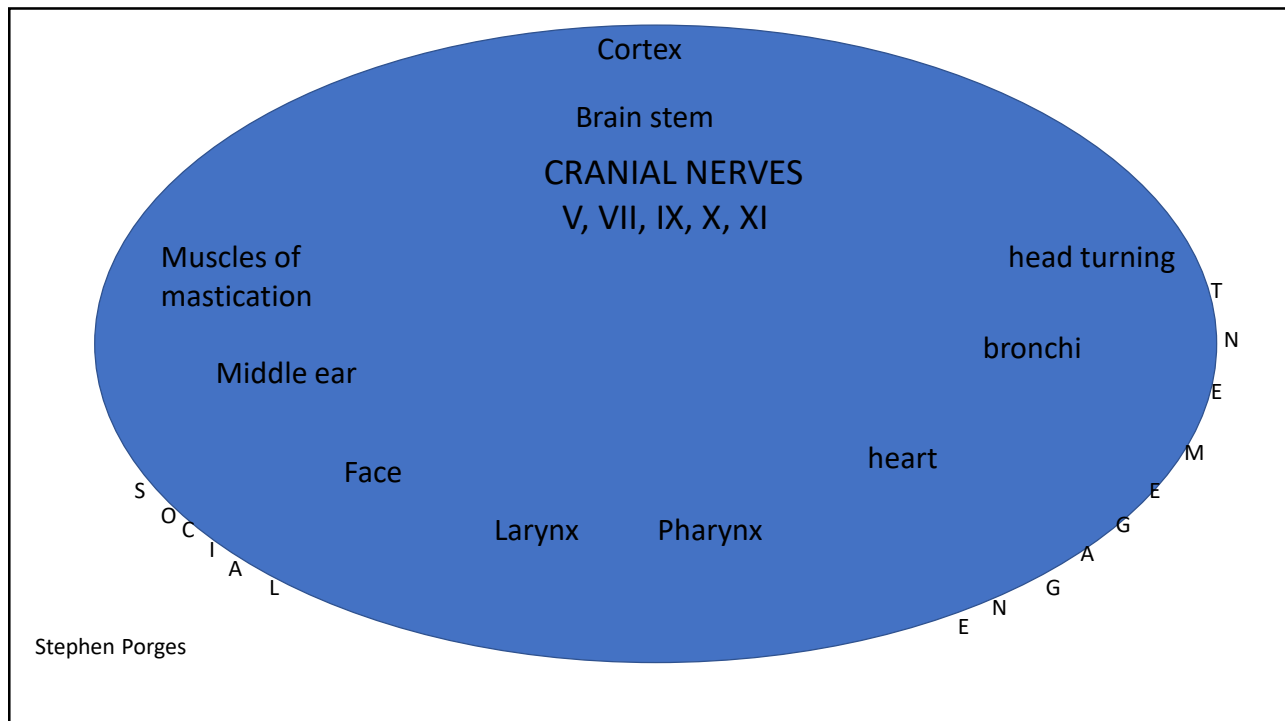
- Social Engagement (SAFE)
- Mobilization: fight or flight (DANGER)
- Immobilization: freeze (LIFE THREAT)



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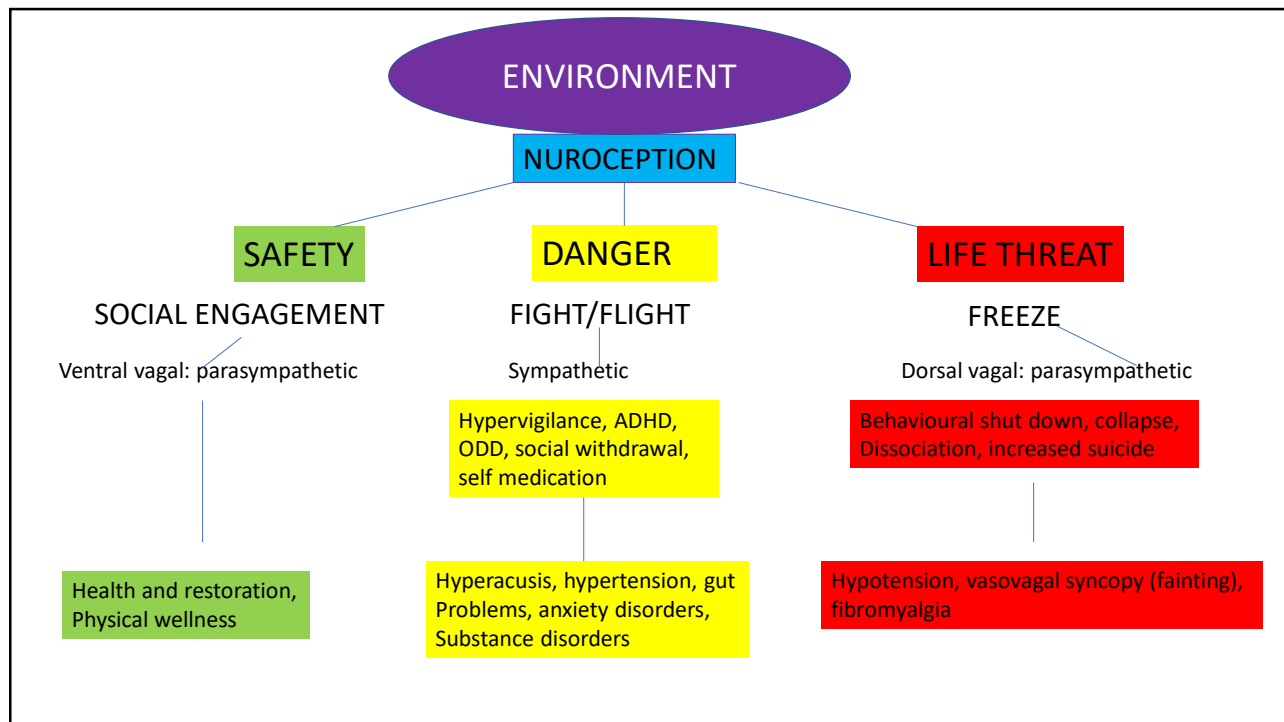


