Sitting with the Uncomfortable

DDP With Foster Carers, Young People and Adults who have Grown Up in Care

Kim S. Golding

Overview

- Why do we find it hard to sit with the uncomfortable?
- DDP with a young person in foster care: an example
- The power of storytelling
- Noticing defences in caregivers
- DDP with a foster carer: an example
- When defences feel too restrictive in adulthood
- DDP with adult care-leavers: an example
- Conclusion

Traumatic events strike against our minds and hearts and create a story that is fragmented, with gaps, and is distorted by strong emotions from which the child shrinks and hides. These stories are rigid, with meanings given to the child by the one abusing her. From these jagged stories of shame and terror that arose from relational trauma, DDP is creating stories of connection, strength and resilience.

Dan Hughes, 2019

Hiding from the Jagged Stories

- It is not surprising that children distrust therapy and the therapist.
- We want to take them towards the pain and fear that they have learnt to hide from all their life.
- The children have developed strong defences. They do not want us to see them behind the wall they have built.

Witnessing such a strong reaction it is easy to see why we retreat from such painful feelings. To try and make things feel manageable again.

In this presentation I want to start by exploring how easy it is for us to also stay firmly on the other side of the wall. Viewing the child’s experience from a distance but not truly entering into it with them.

Effective DDP means that we accept the child’s experience and their need for the defences whilst also being prepared to join the child in their most painful experiences, as these are understood between us.

“From the very beginning everything was scarcely wrong. Nobody seemed to care. So Boy built a wall, to protect himself. At first he just hid behind it. But as Boy grew his will became stronger and cleverer.”

“Then she made a few holes in the wall and whispered sweet songs through them. This made Boy angry. How dare Someone Kind break his wall! He put his fingers in the holes and screamed at her to leave.”

(The boy who built a wall around himself” by Ali Redford, JKP 2016)
Sitting with the Uncomfortable

"Someone Kind just waited and listened…..Soon Boy didn't mind the wall cracking around him. Bricks were falling about his feet. Someone Kind picked them up and turned them into bridges."

(The boy who built a wall around himself by Ali Redford, JKP 2016)

Being Present

Waiting and listening also means being prepared to:

• Talk about the elephant in the room.

Or

• Grasp the nettle

If we aren’t prepared to do this, our clients definitely won’t.

Without understanding what is not being talked about we cannot be truly present with our clients.

Guess who?

DDP with a Young Person

• This is an example of DDP with a foster boy and his foster mother. This is a composite example, based on children I have worked with. Some of the dialogue is taken from a real session.

• Henry was 5 years old when he and his younger sister, Chelsea, were removed into short term foster care. This followed experience of living in a frightening environment of domestic violence and parental unavailability. The children experienced neglect and physical abuse.

• The children were removed into a permanent foster home when it was clear that the parents were not able to make the changes needed to care for the children safely.

Preparation with Foster Mother

• The foster mother was helped to understand her own sense of frustration that she could not connect with Henry.

• She noticed how hurtful Henry's self reliance and protectiveness towards Chelsea was, as she experienced it as rejecting of her care and nurture.

• She was able to link this to her own attachment history with emotionally distant parents who relied on her to take care of her siblings.

• With this understanding she was able to recognise how Henry had developed because of his own attachment history.

• She was more able to accept and have empathy for his need for self reliance and his need to protect his sister.

We began therapy with Henry.

• The initial focus was on building a relationship.

• Activities were used which also helped him to feel more secure with his foster mother.

• This allowed us to explore together some of the ways he used to keep himself safe. What he came to call his ‘major defences’.

• We explored the worry and fear underneath his anger and how hard it was to notice these feelings.

• Initially this exploration was very cognitive. Harry did not want to feel the pain of his current or past experience.

• I too was comfortable with the cognitive. I found it hard to support Harry to feel safe with his affect because my ‘instinct’ was to move away from this also.
“Past experiences, in particular unresolved trauma, prevent us from being present to those who are in front of us, because it biases our perceptions. To be a mindful and effective therapist it is vital that we know how our own biases and wounds restrict our ability to be fully present to our patients. When we, as therapist, impose old (unconsciously held) stories on our clients’ reality, they feel it and are likely to be retraumatized rather than healed.”


I used self-reflection and supervision to help me understand what I was doing and what I needed to do.

Gradually, with my support, Henry allowed himself to feel as well as to think.

This was a huge leap of faith and trust in me from Henry.

