



**Adoption
Central
England**

An Introduction to DDP for Adoptive Parents



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1. What is Dyadic Developmental Practice (DDP)?

- *'Dyadic'* means *'something about two people'*. This word was used because this therapy helps people with their relationships with other people.
- DDP specifically aims to help parents or care-givers and their child make deeper emotional connections with each other. This can be one of the hardest things for children to do who have given up on trusting, or relying on adults, because they have been let down by adults in the past who have cared for them.
- It can be just as hard for children who have had good care and then had to leave the adults who provided this good care. Often they move many times until they lose trust that their current care-givers will be lasting. For this reason, DDP is a type of therapy where you will be seen with your child.
- *'Developmental'* is used because the children and adolescents who have experienced developmental trauma may have had their emotional, social or cognitive development affected. This can happen in a wide range of ways that are individual to your child's circumstances and are sometimes hard to make sense of.
- This therapy aims to work out whether and how your child's development might have been affected and how you might be able to help your child's development progress.
- ACE was established as a regional adoption agency in 2018. Soon afterwards ACE began working towards establishing a philosophy and model of practice underpinned by Dyadic Developmental Practice (DDP) and is now a DDP certified organisation. DDP is an approach that brings together what is known about attachment and the impact of childhood developmental trauma. DDP puts relationships and emotional connection at the heart of services.

2. Who is it for?

- DDP is a way of helping children and young people who have been adopted or fostered or live in kinship care, or residential homes. It can also help children who live with their biological parents if the home and parenting provided is now safe and nurturing, both emotionally and physically.
- ACE supports children and families who have difficulties related to attachment, loss and developmental trauma. The practice within our organisation aims to promote children's recovery alongside building confidence and abilities with prospective and current adoptive parents in therapeutic parenting and using DDP and PACE within their care and approach.
- DDP has become a part of how we communicate for staff at ACE and this is reflected in the way we support families in a connected and engaged manner. Connection and positive engagement is at the forefront of interventions when supporting families through direct support, training and assessments.

3. What does DDP aim to do?

- It aims to:
 - Help your child to have a better relationship with you

- Help you to have a better relationship with your child
- Help you make more sense of what might be the reasons behind or underneath your child's more concerning, confusing or worrying behaviour
- Help your child, with you alongside, make sense of their current day to day feelings, thoughts and behaviours as well as the things that have happened in the past
- Help you, together with your child, make sense of how these may be linked
- Help your child to understand how your motives are different from the motives of past care-givers who provided them with inadequate care.
- How this happens will depend on the ways your child learned to cope with his or her earlier experiences. For example, if he or she finds it hard to trust you or ask for help, the therapist will focus on this. If your child seems to need to always feel in control of everything, this will be focused on.
- One way of looking at this is that it aims to increase your child's attachment security.
- ACE recognises that stressed and exhausted parents need to be met with acceptance and offered genuine empathy for their situation before attempting to provide them with strategies to try, or to ask them to start using PACE at home, or to refer them on for therapy with external providers.
- ACE identifies the aim is often to help adoptive parents understand the child's hidden needs and communicate and experience some empathy for the child. To achieve this, it is important to really 'get' and understand the parent's experience, and behaviours, in the context of caring for a child or children who find trusting adults hard. It is important that workers remain open and engaged, seeking to understand rather than evaluate.

4. How does the therapy work?

- Your therapist will:
 - Help you and your child talk about things that happen now
 - Help you and your child make sense of his or her past experiences and how these might be linked to things that happen now
 - Help your child understand and reduce the shame that may be underneath current behaviours, which originated in his or her traumatic past.
 - Help your child to discover qualities of self that might elicit pride, not shame, and joy, not despair. This is done as your therapist helps you to discover these same qualities in your child that lie underneath his or her traumas and challenging, shame-based behaviours.
 - Work with you to help your child be more aware of his or her thoughts, emotions and wishes as well as his or her possibly traumatic memories. This will be done slowly and only when the time is right
 - Help you all work out the most helpful ways of you parenting your child
 - Help you and your child build a narrative together that makes sense to all your family.

