

# **Dyadic Developmental Practice: Psychotherapy and Parenting**

## **Level Two: Exploring the DDP Framework for Therapy and Parenting Developmentally Traumatized Children**

### **SUPPLEMENTARY HANDOUTS AND RESOURCE PACK FOR TRAINERS** **Use alongside DDP Level Two Training Book**

<b>Contents</b>	<b>Page</b>
Sample Programme	2
<b>Additional Handouts</b>	
Therapy for traumatized children	3
From mistrust to trust: the learning ladder	4
Mindfulness and mentalization	5
The attachment pledge	6
<b>The practice of DDP: reflective exercises</b>	7
Extract from role play of DDP session	8
A day in the life	13
PACE response to statements from children and parents	15
Using the elements of PACE	16
Developing Affective – Reflective dialogues	17
Talking to, for and about	18
Skills development for specific situations	19
Working with parents	20
Attachment History – Your Story	21
DDP Practice Aide	23
Pyramid of Need and Assessment Matrix	29

## SAMPLE PROGRAMME

(This programme is illustrative and may be amended in response to the needs of the group during the training)

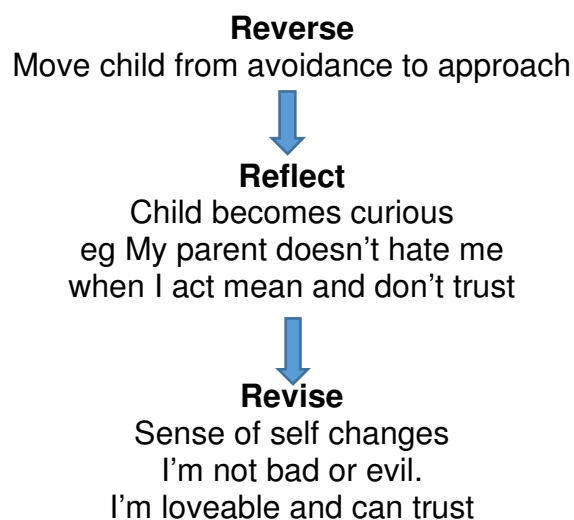
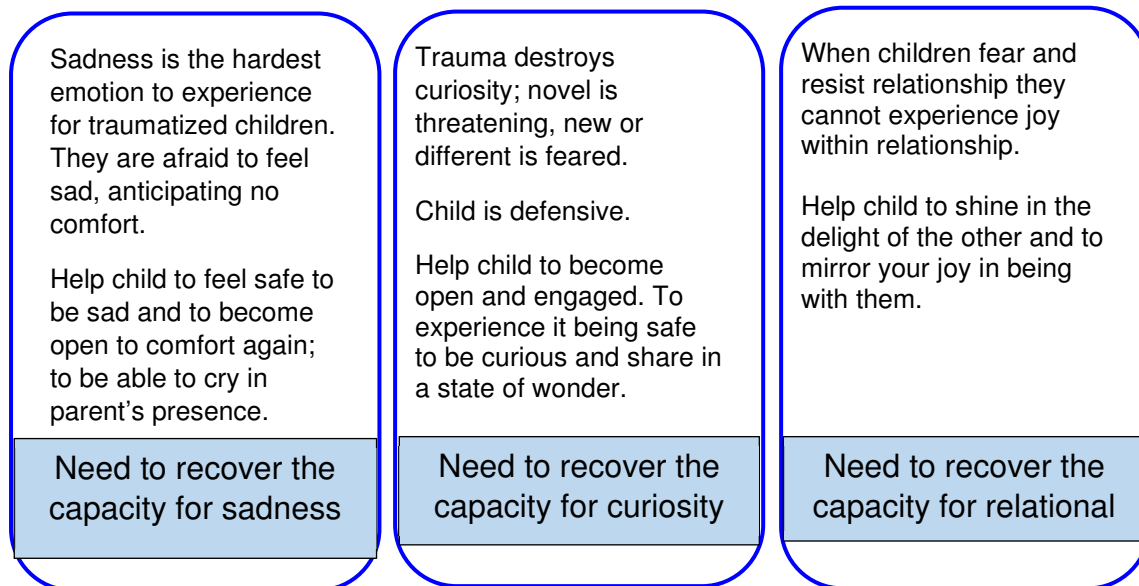
Day One	Day Three
<p>Introductions and Ground Rules</p> <p>Topic: Revision of DDP principles and practice</p> <p>Case discussion based on recorded clips and/or reflective practice.</p> <p>Skills practice: PACE</p>	<p>Topic: Working with parents</p> <p>Brain; biology and DDP</p> <p>Mindfulness and mentalization</p> <p>Case discussion based on recorded clips and/or reflective practice</p> <p>Exploration of Attachment History</p> <p>Skills practice: Working with Parents</p>
Day Two	Day Four
<p>Topic: Therapy for traumatized children</p> <p>Case discussion based on recorded clips and/or reflective practice</p> <p>Exploration of Attachment History</p> <p>Skills practice: staying open and engaged</p>	<p>Topic: DDP-informed parenting</p> <p>Case discussion based on recorded clips and/or reflective practice</p> <p>Exploration of Attachment History</p> <p>Skills practice: using DDP principles</p> <p>Exploration of Attachment History – time for reflection.</p>

## THERAPY FOR TRAUMATIZED CHILDREN<sup>1</sup>

**Blocked Trust** = “When young children block the pain of rejection and the capacity to delight in order to survive in a world without comfort and joy.”

**Therapy** is helping children to recover from blocked trust so that they can have comfort, curiosity and joy. Switch brain to safety and engagement by reawakening the cingulate. This is done by providing the child with new experiences. Have to awaken the pain of disconnection in order to awaken the need for comfort.

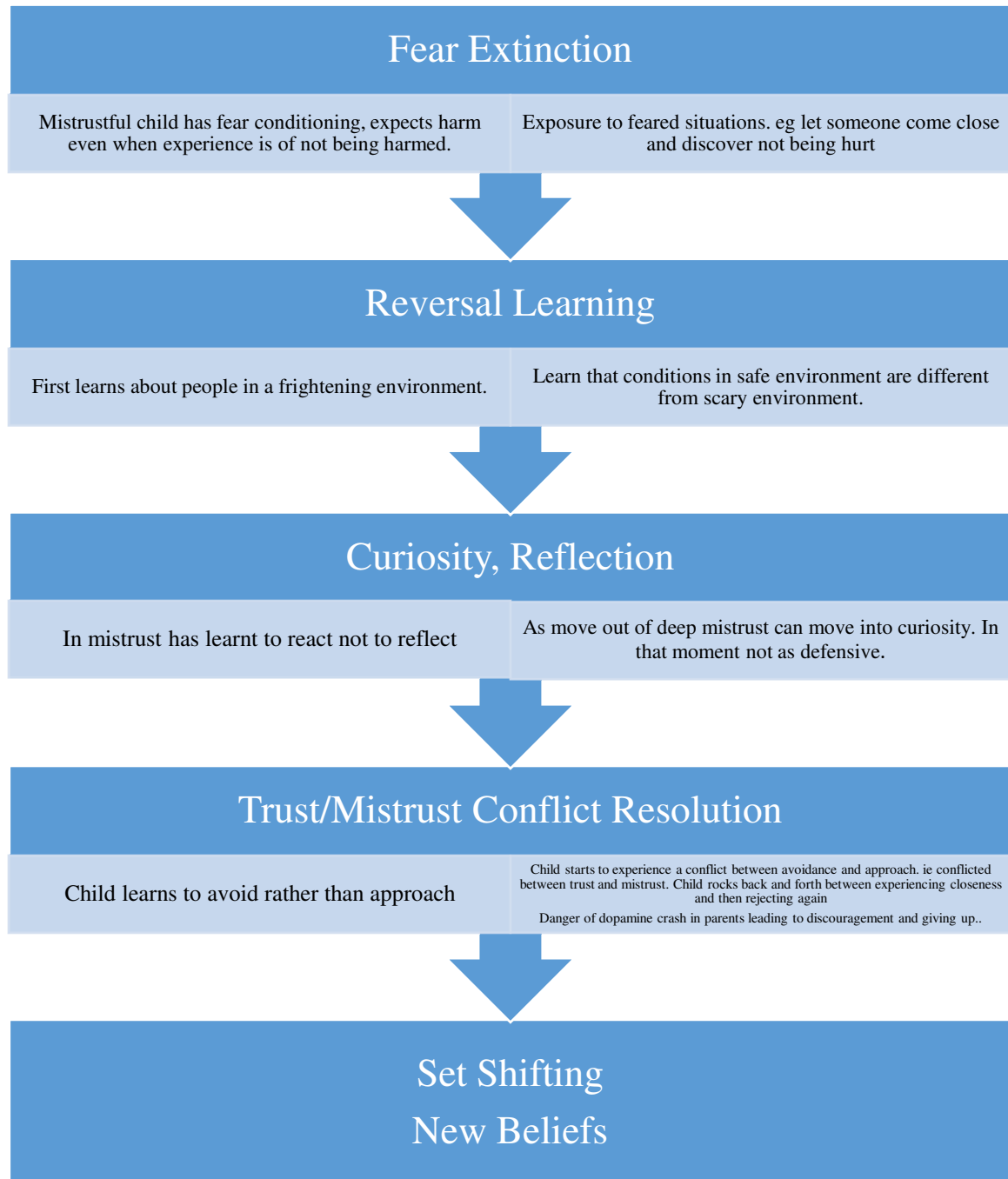
### Comfort, curiosity and Joy



<sup>1</sup> Based on Jon Baylin & Dan Hughes, DDP conference, Walsall, Birmingham, November 2014

## FROM MISTRUST TO TRUST: THE LEARNING LADDER<sup>2</sup>

- The therapeutic task is to help the child to move from mistrust to trust. This is done via new experience which promotes learning that leads to new developments in the brain.
- Learning is experiential not cognitive and will only occur if child experiences safety.
- Therapist/parent has to be able to experience compassion for social pain though acceptance and empathy.



