

# A Cascade of PACE

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Building dyadic developmental practice (DDP)  
into the fabric of residential care for children



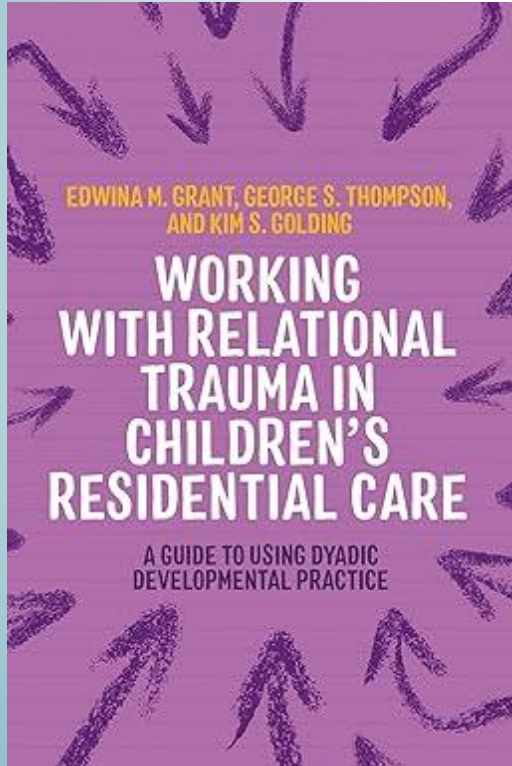
**Kim S Golding**

# Overview

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- Why is DDP a model that is applicable for children's residential care?
- The DDP Practice Model.
- Central features of the DDP model.
- DDP informed residential care.
- Caring for the Caregivers.
- Embedding DDP throughout the residential home.
- The cascade of PACE.





# Working with Relational Trauma in Children's Residential Care

Edwina Grant, George Thompson, & Kim Golding

Jessica Kinglsey Publishers, 2024



# Why is DDP a model that is applicable for children's residential care?

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# Why do children live in residential care?

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- Typically, children move to residential homes because they have found the intimacy of family living too challenging.
- These challenges are often expressed in behaviours that are dangerous for themselves and others.
- Often the children have experienced multiple placements resulting in multiple losses.
- These children are among the most relationally traumatized of all traumatized children.



# Impact of Relational Trauma

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- Traumatized children struggle to trust even when safe and being cared for by safe caregivers.
- The children resist social connections using controlling behaviours. They influence without being open to influence.
- The children are not open to reciprocal relationships.
- Without co-regulation their capacity for regulation is not developed.
- Without co-creation (help to understand experience) their capacity for reflection is not developed.
- Without safe connections the child is full of shame and fear as they experience themselves as unsafe and unlovable and others as frightening and/or unavailable.



# Living with Shame and Fear

- Children make sense of relational trauma in the only way they can
  - it must be my fault.
- This impacts on their identity
  - I am shameful. I am unlovable.
- They fear abandonment
  - physical and psychological.
- They respond by:
  - Trying to be self-reliant (fight)
  - Trying to escape (flight)
  - Trying to hide (freeze/shutdown)
  - Trying to be good enough (appease).





“The feeling of nothingness came from a long way before. It was there in the chaos and unhappiness of my early years, in the baby who grew to a boy believing he was unlovable, because if he was lovable then his father would surely not be so unhappy or his mother either. All would have been peaceful if only he was lovable.”

Fergal Keane (2022)





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- How do we help children who feel safest when they are pushing adults away?
  - How do we navigate the blocked trust and toxic shame that keep children rageful and alone?
  - Is it possible to help children move from a disorganized controlling attachment pattern to a more secure attachment?
  - How do we enter the children's world and create a sense of togetherness?
  - How do we help caregivers to have the resilience to keep offering relationships to these children who need but resist them?



“In residential settings informed by Dyadic Developmental Practice in the US, the UK, and elsewhere, staff have answered these questions one interaction at a time until the child has been relieved of enough of the burden of trauma that they are able to experience safe and engaged relationships with their caregivers who share in their comfort and joy.”