This will be illustrated with an example adapted from a session I had with an 11-year-old foster boy who has been one of the inspirations for my fictionalized Henry.

Whilst some of this dialogue is fictionalized, the events at the centre of the session are true.

Therapist: ‘So I see you got those new trainers you wanted.’

Henry: ‘Yer, Mum and I went shopping on Saturday. They didn’t have the ones I wanted.’

Therapist: ‘That must have been pretty disappointing. You have been so looking forward to getting them.’

Henry: ‘No I like these. They have a light in the heel and everything.’

Therapist: ‘How lovely, to get a day out shopping with Mum, and to get the trainers you have been waiting for. Even though they weren’t exactly the right ones, the light makes them pretty cool, right?’

Henry: ‘Yer, and I nearly didn’t get them. Not after Friday night.’

Therapist: ‘Oh, things were not so good on Friday, eh?’

Henry: ‘Yer, Chelsea being a pain. I was so mad with her.

Therapist: ‘That sounds hard. Was she being annoying?’

Henry: ‘Yes, or maybe. I don’t know. I just got so angry with her.

Therapist: ‘That sounds kind of confusing.

Henry (with tears in eyes): ‘She was just being herself really. I shouldn’t have got so angry.

Therapist: ‘Oh Henry, it sounds like Friday night was tough. You got angry, and now you are feeling so bad about getting angry. I guess it’s making you feel sad as well.

Henry: ‘Not really sad, just cross with myself.

Therapist (playfully): ‘That sneaky sadness, showing itself when you don’t want it.’

Henry: ‘Yer, and I nearly didn’t get them. Not after Friday night.’

Therapist: ‘That’s why you were worried about the shopping trip? You thought, maybe, that Mum would cancel because you got so angry with Chelsea?’

Henry: ‘Yes, but she didn’t. We went anyway.

Therapist: ‘I wonder why you got so angry. I know Chelsea is often irritating, but it is unusual for you to get so mad with her isn’t it?’

Henry: ‘I don’t know. She just wouldn’t do what I told her. She was a right pain.’

Henry: ‘I pretty much lost it with Chelsea. She was being so ridiculous, lying down on my bedroom floor. We were trying to watch a DVD, but she was so irritating. I just got angry.’

Therapist: ‘That sounds difficult. You were trying to watch the DVD together. Was she not letting you watch it?’

Henry: ‘Well, she was, but she just wouldn’t sit properly. I didn’t want her lying on the floor! I got mad with her and Mum came up and sorted it out.’

Therapist: ‘That’s why you were worried about the shopping trip? You thought, maybe, that Mum would cancel because you got so angry with Chelsea.’

Henry: ‘Yes, but she didn’t. We went anyway.

Therapist: ‘I wonder why you got so angry. I know Chelsea is often irritating, but it is unusual for you to get so mad with her isn’t it?’

Henry: ‘I don’t know. She just wouldn’t do what I told her. She was a right pain.’

Therapist: ‘She can be very frustrating can’t she?’

Henry: ‘Yer, for me anyway. She just will not do as she’s told.’

Therapist: ‘So, what were you actually angry about?’

Henry: ‘Her not doing what she was told. I wanted to keep her quiet because of the visitors downstairs and she just would not do it.

Therapist: ‘So you had some responsibility to keep Chelsea quiet so they could have a good time. Were you feeling a sense of: ‘I’ve got to sort this?’’

Henry: ‘Yer, just shut up, do as you are told.

Therapist: ‘Because this is important?’ And you were helping the adults out by trying to keep Chelsea amused.

Henry (looking sad): ‘And she just wouldn’t do as she was told.’

Therapist (empathising): ‘and she wouldn’t do as she was told.’
Therapist: ‘So it sounds to me like you were trying to look after Chelsea?’
Henry: ‘Yes, I would have thought so, in a sense, but in the end she did get upset.’
Therapist: ‘And you got upset. You were feeling so angry.’

[Long pause and looking thoughtful]
Therapist: ‘That sounds so tricky. Are there other times when you have tried to look after Chelsea?’
Henry: ‘That you need to keep an eye on her and make sure she’s okay.’
Therapist: ‘You do feel responsible for Chelsea I think.’

[with sadness]: ‘Yer, I would have thought so, in a sense, but in the end she did get upset.’

Therapist: ‘Where does that come from do you think? Where does the need to look after Chelsea come from?’

[turning back towards me]
Therapist: ‘I can see how much that is hurting you. I am sorry if you felt I was being harsh. It was fine.

