Section 4: Local authority settings

Living with a constant feeling of dread. Dyadic Developmental practice (DDP) with families who foster or adopt children with developmental trauma experience

Kim S. Golding

In this paper I am joined by an adoptive family to explore the Dyadic Developmental Practice (DDP) model. DDP was originally developed by US clinical psychologist, Dan Hughes as an intervention for children living away from their birth family. This model encompasses therapy, parenting, and practitioner support. The same DDP principles of open and engaged emotional connection, PACE, co-regulation, and co-creation of narrative, guide all DDP interventions. These allow everyone to slow down and seek understanding. This increases safety and reduces the risk of blaming or judging the family. The DDP principles, support the child to feel safe enough to move out of blocked trust, to build relationships, to develop an integrated sense of self and a coherent autobiographical narrative.

DDP is developing from its strong foundation in Western psychological models, including attachment theory, intersubjectivity and neuroscience, to also learn from and adapt for families with different heritage, identity, and experience.

As the family testify, the experience of DDP is scary, amazing, transformative, and challenging.

Keywords: *DDP; Trauma; Therapy; Parenting; Inclusive.*

Introduction

> *'When a child is experiencing trauma at the hands of [their] parents, that child's lack of safety is profound, and the impact on the child's development is pervasive. When young children do not feel safe, they naturally turn toward their parents (their attachment figures) to provide them with safety. When the parents are the cause of the lack of safety, the child is left without any effective means of becoming safe. This trauma, which is intrafamilial and interpersonal-, is known as developmental trauma, and it is hard to imagine anything else that would create such a continuous experience of not being safe.' (Hughes, Golding & Hudson, 2019, p.12)*

Developmental trauma is a complex trauma from within the family, occurring in childhood and having a pervasive effect on the development of the child (Cook et al., 2005; van Der Kolk, 2005). With the subsequent loss of birth family through removal into foster and adoptive homes, the lack of relational safety intensifies. Providing therapy for the children without systemic understanding of this lack of safety will be akin to adding a drop of water to the ocean. The children's fear of relationships mixes with their need to feel safe, a potent combination which challenges those supporting and caring for them. Therapy for the child is likely to be unsuccessful if the children are not bathed in parenting, schooling and community support focused on providing and making explicit their safety, the essential foundation for a journey of recovery from trauma.

In this paper I will explore the Dyadic Developmental Practice model which developed out of DDP as therapy. This model provides a systemic approach to intervention for foster and adopted children. A range of interventions are needed in order to provide healing environments within which children can feel loved, learn, develop, and ultimately recover from developmental trauma.

I am joined by the Bryer family [1], a white British family of four. Anna and Max raised Anna's birth son, who now lives independently and adopted 18-month-old Cos following two foster placements. Cos experienced emotional and physical abuse in his first 6 weeks of life. Cos is now 16 years old with his sights on college. I have worked with this family intermittently since Cos was five years old.

As with many adopters Anna and Max's own experience of being parented was complex, and Max's reflections about his extremely punitive upbringing during our work together taught me much about the ongoing impact of developmental trauma. Max described to me

[1] All names are pseudonyms to protect the family's confidentiality.

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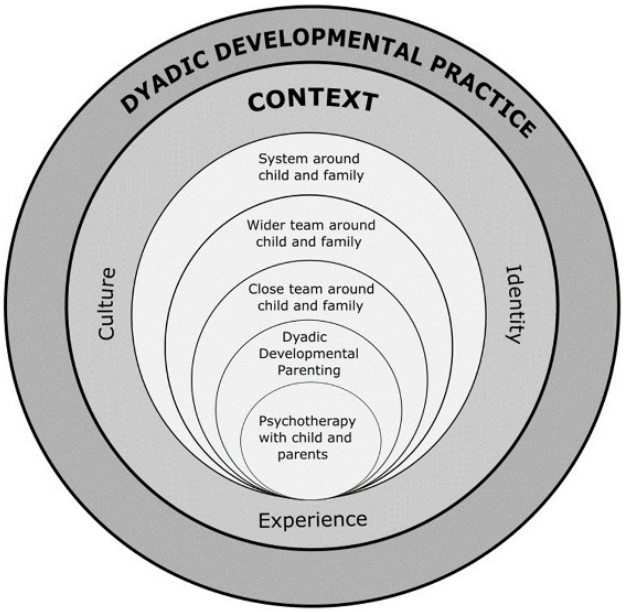
Figure 1: Dyadic Developmental Practice Model