<sup>2</sup> Based on Jon Baylin & Dan Hughes, DDP conference, Walsall, Birmingham, November 2014

## MINDFULNESS AND MENTALIZATION

### Mindfulness

Attentive awareness of present experience through maintenance of an attitude of curiosity and a stance of nonjudgmental acceptance.

- Mindfulness builds the internal secure base.
- Reduces stress and increases emotional regulation.
- Includes attentive awareness of mental states of self or other – attention to what is perceived or felt without thinking or making judgements about it.
- = foundation for mentalizing

### Mentalization

Attentive awareness to mental states + understanding of behaviour in relation to mental states.

= a skill which we use less well when defensive because of fear, anger or shame.

- Degrees of mentalizing via mental elaboration:
  1. Identifying emotion.
  2. Understanding reasons for emotion.
  3. Understanding historical context for emotional experience.
- Mentalizing capacity promotes resilience.
- Empathy requires complex mentalizing.

### Secure Attachment

Psychological attunement (holding mind in mind) leads to sensitive responsiveness  
= Secure Attachment.

“Effective mentalizing must be built on a foundation of mindful attentiveness to mental states, supported by an accepting attitude and inquisitive curiosity.” (Allen, 2013 p159)

### Attachment Trauma

Trauma = “feeling alone in the midst of unbearably painful emotion” (Allen, 2013 p163). Attachment trauma leads to a profound distrust and avoidance of minds.

Coercive and controlling interactions are non-mentalizing.

Not mentalizing can lead to mindless repetition of maladaptive behaviour

“Fear of anxiety ... escalates anxiety. Anxiety becomes the childhood monster under the bed; avoiding looking under the bed makes the monster all the more real.” (Allen, 2013, p121)

### Psychotherapy

Mindfulness and mentalizing cultivates the client’s skill in mindfulness and mentalizing; central to coping with traumatic attachment relationships

Common factors in therapy:

- Mindfulness
- Mentalizing
- Acceptance

“mentalizing failures renders painful emotional states unbearable; treatment restores mentalizing and thereby fosters attachment security such that painful experiences can be expressed, understood, and reflected upon; this process renders previously unbearable traumatic experience more meaningful and bearable.” (Allen, 2013, p164)

### Parenting

Emotionally distressed child

Sensitively responsive parent use mentalizing capacity to psychologically attune to child

Child relies on parent for emotional support

Secure Attachment: Develop mentalizing abilities, able to talk about emotions and empathize with others.

“...as you create and continually revise your autobiographical narrative; through this narrative, you explicate your understanding of yourself, other persons and your relationships....It is through your mentalizing capacity that you develop and revise implicit and explicit working models of yourself and others in you attachment relationships...” (Allen, 2013, p141)

## THE ATTACHMENT PLEDGE BY DAN HUGHES

<b>I Will Strive To Help You</b>	<b>TO FEEL SAFE HERE</b>
<b>I Will Discover</b>	<b>What Is UNIQUE About You</b>
<b>I Will Relate To You with PACE</b>	<b>Playfulness, Acceptance, Curiosity, Empathy</b>
<b>I Will Discover Your</b>	<b>STRENGTHS &amp; VULNERABILITIES</b>
<b>I Will Listen To You Very Hard</b>	<b>To Understand Your EXPERIENCE</b>
<b>I Will Give You What You Need</b>	<b>For SAFETY &amp; SUCCESS</b>
<b>I Will Remember</b>	<b>That You Often Feel FEAR &amp; SHAME</b>
<b>I Will Never Leave You</b>	<b>When You Are In DISTRESS</b>
<b>I Will Not</b>	<b>Forget You When We Are Apart</b>
<b>I Will LOVE &amp; ACCEPT YOU</b>	<b>Especially When I address Your Behaviour</b>
<b>I Will Remember</b>	<b>Why You Argue With Me, Ignore Me, &amp; Do Not Trust Me</b>
<b>I Will Help You to Discover</b>	<b>What You And I Both Think, Feel, And Want</b>
<b>I Will Teach You</b>	<b>By Sharing My Experience Of You &amp; The World With You</b>
<b>I Will Always Remember</b>	<b>That Attachment Relationships Are Very Important To You</b>
<b>I Will Be Very Clear</b>	<b>In Telling You What Is Happening &amp; What Is Going To Happen</b>
<b>I Will Provide You.</b>	<b>With Routines &amp; Rituals That You Will Become Comfortable With</b>
<b>I Will Care For Myself</b>	<b>So That I Am Better Able to Care For You</b>
<b>I Will Discover</b>	<b>The Song That Is In Your Heart and sing it to you when you forget it.</b> (Attributed to Arne Garborg)

## THE PRACTICE OF DDP: REFLECTIVE EXERCISES

This pack contains a range of reflective exercises which may be used within the level two training, and/or could be used afterwards as part of continuing development eg in a peer support group.

The content of the level two training is very much led by the needs of the group, but built into the programme will be an opportunity for skills practice, reflection and discussion. This can include:

- A) Demonstration role play by the trainer.
- B) Whole group role play – an opportunity to participate or observe and reflect on a role play within the large group, guided by the trainer.
- C) Scripted role play.
- D) Small group role plays. Usually in groups of three, this provides an opportunity to practice in the safety of a small group, supported by the trainer.
- E) Exploration of session transcript.
- F) Exercises exploring the DDP principles.
- G) Reflective exercises.
- H) Discussion

## EXTRACT FROM ROLE PLAY OF DDP SESSION

This transcript is taken from a role play between Dan Hughes and Kim Golding during a supervision day. Cathy is a 13-year-old girl living in a long term foster placement. Cathy oscillates between being compliant and oppositional. Her anger can emerge intensely and unpredictably. The foster carers do not experience a feeling of closeness or connection with Cathy. This extract is about 15 minutes in to the session. Cathy has been quietly resistant as she sits twirling her hair and not looking at either therapist or her foster carer. At this point in the session Cathy has stated that she knows she is stupid.

- Dan: So sometimes you feel like you are a stupid girl? What is that feeling like, when you feel you are stupid?
- Cathy: It doesn't feel like anything because I don't feel anything.
- Dan: You don't, but you said that you sometimes feel that you are stupid?
- Cathy: No, I know that sometimes.
- Dan: Oh, I got it. So you know, okay you tell me: Dan, you made a mistake there. I think sometimes that I'm stupid but I don't feel anything about that.
- Cathy: Yer.
- Dan: Thank you for clarifying that. I did make a mistake. I sort of thought that thinking and feeling are sort of the same thing, and you know they are not. So thanks for correcting me on that. Wait a second I'm confused about something now, because I just know me, and if I thought I were stupid I would probably feel kind of badly about that. I would feel kind of embarrassed or ashamed or be angry that I'm stupid. I would have a feeling. So if you don't have a feeling about it when you think you are stupid ...
- Cathy: I don't feel
- Dan: You don't feel?
- Cathy: I don't feel anything.
- Dan: Anything, about anything or just about being stupid?
- Cathy: About anything.
- Dan: You don't feel anything, about anything? So about doing a wonderful thing in school; doing a wonderful thing at home. You wouldn't feel proud or excited. Being able to be with your best mate and having a great time. Down at the park? You wouldn't feel wonderful about that?
- Cathy: I'm not allowed to go to the park.
- Dan: Oh, okay so that was sort of a silly thing even to imagine, but if you were allowed to go to a park and you were with your best mate would you feel something then?
- Cathy: No.
- Dan: Not even then?
- Cathy: No
- Dan: So you have found a way to make feelings go away. Wow, how have you done that I wonder? How did you find a way to make feelings go away, because most people have feelings? Well, you have them too, but you make them go away whenever you want.
- Cathy: I don't make them go away. They're just not there.
- Dan: They just go away?
- Cathy: They're just not there.
- Dan: They are not there, oh okay. I wonder why they're not there. Why would a thirteen-year-old girl have no feelings? Wow, why that's a puzzle, because I know kids, boys, girls, grown-ups, babies, ten-year-olds, eighty-year-olds. All kinds of people I know have feelings. Sometimes they don't have feelings about everything, but a feeling here, a feeling there, happy, sad, scared, excited. And you don't have any of those things?
- Cathy: No.
- Dan: I'm just really curious about this, about how you make feelings go away? Or how they don't even pop up in the first place.



Cathy: It just happens

Dan: It just happens? Do you remember, ever, ever, ever, ever in your life, like when you were a real little girl, having feelings?

Cathy: I don't remember being a little girl.

Dan: You don't remember that either?

Cathy: No.

Dan: Goodness, because you are a clever girl. I know that. You sometimes think you are stupid, but I know you are clever, even catching me when I say silly things. You are clever about that. But you are saying that you don't remember being a little girl, and you don't remember feeling? Oh, do you remember any feeling ever popping up inside of you?

Cathy: No.

Dan: Not one at all?

Cathy: No, I don't feel anything.