Grant et al, 2024, p77



# The DDP Model

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- DDP provides a psychotherapy, parenting and practice model which can inform children's residential care.
- DDP is a model of intervention based on theories of Attachment and Intersubjectivity, for young people who have experienced relational trauma.
- It has a focus on building intersubjective relationships from within which healing can occur.
- This allows the child to experience increased attachment security.



# The DDP Model

Dyadic Developmental Psychotherapy (DDP) enables children who have experienced relational trauma within their original family to benefit from new relational experiences that are crucial for their development.

(Dan Hughes, 2019)



In: 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

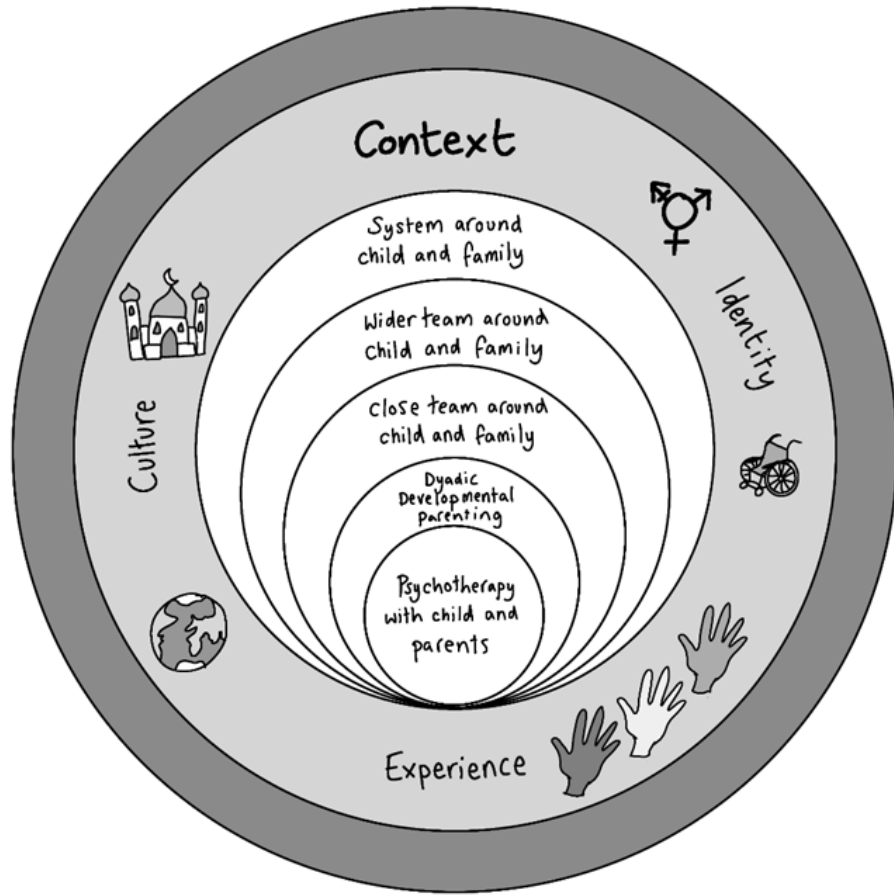


# Dyadic Developmental Practice

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- DDP provides a set of principles that can inform the residential care of the children.
- DDP is based on helping adults to develop and use connection with the children to build attachment security and intersubjectivity.
- DDP with behavioural support provides a 'connection with correction'; relying on the mentalization skills of the adults.
- This recognises the importance of relationship, regulation, and reflection before action.





## DDP as a Practice Model

- DDP can inform residential care at all these levels.
- Parents and family are the residential caregivers offering family care at a level of intimacy the children can manage.
- DDP works within a context informed by the identity, culture and experience of the children and the caregivers.