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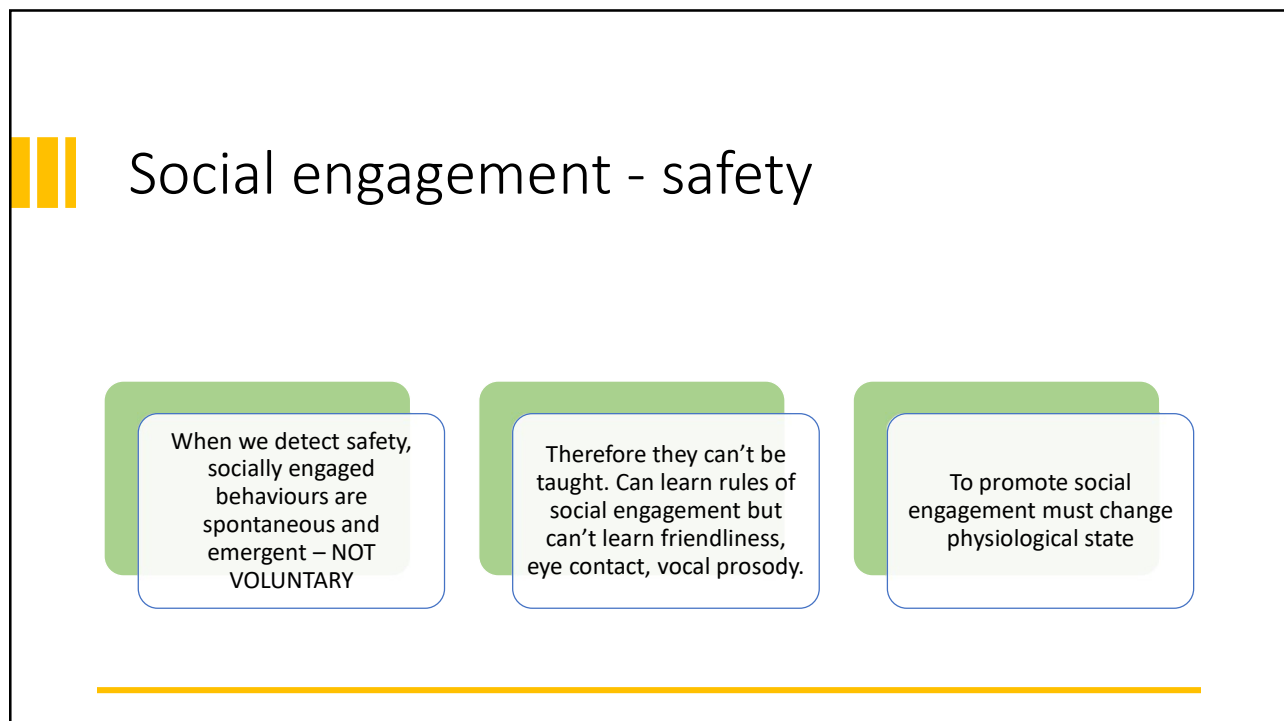


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## Cues of safety

- **Voice:** its not what you say but how you say it: frequency, intonation, prosody



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## face

Upper face: associated with signs of safety – muscles around the eyes. Eye gaze soft

Lower face: anger and aggression

State changes refocuses where we look.

Still Face: completely disorganizing

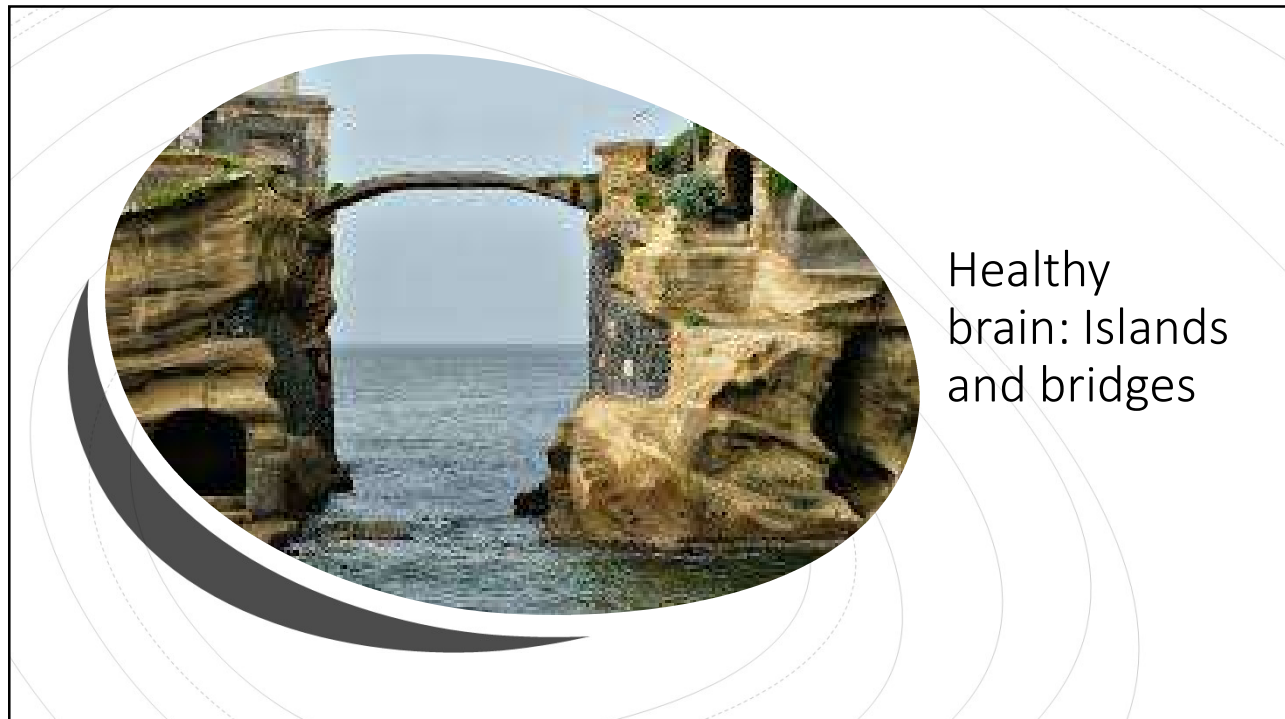
Still Neck: also disorganizing if people don't move their head.

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Trauma, autism, depression, BPD, Schizophrenia .... All share...

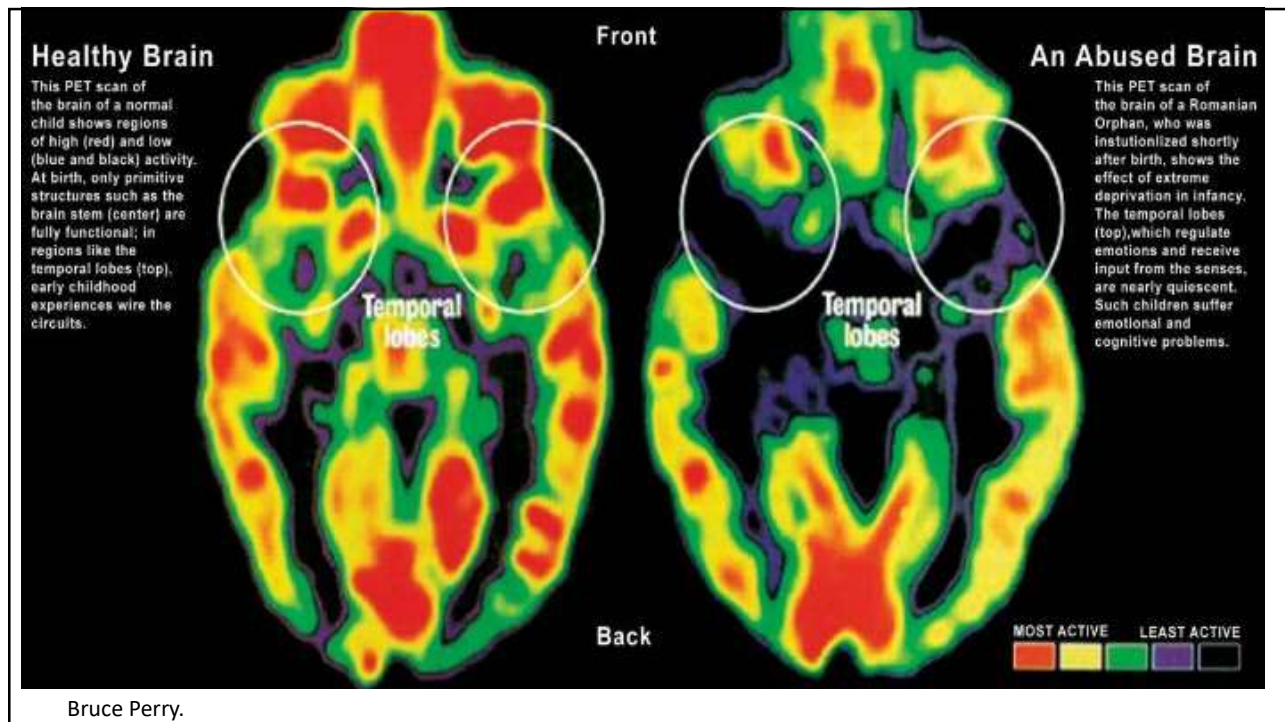
- Difficulty feeling safe
- Auditory hypersensitivity
- Flat facial affect
- Lack of vocal prosody
- High heart rate/low vagal tone