Henry: ‘I think, um, from when I was at home. When I was with my mum and dad and perhaps having to do more looking after Chelsea than you should have done when you were little. I wonder, this is what I am thinking, about an 11-year-old boy who is trying to look after his sister, to help his mum because he knows it is important. Trying to make a situation good, and Chelsea wasn’t letting you do it. So you were feeling a sense of: ‘Oh no, its not working’. And I wondered if that triggered for you a deeper memory of when you were little and you were having to look after Chelsea and that’s why you got so upset.’

Therapist: ‘I think you are feeling sad now, because I think we are getting quite deep about the pressure that has been on you to look after Chelsea. The pressure from living with mum and dad and perhaps having to do more looking after Chelsea than you should have done when you were little. I wonder, this is what I am thinking, about an 11-year-old boy who is trying to look after his sister, to help his mum because he knows it is important. Trying to make a situation good, and Chelsea wasn’t letting you do it. So you were feeling a sense of: ‘Oh no, its not working’. And I wondered if that triggered for you a deeper memory of when you were little and you were having to look after Chelsea and that’s why you got so upset.’

Therapist: ‘Do you remember telling me how mum used to send Chelsea outside when you were out with your friend, Daniel was it?’

Henry: ‘Yes, I had to look after her.’
FC: ‘That was a really big ask wasn’t it?’
Henry: ‘Yes, and she went into the road and over to the corner shop and I wasn’t there to look after her, as I was playing with my mate. Mum came out and asked me to keep a close eye on her now. You’ve forgotten that you don’t have to do that all the time now, and you are still doing it. Because what might have happened? Chelsea might have been hurt, she might have died. What if a car had come along when she was on the road, and you would have thought that it was all your fault because your mum had asked you to do something that she shouldn’t have expected a little boy to do. No wonder you felt angry and sad when Chelsea wouldn’t do what you wanted to do, because it mattered. You were trying to keep Chelsea safe, and you’ve been trying to keep Chelsea safe for 7 years. Seven years you’ve been trying to look after Chelsea, trying to protect her in a way that a big brother shouldn’t have to look after his sister. No wonder you get angry and sad when she wouldn’t do what she was told. (to FC) He is such a brave boy isn’t he?’

FC: ‘I know he is, a pretty special big brother.’
Therapist: ‘Such a special brother, but so hard for you, to keep her safe. So much responsibility for a little boy. So hard makes you feel so sad. I just want you to turn to Jane and tell her how sad you feel.’

Henry: ‘On no, not one of these. (looks at Jane and says quickly) I’m feeling sad at the moment, but I’ll get over it.’

FC: ‘I know you are and you don’t have to get over it.’
Therapist: ‘Talking for Henry) But I do, Mum. I hate feeling sad. I think you won’t like me if I am sad. I want to look after Chelsea. I want you to be proud of me.’
FC: ‘That makes me feel sad. I see how hard it is for you to know I am proud whatever you are feeling. (Henry and FC hug) And you know that brown eyed beauty that really annoys you sometimes, I’m the one that deals with her, right. She’s your sister to love and to keep a beady eye on, but it’s my job to deal with her.’
“Let us not underestimate how hard it is to be compassionate. Compassion is hard because it requires the inner disposition to go with others to places where they are weak, vulnerable, lonely, and broken. But this is not our spontaneous response to suffering. What we desire most is to do away with suffering by fleeing from it or finding a quick cure for it.”

In “You are the beloved” by Henri J. M. Nouwen, Hodder & Stoughton, 2017

The Power of Storytelling

DDP trusts the integrative process of developing conversations without shame or fear leading towards coherent life stories that make sense.

Dan Hughes, 2017

“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)

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 child leads and lead where we hope the child 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.
- Therapist, Child and Parent are each involved in telling and witnessing these stories.

Kim S Golding, 2018
"We use stories to make sense of our lives. And we use stories as models to guide us in the future. We shape stories and then stories shape us."

‘Hold Me Tight’ Sue Johnson, 2011

**Stories and DDP**

- Experience is made clearer through the construction of narratives that are neither lectures nor problem solving. But are simply stories.
- Stories are sometimes playful, sometimes serious but always compassionate.
- Stories arise from curiosity.
- Stories are collaborative offering understanding with empathy and acceptance.
- This leads to increased security as possibilities for what can be are opened up.