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- Culture is the family and community we grow up within. This encompasses the characteristics and knowledge of a group of people, including customs, values, social behaviour, religious beliefs, cuisine, music, and arts.
  - Identity encompasses those influences that have informed the development of the individual. This includes race, sexuality, sexual orientation, gender, religion, class, language, physical and mental health, neurodiversity, ability, and disability.
  - This all influences the experience of the individual throughout their lifetime. Understanding these experiences will be an important part of DDP interventions.
  - Identity and culture intersect, and we need to be aware of the power and influence an individual holds alongside the degree of marginalization that they experience.
  - This applies equally to the residential caregivers, the leadership and support teams, the DDP practitioners and the children.





# Central Features of the DDP Model

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# Safety and Security

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- Children who have experienced developmental trauma will have great difficulty feeling safe; Neither will they turn to adults for safety.
- They will stay hypervigilant, hypersensitive and hyper-reactive. They will not trust the intentions of adults, having little confidence that they want what is best for them.
- Caregivers will experience this as rejecting and hurtful. They too will not feel safe.
- A DDP informed residential home increases safety through an environment that accepts and acknowledges this experience, provides empathic, nurturing support, and is interested in the experiences of adults and children.



# Open & Engaged

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- Connection is only possible if the adult can stay open and engaged.
- If children become closed, defensive, and/or hopeless it can be easy for the adult to join them in this closed, non-engaged state.
- The adults also become defensive; irritated or frustrated.
- These responses will close down the relationship.
- Adults are supported to notice when they become defensive, to take care of themselves, and to return to open and engaged states.
- The child can then join them in these states.



# PACE

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Connection is made through the attitude of PACE

- Playful: joy in relationship. Spontaneous, fun and light.
- Accepting: Unconditional, directed at all the other's experience.
- Curious: Non-judgemental and active.
- Empathic: Felt sense of the other, actively experienced and communicated.



# PACE

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- The attitude of PACE is a way of being that offers an unconditional relationship.
- It expresses a deep interest in the inner life of the other communicated through curiosity about and acceptance of this experience together with empathy for the struggles this experience can bring.
- It demonstrates the fun and joy in the relationship through playful moments, alongside a willingness to share and support the child as needed.



# Stories and DDP



- PACE can only work when we remain open and engaged and able to find the story being communicated.
- A new story emerges as emotion is regulated and experience is explored.
- The story is co-created as we follow where the other leads and lead where we hope the other can follow.
- Storytelling brings the reflective (content of the story) together with the affective (experience of the story)
- The verbal is enriched by the nonverbal.

“Humans are story-telling animals. We make sense of our lives by creating narratives that connect past, present and future. Some of our stories are conscious; many are not. Some help us to understand our experiences in a valid way; others are the best we could come up with at the time, but are deeply misleading. Our personal identities are wrapped up in these stories. They create hidden top-down models, within whose confines we live our lives, irrespective of whether they are valid or not.”

Dan Siegel Chapter 7 Beyond the prison of implicit memory.  
The mindful path to well-being. P157 (in Sieff 2015)





# The Importance of DDP Conversations

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- Children have not had enough life experiences which help them to talk about how they feel and what they have been doing.
- They have not had relationships in which they have experienced deep interest in themselves from others.
- They have not discovered that others can help them make sense of their experience, good or bad.
- They cannot put words to their emotional experiences or to the experiences of others.



# DDP Conversations

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- Residential care provides different relationship experiences – gives words to make sense of experiences and tells the story of what has happened to them.
- The child discovers and trusts the other to make sense of this with them.
- They start to learn how to communicate their current experiences through words rather than actions.
- It's complex because of the increased number of adults the child interacts with.
- Children will choose who to talk to, who to annoy, and who to ignore.
- All adults need to feel confident responding in a way that opens up rather than closes down conversations.



“Connections reduce loneliness and allow healing to occur. We can all find many things hard to talk about. When we have the courage to talk about our feelings, they can become less overwhelming, less upsetting, and less scary. The stories we discover, witness, share, and retell together nurture us. These stories of our life, experiences, joys, and day-to-day struggles are part of the sustenance we need. DDP-informed conversations help children harmed within relationships begin to heal within relationships.”