(Adapted from HEALING RELATIONAL TRAUMA WITH ATTACHMENT-FOCUSED INTERVENTIONS by Daniel A. Hughes, Kim S. Golding and Julie Hudson. Copyright 2019 by Daniel A. Hughes, Kim S. Golding and Julie Hudson. Used by permission of W.W. Norton & Company, Inc.)

how he lives with this on a daily basis: 'It's exhausting, walking around with a high level of anxiety. And then the constant feeling of having done something wrong, or that I'm about to do something wrong, and the anxiety turns to dread. Self-loathing is always with me. It's literal dread every day. It's so tiring.'

Anna, Max, and Cos sat down together and explored their experiences of DDP. I include these reflections alongside my discussion of the DDP model.

The dyadic developmental practice model

DDP is an intervention developed for children living in or adopted from care by American Clinical Psychologist, Dan Hughes. Underpinned by attachment theory, theories of intersubjectivity and neuroscience, DDP aims to overcome children's experience of blocked trust so that they can feel safe to enter intersubjective relationships. They become open to attachment relationships, providing a foundation to help them process and recover from trauma. Parents are an integral part of the intervention, supporting the therapist in offering intersubjective experiences to the child during the therapy sessions and during family life while at the same time supporting the child to experience the safety needed to explore new ways of relating and communicating (Hughes et al., 2019).

Since its origins, as a family intervention, DDP has grown and developed into the practice model (Figure 1). This recognises the importance of working with the parents before and during the child's therapy and pays attention to interventions outside of the therapy room such as within school and as part of social care support.

DDP is a systemic model which pays attention to noticing defensive states and returning to open and engaged emotional connections within the family, between the practitioners and between the practitioners and family members. This reduces blaming, shaming, and judging each other, increasing safety for everyone. This provides a firm foundation for supporting the child to discover comfort and joy in relationships and to heal from past trauma.

Working from the middle outwards I will explore the practice model, supplemented by the Bryer family's experience of DDP interventions.

Psychotherapy with child and parents

The experience of developmental trauma leaves children feeling unsafe and lacking the core skills of relating which include accepting co-regulation, entering conversations, and developing narratives. In consequence the children have a poor sense of self and an incoherent sense of identity without an autobiographical narrative.

Modelled on the relational activities of healthy parent infant relationships, DDP interventions offer intersubjective experiences, attachment safety and conversations that explore children's experiences, current and past. Emotional experience is co-regulated whilst narratives are co-created, all facilitated by the attitude of PACE (playfulness, acceptance, curiosity, and empathy) that is held by therapist and parents. Within these

sessions, affective-reflective (AR) dialogues emerge as the therapist follows the child's themes offered verbally and non-verbally. The child is supported to safely experience their story as the therapist leads them into deeper emotional exploration. Relationship ruptures are noticed, attended to, and repaired so that safety is maintained for the child.

> *Cos experienced three episodes of therapy with me, supported by Anna, when he was 5, 8 and most recently 15. Cos teaches us that a therapist must never underestimate the constant feeling of dread, no matter how safe and inviting they make the therapy. Cos doesn't remember much of the earlier work, but he does remember that he was 'very nervous and scared.' In our most recent work, requested by Cos who wanted to stop worrying all the time, he found it easy to engage with me, to chat about things that were interesting him. However, much to his frustration he would become 'quite shy' when we began to move into deeper more emotional themes around his experience. Cos's 'shyness' was witnessed by me as fear of emotional vulnerability. I believe the constant dread of not being good enough and of further abandonment was never far from the surface.*

The parents both witness and actively participate in the therapy. They listen and respond PACEfully to the child so that the child is left in no doubt of the positive impact they are having on their parents.