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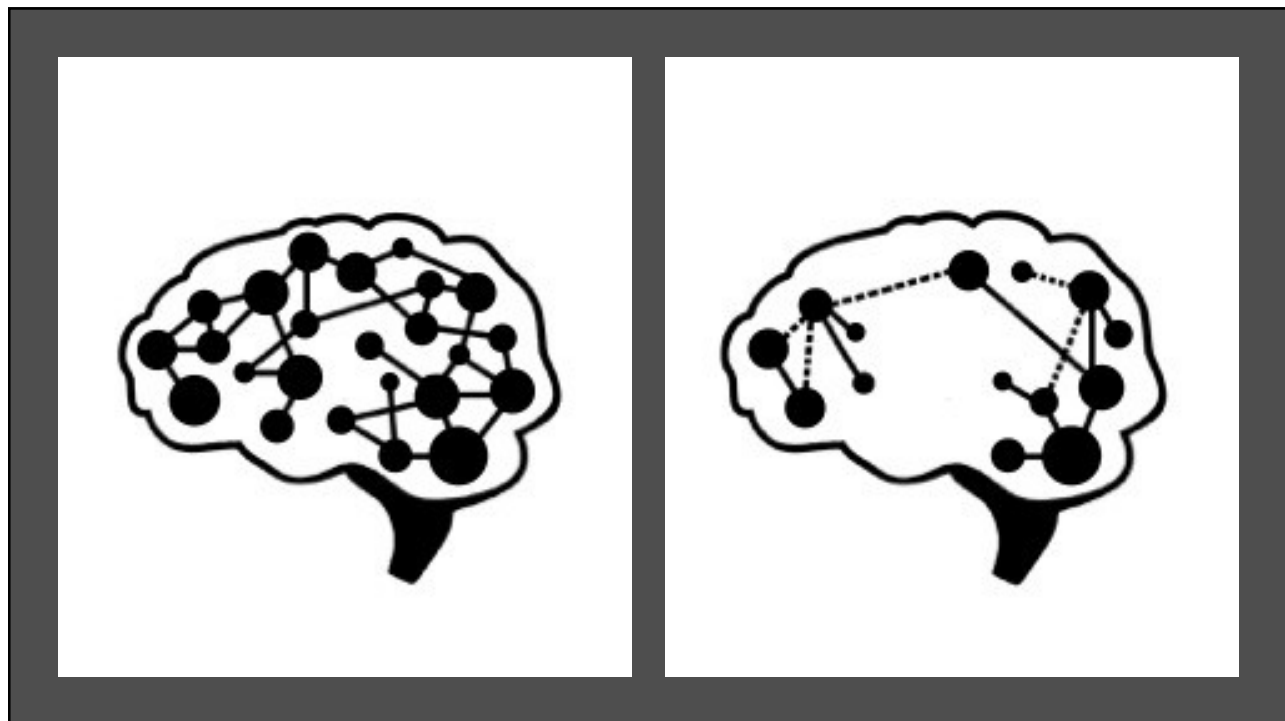