(distraction here between Cathy and the foster carer)

Dan: We are working on something very important which is you're not feeling stuff. And we're trying to figure out what that's about, and you say you don't remember being a little kid.

Cathy: No

Dan: Okay, so, because I know, often, I was reading the records, and often you were left home alone, your parents would go off and leave you home alone, and often, you know probably, you were hungry, or you were cold, or lonely, because nobody was there. And I know those things from reading the records from the social workers.

Cathy: Yer, I don't like talking about this

Dan: because

Cathy: I don't want to talk about it

Dan: because

Cathy: Does there have to be a because? I just don't like talking about it.

Dan: Okay, well, yes usually, not that there should or shouldn't be a because, but usually there are reasons we like to do things or we don't like to do things. So, I'm just curious about your reason

[Cathy shrugs]

Okay we don't need to talk...

Cathy: It's boring

Dan: Is it boring? You know what I am thinking? I'm thinking it's probably a little different from the boring thing, that maybe if we talk about the past, because those are hard things that I brought up. Maybe it would pop out a feeling.

Cathy: No.

Dan: Because I mean we talk about other things that are boring but you are really upset with me on this one.

Cathy: No, you're just wrong

Dan: I'm wrong. So, its not that a feeling would pop out? Just that it's boring?

Cathy: Yes

Dan: Okay, so why don't we talk about it anyway because boring isn't bad, boring is just boring. We could talk about all sorts of boring things. We could talk about the weather, we could talk about the carpet, talk about that empty glass. Those are boring things too. So they are sort of boring things, so is when you were a little girl being home alone; it's sort of boring talking about that.

You know what I'm noticing? That, oh my gosh, I just realized something. You were a very clever little girl because you made the feelings go away, because when you were a little girl the feelings were so hard to have to handle all by yourself, you just made them go away, because I know other little girls who have been neglected like you were. Other little girls when they were neglected get so sad. Some of them might die, some of them

just cried all day. But you said no I'm not going to feel. And you made them go away, that was very clever of you

Cathy: No it wasn't clever, it just happened.

Dan: But it was clever. I think you are more clever than you think because if it had not happened, if those feelings had come back every day that you were alone and scared and stuff, I think the feelings would have gotten so big you might have just wanted to be dead, just give up your life. That would be my guess. Does that make sense?

Cathy: Nope.

Dan: It doesn't?

Cathy: Nope.

Dan: What's wrong with my guess?

Cathy: You're wrong.

Dan: How am I wrong?

Cathy: I don't know.

Dan: How so?

Cathy: You're just wrong. I'm fine, I don't need to have feelings.

Dan: Oh gosh, wait no kidding; I think you're telling me something very important here. You're saying eh Dan If I talk to you about not having feelings like it is a problem that means I need therapy. Don't you get it Dan, I don't think I need any therapy at all so that is the point.

Cathy: I'm not weird.

Dan: Do you think anybody that goes to therapy is weird?

Cathy: Yes.

Dan: Do you think that is what therapy is about, it's only for people who are weird?

Cathy: Yes.

Dan: and you're saying 'Dan I'm not weird.' (to F.C.): Your daughter is really on top of things here. She doesn't want people to think she's a weird person. She doesn't want to think she's a weird person. She wants to make a strong case she's not a weird person and she thinks if she needs therapy it would mean that she's a weird person. (to Cathy) and your saying 'I'm not weird so I don't need therapy'. Have I got this right now?

Cathy: Yes.

Dan: Okay. I like how you do that with your hair, does it feel nice when you have your hair over your cheek like that and you put it in your mouth?

Cathy: Something I do

Dan: Something you do, yes, nothing weird about it.

Cathy: No

Dan: It's just interesting, sometimes girls with hair like yours do that. Do you like your hair?

Cathy: No

Dan: Oh you don't. What would you say about yourself that you like?

Cathy: I don't really like anything about myself.

Dan: Oh my goodness, I didn't realize that. Oh my, you're a thirteen-year-old girl and you don't like anything at all about yourself, that would be hard I would think. Spending day after day not liking yourself. Oh my goodness Cathy, I'm starting to think you spend a lot of your time making the feelings go away because your feelings are pretty unhappy. You don't like yourself, you don't like being a little girl years ago, you don't like therapy, you don't like people to think you're stupid. You don't like people to think you are weird. I think you have had hard times Cathy and still do. Oh my goodness. [To Janet] - Your daughter has had some hard times and she's really being brave now showing us how hard it has been. She doesn't want to talk about it; she doesn't even want to use the feeling word. I think right now she is sensing something, which is her life has been pretty hard and I think it has been extra hard because it's been hard alone. She hasn't had anybody to help her with it when she was little and I think now that somehow we have to find a way to help your daughter to, I don't know, understand that you are different in her

life, that you are her foster carer who wants to be of help to her, who cares for her, who wants her to find ways to start to be happy, and to feel better about herself. In the sense that there is something about herself that she doesn't like, that she would describe as not feeling good about herself. I think we have to find a way to help her to do that because until she does that I think she'll still feel alone.

FC: I do try to do this.

Dan: I think we have to be patient because we are asking her to do something pretty new and some other foster carers may have said that they were going to do it and they changed their mind and she may have tried to do this with her first mum and her mum couldn't do it. I don't know all the reasons but I know her mum didn't do it. So I think now we have to find a way, I don't know, to help her to just sort of feel safe enough to let herself feel some of the hard feelings she has. She's had a lot of hard feelings. (to Cathy) We're chatting about you, is that okay?

Cathy: I wasn't listening.

Dan: So it was okay?

Cathy: What was?

Dan: Us chatting about you. Is it okay if I understand that life has been so hard?

Cathy: It doesn't bother me.

Dan: What's that like to not feel sad about it?

Cathy: I don't care. It's boring.

Dan: Your life is boring? Is your life boring? (*Cathy shrugs*) Oh gosh. You don't like yourself much. You think your life's boring. You sort of spend a lot of your time worried that people will think you're weird. You don't feel close to your foster carer too often. I'm glad you call her mum because that might mean you are starting to.

Cathy: (*Indistinct*)

Dan: I'm starting to think you are listening to me about some of this stuff. (*sits quietly waiting for Cathy*)

Cathy: What?

Dan: What?

Cathy: You're looking at me.

Dan: Yer, I was just waiting to see if you said that's all right or you were just listening.

Cathy: I was listening.

Dan: Good for you. Wow, that took courage. That's good to hear. Yer, because you're a pretty clever girl. You're so clever that I think part of you agrees with me. Maybe not all of you, but part of you agrees. If you could find a way to sort of get feelings back in your life you could find a way to start being happy.

Cathy: You're wrong.

Dan: I'm wrong. So none of you agrees with me?

Cathy: No.

Dan: Okay, good for you to say that. So how come you are so sure that feelings would not make you happy?

Cathy: Feelings are boring.

Dan: Feelings are boring? Sort of boring for most people means not having feelings. Feelings are boring? Like excitement is boring? (*Cathy nods*). My brain is turning upside down now. How can excitement be boring?

Cathy: I don't know.

(*Dan talks to Foster Carer and then back to Cathy. Cathy wants to finish*)

Dan: I think it is time to finish. Would you like to summarize or shall I?

Cathy: You can.

Dan: I can do it for you! Oh, I'd love to do it for you. (*looks at foster carer*). Well Janet, Cathy wants me to summarize today. At first she was able to tell me that she thinks that I think she's stupid. And she told me that; it took a lot of courage to say that because what if I said you are stupid? Then she would have really been angry and it would have hurt. And

I felt badly that I'd done something that made her think that. I apologized and was glad that she said that. Then I sort of wondered what it felt like and she said she doesn't have feelings. I was learning something new that Cathy has found ways to make feelings go away, or they don't even come in the first place! So I thought usually when kids have found ways to do this it is because when they were little their early life was so hard, the feelings got so big they make them go away and now they aren't feeling. Then Cathy said she doesn't even remember when she was little so she doesn't know if I'm right or not. Then we talked more about a person who makes feelings go away. Then I said it might be nice to find a way to have feelings again and she said no, she doesn't want to do that. She thinks it is not going to help her to be happier .....I think where we ended up is with the feelings, like once she knows that when she has feelings it's okay, that people won't be mad at her about these, people won't think she's dumb or weird or stupid, they will just get to know her better and then if she can at some point decide to have feelings, then the feelings won't be so hard to handle because she won't be alone with the feelings. She'll have you and me. We can help her with the feelings. *(to Cathy)* Is that a good summary Cathy?

Cathy: Yer, it's okay.

Dan: *(delighted)* Yes! Thanks very much for saying that. That's very nice of you. You could have said no it's crap Dan! *(Cathy giggles)*, but you didn't say that!

Cathy: *(laughing)* I wouldn't say that!

Dan: You wouldn't say that, even if you thought it. What if you felt it?

Cathy: I don't feel it.

Dan: *(laughs; to FC)* I was trying to be tricky but she caught me!

Dan: I guess we ought to be stopping. I think we had a pretty good meeting. It took us to the stars I think. *(Cathy giggles, Dan to foster carer)* When she giggles like that do you think she has a feeling?

FC: It sounds nice.

Dan: It's more than a sound I think. Do you think she has a feeling?

FC: I think she's happy that she can see Stargate.

Dan: And that's a feeling? *(to Cathy)* a happy feeling?

Cathy: I like to see Stargate.

Dan: So you're happy seeing Stargate?

Cathy: *(Pauses, then laughs, not wanting to admit to a feeling)* This is boring!