(Grant et al, 2024, p108)



# DDP informed Residential Care

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# Recording

## Kim in conversation with Mark

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- Mark is part of the leadership team at Clover Childcare, Norwich, Norfolk, UK
- This is the first children's residential home in the UK to become a DDP certified organisation.
- Mark has been at the home since it was first set up by Dan and Kath. A DDP informed home was their vision from the beginning.





# Provide safety, stability and relational care

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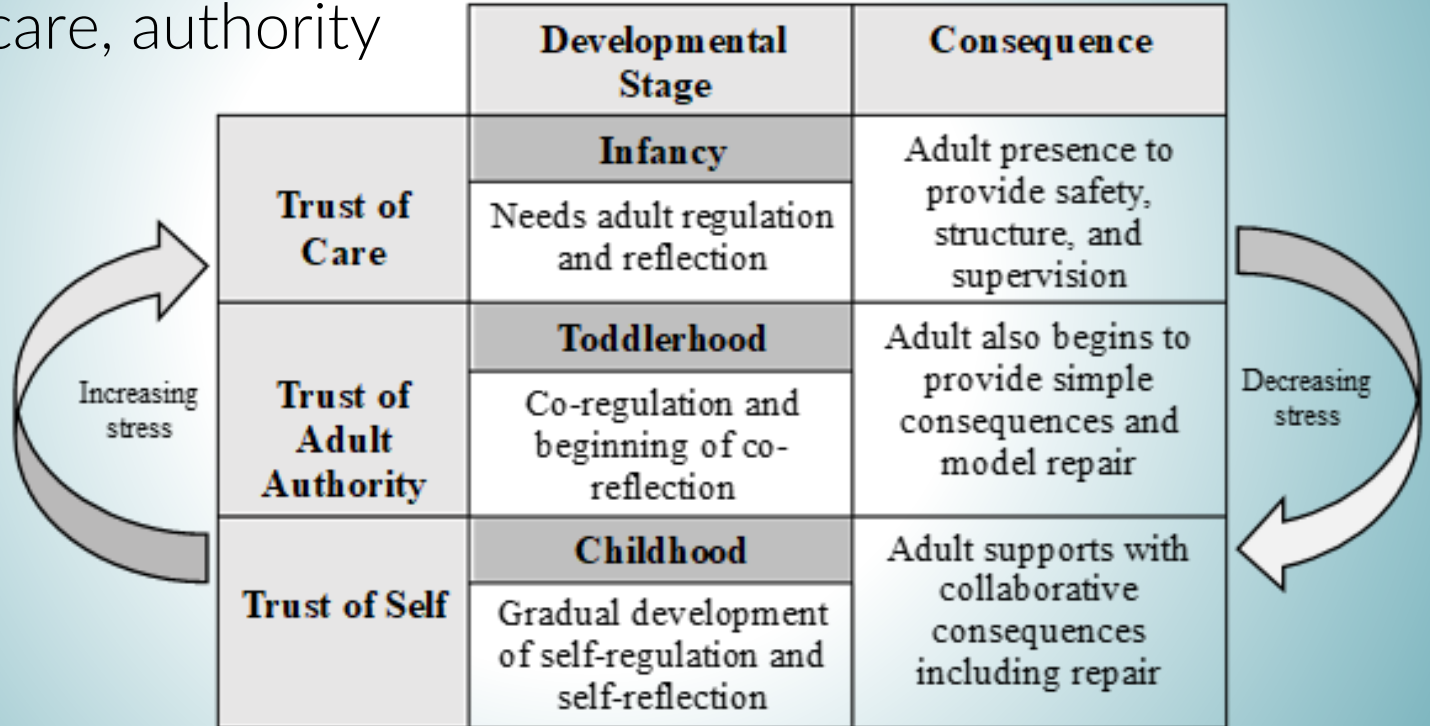
- Safety comes from a home with a shared ethos and within which everyone is supported through a culture of reflective practice.
- The aim is to provide the children with the stability they have not previously found and to move them into stable family or independent environments when they are ready.
- Relational care comes from a parenting approach within which discipline and boundaries are provided with warmth and empathy.