Healthy  
brain: Islands  
and bridges

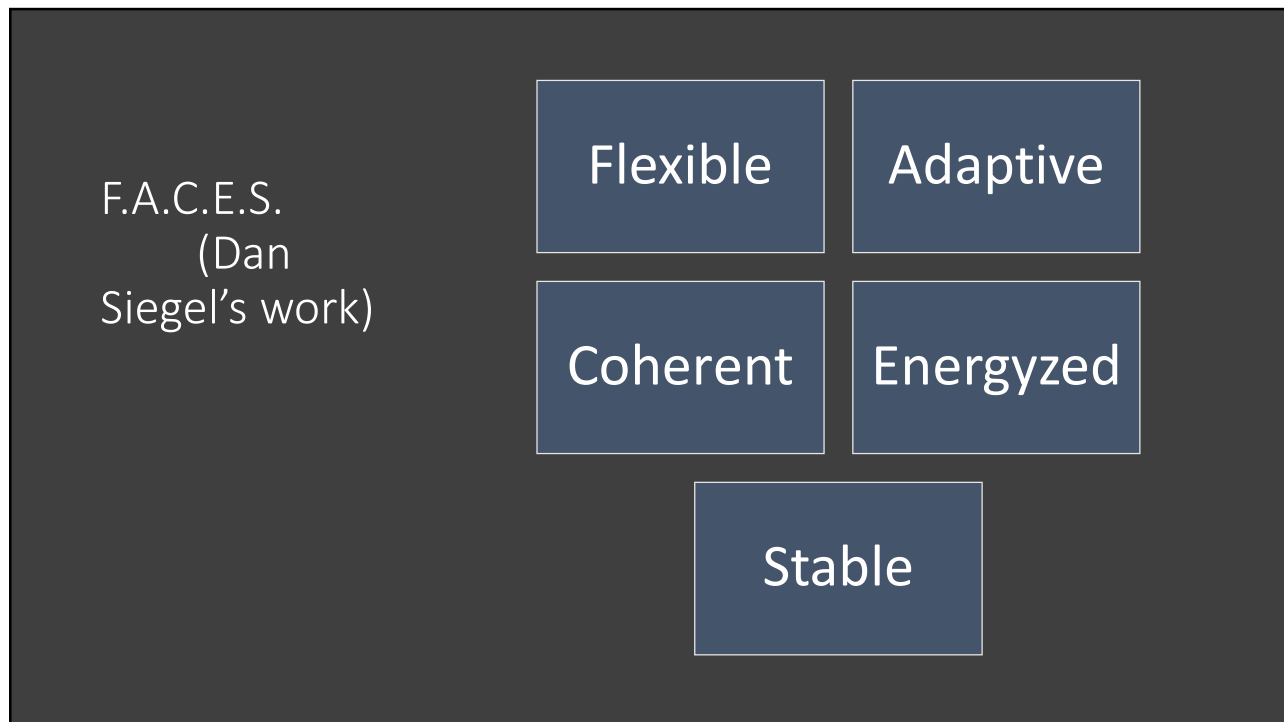
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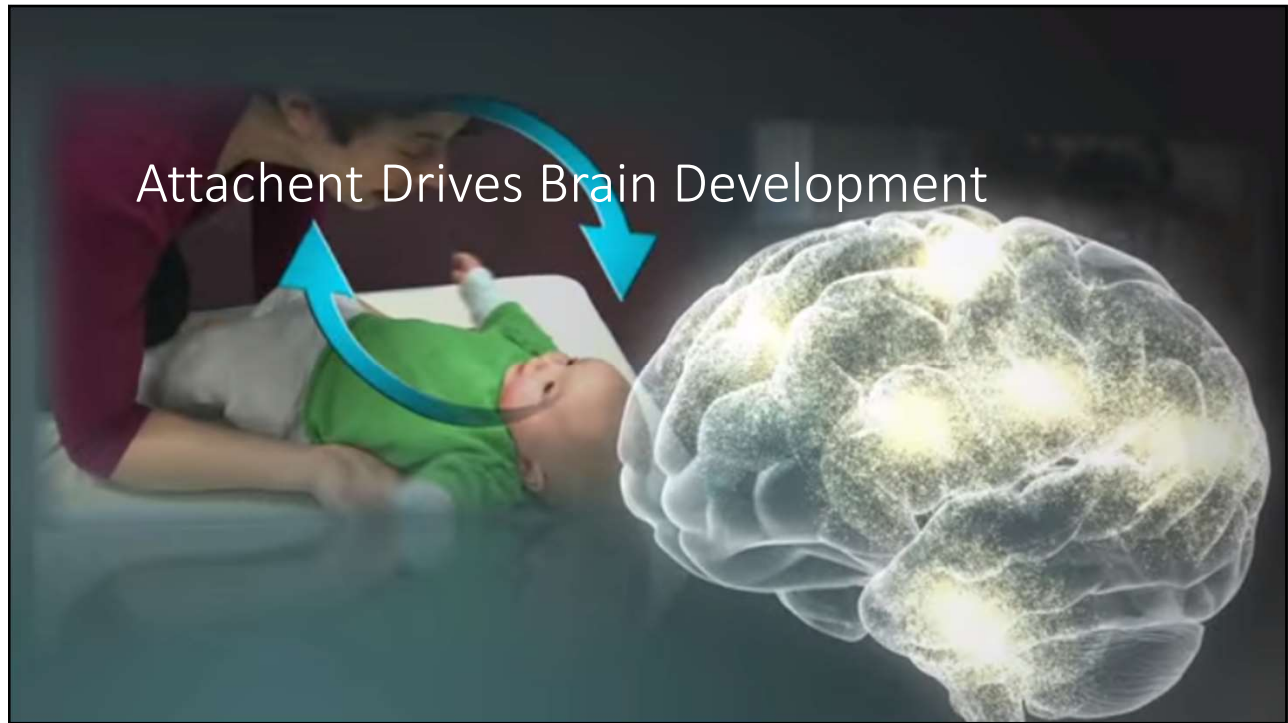
## DDP: Interpersonal Neurobiology.

- early in development, the brain – especially the right brain, which is the early developing brain – is being shaped by social experiences, and these are ***emotional experiences***.
- And the other part of interpersonal neurobiology is that human beings will align their brain states with other human beings. They'll synchronize those brain states.



Alan Schore

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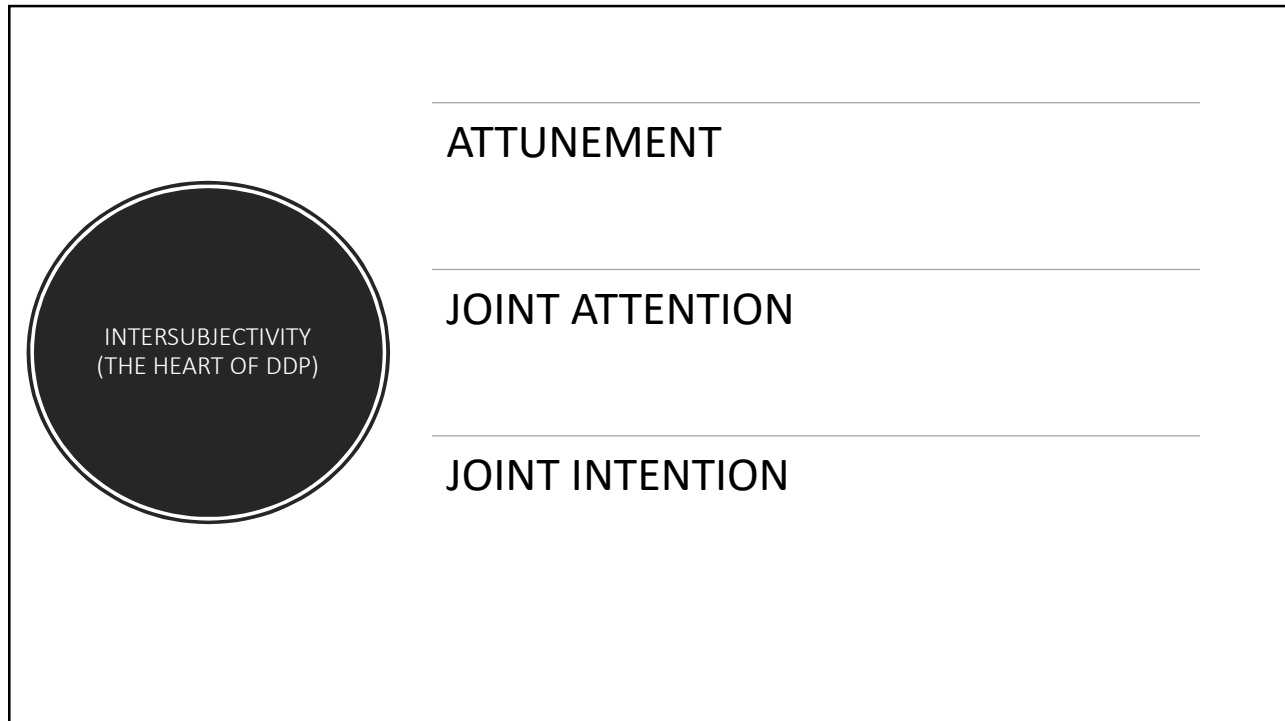
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BEING ATTUNED TO POSSIBLE INTERNAL WORKING MODEL – how does he view himself and how does that present? How can we then co-regulate and move to a less shame based narrative ?

He views himself from the perspective of his early experiences.