- ACE recognises that parents need to be given more time and space to reflect on their own experiences and the impact their child is having upon them, before being expected to be ready to reflect and think about their child's experience.
- Therefore, ACE workers are supported to slow down and focus less on immediate problem solving and advice giving and more focus on curious exploration. Rather than look to 'fix' or 'rescue', ACE professionals take the time to sit with uncomfortable feelings and help the parent develop their ability to regulate these through the experience of co-regulation. ACE will support parents to connect with their child to help them feel safe in an intersubjective relationship in which they are open to influence. To do this – we connect with parents, to help them connect to their child.

5. The ACE offer

- **DDP at the start of the adoption journey.** ACE introduces prospective adopters to attachment, developmental trauma and key DDP principles. This is all echoed within preparation groups and individual sessions with prospective adopters. These are the skills and qualities that parents will need to develop and sustain capacity for connection and offer the sort of parenting that adopted children are likely to need. ACE aims to work with prospective and approved adopters using the principles of DDP to ensure that we listen to their own lived experiences and journey to adoption, demonstrating acceptance and empathy with regards to their individual experiences, working in a manner that promotes open and engaged relationships.
- **DDP through post adoption support.** ACE supports children and families who have difficulties related to attachment, loss and developmental trauma. The practice within our organisation aims to promote children's recovery alongside building confidence and abilities with current adoptive parents in therapeutic parenting and using DDP and PACE within their care and approach. We express our support to parents through PACE, we maintain curiosity for parents' inner life, we accept, we are playful– our PACE-fulness helps parents be PACE-ful.
- **DDP with birth families.** When ACE workers are supporting birth families who are affected by adoption, their focus will be on the relationship with those they are supporting. Eliciting a trusting relationship by working within a DDP informed practice enables the families to explore and reflect on their feelings of pain and loss, and how the adoption has impacted on them. ACE workers model PACE-fulness in all their interactions with birth families, alongside being sensitive to their emotions and needs. Acknowledging their feelings whilst supporting them to gain an understanding and acceptance about their past and decisions which were made regarding their children.
- **ACE Adopted Young People's Support Group.** With our DDP approach to support and recognising that relationship building is fundamental to any work with families, it felt imperative that we not only offer support to parents, but we look at providing the blocks to building relationships with our young people. Our young people benefit from interaction with their peers, and group participation

promotes a sense of normality, validates feelings, and reduces feelings of isolation thus providing a sense of connection and belonging.

- **ACE support services include a specialist Therapeutic Team.** The Therapeutic Team provides individual and group work based interventions to help parents increase their understanding and empathy of the impact of their child's early trauma and the need to build safe, trusting, long-term relationships.
- **ACE Clinical Psychology Service.** The clinical psychologist will meet with prospective adoptive parents and adoptive parents, alongside their ACE social worker, to discuss any issues of concern where specialist advice is sought.
- We apply the principles of Dyadic Developmental Practice within our relationships inviting open and engaged conversation so that everyone feels heard and their experiences validated. In these relationships ACE workers will be 'curious' in understanding individual and family experiences so that the best possible information and help can be offered. By modelling this approach with our colleagues and families we have experienced stronger relationships and positive outcomes for adopted children.
- *Information gathered from DDP network website: www.ddpnetwork.org*

SHOWING INTEREST AND DELIGHT IN WHAT THEY ARE DOING

PLAY GAMES

FIND MOMENTS FOR SILLINESS

FUNNY VOICES, FUNNY FACES

ways to be **Playful** with your child

WARM AND PERSONALIZED GREETINGS IN THE MORNING

DIFFUSE STRESSFUL DEMANDS IE. CLEANING, UP

Reference: DDP Network

THE PACE APPROACH

"NO WONDER YOU'RE SO UPSET, I ASKED YOU TO STOP PLAYING HALF WAY THROUGH THE GAME"

"I CAN SEE HOW YOU FEEL THIS IS UNFAIR."

"I KNOW YOU WERE ANGRY"

statements of **Acceptance** for your child

"I CAN HEAR YOU SAYING YOU HATE ME AND YOU'RE REALLY UPSET, I'LL BE HERE FOR YOU WHEN YOU CALM DOWN"

"YOU REALLY WANT _____ I CAN SEE THAT!"

Reference: DDP Network

THE PACE APPROACH

"I WONDER IF THERE ARE OTHER REASONS YOUR STOMACH IS HURTING? MAYBE YOU ARE NERVOUS?"

"I'M GUESSING YOU DIDN'T WANT ME TO ASK YOU TO STOP PLAYING THE VIDEO GAME"

statements of **Curiosity** for your child

"I'M FEELING A BIT CONFUSED, YOU WERE EXCITED TO GO TO THE PARK AND NOW YOU DON'T WANT TO BE HERE, I WONDER WHAT THAT'S ABOUT?"