The child is invited into conversations whilst their fear of and often inability to find words for their experience is accepted. When the child finds direct attention too difficult the therapist will 'talk about' them with the parents. When the child can't express their experience in words the therapist will 'talk for' them, always from a curious, not knowing, and accepting stance.

> *I used a lot of 'talking for' with Cos, who became very non-verbal when we moved into exploring past trauma. Max and Cos talk about this:*
>
> ***Max:** 'What was it like when you understandably closed down as you experienced: 'no, I can't talk about this'? The way that mum and Kim worked with you to give you a voice, to enable you to be able to sort of talk about things, but without using your own words, that must have been quite strange.'*
>
> ***Cos:** 'Much easier than actually talking about it because you get asked things, and you can say yes or no instead of actually having to talk. And it's much kinder and easier than just being barraged.'*

From these many interactions stories emerge which provide the child with a coherent narrative of their experience allowing an integrated sense of self to emerge.

> *'Over time, the developing conversations, stories, and an integrated sense of self enable the child to create a coherent autobiographical narrative. No longer [are they] ashamed or afraid of remembering events from [their] past. No longer are there gaps in [their] memory associated with the relational traumas that [they experience]. [Their] memory of those events may well evoke anger, sadness, or fear, but not rage, despair, or terror. They do not lead to emotional dysregulation or to a complex web of defenses and 'symptoms' needed to maintain some sense of precarious safety.' (Hughes et al., 2019, p.71)*
>
> *Cos talked to Anna and Max about his experience of going through DDP. 'Very scary, obviously, but its better to talk about it, as you two tell me. You are very persistent on that! But, yeah, it is better to talk about it eventually. I struggle with it because I don't really like talking about my feelings. Everyone has their own unique way of doing it, but it is much better to eventually talk about it.'*

Dyadic developmental parenting

Much of the therapeutic effectiveness of DDP arises because of the involvement of the parents. Supporting the therapy sessions means they are well placed to continue to support the child as they emerge back into the world. Conversations in the car or back at home continue what has started in the therapy room.

In addition, the therapist supports the parents to develop dyadic developmental parenting (Golding, 2017). The parents become skilled at staying open and engaged to their child, noticing moments of defensiveness, looking after themselves and then attending to repairing ruptures in the relationship as they return to the open state. This is helped by the attitude of PACE facilitating deeper emotional connections. This increases the sense of safety for the child. This is combined with the normal stuff of parenting involving discipline and boundaries. These 'two hands of parenting' work together to provide the child with an emotionally connected relationship both when relaxed and at play but also before, during and after discipline. This reduces sense of shame, self-blaming, and fear of doing wrong which is often masked by angry and controlling behaviours. The child's constant feeling of dread can reduce.

Anna, Max, and Cos talked about Cos's experience of being parented in this way.

Anna: *'What do you think of that way of being parented, as opposed to, if you don't do as you're told you are not going to go on the PlayStation for a month.'*

Cos: *'Well, therapeutically it helps because it also makes the person who's done either the wrong thing or is in the wrong, whatever has happened, it makes them feel safer in a way. Obviously, they can still feel like they're in trouble and everything, but it doesn't give them the instant reaction.'*

Max*: 'I've never thought about it like that. That part of feeling safer, because you're not getting that, bang, you've done wrong, you shouldn't have done that, which must be quite scary.'*

Cos: *'Yeah. There's three ways of doing it. The first one is the one you just said, which is bang, just be immediately horrible and do the punishment. And then the second way is being therapeutic. And then there's the one that is trying to be therapeutic, but actually comes out as patronizing and sarcastic.'*

Anna*: 'And how do you know which one you're getting?'*

Cos: *'Well, it depends on the person, the way they're speaking and the words they use.'*