<u>I AM</u>	<u>OTHERS ARE</u>
• bad	unreliable
• unlovable	unresponsive
• unsafe	uncaring
• undeserving	unsafe
• powerless	misunderstanding me

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INTERSUBJECTIVITY  
(THE HEART OF DDP)

ATTUNEMENT

JOINT ATTENTION

JOINT INTENTION

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Notice....

Organize the  
experience....

Allow for time...

Go back.

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## Creating emotional safety – making the heart beat

PLAYFULNESS

ACCEPTANCE

PACE

CURIOSITY

EMPATHY



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## Affective-Reflective Dialogue

Integrative: involves and balances both the emotional meaning of an event and its affective expression as well as the cognitive understanding

Primary means of generating, deepening and expanding the intersubjective experience.

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## Open and engaged inter-subjective space

Transformative for child's sense of self and understanding of history as well as therapist's sense of the child.

crucial for therapeutic momentum and integration

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## Relax and connect

Precede and follow more active and curious/engaged states

Feeling the safety of relaxing/being with

consolidate the emerging new sense of self.

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## Coregulation of affect

Tracking nonverbal  
constantly

Matching the vitality of  
affect

Face, voice, rhythm,  
touch, timing  
communicate acceptance  
and curiosity way more  
than words do.

empathy

Allows for the child to feel  
felt and not alone

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Follow-lead-follow  
directive –indirective

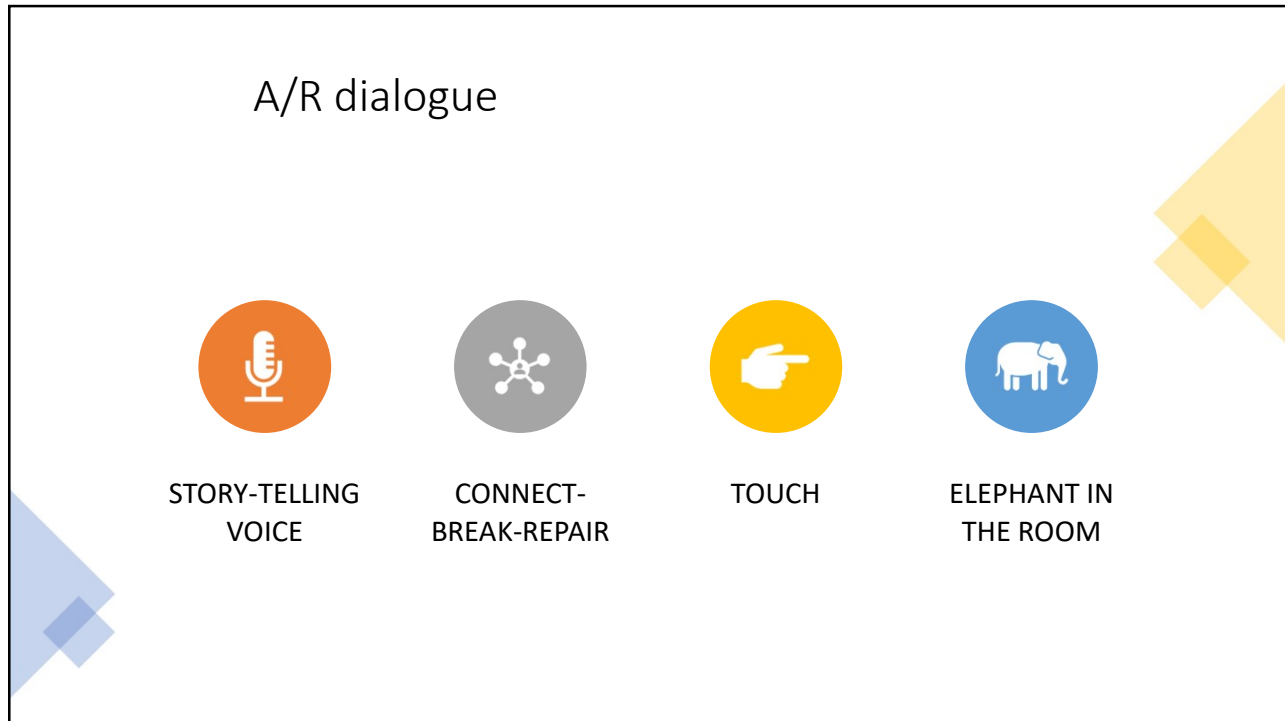
Talking for (typically deepens affective  
experience)

Talking about (typically allows for a break for  
regulation of distress, increases reflection)

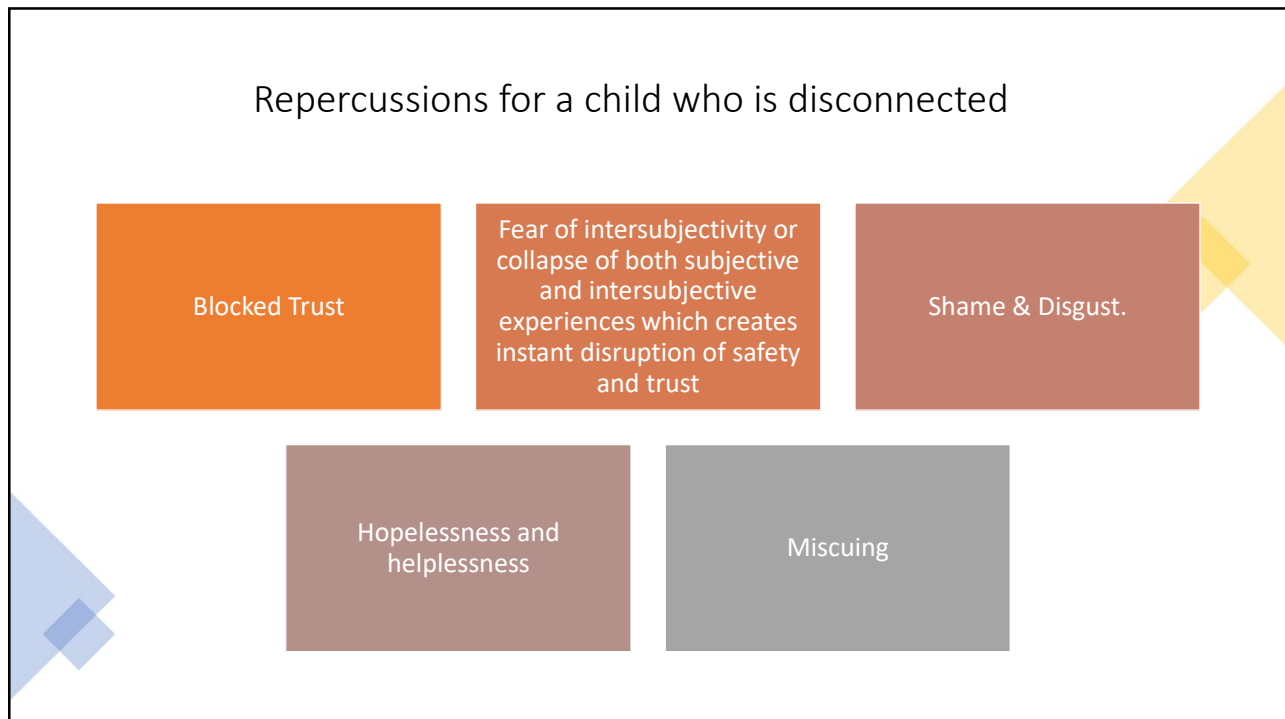
Avoid content: keeping the conversation on  
the *experience* of the event