*(They all laugh and session ends)*

A scripted role play used to explore the experience of PACE

## A DAY IN THE LIFE

### Roles:

Narrator  
Foster mother  
Foster father  
Child (Amy, 10 years old)  
Social Worker  
Teacher  
Teaching Assistant

### Narrator

It is a school day and parents are trying to get the children up and themselves ready for work. Amy is tired as she has been awake in the night with nightmares. She is dawdling, and has become distracted when she should be getting dressed.

### Foster mother

*Ordinary response:* Amy for goodness sake will you get a move on. You don't want to be late for school again. Five minutes and breakfast will be ready.

*PACE response:* Amy, I think you are feeling tired. It was hard last night wasn't it? I expect you wish you did not have to go to school today. Come on I will sort your clothes out see if you can get them on in five minutes and then breakfast will be ready.

### Narrator

Amy is down for breakfast. Cereals are ready on the table for her. Amy gets angry. She wants toast not cereals.

### Foster father

*Ordinary response:* Well it is cereals or nothing. Eat up or you will be going to school hungry.

*PACE response:* Amy you are feeling cross today. You would really prefer to be back in bed wouldn't you? What a shame you have school today. Now eat your cereal and I will put a piece of toast on for you.

### Narrator

Amy gets to school and has had a reasonable start to the day. They have just had a break and now it is time for some number work; something she tends to struggle with. Amy has a meltdown and has to be removed from the classroom.

**Teaching Assistant:**

*Ordinary response:* Well, what was that all about? You know I am here to help you if you find it difficult. You just have to call me. Now sit here for five minutes and then come back into the classroom.

*PACE response:* Are you feeling calmer now? That was tricky wasn't it? What do you think was wrong? Were you worried about the work? Fractions can be a bit difficult. Tell you what why don't we find something from your calm box to help you and then we will sit together and look at it.

**Narrator**

It is the afternoon and the children have been doing some painting. It is break time but Amy wants to finish her painting rather than go out to play.

**Teacher:**

*Ordinary response:* Come on Amy, there is no more time. You can finish it tomorrow. Now leave it to dry and get out to the playground.

*PACE response:* You really want to finish this don't you? What a shame that there is no more time. I like the way you have used the blue and yellow colours together. You need to get some fresh air on the playground. How about if I look after this for you and I will make sure you have some time to finish it tomorrow.

**Narrator**

It is end of school and Amy is being picked up by her social worker for a contact meeting with her birth mother. Amy hangs back tidying up in the classroom. The social worker who has been waiting for her comes in to the classroom to find her.

**Social Worker**

*Ordinary response:* Hurry up Amy, we don't want to keep mum waiting do we? Come on, my car is just outside.

*PACE response:* Here you are Amy. I see you are tidying up. I wonder if you forgot I was waiting for you, or maybe you are worried about seeing mum today? You are worried. I am guessing that you might be worried about whether she will turn up or not. She doesn't always come does she? I tell you what let's go over to the contact centre. If she isn't there I will take you for a milkshake and we can think about what you want to say to mummy.

**Narrator**

Mum was there and contact went well. Amy is home and has a calm evening. At bedtime she finds that her foster carer has put up a dream catcher for her. They plan what she will do if she wakes up with a nightmare again and Amy settles down to sleep.

## PACE RESPONSES TO STATEMENTS FROM CHILDREN AND PARENTS<sup>3</sup>

Write PACE responses to the following statements made by a client.

1. 7-year-old girl: She (mum) never lets me do what I want! Never!

A.

B.

C.

2. 16-year-old boy: Why should I bother? Nothing is ever going to change.

A.

B.

C.

3. Mum: Sometimes I know that he says 'no' just to make me mad! I can't stand that!

A.

B.

C.

4. Dad: He has to realize that just because he wants something doesn't entitle him to get it!

A.

B.

C.

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<sup>3</sup> Adapted from The Workbook (Hughes, 2011)

## USING THE ELEMENTS OF PACE<sup>4</sup>

Consider how you might use playfulness, acceptance, curiosity and empathy in these situations; bearing in mind a playful response is not always appropriate.

1. Kylie (14): all my mum wants me to do is to clean my bedroom and make her a cup of tea; she's not interested in me!

2. Robbie (6): I hate my mum; she never lets me go on the computer!

3. Dad: we've tried all this PACE stuff but it doesn't seem to make any difference. He just thinks he can do what he likes now; with all this being understanding stuff!

4. You are seeing some parents and the situation becomes increasingly tense. Mum says to Dad "you wouldn't know what is going on anyway, you never come home on time and leave me to deal with the kids".

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<sup>4</sup> Adapted from The Workbook (Hughes, 2011)



## DEVELOPING AFFECTIVE- REFLECTIVE DIALOGUE<sup>5</sup>

In the following examples, first choose what you think is the best response for the situation to facilitate A-R dialogue and then create a response that might illustrate such a dialogue.

1. A father comes in to the session with his son and before too long starts a long ramble about various things that have gone wrong. He keeps interjecting with statements such as “he doesn’t seem to learn.... How many times do we have to tell him?” The boy looks more and more dejected.

**Do you:**

A: wait till he has finished and then ask the son what he thinks about what his father has said

B: explain to the father this is not how he should talk to his son

C: interrupt the father’s ramble and be curious about why these things have been happening.

**EG**

2. A girl comes into your session, flounces in to the chair and turns her back to you. Her mum looks at you and says “we had a struggle getting here!”.

**Do you:**

A: explain to the girl why you are seeing her

B: ignore her mood and try and chat about something she is interested in

C: express empathy for her presentation and be curious about why that is

**EG**

3. A boy becomes upset when the discussion touches on his abusive past. He accepts the comfort offered by his parent. A short while later he looks uncomfortable and is very distracting.

**Do you:**

A: Comment on his ability to distract you

B: Reflect with the parent that it is hard to touch into painful things and you have noticed their son’s strength and openness

C: Say it is OK to be comforted by your parent

**EG**

4. You have moved a discussion to a lighter theme because you could see the child was zoning out. However, dad tries to move it back to the difficult area.

**Do you:**

A: Speak for the child expressing how hard it has been

B: Ignore the father and carry on with your lighter theme

C: Encourage the child to stay with the discussion a bit longer

**EG**

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<sup>5</sup> Adapted from an exercise in The Workbook (Hughes, 2011)

## TALKING TO, FOR AND ABOUT<sup>6</sup>

### 1. SPEAKING FOR. In each of these scenarios talk for, as if you were the child.

- a) You are exploring with a 9-year-old child a fight that he had with his 7-year-old sister. The boy becomes agitated and looks away. Practice moving from talking to the child about this fight to talking for him by guessing what he is thinking:
- b) You are able to help a 12-year-old girl realize that her anger at her mother for refusing to allow her to do something was related to her belief that her mother did not care that what she wanted to do was important to her. She would not tell her mother that, but allowed you to speak for her.
- c) A teenager tells you that he does not need to be in therapy. You ask him a few questions about his belief but the teenager will not respond. Practice tentatively speaking for the teenager about what he might say if he chose to do so.
- d) You have been exploring a 9-year-old child's deeply held fear that his parents are going to discover that he is rubbish and get rid of him one day. You have helped the child communicate this to his parent at which point the parent hugs the child and reassures him that she would never do this. Practice speaking for the child, giving voice to his inability to be reassured and his continuing fears that if only they could really see how bad he is they would know that he has to go.

### 2. SPEAKING ABOUT. In each of these scenarios move from talking to the child to talking about him or her, allow the child to witness the impact he or she is having on you.

- a) You are talking to an 8-year-old boy about his early experience of being shut in his room by his birth parents. He experiences sadness in response to this conversation and then becomes angry with you and shouts "shut up!" Turn to the parents and speak about the boy. For example, you might talk about how hard it is for him to remember how lonely he felt. How brave and strong he was to survive this experience and how sad you feel that he had to be that brave and strong.
- b) A 15-year-old girl becomes irritated with you for not agreeing with her about her parent's limits. Spend a bit of time talking with her about her experience of having these limits imposed on her and then turn to the parents and talk about her. For example, you might talk about how hard it is to believe her parents' love her when they put these limits on her.
- c) After a stressful session in which the parents and a teenager were able to express the reasons for their anger at each other and attain some understanding—without judgment—of the other's perspective, you:
  - Speak about the teenager to the parents
  - Speak about the parents to the teenager

### 3. Experiential exercise

In groups of three, choose a person to talk, a person to listen with PACE and a person to observe.

1. **Talking to.** The speaker chooses something to talk about which is significant and they would like to talk through, but not anything really troubling as there is only a short amount of time. The listener talks to the speaker with PACE, helping him to reflect on the topic. The observer witnesses the story developing between them.
2. **Talking for.** The listener then talks to the observer, retelling the story, but as if he is the speaker. In this way he provides a witnessing, but in a way that intensifies the affect for the speaker.
3. **Talking about.** The observer now talks to the listener about what he has witnessed, allowing the affect to reduce for the speaker, as he moves into witness position and reflects on the story that has been developed.
4. Finally, the speaker can **reflect** on his experience, noticing how it felt, and the difference between experiencing talking to; for and about.

<sup>6</sup> 1 & 2 adapted from exercises in The Workbook (Hughes, 2011)

## SKILLS DEVELOPMENT FOR SPECIFIC SITUATIONS

### 1. Maintaining an intersubjective dialogue

Can you recall a client with whom you have found it hard to maintain an intersubjective dialogue with? Can you briefly describe a typical situation in which you have felt stuck or things became lifeless e.g. blaming parent, critical parent, angry child? Can you identify what makes you most anxious in these situations?