# Building Trust

Trust of care, authority  
and self



# Building Trust

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- Help children to trust in care and in authority leading them to be able to trust others and self.
- Many of these children have had multiple experiences of not trusting in any of these. This has led to the development of toxic shame.
- Residential caregivers try to develop trust in care, authority and self simultaneously, as the children have not moved through these developmental stages sequentially.
- They need to move up and down the developmental path in line with the child's current emotional state and level of stress.



# Support Emotional Pain and Distress

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- Emotional pain and distress is not avoided but seen as a reality for the children.
- Children have maladaptive coping strategies, including numbing, avoiding, acting out.
- Avoidance or ignoring their pain communicates that what they are experiencing is not acceptable and reinforces these strategies.
- Caregivers approach the child's pain with PACE, offering co-regulation, widening their window of tolerance and co-creating old and new narratives about what has happened and their ability to survive and thrive.
- They stay open and engaged towards the child's experience, no matter how painful.



# Support Behaviours

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- PACE does not mean that adults will tolerate behaviour which is unacceptable to them.
- By connecting with PACE before discipline understanding is increased. The child is more likely to respond to the discipline as a result.
- PACE is maintained alongside the discipline so that it becomes a way of supporting the child's behaviour.
- Through the connection that PACE brings the child will experience shame being regulated. Now the child can experience guilt and want to make amends.
- Consequences become collaborative rather than imposed by the adults, and the ongoing PACE before, during and after discipline allows the child to continue to feel understood and unconditionally accepted.



# Support Behaviours

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- A DDP informed way of supporting behaviour needs to be underpinned by policies and procedures.
- This is a challenge when these are aimed narrowly at demonstrating behavioural change.
- A narrow and prescriptive focus on behaviours is counter to what the children need.
- Expectations of quick change often measured by behaviours is incompatible with providing children with time for relationship building, developing trusting and regulatory support.
- Space for healing can be lost in the short-term goal of behaviour change.



# Maintain Contact with Family and Past Carers

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- Where possible children are helped to stay in touch with the parents who have had an important role in their lives, in a way and at a level which is right for them.
- They are supported to know their story and to maintain as much continuity of care as possible.
- They are helped with any feelings of distress, conflict of loyalty or confusion that these contacts arouse.
- Where there is a plan for children to return to a family, these parents are helped to parent at a distance until the children are ready to re-enter these homes.
- Task of residential care is to help the child to find love, security and permanence. Paradox – awaken child's attachment longings, encourage them to form bonds and then help them to move.



# Managing Transitions

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- Children are supported with all the transitions inherent in residential care.
- This includes the smaller transitions that are a normal part of a child's life. Eg end of play, bedtimes, mealtimes, moving between school and the home.
- Children also have to manage transitions inherent in residential care– children and staff coming and going, staff going on and off shift, moving to and from contact.
- All these transitions are more difficult for children who have experienced relational trauma.
- Transitional support provide opportunities to support pain and distress and to model good endings.





# Moving On

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- Children need significant relationships made at the home acknowledging and preserving.
- Provide the child with a narrative about the meaning of their time spent at the home
- Ending rituals can help the child moving and the children staying. The swapping of small mementos can provide transitional objects for adults and child.
- Where possible some continuing contact can help provide a relational thread in the child's life.
- If not possible, help the child to know that they will be remembered. 'I will always think of you when ....'



# Caring for the Caregivers

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# Caring for the Caregivers

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- Blocked trust leads to blocked care. Support moves carers out of blocked care.
- Many caregivers are drawn to this work as a consequence of past experiences. This increases their understanding and compassion for the children. It also can create vulnerable spots – triggers.
- Moral injury and compassion fatigue. Caregivers can be overwhelmed by the traumatic stories they are hearing and experiencing and demoralized by actions witnessed or engaged in that violate their own values – social injustices
- Compassionate companionship – provides emotional co-regulation, offers new meanings for events, and reduces feelings of aloneness.



# Exploring Relationship History

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Exploring past attachment and relational experiences is an important part of creating resilience, and something all residential caregivers need to reflect on.