A/R dialogue

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## repercussions

- Hypervigilance
- Safety Blindness
- Heightened need for control
- Resisting Authority
- Self-provisioning



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## SUPPRESSION

social emotions and reflective functioning	empathy	guilt, shame, remorse
curiosity and wonderment and joy	reality testing	comfort seeking

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## Survival strategies

- Tiger
- Possum
- Chameleon



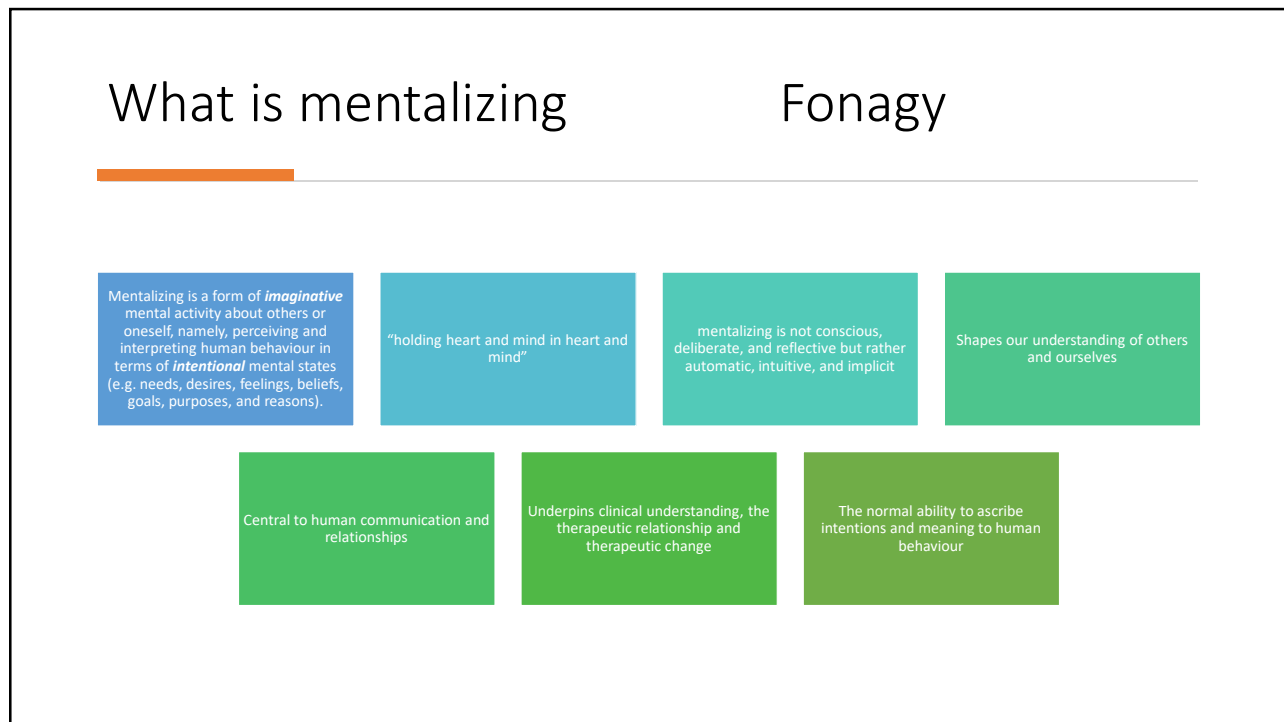
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## Implications for Parenting brain

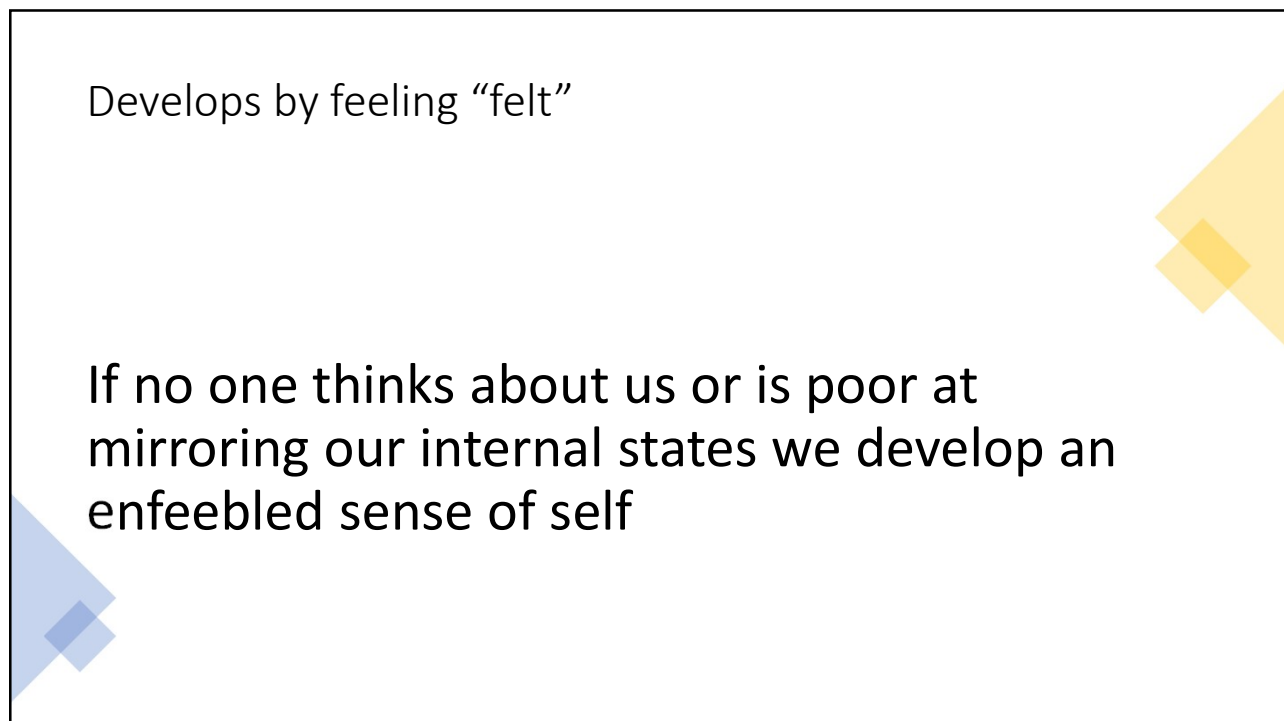
- 5 major systems;

- Approach (Oxytocin)
- Reward (Dopamine/hippocampus)
- Child Reading System (open & engaged/Smart vagal nerve impact on amygdala. Attunement)
- Meaning Making (++) = +perceptual set  
Own attachment history)
- Executive Functioning (ACC good bridge between limbic and cortex and allows for good problem solving and empathy: Empathy = cog+e)

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## neglect

Can't develop second order representations

Can't think about being angry because it hasn't been previously organized by parent

Child is much more likely to then act angry because can't regulate by thinking.

