

In the spring of 2019, Scottish Attachment in Action met with a group of residential child care workers in Aberdeen. They enthusiastically shared how training in PACE (playfulness, acceptance, curiosity and empathy) and DDP (Dyadic Developmental Practice, Psychotherapy and Parenting) had transformed their relationships with young people. Staff members also talked about how they supported one another in order to stay connected with young people who sometimes presented very distressed behaviours.

Why do I need the training? DDP helps a social worker repair a relationship with a young person

“I did DDP level one training. It was four days and it was really good. I liked the way it was delivered by Fiona (SAIA Development Coordinator) and Edwina (Certified DDP Trainer). They offered real examples of how DDP can be implemented, and there were opportunities to think about our own practice.”

“As a social worker, sometimes dealing with a young person in distress, I can fall into *saviour* mode. I want to do things for people rather than just sitting with them and holding that emotion with them.”

“The training also allowed me to think about repairing relationships. For example, I was given the task of finding out about one young person’s experience of being in care. I was hopeful that I would get my task completed efficiently. As soon as he came down the stairs, I started speaking to him about his experiences in care. I forgot he doesn’t like being stigmatised or being looked after. It was first thing in the morning and all he wanted was to be left in peace. I was met with some resistance. I came away from that and thought about what the experience had been like for him. Later, I offered him a lift somewhere he needed to get to. I said I was sorry and I should have known that in the morning he was not keen on chatting to people. I acknowledged that his experience of being in care was unique. The discussion in the car continued, and he was much more open and engaged.”

“Prior to the DDP training, I had read one of Dan Hughes’ books. Before the training, I was kind of doing it (his method) but never had the terms to name what I was doing. The training gave me a frame of reference, and I feel a lot more confident now. It has allowed me to support other staff members with their practice by helping them to explore the meaning behind those emotions rather than just giving factual responses or going into *saviour* mode.”

What is DDP?

Dyadic Developmental Practice, Psychotherapy and Parenting (DDP) was developed by Dan Hughes as a therapeutic intervention for families who have fostered or adopted children with significant developmental trauma. These are children who have experienced maltreatment and disrupted attachments early in life. They often don’t feel safe with parents, struggle to form secure attachments, and may actively try to prevent their new carers becoming close to them.

DDP was originally developed as a therapy, however, it now has a much broader application providing a set of principles and practices that can support networks, inform and enrich parenting, and support the child outside of the home, for example, in residential settings and school.

www.ddpnetwork.org

DDP helps team members identify when they are struggling with *blocked care*¹

“As a staff team, we check in with each other to make sure we are as well as we can be. We were talking about how the children’s distressing behaviours can have an impact on us. If we are not taking care of ourselves and each other, this can impact on the way that we interact.”

“Prior to having an understanding of DDP, there wasn’t a clear understanding of *blocked care*. It is a very hard job we do and we love it, but it is very difficult at the same time. When you find yourself in the position that you’re not enjoying that relationship anymore, it can be very disheartening. DDP has allowed us to gain an understanding of what is happening especially within your brain, the hormones, and the impact that has on your ability to care. We want to re-ignite the passion again for the young people that we care for. That is not easy because we don’t have those positive experiences of looking after the children when they were little. They have come to us after they have suffered traumatic early childhood experiences and their behaviours display that. We try to understand where they have come from, what this is actually telling us, and how we can work the best to support them and ourselves.”

Reawakening compassion begins with understanding trauma

“We have one young person who displays a really high level of emotional need and that’s incredibly draining on the whole staff team. We check in with each other and make sure we have regular discussions. In order to reawaken compassion, we have taken the timeline to team meetings. We go through it and look where a young person has come from and the trauma that they have experienced. We remind ourselves that the young person isn’t doing something because they won’t do it but because they can’t do it. We think about the unmet need within a young person’s developmental trajectory.”

