



The Association
for Child and Adolescent
Mental Health

Working with families impacted by relational trauma: building safety, connection and resilience

A Guide to Session Recap, Activities and Further resources



What You'll Find in This Guide



Session recap

A summary highlighting the most important points from the session



Further reading

Selected resources for further exploration



Reflective Activity

Guided questions to support professional reflection



Test your knowledge activity

A set of questions and answers to test what you've learned and reinforce key ideas

Working with families impacted by relational trauma. Building safety, connection and resilience

What we've learned from Kim S. Golding

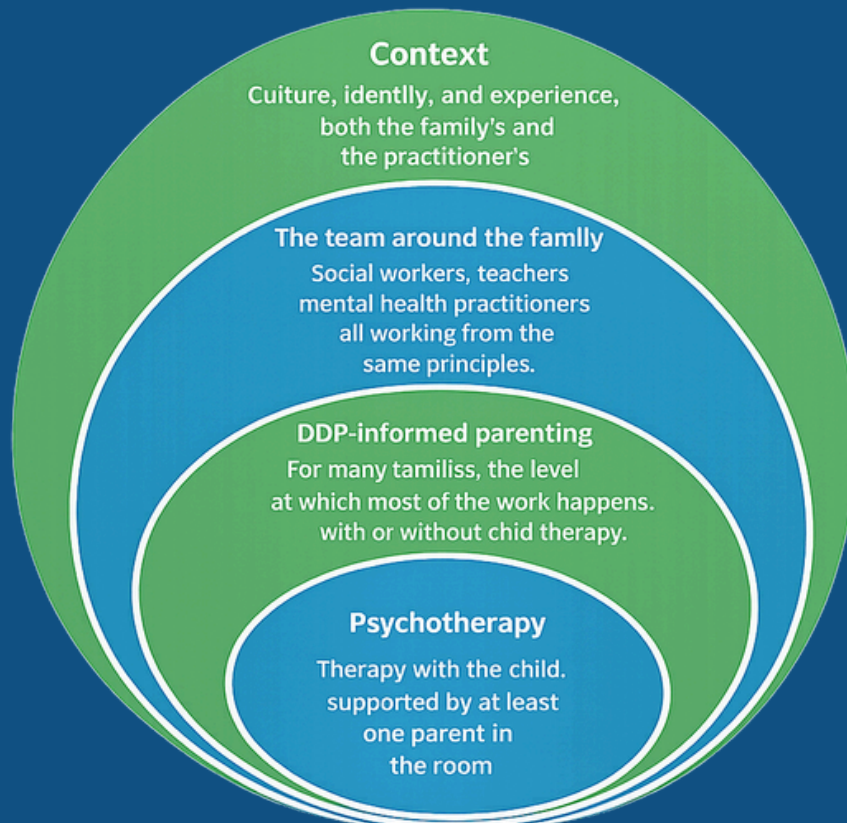


"If we don't involve parents, we're unlikely to heal the part of the child that was most deeply hurt by their early experiences."

"A child's ability to regulate emotions develops through relationships. When those relationships become disrupted or disconnected, their capacity for regulation is much less likely to develop well."



Dyadic Developmental Psychotherapy: A model built in concentric layers



Children with relational trauma have learned that the relationships they most need can feel dangerous, and they often resist being influenced by the very caregivers offering them safety. This is why **the parent's role becomes central.**

Three considerations for working with families

1. Children may resist closeness if relationships have felt unsafe

Self-reliance, control, ambivalence, or shut-down can become ways of protecting against shame, hurt, or disappointment.

2. Parents are not adjuncts to the therapy

They are the surface on which new relational experience is built.

3. The alliance with the parent is the unit of intervention

Held by three working assumptions, even at defended moments: this parent is a good person, doing the best they can, who loves their child or is trying to find a way to love them.