Anna and Max also talked about their experience of parenting in this way:

Anna: *'It's been beneficial, always positive. The one thing that I'm in total agreement with you about is when that little boy came into our lives at 18 months old, if I'd got the experience I've got now, how different would it have been?'*

Max: *'I know, we talk about a shield of shame, but it's a shield of fear and they're always testing to see whether or not we are with them or whether or not we're listening. Going back to the early days, if I'd known what I know now, I wonder if I'd have just sat on the floor with him, put my arms around him, just be with him. I wonder how that might have changed things earlier in the process.'*

Anna: *'It's astonishing how well it works but it does take years to be able to stay open in the moment. When you've got a child raging at you, if you've been brought up in a very British way, you will automatically revert back to your own blueprint. It takes so long to feel comfortable with it because of the way we've been brought up, it's counterintuitive. There are challenges and frustration too, when yet another, in your mind, day has been ruined, or something else has been broken or you've been disrespected yet again, and you can't just rage back. I do feel vengeful sometimes. I'm like, right, if that's your attitude. It's hard to say: 'well, I can see how hard it is for you at the moment', but you lose all connection if you try the first way.'*

Max: *'The one question I've got, is about Cos saying the three ways of parenting, which I thought was interesting. How do you know when you are being patronizing?'*

Anna: *'When you're coming across as patronizing, you're not attuned, are you? If you're truly attuned, you can't be patronizing. You are attuned to where the other person is, and you are feeling what they're feeling to the best of your ability.'*

Central to the work with parents is the exploration of attachment history. This helps the parents to understand the impact that this has on their parenting of the child and to identify their triggers. This is not intended to replace any needed therapy but rather is explored within the parenting support being offered. This work can be transformative in its own right whilst also impacting positively on the dynamic between parent and child.

Anna and Max talked about their experiences of these DDP interventions.

Anna: *'Exhausting, scary, enlightening, life changing, I would say. Why are you nodding?'*

Max*: 'Because I've seen the changes in you, as a mother and as a partner.'*

Anna*: 'It definitely changed my relationship with my mum and dad and my brother. I think it unnerved them initially. It definitely changed the way I see the way I was brought up. What has the experience of DDP been like for you?'*

Max: *'One of the things that holds me back from talking is fear because of my experience of being shouted at, being bullied, or being hurt. Telling somebody else how I feel and what I think, which involves a lot of openness, is high risk. There was a point where I shared with you and Kim quite a lot. I broke down in tears and the sheer vulnerability in that moment will*

stay with me forever. But no judgment came back and that acceptance in that moment is profound. It's very confusing because it's not the pattern, it's not the way that my life's been.'

***Anna**: 'What do you think has been helpful for parenting Cos?'*

***Max:** 'I can sit with Cos, and I can talk to him through my own experience without talking about that experience. I understand how his fear can be so overreaching. I can tell him: 'you know what, the day that you choose to open up, when you've got somebody that's good around you, you'll be held, you'll be caught, you won't be allowed to drop. When Cos has a tough time, and he goes through some of his patterns of not wanting to engage I understand more of the reasons. I think it gives me more space to be able to sit with Cos.'*

***Anna:** 'What have been the challenges?'*

***Max:** 'Going into DDP with your wife, it's quite an interesting one, especially with the dynamic between you and Kim. I could have so easily, by virtue of what happened or by me orchestrating it, have felt victimised. It was challenging at times, but your acceptance and not judging me was so important. I know two other men who experienced traditional therapy, and both of them came out of it believing it was all their fault, that they'd done wrong, and they were the bad ones. And I think that was my fear when I started.'*

***Anna**: 'What have the joys been?'*

***Max**: 'That cloud of dread has dissipated hugely, and it enables me to connect to Cos. It's made a difference with you and me too. Having come through very heavy-handed parenting, therapeutic parenting is like the absolute polar opposite. Being able to accept that natural consequences truly exist, and to sit with a child, watch his emotions, his level of caring and giving him that space. I think it enables me more to connect to him.'*

Close and wider teams around child and family

There are a range of practitioners that will be engaging with the family. Ideally the child is helped if these are also DDP informed. Lack of safety with people outside of the family can undermine the sense of safety that therapists and parents are building.