A young person responds to curiosity and empathy

“What we realised is that this young person needs a high level of physical touch. We give her lots of cuddles, bedtime routines, bedtime stories, and washing her hair. There is a lot of time invested in nurturing.” “Also, she responds to us being curious about what has happened. Instead of responding immediately to behaviours, I use *wondering aloud*². If she can’t respond verbally, the young person can give a hand gesture, thumbs up or down.”

“There is also a special place where she goes when she wants to speak to me. We haven’t seen as many of the distressed behaviours that we were seeing initially. There was a lot of physical aggression especially directed towards me and another colleague but that doesn’t exist anymore.”

“I think what we have done is create a safe space for her and there is safety within our relationship as well. When she is very dysregulated, I let her know, ‘If you need this time then I can help you regulate.’ We will sit and hug. I used to struggle with sitting with the really distressed emotion; I would have jumped in and tried to fix it. Now I know I need to sit with it, we need to work through this, and we need to understand this. I think that really helps with her.”

Sharing what works with a school builds a deeper understanding of behaviours

“The school were really struggling with her behaviour and so we used the timeline. We had a meeting with the school, and we spoke about how we worked in a relational way. We took the timeline and spoke about the trauma and the neglect she’d experienced. It gave the people in the room a greater understanding. You could physically see the body language of the teachers and guidance staff changed in response to what they were hearing. You could almost feel the empathy in the room. Now we have this really good relationship with the school, and they are understanding these distressed behaviours.”

PACE training changes mind-sets

“The three-day PACE training was a really good refresher and a reminder of what I should be doing on a day-to-day basis. You naturally have your own values that you bring to the role, but sometimes you should leave them at the front door. We need to think about things with a PACE attitude, rather than defaulting into our normal view on things.”

“I do outreach work with a young person who is coming up for 19 years old, but chronologically probably operates at a younger level. One of the principal things that I remind myself is the *can't not won't* principle. It is easy to say, ‘He’s nearly 19; he should be able to do x, y and z.’ I have to remind myself that although he’s 19, he can’t do a lot of things very well, like budgeting, managing appointments, and that kind of thing. It is the same with some of our other young people; it’s not that they won’t do things, it’s just that they can’t.”

Seeing how PACE works in practice motivates staff

“I get to see results. One young person, she doesn’t do physical touch a lot, but she asked me for a hug one day. I think she asked me because I work in a fairly open way with her and I have built up a really good relationship. I remember saying to a colleague, ‘That’s one of my best moments ever.’ People take for granted in day-to-day life that it is okay to ask for a hug, but when she asked me for a hug I thought, ‘Wow, that’s a moment!’”

A no blame culture helps adults stay open and engaged

“My supervisor and I reflect a lot on things that have happened; we are curious about things. We will look at how I have handled things, and we talk about how I am feeling. We had a situation last weekend where one of our young people, who had been doing a lot of alcohol and this affected his behaviour. He had gone out saying he was going to hurt himself, and I had to hold him to stop him from hurting himself. It was quite a traumatic event, but my supervisor talked through how I was feeling and how I was going to go forward with this young person. There’s never any blame and that helps me stay more open and engaged with a young person.”

DDP helps staff stay in the moment with young people

“Another thing I remember from the DDP training is the importance of always going with an open mind and not being judgemental. I really try to stay in the moment and think about how to match affect³. When young person is feeling heightened, you can match their affect to help them co-regulate. The old *calm down* never really worked for them. If you can match their mood to kind of bring them down, I think that is really useful.”

A PACE approach helps staff respond with more sensitivity

“We put the PACE attitude into practice every day. We talk about a trauma-informed model, and PACE is a way to articulate that. I use curiosity with a young person to explore what is going on for them when they are distressed. When I have obviously got something wrong, I can say I am sorry for putting a young person in that position. I see young people being very responsive to that sort of dialogue. You are no longer telling them how they should feel, you’re actually having them tell you how they feel.”

What is PACE?

PACE (Playfulness, Acceptance, Curiosity and Empathy) is the core attitude of DDP. It is a way of thinking, feeling, communicating, and behaving that aims to help the child feel safe, learn to trust the care of adults, and to accept comfort and joy from parenting figures.