"I'M WONDERING IF YOU'RE FINDING THIS DIFFICULT, SO THAT'S WHY YOU DON'T WANT TO TALK ABOUT IT"

Reference: DDP Network

THE PACE APPROACH

"THIS IS REALLY BOTHERING YOU SO MUCH"

"I THINK THAT THIS MIGHT BE A BIT SCARY FOR YOU"

"WOW, THIS IS REALLY HARD FOR YOU RIGHT NOW"

statements of **Empathy** for your child

"YOU ARE SO UPSET BY THIS"

"I CAN SEE YOU ARE REALLY WORRIED ABOUT THIS"

"THIS IS REALLY TOUGH FOR YOU RIGHT NOW."

Reference: DDP Network

THE PACE APPROACH



“Being a therapeutic parent means... having to tolerate feeling like a terrible parent hand in hand with helping your child with the weight of their trauma.”



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Therapeutic Services and Trauma Team

Developmental Trauma

Brain Area:
Brainstem (Primitive Brain)

Developmental Trauma:
1. Somatic/Sensory

Examples:

- Sensory processing difficulties
- High or low arousal (fight/flight/freeze/submit)
- Impulsivity and pervasive anxiety
- Impaired sleep patterns
- Poor muscle tone and co-ordination
- Taste and texture preferences
- Heart rate difficulties
- Abnormal breathing
- Unexplained medical symptoms
- Body flashbacks to states of fear

Moves up to

Brain Area:
Limbic Brain

Developmental Trauma:
2. Attachment
3. Emotional regulation
4. Behavioural regulation

Examples:

- Clinging
- Oppositional
- Rejecting
- Distrustful
- Overly compliant
- Loss of expectancy of protection by others
- Loss of trust in social agencies
- Heightened emotions: anger, rage, fear, sadness, excitement, joy
- Deadened emotions: numbness, emptiness, low mood
- Re-creating traumatic situations
- Self-harming
- Aggression
- Running
- Hiding

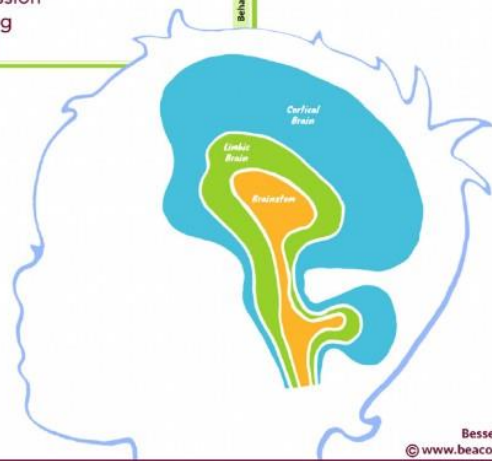
Moves up to

Brain Area:
Cortical Brain

Developmental Trauma:
5. Self esteem
6. Dissociation
7. Cognitive problems

Examples:

- Information processing impairments
- Executive dysfunction (problems in planning, organising and executing)
- Inadequate problem solving
- Remembering and recalling information
- Identity confusion
- Flashbacks
- Disorientation
- Memory lapses
- Self hate
- Self blame
- Self loathing
- Self doubt
- Worthlessness
- Helplessness



Glossary

Affect

The biological expression of an emotional state, not the emotional state itself. It is how the emotion is expressed through the voice, body language, eye contact, facial expression. For example, if shame is the emotional state, the affects that goes alongside might be looking down, avoiding eye contact, remaining very still or trembling, saying nothing.

Affective-Reflective (a-r) dialogue

This is a conversation that involves feeling as well as thinking. The therapist explores all aspects of the child's life; safe and traumatic; present and past. The A-R dialogue brings the heart into connection with the mind creating a rich story within which the inner lives of the family members are explored, deepened, elaborated and made more coherent through a process of co-creation of meaning. The child or parent feels safe in the emotional co-regulation allowing his or her experience to emerge in a rich story which can touch and change the experience of those witnessing it. The Storytelling which emerges from the A-R dialogue provides a deepening of connection which is both safe and healing.

Attachment

Patterns of a child's behaviour directed toward the caregiver in order to achieve physical and psychological safety. In attachment theory this describes the particular emotional relationship a child forms with a caregiver, within which the child seeks comfort and security from the caregiver.