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We shall not cease from exploration
And the end of all our exploring
Will be to arrive where we started
And know the place for the first time

T.S. Eliot ‘Little Gidding’. Four quartets

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**Noticing the Defences**

- Children who find it hard to trust and have a strong need to move away from affect will have many ‘major defences’ that help them to keep us at arm’s length.
- These are easy to see, even if not easy to move on from. We can feel like we are not getting anywhere.
- Caregivers too can have strong defences in place.
- It is very easy to join them behind these defences because it feels like we are achieving something.

“It is no secret that many of our suggestions, advice, admonitions, and good words are often offered in order to keep distance rather than allow closeness.”

(In ‘You are the beloved’ by Henri J. M. Nouwen, Hodder & Stoughton, 2017)

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**Examples of Defences**

- *Let’s think about how services have let me down.* The carer becomes preoccupied, and often angry, about the services they have and are receiving. This might be focused on social work, schools, or therapeutic services. We might feel frustrated too, and have sympathy for the carer. We might feel a need to defend our colleagues. Either way we become distracted into a focus onto services rather than the carers’ experiences.
- *Let’s talk about the child.* If we try and wonder about the carers’ experiences they skillfully, and often unconsciously, move us back to thinking about the child. We already have some understanding about the child, and what might help him, so we are keen to communicate this, and we are easily pulled into this focus.
- *Let’s solve the problems.* We both become preoccupied with finding answers to immediate problems that the child is presenting.

Kim S Golding, 2018
DDP Informed Parenting Support
What is different from other parenting support interventions?
• Less focus on immediate problem solving and advice giving and more focus on CURIOUS EXPLORATION
• Understand parents’ EXPERIENCE of parenting the child.
• This includes understanding the IMPACT the child has on the parent.
• Understand this in context of previous attachment history and relationship experience.
• Discover the stories together.

DDP Informed Parenting Support
This involves the practitioner using PACE to:
• CONNECT with the parents and explore how things currently are.
• Help parents to consider the IMPACT on them of the experience they are having with the child.
• Elicit any EXPERIENCE of shame, anger, fear, despair, with this affective experience being co-regulated by therapist.
• Explore current experience parenting this child in the context of PAST relationship experience.
• CO-CREATE new meanings of own behaviour.

DDP Informed Parenting Support
Use all this understanding to INFORM parenting of the child.
• Support parent to understand the EXPERIENCE of the child and CONNECT emotionally.
• Help parent to provide CO-REGULATION and CO-CREATE new meanings of child’s behaviour.
• Think with parent about how to SUPPORT behaviour of the child.

Example
• I will explore one session with a foster carer, Sue. The whole session would be around 1½ hours, therefore this just provides a glimpse of the process.
• She is caring for two boys who were placed at 5 and 6 years of age and are now 9 and 10 years. She is supported by her husband, Dave, but considers herself as the main carer.
• The older boy, James, is causing them most challenge with his generally oppositional behaviour, lying and stealing and resistance to their nurture. This session focuses on him.

Current experience
Kim: Hi Sue, you are looking tired. Tough week?
Sue: Oh, you know, same old, same old. James is up to his usual tricks.
Kim: It’s a bit unrelenting, isn’t it? How are you feeling this week?
Sue: Well, it’s just he never changes, whatever we do. He stole again this week. I was stupid, I left my purse out. The twenty quid went of course. Will I never learn?

Current Experiences
Kim: That sounds frustrating. It’s tough when you can’t put your purse down without thinking about it.
Sue: I think something is going on at school. He won’t talk about it of course, but I have a feeling he’s struggling with his friends again. Not surprising, he is so bossy with them. They will only take so much.
Kim: And then he won’t talk to you either. I guess that is hurtful?
Sue: Well, we’ve tried rewards, he seemed happy to earn points but as soon as he got the reward it was back to usual. Punishments don’t work either. We took his iPad away. He didn’t seem to care. Nothing seems to work. I just feel out of ideas.
Impact of this Experience

**Kim:** So, he is still lying and stealing. Friendships are tricky and whatever you do doesn’t seem to make a difference. On top of that he doesn’t want to talk to you. It must be hard to feel you are making any difference?

**Sue:** Yes, as I said, same old. There are glimpses of a lovely boy underneath all this, but honestly it’s hard to see this most of the time.

**Kim:** Sue, I want to slow you down a bit. You know what I’m like! (Sue laughs). I have noticed that whenever I ask about how you are feeling you talk about James again. Is it hard to think about you in this?

**Sue:** (laughing): I’m doing it again aren’t I? I know you will stop me though. It’s just so hard to think about. Painful as well I guess. Go on, do your worst.