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- One reason that toddlers are so prone to outbursts of rage and frustration may be that as the world and individual minds are not yet clearly demarcated, they expect other people to know what they are thinking and feeling and to see situations in the same way that they do. Thus frustration of their wishes seems malign or willfully obtuse rather than the result of a different point of view or alternative priorities.

Fonagy

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## Relational Aspects of Mentalization



Overlap between neural locations of mentalizing self and other may be linked to intersubjective origin of sense of self



We find our minds in the minds of our parents and later other attachment figures thinking about us



The parents capacity to mirror effectively her child's internal state is the heart of affect regulation



Infant is dependent on contingent response of caregiver, which in turn depends on her capacity to mentalize about her child's state

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When we lose the ability to mentalize

We dehumanize ( a failure to mentalize: concrete & Egocentric)

We demonize ( distorted mentalization: imaginary, projective processes)


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## Poor mentalizing looks like

- 🧠 Excessive detail to the exclusion of motivations, feelings or thoughts
- 🔍 Focus on external social factors
- ✓ Focus on physical or structural labels (lazy, self-destructive)
- 📋 Preoccupation with rules, responsibilities, should/should not
- ⚠️ Denial of responsibility
- 🏠 Blaming
- ↩️ Fault finding
- 🗨️ Certainty about what others think and feel

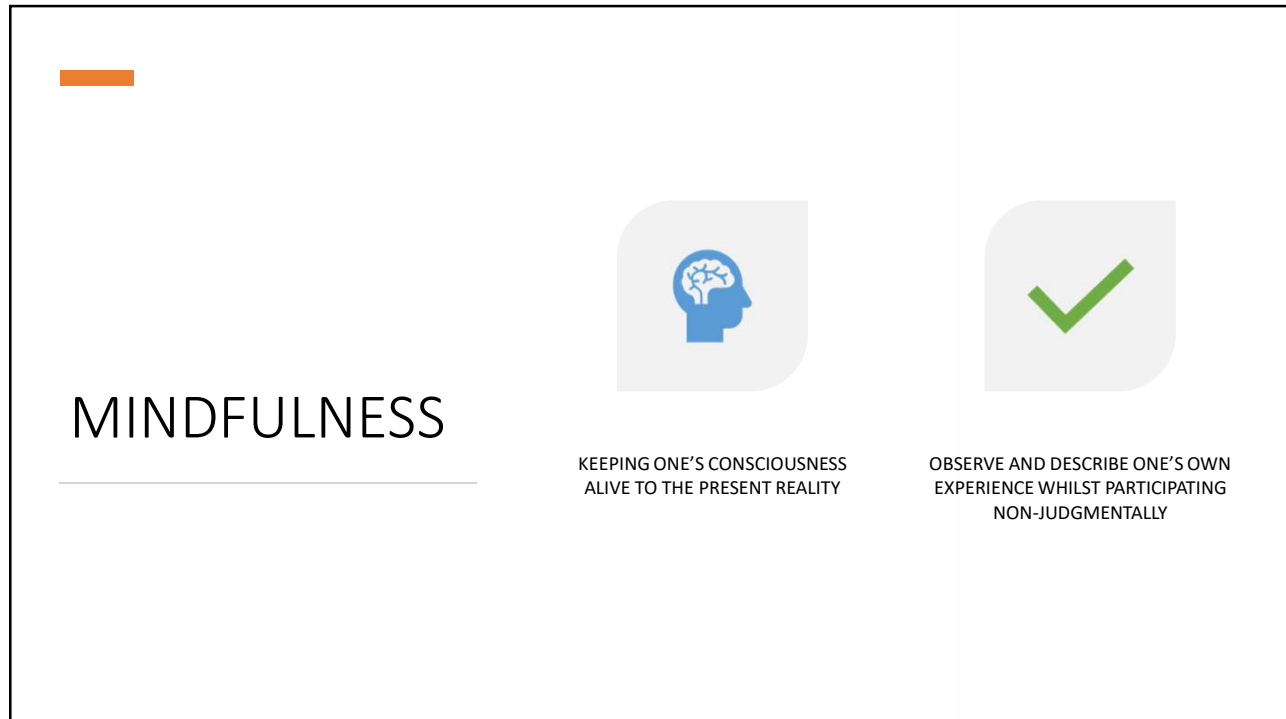
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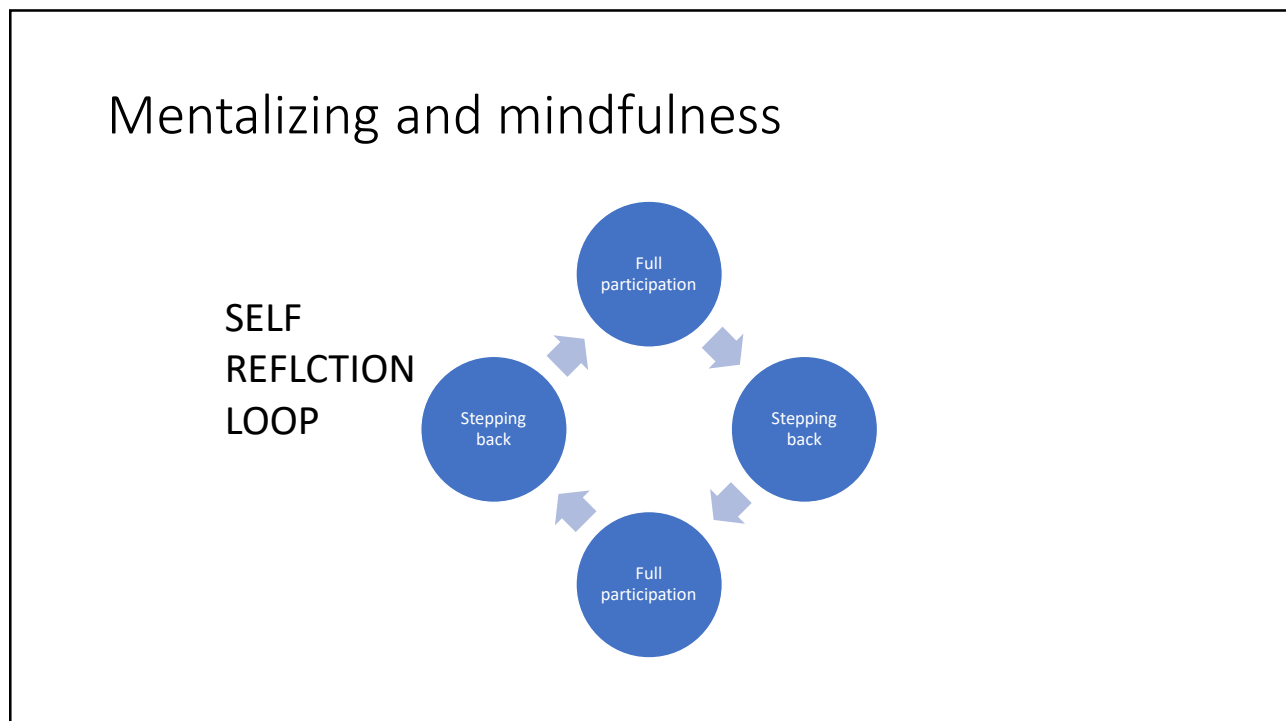
## Good mentalizing