Briefly role-play the parent or child's response to the therapist asking "how are things going?" Your new therapist will try to understand what you are presenting by apologizing if necessary, seeking to clarify the reason for the break in the relationship and using ACE to deepen the relationship at this point.

### 2. Making mistakes

Think about a time when you made a mistake as a practitioner? Did this lead you in to shame (I'm a useless therapist) or guilt (I made a mistake)?

- If you felt shame, how did that impact on your abilities?
- If you felt guilt, how did that impact on your abilities?

What would you say to someone you were supervising/supporting who felt these things?

Can you try out responses using PACE?

### 3. Staying open and engaged as a practitioner:

See if you can remain open and engaged in one of the following scenarios:

a) During a parent session the parent is insistent that the child can never do something e.g. have a phone, go with a friend to the playground unaccompanied, stay up to watch a programme on TV etc. Your inner response, like the child's is "it's not fair!" See if you can engage the parent and explore with them what their worries are, can they ever see it being different, what would be needed? Try to get to a place where you fully understand their position. Your goal is not to change their mind but to see if your accepting stance enables them to see things from a different vantage point.

b) An adolescent says it's a waste of time coming to see you! You feel somewhat crushed because you thought you had engaged with him (or her, if you prefer) quite well. See if you can remain open and engaged as you explore when and where that feeling came from? How would he know when it would be worth his while coming? Explore with him if he has known times when it has felt good talking to someone etc. Your goal is build up a narrative of why it makes sense from his perspective not to come!

c) Stacey is 14 years old and has been with foster carers for 4 months. This is her first placement and she was taken into care for gross neglect. She was known to have been sexually abused. She has been absconding a lot from her foster home and is found with some older men in a flat. She says she loves one of them and is open about having sex with him. She says she will fight anyone who tries to stop her seeing him. What are your first reactions? How do you make sense of this? Your task is to build a relationship with her using PACE and understand how she sees the situation.

d) Recall a situation when you found it hard to remain open and engaged and use your empathy to help you understand where the parent or child was coming from. Can you pin point what was activated in you?

### 4. Staying open and engaged reflection:

Reflect on what 'pushes your buttons'? This can help you to predict what might be difficult to manage in a child or parent. In groups you might role play this scenario and reflect on your response to the predicted trigger.

## **WORKING WITH PARENTS**

### **Curious exploration before problem solving**

1. Role play a practitioner with a parent using one of the three scenarios:
  - Check your own response
  - Be curious about parents' feelings and response and show acceptance and empathy for this experience.
  - Think and talk together about possible meanings behind the child's behaviour.
  - Think about how parent might respond differently to the child.
- a) A parent is caring for a teenager who has been stealing and then lying about this. Parent has just discovered that he has taken his best friend's ipad. He protests that he didn't take it, but found it on the bus. He was going to give it back. The parent tells you that he has had enough with this stealing and is thinking about calling in the police.
- b) A five-year-old child is refusing to eat dinner, but is then complaining that he/she is hungry at bedtime. The parent tells you that she has introduced a new regime. The child will have twenty minutes to eat and if it isn't eaten will get nothing more until morning.
- c) A parent tells you that they are tired of the constant rejection from his or her 9-year-old child. The child does not respond when spoken to; will tell the parent he/she hates him/her and will refuse to do anything when asked. There are moments when the child can be loving, but these are not often. The parent says that he/she just doesn't like the child anymore and sometimes wishes the child wasn't there.

## **ATTACHMENT HISTORY EXPLORATION - YOUR STORY**

### **Guidance for reflection and consolidation of experience: option 1**

#### **Level Two, Day 4**

40 minutes in total - 20 mins in their group then 20 mins all together  
(Be clear there is no expectation to share content in larger group)

#### **Consider these four questions**

1. Was this helpful and if so, how was it was helpful?
2. How might your history contribution to your strengths in your work, and your vulnerabilities?
3. What, if anything, did you learn about the impact on adoptive and foster carers:
  - a. of you asking about their own history, childhood, attachments and
  - b. them telling you .and
  - c. finding ways to link this to their parenting
4. Did you notice any themes for your group?
5. If helpful, how might you add this to your future practice/supervision?

## **ATTACHMENT HISTORY EXPLORATION - YOUR STORY**

### **Guidance for reflection and consolidation of experience: option 2**

#### **Level Two, Day 4**

The following questions are designed to help you reflect on your early experience and the impact it has had on you as a practitioner. Once you have had the opportunity to tell your story and reflect on your attachment history, supported and witnessed by your colleagues in your group of three, you might want to reflect upon the way this experience has impacted upon you as a practitioner.

These questions provide some ideas for this reflection.

**1. What words would you use to describe yourself as a practitioner?**

For each of these words reflect on them in relation to your own parents. Are these characteristics that you can see have been influenced by your parents or are they a part of yourself that wants to be different to your parents?

**2. How did your parents respond to you when you were happy or excited?**

Can you think of a specific example? Is this similar or dissimilar to how you respond to your clients when they are happy or excited?

**3. How did your parents respond to you when you were worried or anxious?**

Can you think of a specific example? Is this similar or dissimilar to how you respond to your clients when they are worried or anxious?

**4. How did your parents support you through a loss or significant separation?**

Can you think of a specific example? Is this similar or dissimilar to how you respond to your clients when they are coping with a loss or significant separation?

**5. Reflect upon a time when you were upset or distressed as a child.**

How did you calm or comfort yourself? How did your parents help or not help with this? How do you offer comfort to your clients when upset or distressed? Is this similar or dissimilar to your own experience?

**6. Can you think of any times when you felt hurt by your parents or by someone else?**

How did you respond to this hurt? How did your parents' respond to your hurt? Do you think this experience has impacted on how you support your clients when they feel hurt by someone?

**7. In reflecting upon these questions have you noticed things that you find especially difficult to remember about your childhood?**

How do you think that this lack of remembered experience has impacted upon you as a practitioner?


**8. What weaknesses do you think you have brought to your practice that have come from your experience of being parented?**

**9. What strengths do you think you have brought to your practice that have come from your experience of being parented?**

## DDP PRACTICE AIDE<sup>7</sup>

Developed to help you reflect on your work. *Words in italics link to DDP Rating Scale*

### SECTION A: Core Components of DDP

<b>1. General aims for practitioner</b> (includes using interventions to establish safety for both child and parent)
<b>ROOM SET UP</b> Environment is arranged to increase safety and enable interactions between child, parent and practitioner such as access to sofa, comfortable chairs, cushions, blanket
<b>SELF-REGULATION OF PRACTITIONER</b> Practitioner remains emotionally regulated throughout session and regains regulation quickly if he or she begins to react to parent or child with, for example, irritation or discouragement
<b>PRACTITIONER CONSISTENTLY OPEN AND ENGAGED</b> not defensive. All current and past events, and experiences, are invited and welcomed
<b>REFLECTIVE DIALOGUE</b> Practitioner is comfortable with talking out loud about what is generally happening in session, without necessarily anticipating a response.
<b>BRINGS IN CONTENT FROM WEEK</b> as well as content in this session
<b>ADDRESSES CONTENT THAT IS AVOIDED.</b> When relevant content or themes are being avoided, practitioner explores this in a safe manner; perhaps using tentative curiosity
<b>MODELS AND DEVELOPS RECIPROCAL INTERACTION</b> Can intervene to shift unhelpful monologues and recurrent unhelpful themes into more reciprocal interaction
<b>ADDRESS CONCERNS/PROBLEMS BEFORE END OF SESSION</b> (addressing behaviour) Specific DDP-informed parenting principles, ideas or recommendations congruent with DDP are suggested after connections have been made and when the time is right – usually not at start. Addresses child concerns in a way that involves parent and validates parent-child relationships
<b>2. PACE</b> (Practitioner and parent do their best to communicate using PACE)
<b>PLAYFULNESS</b> Demonstrates playfulness in voice tone and content when appropriate.  <b>Watch out for:</b> When people are upset, responding with playfulness can sound like sarcasm; Perhaps use empathy instead.
<b>ACCEPTANCE</b> <b>Demonstrates consistence acceptance of experience</b> and inner lives, accepting all thoughts, feelings, perceptions, motives and urges throughout the session including when exploring behaviours identified as a problem or concerning. Comes before and goes alongside the need to limit behaviour. Demonstrating acceptance of child's inner life does not mean you are accepting challenging, worrying or unacceptable behaviour.

<sup>7</sup> This practice aide has been developed by Julie Hudson



#### CURIOSITY

**Demonstrates curiosity about experiences.** Shows an attitude of curiosity, an authentic interest in making sense of “How come you did that/feel like this?” such as wondering about and/or making tentative guesses about both the child’s and parent’s experiences. Often involves “Reflective Dialogue”. Not anticipating an answer, though if you do get a response this is helpful in starting reciprocal conversations.

#### EMPATHY

**Demonstrates empathy toward experiences;** shows attuned empathic responding. Arises out of acceptance and curiosity.

**DEMONSTRATES STORY TELLING VOICE,** a light tone, rather than lecturing, evaluative or judgemental tone

### 3. Takes the lead in creating Affective-Reflective Dialogue (A-R dialogue)

EBB AND FLOW OF DIALOGUE sometimes referred to as “CONNECT AND CHAT”

**Light moments at onset and/or natural breaks in themes followed by more intense themes.** Lightly connects with child and/or parent at start of session. Brings in more difficult content of week when time is right, such as when child is emotionally and physiologically regulated, open and engaged.