Impact of this Experience

**Kim:** James is tough; he is resisting all the good parenting you have to offer. It’s hard to have good moments with him. I am guessing that has to hurt?

**Sue:** He is a lovely lad, I can see that. And he has had a tough time …….

**Kim** (Touching Sue on the arm): but it has to hurt. Let’s think about you now.

**Sue** (thoughtfully): Well, yes. It does hurt. (tears come to her eyes). It’s so hard!

Impact of this Experience

**Kim:** I can see your tears. So hard. What do you think is the hardest thing about parenting James?

**Sue** (brushing tears away): I don’t know. I just see what he could be I guess.

**Kim:** And you aren’t able to help him be this child, are you? How does that feel?

**Sue** (more animated): Pretty useless. He just doesn’t respond to anything.

**Kim** (also animated): yes, he makes it so hard for you (quietening) and I am thinking it must feel like such a failure for you?

Impact of this Experience

**Sue** (tears come again): Yes that’s it. I just feel like I am letting him down. I am failing him because nothing ever changes. I dread to think where he will end up – prison like his Dad I guess.

**Kim:** Such a big fear, and I’m guessing you would think it was your fault?

**Sue:** Well, yes. I said I would take him on. I should be able to make it different for him. What’s the point of him coming into care if we can’t make a difference?

Impact of this Experience

**Kim:** That sounds like a big worry. What is it all for if you can’t make a difference? I would like to stay with those feelings of failing for a bit longer, if it is okay with you. (Sue nods). I am wondering, perhaps guessing, that James isn’t the first person who has made you feel like a failure?

**Sue** (Thinking hard): Well I have been lucky. Dave is great, we have a great relationship. My own kids have done well. I have lots to feel good about.

Past Relationship Experience

**Kim:** What about before you married, anyone then. (tears spring to Sue’s eyes). I’m guessing you have felt like this before?

**Sue:** I had an aunt. We were very close, but she died. I was about 10. She lived a couple of streets away. I visited her every day on my way home from school. As she got sicker I would cook her stuff, try and get her to eat. Then one day my Mum met me from school and told me she was in hospital. I never saw her again. They wouldn’t let me visit.
Sitting with the Uncomfortable

**Past Relationship Experience**

**Kim:** Oh, Sue, how sad. So, you never got to say goodbye?

**Sue:** She was only 18. Everyone said how clever she was, all the great things she should have done in life. For the longest of times I thought it was my fault. If only I could have got her to eat, maybe she would have got better. Last year, not long before my Mum died, she told me what was wrong with her – cancer. I hadn’t known.

**Kim:** So for all those years you had thought you hadn’t looked after her well enough. What a big burden to have carried for all that time.

**Sue:** She was only 18. Everyone said how clever she was, all the great things she should have done in life. For the longest of times I thought it was my fault. If only I could have got her to eat, maybe she would have got better. Last year, not long before my Mum died, she told me what was wrong with her – cancer. I hadn’t known.

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**Sue:** So for all those years you had thought you hadn’t looked after her well enough. What a big burden to have carried for all that time.

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**Sue:** Oh, Sue, how sad. So, you never got to say goodbye?

**Kim:** You never got to say goodbye. So for all those years you had thought you hadn’t looked after her well enough. What a big burden to have carried for all that time.

**Sue:** So you didn’t with your aunt?

**Kim:** Yes, you are right. I can imagine me being impatient to see change, but I understand that better now. What should I do when he steals though? I can’t just let him get away with it.

**Sue:** Yes, you are right. I can imagine me being impatient to see change, but I understand that better now. What should I do when he steals though? I can’t just let him get away with it.

**Kim:** Those are great questions. I can see you are really trying to understand James now. What does he do with the money that he steals? – That seems a good place to start. I know he buys lots of sweets doesn’t he?

**Sue:** Yes, and then tries to buy his friends with it. Of course, it links to how he’s feeling doesn’t it? He doesn’t believe people will like him for who he is. Maybe that’s why he doesn’t want to talk to me as well. (We continue making sense of James’ behaviour, reflecting on his early experience and thinking about how it could have contributed to his sense of being a bad kid.)

**Kim:** Those are great questions. I can see you are really trying to understand James now. What does he do with the money that he steals? – That seems a good place to start. I know he buys lots of sweets doesn’t he?

**Sue:** Yes, and then tries to buy his friends with it. Of course, it links to how he’s feeling doesn’t it? He doesn’t believe people will like him for who he is. Maybe that’s why he doesn’t want to talk to me as well. (We continue making sense of James’ behaviour, reflecting on his early experience and thinking about how it could have contributed to his sense of being a bad kid.)