How adults can stay connected: the PACE attitude

P

Playfulness

Bringing warmth and enjoyment into the relationship, reflecting interest in the child

A

Acceptance

Recognising and accepting the child's internal experience without necessarily approving their behaviour

C

Curiosity

Taking time to wonder about what might be happening for the child instead of reacting or judging too quickly

E

Empathy

Showing understanding of the child's experience so they feel understood, not just managed

Two hands of parenting

Parenting children with relational trauma asks for both hands held together:

The peaceful hand of warmth, curiosity, acceptance and nurture

The parenting hand of discipline, structure and boundaries

PACE comes naturally with infants. As children grow and discipline takes priority, it can quietly recede into the background. For children with relational trauma, that shift is costly: they may read discipline as proof of being unloved, without the connection that would soften it.



Connection *with* correction

- 1. Connection holds the discipline.** Boundaries, routines and structure remain, what changes is the relational atmosphere around them.
- 2. PACE is not a softening of limits.** It is what allows a child with a defended template to receive a limit without reading it as rejection.
- 3. The shift is modest to describe and hard to live.** Staying open, playful, accepting, curious, and empathic when a child actively rejects connection is one of the most demanding parts of this work.

Slowing down: The path from understanding to strategy

DDP-informed parenting support inverts the usual sequence. Strategies come last, not first. The shift is procedural but its rationale is therapeutic: parents asked to act on advice that has not understood them may struggle to do so.

1. Understand the parent's experience first. PACE with the parent before any parenting suggestion.
2. Co-regulate, rather than reassure. Reassurance can invalidate; problem-solving too early can signal "I have not heard you."
3. Link present to past, through the child. The past can be triggered in the present by the trauma the child is bringing into the home. Starting from the child's behaviour helps this exploration feel relevant, not blaming.
4. Co-create new meaning — first of the parent's experience, then of the child's. Understanding precedes strategy.
5. Let parenting ideas emerge. Strategies that arise from shared understanding tend to fit; those imposed onto unresolved parental shame and fatigue often do not.



One of the moves that distinguishes DDP-informed support from traditional parenting support is the deliberate delay of solutions.

Storytelling: at the heart of DDP

Storytelling helps children connect emotions, memories, and relationships in a safe and meaningful way. Through stories, children can explore difficult experiences, reflect on emotions, develop coherent narratives, and experience new patterns of connection with caregivers.



Three elements of how stories do the work

1. Follow-lead-follow

The therapist follows where the parent or child leads, leads where it seems helpful, and follows again. The story is co-created, not delivered.

2. Affective and reflective, together

Stories hold the felt sense of an experience alongside its meaning. Lecturing addresses content alone and can miss the experience entirely.

3. New meaning becomes liveable

Over time, the story shifts the parent's or child's sense of what happened — not as something they've been told, but as something they now inhabit.

The importance of cultural context

DDP — like much of psychological theory — was built on populations that are **WEIRD**: **W**estern, **E**ducated, **I**ndustrialised, **R**ich and **D**emocratic. Roughly 12% of the world, and statistically unusual on dimensions including attention, patience, fairness and executive function.

Why this matters clinically

Caregiving structures vary across cultures

Kinship networks, community-based care, and connection to land can all do the relational work a Western lens expects from one or two primary caregivers.

From that lens, difference can read as deficit

Patterns that work well within their own cultural structure can look like neglect when viewed from outside it.

The clinical stance

Export with
humility, not
certainty

Import wisdom
from non-Western
traditions

Hold the model
open to
adaptation

Information Worth Sharing

- "No thank you" is protection, not refusal. Children with relational trauma defend against the very relationships that could help them heal.
- Connection and correction belong together. PACE before, during and after discipline is what allows boundaries to land.
- Understanding comes before strategy. Parenting advice offered before the parent has been understood rarely lands.
- PACE is a way of being, not a technique. Its purpose is to offer a different relational experience over time, not to change behaviour directly.
- Stories carry feeling, not just meaning. That's why co-created narrative changes things in ways that lecturing and advising often cannot.
- Through a Western lens, difference can read as deficit. DDP — like much of psychological theory — was built in a WEIRD world. Holding it open to adaptation is part of the clinical work.