FOLLOW > LEAD > FOLLOW > LEAD

**Following themes introduced by parent or child and leading into other themes and following their responses.** Creates a natural conversation back and forth. Start session relaxed and interested in child and/or parent’s focus then alternate between that and gently bringing in tougher topics.

GENERAL FLOW OF DIALOGUE

**Establishing a momentum that is maintained across all themes of varying intensity.** There is a natural and easy flow to conversations in general

ATTENDS TO NON-VERBAL COMMUNICATION

**Aware of both nonverbal and verbal components of dialogue as well as their congruence or incongruity.** Comments on non-verbal communication especially when there is a discrepancy between verbal and non-verbal expressions or behaviour e.g. smiles when expressing sadness

ACCEPTS/SHOWS INTEREST IN RESISTANCE

Responds with PACE if parent or child shows resistance to themes or dialogues introduced by practitioner. Response example “You’ve found a way to let me know...”

CONNECT > BREAK in relationship > REPAIR (Repair by practitioner)

**Repair of relationships among any or all members of dialogue.** Repair any relationship break and any mistake with either child or parent - to show your connection is far more important to you and you value your relationship with them above all.

INTEGRATES AFFECTIVE AND REFLECTIVE

**Integration of affective and reflective component, with affective often preceding reflective.** When something affective or emotional happens, stop and reflect on it (increases the child and/or parents’ ability to reflect). If not done in early or mid-session, ensure more reflective aspects of developing narratives are brought in towards the end. It is helpful for practitioner to include reflection about what has happened in session, as part of ending the session.



#### 4. Deepening of dialogue and of experience

This is one of the distinct and hardest components of DDP to put into practice. This is not anticipated to develop fully (when working with either children and parents, or parents only) until the latter parts of the practicum to become certified as a Practitioner in DDP.

Sticking to, and returning to one or two key themes in a session. Sometimes many important themes are brought into a session by child or parent, all feeling equally important and it can be hard to know which to focus on. All themes can be reached again through meandering PACE-based communication

**Through slowing the forward movement and/or heightening the empathy and/or curiosity around a theme** Recognises when to deepen experience by both slowing narrative down and leading child or parent into the affective experience of an event rather than asking for more information

Moves easily between curiosity and empathy

#### 5. Intersubjectivity

Key elements in creating and maintaining intersubjective dialogues during a session

DEMONSTRATING THE THREE CORE COMPONENTS OF INTERSUBJECTIVITY

Practitioner “in-synch” with parent and/or child

**Attunement** (can include matching affect)

**Joint attention** (can include sharing awareness)

Explores and develops **complimentary intentions** (can include shared goals arrived in differing ways)

MINDFUL AWARENESS

Practitioner is fully “in the moment” over the course of session so his or her responses are contingent, on, or follow on from, the verbal and non-verbal responses just given by the parent or child

BREAKS FROM INTENSITY

Practitioner ensures appropriate flow, pace and rhythm to conversations, moving from safety to more stressful and back to safety, so as to give breaks from emotional intensity

SHOWS IMPACT

**Intersubjectivity demonstrated through positive impact child and parent is having on the practitioner.** Practitioner clearly shows the positive impact the child and/or parent has on him or her so the child or parent can see and experience this. Increases safety

#### 6. Developing relationships and communication between parent and child or between both parents in parent only sessions (if there are two parents)

“Talking About” and “Talking For” can help regulate affective experiences in sessions

**“COMMUNICATING ABOUT”/“TALKING ABOUT”** child, giving child opportunity to listen or

When meeting with two parents, practitioner talks with one parent, giving the other parent opportunity to listen. Can increase safety and lower risk to listener. Can decrease affect.

**“COMMUNICATING FOR”/“TALKING FOR”** child or parent

e.g. speaking out loud about best guess as to thoughts, wishes and feelings of person (and you are clear that you are open to correction). Check out with person first that he or she is alright with this.



**Watch out for:** Try to make sure your words arise out of your direct experience of, and knowledge of, person. Use carefully as can intensify affect.

<p>“COMMUNICATING WITH/TALKING WITH”</p> <p><b>Aides the development of open and engaged communication between parent and child.</b> Facilitates communication between parent and child and/or child and parent so they talk together</p>
<p>COMFORT</p> <p><b>Aides the development of interactions of sadness and comforting.</b> Helps child become more open to accepting and/or receiving physical or verbal comfort from parent.</p>
<p>AIDES THE DEVELOPMENT OF CURIOSITY IN THE CHILD</p> <p>Helps child to experience own curiosity about experiences and events, such as child showing interest in new and different ways of making sense of their habitual responses to current and past events.</p>
<p>AIDES THE DEVELOPMENT OF INTERACTIONS OF RECIPROCAL JOY</p> <p>Includes helping the child to experience pleasure within the relationships in room</p>
<p>PARENTAL REPAIR (increases parental sensitivity)</p> <p>Conflict from parent to child is explored in a manner that results in repair by parent. If this isn't possible in session, practitioner focuses on helping parent with this, being curious about why this is hard, in future “parent only” session.</p>
<p>PARENTAL VALIDATION</p> <p>Most parents love, want to love and want the best for their child. Child hears the practitioner identify and validate how his or her parent has worked and struggled toward this during life at home and within the session. For example, through practitioner noticing, commenting on, wondering about parents wanting to work out why child might be angry or sad, or helps child with friendships or takes up a school issue. This can be verbal or non-verbal.</p>

<p><b>7. Co-regulation of affect and body/physiological responses</b></p> <p>Affect is the outward, observable expression of emotion displayed to others through, for example, facial expressions, gestures, voice tone, smiling, tears</p>
<p>CO-REGULATES AFFECT EMERGING IN DIALOGUE.</p> <p><b>As needed and maintaining a shared affective state.</b> Practitioner helps manage escalated feelings, such as anger, sadness, fear, joy and excitement, for examples through matching affect (attunement) and using PACE to help child and/or parent remain open to, and engaged with, session content.</p>
<p>CO-REGULATES PHYSIOLOGICAL AROUSAL</p> <p>Practitioner effectively helps to regulate high physiological arousal in child and/or parent, such as through rhythm, matching vitality affect, repetitious words or movement.</p>

<p><b>8. Co-construction of narrative and meaning</b></p>
<p>MEANING BEHIND BEHAVIOUR</p> <p>Considers potential meaning of current and past behaviour, experiences and events; exploring feelings, thoughts, looking under the surface. Includes exploring wishes, perceptions, motives, urges and desires underneath.</p>

<p><b>CO-CONSTRUCTS NEW MEANINGS</b></p> <p>Explores and develops new connections between present and past behaviour, events and experiences. Offer these after safety, co-regulation and intersubjective connections are in place.</p>
<p><b>KEY THEMES</b> Focuses on a small number of key themes or topics and returns to them when child or parent avoids or tries to drifts into other topics or brings in multiple themes</p>
<p>Where relevant, practitioner enables <b>PARENT TO EXPERIENCE CHILD'S STRENGTH'S AND PERCEIVED MEANINGS</b> that lie under behaviour.</p>
<p>Relationship problems and/or conflict shown by parent and child are explored and connected to the narratives of each</p>

## SECTION B: Working with Parents

### Demonstrating the application of DDP core principles and components

<b>1. Preparation, Consultation or support meetings with parent and/or network</b> Some questions to consider	
<p><b>PREPARATION</b></p> <p>Has practitioner met sufficiently with parent to explain model, including PACE, and prepare parents about their role in the model, before including child in the sessions with the parent?</p>	
<p><b>PRE-THERAPY CONTACT</b></p> <p>Does practitioner regularly talk (phone or face-to face) with parent (before session with parent and child together) to find out how parent has experienced recent events and prepare parent for session?</p>	
<p><b>DURING THERAPY CONTACT</b></p> <p>Does practitioner meet at intervals with parent alone, alongside sessions with parent and child? Has practitioner talked about the possibility, and the reasons why, an increase in parent-only sessions might be necessary alongside or during therapy that includes child and parent?</p>	
<p><b>NETWORK CONSULTATION</b> If relevant, does practitioner regularly meet with or have contact with the network around the child?</p>	
<p><b>PARENT CONSULTATION AS A STAND ALONE INTERVENTION</b></p> <p>Sometimes it is helpful to provide parental consultation as the most appropriate intervention, without the practitioner involving the child in sessions with the parent. Is this an option that could be considered by the family, child and network, if this is assessed as being the case?</p>	

<b>2. “Parent only” and “Parent and child” sessions</b>	
<p><b>PARENT ONLY SESSIONS</b></p>	<p>Parent’s parenting history of caring for this child, and other children, if relevant, has been or is being, sufficiently explored and addressed</p>
	<p>Parent’s own attachment histories, experiences of being parented and other significant events have been, or are being, sufficiently explored</p>
	<p>Parents are given an understanding of PACE that supports them to try it in sessions and at home when communicating with child</p>

**BOTH PARENTS INVOLVED** (when there are two parents) in the work, considering their circumstances. There clear arrangements as to how parents communicate about sessions.

**PARENTS UNDERSTAND MODEL AND USE PACE** When working with the parent and child, parents show evidence of understanding model and effective preparation including using PACE. Do parents trust practitioner to coach them or model interactions?