This can also be broadened to reflect on the cultural influences and how these have influenced relationships.

Carers learn about the impact of these experiences and learn to identify triggers in action whilst parenting the children.

It is hard to focus on a child when past and present are colliding.

Soothing hurts of the past allows the carer to remain focused on the present with the child who has triggered the memories and emotions.



# Exploring Relationship History

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It is helpful to maintain a focus on the current parenting during this exploration so that the links between past and present are better understood.

Consider:

1. What is the current experience of parenting the child?
2. What were your hopes and dreams when choosing to parent the child?
3. What current fears and doubts are you holding?



# Exploring Relationship History

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1. What is the hardest thing about parenting this child? What makes it hard to find empathy for the child?
2. Link this to past relationships, including cultural experiences, which might be triggering memories and/or uncomfortable emotions.  
For example, experiences of being parented which will be influenced by parents own experiences and the culture they were raised in.
3. Identify vulnerable points/triggers and strengths that have arisen out of the past and current experience.



# Recording

## Kim in Conversation with Diana

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- Diana is a children's residential caregiver at Clover Childcare.
- Diana was born and raised in Lithuania and has lived in the UK for 17 years.
- Diana has worked for Clover for 9 months at the time of this recording.







# Embedding DDP throughout the Residential Home

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# DDP Philosophy of Care

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- Safety.
- Relational focus.
- Clear structure which is held onto at times of crisis.
- Support and supervision.
- Reflective practice and promotion of team working with PACE as the guiding attitude, storytelling, affirmations, playfulness, boundaries and discipline with warmth and nurture.



# Managing Complexity

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- Team working – multiple attachment figures with multiple attachment histories, some traumatic, caring for multiple children who have lived in multiple families.
- Shift working, moving between the residential family and own family.
- Complex staff dynamics and need for conflict resolution.
- Trauma can organise rather than inform.
- Values and norms can conflict eg talking about conflict and feelings vs not acknowledging or talking about these; value respect for elders, vs self reliance and independence.
- Adults with a mix of experiences come together to care for the children.



# Importance of Reflective Practice

- Having courageous conversations.
- Understanding self and others.
- Challenging assumptions.
- Providing space and team support for knowing and managing own triggers.
- Safety for all.



# Modelling the Model

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- Everyone needs to be and feel cared for in order to continue caring for the children.
- Leadership teams need to feel safe and supported so that they can model the philosophy of practice.
- Provide staff with autonomy and accountability.
- Stay curious, non-judgmental and seek understanding before acting.
- Notice and support staff in blocked care.