- Acknowledgement of opaqueness
- Absence of paranoia
- Contemplation and reflection
- Perspective taking
- Genuine interest
- Openness to discovery
- Forgiveness
- Predictability
- Developmental perspective
- Appreciation of changeability
- Awareness of impact of affect

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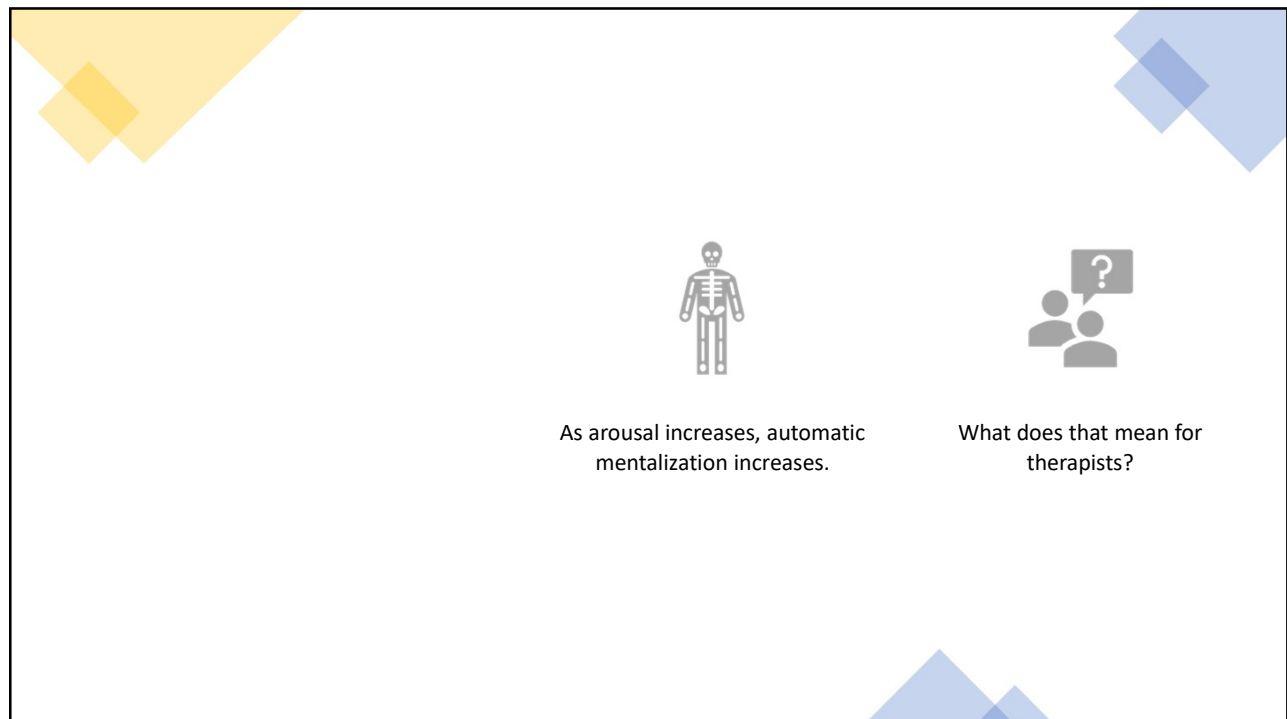
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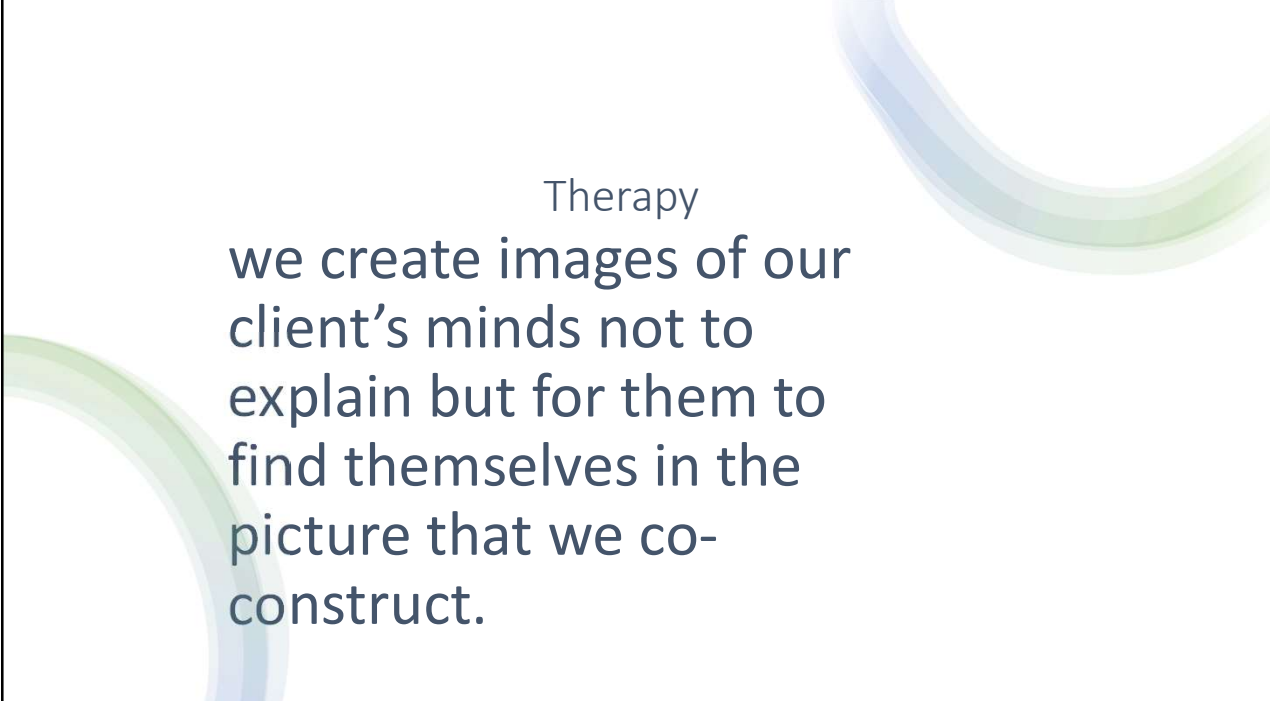
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EMPATHY

- Sensing feelings and emotions in others and attempting to understand them if we feel differently
  - TUNING IN: Intuitive ability to read facial expressions and body language (mirror neurons)
  - IMAGINATION: suspending our own view to understand another

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Therapy  
we create images of our  
client's minds not to  
explain but for them to  
find themselves in the  
picture that we co-  
construct.

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