## SECTION C. Practice that reduces effectiveness of DDP.

This section includes responses that are unlikely to be part of a DDP session as they contribute to PACE, especially acceptance and empathy, and intersubjective dialogues are less likely to develop. They sometimes appear as a consequence of having used other approaches to therapy. Reducing these is likely to make DDP more effective.

<b>Practice that reduces the effectiveness of DDP. (What it helps to do less of)</b>
Practitioner becoming defensive in response to parent or child
Follow, follow, follow but little leading
Lead, lead, lead but little following
Evaluating or judging child's or parent's behaviour or experience.
Reassuring rather than acceptance of experience. Giving responses that reassure, rather than accepting and being curious about the experience or perception raised by parent or child
Asking for more information at times when it would be more helpful to reflect on feelings and stick with the experience.
Overuse of playfulness
Problem- solving too early prior to establishing safety, intersubjectivity and an affective-reflective dialogue. Prematurely fixing or trying to solving problems or suggest parenting strategies before safety and emotional connections have been made
<p>NOTE: Continuing with therapy with parent and child may need to be reviewed when parental responses frequently:</p> <ul style="list-style-type: none"> <li>prevent emotional "safety" for the child</li> <li>or</li> <li>hinders your curiosity and acceptance of meaning behind child's behaviour</li> <li>or</li> <li>prevents, rather than supports, intersubjective deepening with child.</li> </ul> <p>Examples:</p> <p>Parent talks with anger about all the problems with child in the past week at start of the session. Parent feels unhappy or undermined by your total acceptance of, and exploration of, the possible meanings behind child's outward behaviour.</p> <p>Parent feels you have been "taken in" by child, like everyone else and you just don't understand how hard it is for them at home.</p> <p>This indicates more work would be helpful with parent(s) alone about the model and about PACE.</p>

## Pyramid of Need and Assessment Matrix

Using the ‘Pyramid of Need’ developed by Kim Golding (Golding & Hughes, 2012), this paper guides commissioners and practitioners interested in exploring the use of DDP interventions with families of children who have experienced developmental trauma.

**Dyadic Developmental Psychotherapy (DDP)** is a model of therapy developed by Dan Hughes that enables children who have experienced relational trauma to benefit from new relational experiences that are crucial for their development. DDP provides relational experiences similar to those provided in healthy parent-child relationships. They also provide opportunities for learning about self and others in a manner that is not distorted by past relational experiences of shame and terror.

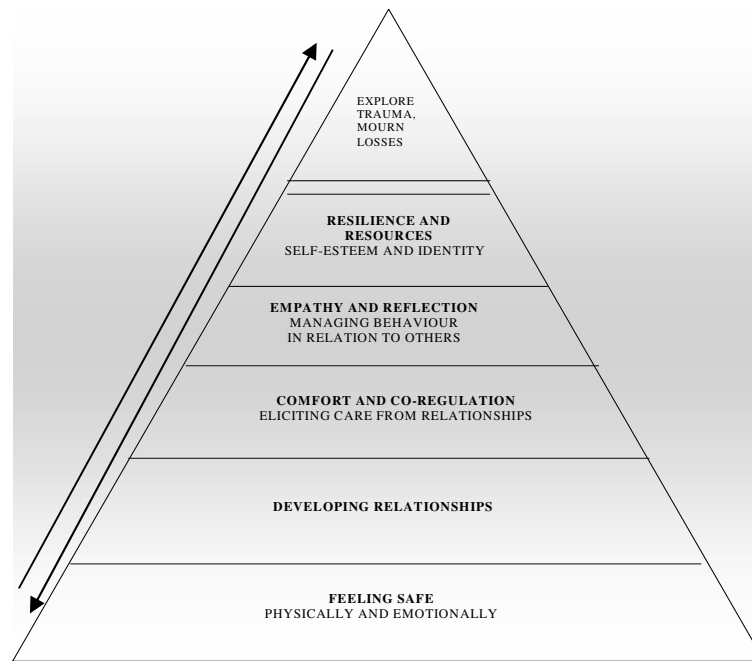
**Dyadic Developmental Practice** refers to the community network of services surrounding DDP and DDP-informed Parenting; often necessary to provide support to the child and family.

**DDP-informed Parenting** (also known as Dyadic Developmental Parenting) refers to a model of parenting, congruent with DDP, that is utilized by parents with their children whether or not their child is receiving Dyadic Developmental Psychotherapy.

*(Golding, K. S. & Hughes, D. A. (2012) Creating Loving Attachments. Parenting with PACE to nurture confidence and security in the troubled child. London: Jessica Kingsley Publishers*

*Definitions taken from: Hughes, D. A.; Golding, K.S. & Hudson, J. (2019) Healing relational trauma with attachment-focused interventions: Dyadic Developmental Psychotherapy with children and families NY: W. W. Norton & Co, Inc)*

### Pyramid of Need



### Assessment Grids

The assessment grids are designed to guide the provision of a DDP intervention plan. Parents and children can be at different levels at once and will move up and down according to what is happening at the current time. Ongoing assessment and a flexible plan is needed.

The questions and observations are illustrative and do not represent a complete list. They will give commissioners and assessors ideas for the sorts of questions they could be asking and observations they could be making.

Please note, this does not exclude other complimentary interventions within the intervention plan. For example, DDP interventions have successfully been combined with sensory regulation support as advised by Occupational Therapists; Theraplay; and trauma therapies such as EMDR.

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## Assessment Grid 1: Parents and Carers

<b>Feeling Safe</b>	Do the parents feel unsafe in their interactions with health, education and social service practitioners?	Parents are concealing information from practitioners.	Dyadic Developmental Practice Model with practitioners and parents' network to enable them to use the DDP principles to provide emotional and physical safety for the parents, including supporting the building of a relationship with a practitioner who can provide parenting support.
		Parents are becoming angry and/or defensive in meetings.	
		Parents are saying that they do not feel heard and supported and/or that they are feeling blamed for the difficulties the child and family are encountering.	
		Parents are searching for a diagnosis or solution for the child whilst struggling to think with practitioners about their parenting and/or their own past traumas or difficulties	
	Do the parents feel unsafe within their homes and in their day-to-day parenting?	Parents are struggling to use boundaries for fear of the reaction of the child.	Dyadic Developmental Practice Model to increase support to parents  Combined with DDP-informed parenting model.  Can include DDP endorsed parenting programmes eg Nurturing Attachments and/or Foundations for Attachment
		Parents are having to manage a high level of violence and risk with their child.	
		Parents are socially isolated and unsupported.	
	Do the parents struggle to stay open and engaged towards the child?	Parents are quickly becoming defensive shown through irritation, frustration, anger and/or hopelessness	<b>This work needs to precede Dyadic Developmental Psychotherapy with the child.</b>
		Parents are showing signs of blocked care; finding it hard to enjoy or get satisfaction out of parenting.	
	Are the parent struggling to help the child to feel safe?	Parents are not offering sufficient attunement and responsivity towards the child. Eg not picking up cues or not understanding miscues of child.	DDP-informed parenting model to provide parenting support to help the parents parent the child in way which increases feelings of safety Can include DDP endorsed parenting programmes eg Nurturing Attachments and/or Foundations for Attachment  <b>This work needs to precede Dyadic Developmental Psychotherapy with the child.</b>
		Parents are too strict or lenient in boundaries?	
		Parents are not sufficiently available for the child.	

<b>Making Relationships</b>	Are the parents struggling to develop a secure relationship with the child?	Parents are struggling to understand and accept the emotional experience of the child.	<p>DDP-informed parenting model to provide parenting support to help the parent to parent the child in a way which increases security in the relationship. Can include DDP endorsed parenting programmes eg Nurturing Attachments and/or Foundations for Attachment</p> <p><b>Some of this work needs to precede Dyadic Developmental Psychotherapy with the child</b></p>
		Parents are struggling to offer empathy towards the child.	
		Parents are struggling to be playful at appropriate times so that joy in relationship is missing.	
	Are the parents responding to the misreading of the child or not responding to cues of the child leading to misattachment?	Parents are struggling to understand the cues the child is giving and to respond with available, attuned responses.	
		Parents are responding defensively eg with frustration or irritation	
		Parents are withdrawing from the child when the child needs them or trying to respond with solutions when the child needs emotional support and regulation.	
	Are the parents struggling to remain open and engaged to the child at times when the child needs this to feel secure?	Parents are becoming defensive at the time that the child most needs them to be available to him.	
	Are the parents wanting and able to provide a parenting environment which helps to build the relationship and increase security for the child? Can the parents repair the relationship when they lose this environment at times of increased stress?		Parents are assessed as being able to provide relationship building experiences which can support the child in Dyadic Developmental Psychotherapy



<b>Comfort &amp; Co-regulation</b>	Are the parents struggling to provide regulatory support and comfort when needed?	Parents withdraw when the child needs comfort and regulatory support	<p>DDP-informed parenting model to provide parenting support to help parent provide appropriate nurture including regulatory support and comfort when needed.</p> <p>Can include DDP endorsed parenting programmes eg Nurturing Attachments and/or Foundations for Attachment</p> <p><b>Some of this work needs to precede Dyadic Developmental Psychotherapy with the child</b></p>
		Parents provide discipline and advice when the child needs regulatory support and comfort.	
		Parents respond to the child's need for regulatory support or comfort with frustration or anger.	
	<p>Are the parents able to nurture the child by offering a warm, emotionally regulating environment?</p> <p>Can the parents repair the relationship when they lose this environment at times of increased stress?</p>		<p>Parents are assessed as being able to provide the parenting environment which can support the child in Dyadic Developmental Psychotherapy</p>