Recommended Reading and Resources

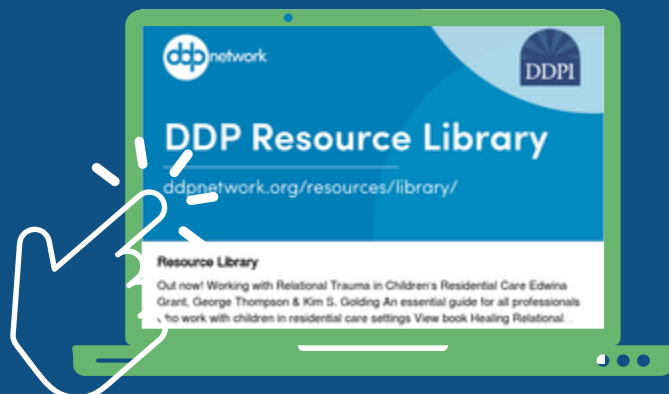
Explore more about Trauma on ACAMH Learn!



Readings & interviews

- [Understanding and helping children who have experienced maltreatment](#)
- [In Conversation... Dyadic Developmental Psychotherapy](#)
- [Meet the expert: Dyadic Developmental Psychotherapy, Parenting and Practice \(DDP\) intervention, with Dr. Kim Golding](#)

Check out the DDP Network to dive deeper into the model through articles, recordings and community resources.





Integrating Learning into Professional Practice

Set aside ten minutes. Bring to mind a family you are currently working with — ideally one where the work feels stuck, or where you find it harder to stay open to the parent.

1. The parent's experience

Before any strategy, DDP-informed support begins with understanding the parent's experience.

What is it like, for this parent, to be parenting this child? What might they be carrying — fear, shame, exhaustion, disappointment — that they have not said out loud?

2. The three assumptions

DDP holds three working assumptions about every parent: a) This parent is a good person. b) They are doing the best they can. c) They love their child — or they are trying to find a way to.

Which of the three is easiest for you to hold with this family? Which is harder? What might shift in your work if you could hold the harder one a little more steadily?



Integrating Learning into Professional Practice

Set aside ten minutes. Bring to mind a family you are currently working with — ideally one where the work feels stuck, or where you find it harder to stay open to the parent.

3. The pull toward strategy

Recall a recent moment with this family when you offered advice, a suggestion, or a strategy.

Had the parent's experience been fully understood at that point — or was the strategy filling a silence? What was happening in you that made the suggestion feel necessary? If you could return to that moment, what would you do differently?

4. The lens you bring

Finally, consider what you may be taking for granted about this family.

What assumptions am I making about what "good enough" caregiving should look like? Are there practices in this family — around kinship, independence, discipline, emotion — that I might be reading through my own cultural lens? Whose perspective could help me see this family more fully?



Test your knowledge!

1

T or F? "In DDP-informed parenting support, parenting strategies are offered as early as possible to give the parent immediate tools"

2

What are the three working assumptions DDP holds about parents, even at defended moments?

3

What does "modelling the model" mean in the DDP framework?

4

In the "two hands of parenting" metaphor, what does each hand represent?

5

Why does DDP describe storytelling as central to its therapeutic method?

6

T or F? "PACE is a behaviour-change technique whose success can be measured by changes in the child's behaviour."

[Check the answers](#)





Check your answers!

1

False. Strategies come last, not first. The clinician first works to understand the parent's experience and co-create new meaning; strategies then emerge from shared understanding.

2

That the parent is a good person, that they are doing the best they can, and that they love their child or are trying to find a way to.

3

Practitioners receive PACE from their supervisors so they can offer it to parents, who can then offer it to children — the cascade is itself part of the intervention.

4

One hand holds connection (PACE — warmth, curiosity, acceptance, empathy and nurture), and the other holds correction (discipline, structure, and boundaries).

5

Stories hold the felt sense of an experience alongside its meaning, allowing new meaning to be felt as well as understood — something lecturing, advising and coaching often cannot achieve.

6

False. PACE is offered as a way of being, not a technique. Its purpose is to provide the child with a different relational experience over time — behaviour change may follow, but it is not the measure by which PACE is judged.



Thank you for joining us at this event!

You can explore our upcoming
CPD events and training
opportunities at
<https://www.acamh.org/events/>