Most notable in the close team around the family will be the education practitioners. A school that is able to understand the importance of providing a DDP-informed safe environment for the child is an essential part of the healing journey (Golding, Philips & Bombèr, 2021). Understanding the unique needs of the child and the way lack of safety and anxiety is displayed is an important part of this. Fear and anxiety can be masked by compliance, dissociation, oppositionality and a variety of other controlling behaviours.

Cos had troubled early schooling because of a range of difficulties that staff found hard to adapt to both related to early trauma and to neurodiversity. He now attends a small therapeutic school set up by Anna and Max. Cos talked about his current experience.

***Cos:** 'The school I go to now is much kinder than the other schools I've been to. The staff actually help you and understand some of the things that are happening, and the kids technically are in the same position as you, even if they make it like they're not. Quite a few of them, who act all big and tough, are actually scared, more scared than they make themselves out to be. At school now, I feel happier to be going there than I did in my last one, where it was quite tough. Well, it was more than that, but I don't really want to talk about that.'*

***Anna** reflected on her experience of leading a DDP informed school:*

'Having a DDP model within a school, I think it's hard to keep everybody on the same page all the time, especially when you've got good staff who mean well, but don't quite understand it. However, having the scope that we've got is liberating, really being able to meet the needs of the young people.'

Partnership working with parents is essential. Also, within the close team will be the social workers and community support who are caring for the child. Bringing these people into the partnership working is equally important to provide a holistic sense of safety for the child.

Good partnership working also avoids the blaming of parents, and each other, that can arise when children's behaviours are confusing and difficult to understand. The DDP principles of staying open & engaged and an attitude of PACE can guide practitioners towards a non-judgmental, supportive stance even when difficult conversations and safeguarding concerns are attended to. Holding onto curiosity rather than acting on assumptions and rapid judgements is especially important (Keith & Lister, in press).

The wider team might include medical professionals, and the more distant professionals supporting the practitioners providing the frontline support. This is another area where feelings can run high, and

judgements can quickly be formed. A DDP informed approach slows the team down and makes room for understanding the child and family before acting. Parents will be more open to support, advice, and guidance when this is provided in an open, non-judgmental way.

System around child and family

Keith & Lister (in press) consider the importance of the social care system being DDP-informed. A DDP trained workforce can contribute to the healing environment being created around the child from bottom-up and top-down. Modelling the model is an important part of this systemic support. Those who experience PACE will be much more able to provide it.

Grant, Thompson & Golding (in press) whilst exploring DDP in residential care describe a cascade of PACE running through the organisation. This can equally be applied to the social care, education and health systems within which families are embedded.

Context: culture, experience, and identity

As in any good intervention the context of the family is an important consideration when tailoring the help (Rathod et al., 2018). DDP practice has to be relevant for the family considering their culture, experience, and identity. Bernal et al. (2009) note how too much systematization in evidence-based practice can reduce culturally competent practice (Bernal, et al., 2009). These authors describe cultural adaptation as 'The systematic modification of an evidence-based treatment or intervention protocol to consider language, culture and context in such a way that it is compatible with the client's cultural patterns, meanings and values.' (p.362). DDP is well placed to do this as interventions based on the DDP principles are always tailored to the unique needs of the family. However, the underlying theory is primarily based upon Western psychology. Work still needs to be done to adapt DDP for the global Non-Western majority (Henrich, 2021). Whilst attachment and the need for emotional connection within social relationships is likely to be universal, the way this is achieved will vary (Keller, 2022). PACE for example needs to be adapted for cultures that are more or less emotionally expressive and with higher or lower levels of mentalization (Hughes & Golding, in press). We also need to be mindful of the difficulties for families when they engage with the DDP way of being, but this is out of sync with the wider family, community, and cultural influences upon them, as Anna and Max discuss.