Attunement

When two people are sharing an emotional experience, attunement means the emotional connections between them such as when one person mirrors or matches the affect (biological expression of the emotion) of the other. It is not the same as sharing the emotion.

Co-Construction of narrative

Often a child will find it hard to make sense of his experiences without developing an understanding of his life together with a caregiver or safe adult. Co-construction is a shared meaning-making process that involves two people. It is the process through which a child in a close relationship with a caregiver learns how to make sense of his own experiences and behaviours and those of others.

Co-regulation of affect

One person supports another to regulate her affect and her associated emotional state. For example, if a child becomes angry and dysregulated and an adult matches the child's affect it is possible for the adult to lead the child into a more regulated state.

Developmental Trauma

The impact on a child of repeated experiences of abuse and/or neglect, that started early in life and occurred within the family by adults who had the role of caring and protecting the child. It can leave a child feeling helpless, unsafe and out of control, finding it hard to trust safe and protective caregivers in later childhood.

Emotionally Regulated

The ability to monitor, identify and adjust feelings, changes in emotional arousal levels body functions and behavioural responses. It is when a person can recognise increases or decreases in the intensity of her emotional states such as joy, excitement, fear, anger, sadness and shame and effectively maintain these within a comfortable range.

Follow-Lead-Follow

If the child or parent's story is to be co-created, to emerge out of joint storytelling, then the therapist as conductor in the telling must follow and lead in turn. The therapist finds a balance between being non-directive and directive, following themes that emerge and leading family members to a deeper understanding. He sets a rhythm to the telling allowing the story to emerge.

Intersubjectivity

Communication between two people within which experience is shared. It takes place in a reciprocal relationship where the experience of each person has an impact on, and influence, the experience of the other person.

PACE

An attitude or stance of Playfulness, Acceptance, Curiosity and Empathy; qualities that are helpful when creating emotional safety and when trying to stay open and engaged with another person. This, in turn, helps the person stay open and engaged with you. These traits are similar to the attitude that parents routinely show when communicating with infants.

Regulate

To monitor, adjust and maintain within comfortable limits, your own feelings, emotional arousal, body functions and behavioural responses.

Relationship Repair

It is important to maintain connection with the child or parent, but inevitably there will be times when there is a rupture in this relationship. The therapist picks up the discomfort which is expressed verbally and/or non-verbally and then takes responsibility for repairing the relationship

Definitions copied from <https://ddpnetwork.org/about-the-network/glossary/>

DDP Resources Library

Dyadic Developmental Psychotherapy (DDP): Using Relationships to heal children traumatised within their early relationships - Kim S Golding and Daniel A Hughes – 2020

Understanding and helping children who have experienced maltreatment - Kim S Golding – 2020

Healing Relational Trauma with Attachment-Focused Interventions: Dyadic Developmental Psychotherapy with Children and Families – Daniel A Hughes, Kim S Golding, Julie Hudson 2019

DDP Pyramid of Need and Assessment Grid - Kim S Golding - 2018

Everyday parenting with security and love – Kim S Golding - 2017

Foundations for Attachment Training Resource - Kim S Golding - 2017

Parenting in the moment – Connection first before responding to behaviour – Cycle Diagram - Kim S Golding

Connection Before Correction - Supporting parents to meet the challenges of parenting children who have been traumatized within their early parenting environments - Kim S Golding - 2015

Nurturing attachments – Kim S Golding - 2013

What is DDP? This summary provides information about Dyadic Developmental Psychotherapy (DDP) and how it fits in a Dyadic Developmental Practice framework.

Adoptive parents' experiences of dyadic developmental psychotherapy - Megan Wingfield and Ben Gurney-Smith

Mind-minded dialogues – From Kim S Golding's Foundations for Attachment

What is meant by PACE? Playfulness, Acceptance, Curiosity and Empathy (handout)

Attachment-focused Family Treatment for Developmental Trauma – Daniel A Hughes

DDP network website <https://ddpnetwork.org/>

The Polyvagal Theory - Beacon House <https://beaconhouse.org.uk/resources/>

Developmental Trauma Close Up – Beacon House

Dan Hughes 24 S's – A guide for raising your troubled or sensitive child – Beacon House

What We Say - comic - Beacon House

Curious about behaviour – Beacon House