<b>Empathy &amp; Reflection</b>	Are the parents struggling to reflect on their child and to understand the emotional experience of the child?	Parents are jumping to conclusions or providing irrational explanations for the child's behaviour. Eg the child does this because he hates me.	<p>DDP-informed parenting model to provide parenting support to help the parents to reflect on the child so that they understand the experience of the child and can experience their own empathy for the child.</p> <p>Can include DDP endorsed parenting programmes eg Nurturing Attachments and/or Foundations for Attachment</p> <p><b>Some of this work needs to precede Dyadic Developmental Psychotherapy with the child</b></p>
	Are the parents struggling to have empathy for their child?	Parents are responding angrily or with irritation to the child based on not being able to understand the child's experience.	
	Are the parents trying to deal with the child without understanding the child?	Parents are moving too quickly to disciplining the child without stopping to understand why the child is behaving as he is.	
	<p>Are the parents able to reflect on their child's experience and to experience empathy for this?</p> <p>Can the parents repair the relationship with the child at times when reflection is lost at times of increased stress?</p>		<p>Parents are assessed as being sufficiently reflective to support the child in Dyadic Developmental Psychotherapy</p>



<b>Resilience and resources (self-esteem and identity)</b>		Parents are struggling to like the child or to enjoy parenting.	Dyadic Developmental Practice Model to increase support to parents Combined with DDP-informed parenting model. Can include DDP endorsed parenting programmes eg Nurturing Attachments and/or Foundations for Attachment  <b>This work needs to precede Dyadic Developmental Psychotherapy with the child.</b>
	Are the parents experiencing blocked care?	Parents are wanting to spend a lot of time away from the child eg using nursery or after school care and activities to a large extent	
	Are parents socially isolated?	Parents do not have family and friends who they can ask for help from.	
		Parents are not finding time to socialise with friends or with each other.	
	Are parents feeling a sense of failure and are doubting their ability to parent the child?	Parents are comparing themselves unfavourably to other parents.	
		Parents are feeling that no-one else has made the mistakes/had the problems that they have.	
	Are parents assessed as having resilience and resources for parenting the child?		Parents are assessed as being sufficiently resilient to support the child in Dyadic Developmental Psychotherapy

<b>Explore trauma; mourn losses</b>	Do the parents have unresolved trauma which is or potentially could be triggered by parenting the child?	Parents experience an emotional response to the child which is out of proportion to what the child has done.	DDP-informed parenting model can help the parent to explore traumas and losses and understand how they are impacting on their parenting. If they cannot engage in this work, they may need therapy for themselves with a therapist who understands the DDP model and the complexity of parenting developmentally traumatised children.
	Do the parents have losses that they have not fully grieved for?	Parents find it hard to be available or close to the child, alongside preoccupation with the person who has been lost.	
	Are the parents understanding of the child's trauma and losses and beginning to provide a DDP informed parenting environment?		Parents are assessed as able to support the child in Dyadic Developmental Psychotherapy

## Assessment Grid 2: Children and Young People

<b>Feeling Safe</b>	Is the child demonstrating high levels of fear and anxiety at home, displayed through anxious or angry behaviours?	Child needs regulatory support and high levels of nurture	DDP-informed parenting model to provide parenting support to help the child feel safer. Can include DDP endorsed parenting programmes eg Nurturing Attachments and/or Foundations for Attachment  Can be supported by Dyadic Developmental Psychotherapy when parents are ready to support this (see grid 1)
	Does child struggle to use carers as a secure base to increase feelings of safety, demonstrated through overly self-reliant or attention needing behaviours?	Child needs help to accept and use the nurturing the carer is offering	
	Is child emotionally struggling to separate from carer? Shown in clinginess or apparent indifference	Child needs help to increase security and develop trust in availability of carer.	
	Does child find it difficult to feel safe away from carer? Eg at school	Child needs attachment support at school	Dyadic Developmental Practice Model with school and community staff to enable them to use the DDP principles in providing a less stressful environment and in their support to the child to feel less stressed by the environment
	Is the school environment too stressful for the child? Shown through hypervigilance, emotional dysregulation, oppositional /aggressive behaviours, passive/compliant /withdrawn behaviours or coercive behaviours	Child needs stress in the environment reduced and increased adult support	
<b>Making Relationships</b>	Does child struggle to trust in availability of carer and therefore misuses attachment needs? Shown in overly self-reliant behaviours	Child needs help to trust in the availability of the carer.	DDP-informed parenting model to provide parenting support to help the child feel more secure in relationships. Can include DDP endorsed parenting programmes eg Nurturing Attachments and/or Foundations for Attachment  Can be supported by Dyadic Developmental Psychotherapy when parents are ready to support this (see grid 1)
		Child needs help to use the nurturing the carer is offering?	
	Does child struggle to make or keep friends? Shown in social isolation and withdrawal or aggressive and/or controlling behaviours with peers and/or drawn to inappropriate and risky peer groups.	Child needs support to engage with other children	Dyadic Developmental Practice Model with school and community staff to enable them to use the DDP principles to support the child in managing relationships.
		Child needs structured opportunities to meet peers and develop friendships	
		Child needs structure and supervision to manage social relationships	

<b>Comfort &amp; Co-regulation</b>	Does child struggle to manage emotion leading to dysregulation or dissociation at home?	Child needs parental support to co-regulate emotion	DDP-informed parenting model to provide parenting support to help child with emotional experience. Can include DDP endorsed parenting programmes eg Nurturing Attachments and/or Foundations for Attachment  Can be supported by Dyadic Developmental Psychotherapy when parents are ready to support this (see grid 1)
		Child needs help to trust in parents' support	Parents are assessed as able to and are prepared to support the child in Dyadic Developmental Psychotherapy then work with child & carer using the Dyadic Developmental Psychotherapy Model in addition to parenting support (see grid 1)
	Does child struggle to manage emotion leading to emotional and sensory dysregulation or dissociation at school?	Child will need regulatory based support in school	Dyadic Developmental Practice Model with school and community staff to enable them to use the DDP principles to provide emotional and sensory regulation in school and to help child to notice and talk about emotional experience

<b>Empathy &amp; Reflection</b>	Does child struggle to make sense of internal world of self. Child appears unaware of internal experience or unable to express this in words	Child needs help to recognise and talk about emotional experience	DDP-informed parenting model to provide parenting support to help child self-reflection. Can include DDP endorsed parenting programmes eg Nurturing Attachments and/or Foundations for Attachment  Can be supported by Dyadic Developmental Psychotherapy when parents are ready to support this (see grid 1)
	Does child struggle to make sense of internal world of others. Child does not express empathy for other or appears unaware of impact of self on other.	Child needs adult support to notice what others might be experiencing and how they may be impacting on this.	Dyadic Developmental Practice Model with school and community staff to enable them to use DDP principles to support child's self-reflection and to help child to notice experience of others and their impact on this.
	Does child appear fearful or anxious about noticing internal world. For example, showing distrust or rejection of empathy from others which draws attention to their inner world.	Child needs adult support to feel secure and comfortable making meaning out of experience	Parents are assessed as able to and are prepared to support the child in Dyadic Developmental Psychotherapy then work with child & carer using the Dyadic Developmental Psychotherapy Model in addition to parenting support (see grid 1)

<b>Resilience and resources (self-esteem and identity)</b>	Does the child have little resilience so that he is prone to seeing himself in a poor light?	Child needs good relationship experience	DDP-informed parenting model to provide parenting support to help child self-esteem and identity. Can include DDP endorsed parenting programmes eg Nurturing Attachments and/or Foundations for Attachment  Can be supported by Dyadic Developmental Psychotherapy when parents are ready to support this (see grid 1)
	Does the child struggle to develop and use skills or talents which help him to feel effective and to feel good about himself (self-esteem)	Child needs opportunities to succeed and to build confidence	Dyadic Developmental Practice Model with school and community staff to enable them to use the DDP principles to support child's self-esteem and identity.
	Is the child struggling with negative sense of identity; often seen as beliefs about own sense of badness	Child needs understanding of how past experience has impacted on his sense of who he is, so he can feel more secure in his relationships, thus helping to revise his sense of identity over time.	Parents are assessed as able to and are prepared to support the child in Dyadic Developmental Psychotherapy then work with child & carer using the Dyadic Developmental Psychotherapy Model in addition to parenting support (see grid 1)
<b>Explore trauma; mourn losses</b>	Child is struggling with feelings of grief and loss, sometimes masked by angry and rejecting behaviours	Child needs help to develop trust in carers who can support with this emotional experience	DDP-informed parenting model to provide parenting support to help child with impact of trauma and loss. Can include DDP endorsed parenting programmes eg Nurturing Attachments and/or Foundations for Attachment  Can be supported by Dyadic Developmental Psychotherapy when parents are ready to support this (see grid 1)
	Child does not trust adults to support him with his emotional experience.	Child needs understanding and acceptance for his emotional experience of grief and loss.	Parents are assessed as able to and are prepared to support the child in Dyadic Developmental Psychotherapy then work with child & carer using the Dyadic Developmental Psychotherapy Model in addition to parenting support (see grid 1)
	Child is struggling to understand experience and/or is showing post traumatic symptoms such as flashbacks and intrusive memories.	Child needs help to hold a coherent narrative/story about his experience,	