> ***Anna:*** *The one difficulty as a family with a DDP approach is the culture we live in because it's seen that you've got this child in the street raging and you are just there, being a 'tree hugger' and letting them get away with it. So, I think the challenge within DDP is the culture we live within.*
>
> ***Max:*** *It's the need to normalise DDP in society.*

It is also important to recognise the intersection of developmental trauma with trauma stemming from marginalisation and oppression. DDP interventions need to address this complexity, matching therapist to family where possible and drawing on community support to complement the DDP work.

Mental and physical health, neurodiversity and learning difficulties all need to be understood so that interventions can be appropriately adjusted (Hughes & Golding, in press).

Therapists need to understand the lived experience of families with different heritage, sexuality and gender, religious background, class, and education to themselves. A cultural common ground needs to be found with culture specific language, metaphor, and stories (Golker & Cioffi, 2021)

Recommendations

Here are some central themes stemming out of a DDP approach for consideration by practitioners and service developers.

- Systemic working offers a range of interventions for child, family, schools, and networks. This avoids a narrow focus on therapy for the child and encourages attention to the environments within which the child is living and learning.
- A collaborative approach between therapists, parents and practitioners encourages working together. The emphasis on understanding and open engagement avoids blame and judgement, and allows us to hear everyone's voice, especially those of parents and child.
- A relational focus is essential to help children who have been harmed within relationships. Only in healthy relationships can children overcome blocked trust, and reduce the constant dread, a legacy of their past.
- Developmental trauma is a focus of interventions. It is important to recognise that this trauma intersects within a context, including the culture, identity, and experience of family members. Working within this context is an important aspect of interventions.
- Trust the child to know what they need. As Cos reminds us: *'everyone has their own unique way of doing it.'*

Conclusion

DDP is both a therapy and a practice model with a set of principles that can inform interventions systemically. The therapist works with the family and school to provide a 24/7 environment for the child which prioritises safety and building trusting relationships. Dyadic developmental parenting provides the child with emotional connection within safe, open, engaged and PACEful relationships that supports appropriate parental boundaries and discipline. When schools provide a similar environment, recognising the regulatory as well as behavioural needs of the child, a safe foundation for learning arises. Teams informed by the DDP principles work together to reduce blaming and judgements on all sides, facilitating a partnership working with families that has the child's trauma needs at heart. DDP therapists strive to provide interventions that are culturally sensitive, adapted to the needs of the family and that understand the impact of developmental trauma and any intersection with trauma stemming from marginalisation and oppression. This provides the foundation for therapeutic interventions that facilitate healing from trauma.

> *'The experience of DDP is both the same and different for each child, family, and therapist that engages in it. What is universal in DDP is the experience of safety, conversations, stories, an integrated sense of self, and a coherent narrative. And that too is what is unique about DDP every time it assists a child who has experienced relational trauma to develop a coherent narrative within a new home.' (Hughes et al., 2019, p.86).*

And final words from Anna, Max, and Cos about their experience of DDP.

> ***Anna:*** *'You've all got to want to do it, otherwise, wow, how much pressure on the other person. I think you've got to be prepared to engage and look at your own attachment styles and why you tick, like you tick. The joys are when Cos's defenses come down and he talks about how he feels'.*

> ***Max:*** *'Trusting somebody else enough to say, actually, I'm not going to die by going through this, I'm not going to be broken. It's quite the opposite. Stepping in and through the pain, not backing off because it feels uncomfortable. That's just the way it is. Step through that discomfort and it's amazing, what's on the other side of it!'*

> ***Cos****: 'I think it's been really good. I've been quite shy and stuff and don't really like talking about my feelings, but it's sort of helped. It's helped to understand stuff. We just talk about things that have either happened, or are happening now, and you are asked certain things and then you just talk about that. It just helps to eventually talk about it.'*

The author

Kim S Golding CBE
Clinical Psychologist
kimsgolding@btinternet.com

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