Having a PACE-ful attitude can reduce the level of conflict, defensiveness and withdrawal that can be ever present in the lives of troubled children. Being PACE-ful enables the adult to see the needs and strengths that underlie distressed and challenging behaviour. It offers hope to child and adult alike.

“Young people can better regulate because we are not seen as a threat. You are no longer threatening them with your ideas or your words. You are no longer in the position where a young person is distressed towards you, and they can see that you have not got distressed by their distress. It is an attuned way of responding.”

Young people talk about the issues that are really important to them

“I wanted to improve the lives of young people and do something different in our children’s homes. DDP is was a way to address trauma. It is about healing trauma instead of us just adopting a behaviourist approach, which does not work.”

“It is creating a culture where we really listen to young people. Recently a young person told us, ‘There’s no food in this house!’” She was upset.

“Before the DDP training, we would have responded by pointing out that there was food in the house. This time we thought about what she was really saying and why this young person was so angry. We worked through a process with the young person.”

“About 40 minutes later she was saying, ‘All the staff are rubbish.’”

“All the staff are rubbish! My goodness that must be really difficult for you!” I said to her.

“By exploring her perspective and feelings, the young person was able to open up about what was really troubling her. She was blaming herself for something that had happened in her past. Before we would have just dismissed her with, ‘There is food in the cupboard.’”

“It is really important that as a staff team we are able to keep ourselves contained and regulated because that enables us to hold on to and contain that anxiety for the young person. The end result was amazing. It had nothing to do with the food; it turned out it was about her feeling guilt over something that had happened in the past.”

“Young people are getting the message that you get them, you want to understand them, and they are responding with more open communication and more trust.”

“We have used that approach quite a few times with young people. Sometimes, they don’t want to actually speak. One young person used post-its and wrote, ‘Nope’ and held it up. Then we tried something else and he wrote, ‘Maybe.’”

Do the young people know that you are using this new approach?

“I don’t think they know, apart from one young person. She said these words, ‘Are you trying to therapeutic me?’”

“It has been so gradual the kids are just lapping up the connections and the curiosity. Some young people might say they had noticed something was different. They are choosing to stay with us longer. We have less significant incidents, and our staff are not off with stress.”

Residential managers notice the impact of the training

“Members of the team have come back from the training very motivated and excited saying ‘light bulbs were going off in my head all four days.’”

“We have embedded our ethos of care so that it is aligned with the principles of DDP and PACE and updated our policies and procedures so that they are clearly underpinned by relational/attachment-based practice.”

“We now write our daily written records in a way that is respectful and non-judgemental of our young people.”

“The way in which we work with families has changed in a way that helps us understand the family script and how this impacts on the young person. This also allows for direct family work that is trauma informed.”

“Staff are able to de-escalate situations and do not resort to putative measures. However, we are also clear about what is not acceptable, and any risk-taking behaviours result in higher levels of supervision/safer care planning.”

“DDP has given us an evidential baseline that explains our approach to other agencies within a variety of professional’s forums, including Police, Education, and Health Services. Sharing our approach with others encourages a holistic trauma informed understanding of the young person and their needs.”

Further resources

1. Hughes, D.& Baylin, J. *Brain-Based Parenting: The Neuroscience of Caregiving for Healthy Attachment*. 2012: New York: Norton & Co.
2. Woodier D. *Wondering aloud*. Weblog. Available from: www.saia.org.uk/blog/wondering-aloud-building-support-for-young-people-who-are-in-crisis
3. Woodier D. *Matching affect and why a dog is a man’s best friend*. Weblog. Available from www.saia.org.uk/blog/matching-affect-and-why-dogs-are-a-mans-best-friend

Please note that the PACE and DDP trainings were commissioned by Aberdeen City Council and were delivered within a partnership agreement Aberdeen City Council, Scottish Attachment in Action, and Edwina Grant (independent psychologist and certified DDP trainer).

Promoting attachment relationships throughout life