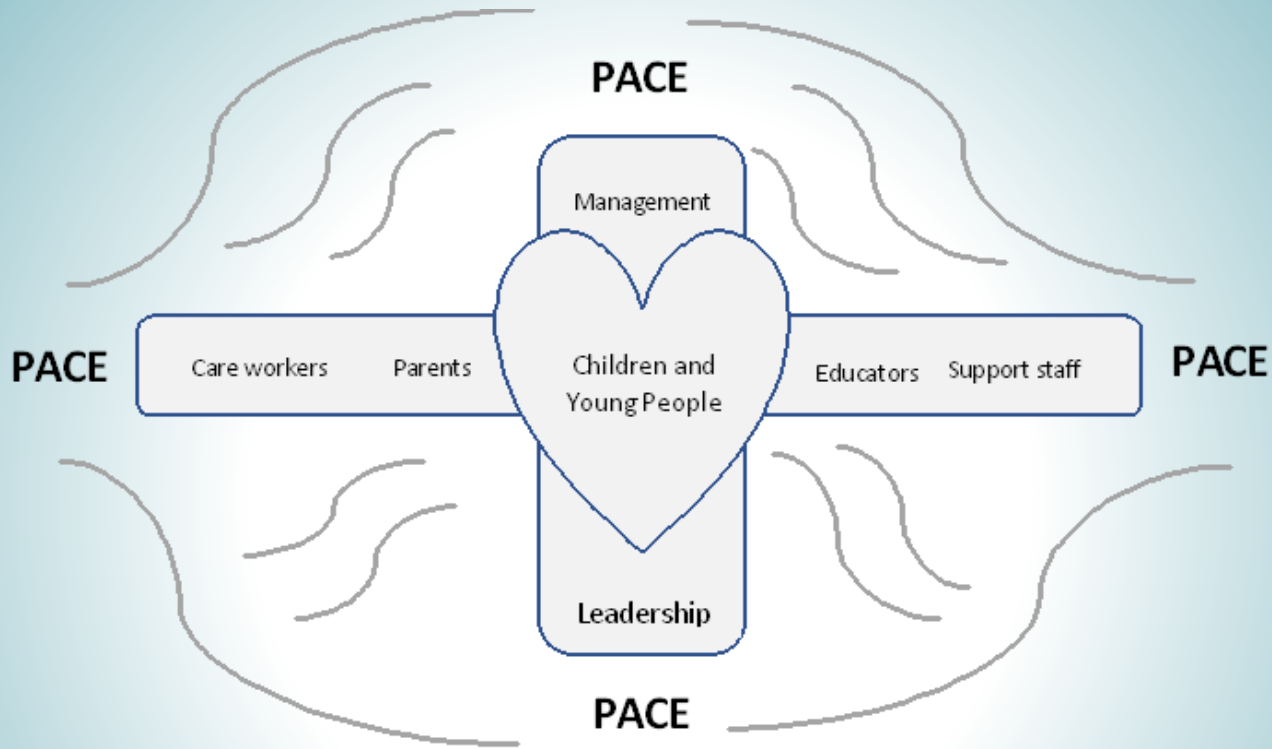


# The Cascade of PACE

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“Within the DDP way, in which the building of safety and trust through relational and reflective practice is central, the attitude of PACE provides the holistic containment for living, loving and learning.” (Grant et al, 2024, p239)



## PACE for the Children

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“Healing relational trauma means supporting children to move from fear of relationships to trust in relationships. The adults adopting a DDP approach with a PACEful attitude support the change in children’s core beliefs lying at the heart of who they are. This must take into account the complexity and intersections of trauma that they have experienced.”

(Grant et al, 2024. pp 228 to 229)



# PACE for Adults Surrounding the Child

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- Teams need a cascade of PACE to guide children into healthier ways of thinking, feeling and being.
- Adults hold PACE for themselves, others and the children.
- This rests on the ability to know themselves.

“Conscious and unconscious biases impacted by their own experience growing up are explored within a reflective culture so that the adults are in the best position to support the children in all their complexity.”

(Grant et al, 2024, p229)



## PACE for Wider Network

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- When PACE and a DDP approach cascades out beyond the residential home, the staff will feel supported, and the children will get a larger environment for healing.
- The children and staff will feel supported by social workers who seek to understand and work together with the home.
- Teachers will extend the child's DDP world into school.
- Contact with parents and past carers will be less confusing or conflictual.



# PACE for Senior Managers and Leadership Team

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“The management team .... are able to model and encourage a PACE attitude throughout the organization. The challenge and complexity of doing this should not be underestimated. It requires a non-defensive, open and engaged approach and the humility to acknowledge defensiveness and to repair. The management team work to maintain an open and engaged culture. The balance between strength and empathy is integral to achieving this.”

(Grant et al, 2024, p236)



# PACE for Senior Managers and Leadership Team

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- PACE informs the vision, values, policy, systems and procedures to create and sustain the DDP-informed culture.
- PACE helps to manage the turbulence of conflicts and tensions from within the organisation, whilst also holding the child's needs in mind.
- A diverse workforce, from different cultures, and with different identities and experience needs careful nurturing and PACEful support, providing opportunities to model respect and learning from each other.
- To accomplish this, these leaders need support and reflective spaces for themselves.
- This can be helped with support from external DDP consultants.



# Finally: A Story

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The power of modelling



Image Juliet Young, 2026





# Coming January 2026

Golding, K. S. The DDP guide to healing childhood trauma. A visual and creative companion for parents and practitioners.

Jessica Kingsley Publishers