**Kim:** I wonder if it is extra hard for you when James doesn’t respond. If that is taking you back to the past then it’s going to be harder for you to deal with it. It will be hard to wonder what is going on for James when you are becoming preoccupied with what a failure you feel. You may not have understood what was being triggered for you, but the feelings will be very real.

**Sue:** It’s strange, I feel a bit lighter somehow, like maybe there is some hope. How odd, we have hardly even talked about James, and nothing has changed there. I have been so desperate to stop all his behaviours, maybe I have lost sight of something.

**Kim:** Any sense of what?

**Sue:** Well, why does he need to steal for a start, and what makes it so hard for him to talk to me?

**Kim:** I wonder if it is extra hard for you when James doesn’t respond. If that is taking you back to the past then it’s going to be harder for you to deal with it. It will be hard to wonder what is going on for James when you are becoming preoccupied with what a failure you feel. You may not have understood what was being triggered for you, but the feelings will be very real.

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**Kim:** Any sense of what?

**Sue:** Well, why does he need to steal for a start, and what makes it so hard for him to talk to me?
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Explore Behaviour Support

**Kim**: No, of course not, but you might be surprised how James feels when he starts to tolerate your acceptance. You might find he is feeling pretty bad about it.

**Sue**: And then I punish him, just making him feel worse. But I have tried rewards as well. Wouldn’t that make him feel better?

**Kim**: Rewards can be tricky. It can lead to more pressure, to get things right. Then when he messes up he will just feel like he is letting you down, more evidence that he is the bad kid he fears.

**Sue**: Well if I can’t punish and I can’t reward what is there left?

**Kim**: I do think that he will be helped with consequences, but they need to help him to feel better about himself. Consequences that help him repair the relationships. In fact, if you can think about this with him once he is feeling understood he will probably have all sorts of ideas about what he can do. You can figure it out together.

**Sue**: That feels good, and it feels more focused on him. I see now that I have just been trying to get him to stop stealing, kind of to make me feel better, so I can see some progress. When there isn’t any progress I just want to pile on the punishments, make him behave. Now I see that it needs to be more about him, doesn’t it?

**Kim**: Your motivations are really good, but yes I don’t think you will be able to punish him into being good.

**Sue**: Thank you, I really think this might be a way forward, but I mustn’t rush it. I need you to help me to take one step at a time.

**Kim**: Sure, we can figure this out together too. You are still going to have plenty of strong feelings provoked by James and his behaviours. It’s one step at a time for all of us isn’t it?

**DDP with Adult Care-leavers**

An Example

When Defences Feel too Restrictive

- Some adults with a history of developmental trauma, and growing up in care, will seek therapy at a time that is right for them.
- The defences that we are familiar with in the children are still likely to be in place.
- With maturity the adult has come to find these defences restrictive.
- If they have had safe experiences of therapists in the past they may turn to therapy again, even if they struggled to engage in past therapy.
- They come to therapy to make all the ‘bad stuff’ go away. It is easy for the therapist to join them in this goal.
- Or the two of them go on a journey of curiosity and finding acceptance.
- Playfulness and empathy is needed in large doses to sweeten the pill of this difficult journey.

“Those who do not run away from our pains but touch them with compassion bring healing and new strength. The paradox indeed is that the beginning of healing is in the solidarity with the pain. In our solution-oriented society it is more important than ever to realize that wanting to alleviate pain without sharing it is like wanting to save a child from a burning house without the risk of being hurt.”

In ‘You are the beloved’ by Henri J. M. Nouwen

Hodder & Stoughton, 2017
The children were all neglected, and subject to emotional abuse from their single mother. She also abandoned them at times and they were cared for by different people. The children remained in foster care until Rachel was 10-years-old. Rachel remained in this foster placement until she went to University.

Rachel is the eldest child of three siblings who were all brought into care when she was 6-years-old. She responded well to a DDP approach, relaxing into the unconditional regulation I provide, the A-R dialogue allows us to co-create her story.

**Background**

- Rachel is the eldest child of three siblings who were all brought into care when she was 6-years-old.
- The children were all neglected, and subject to emotional abuse from their single mother. She also abandoned them at times and they were cared for by different people.
- The children remained in foster care until Rachel was 10-years-old and then her younger siblings returned to their mother’s care. Rachel chose to stay with her foster carers, but had ongoing contact with her mother and siblings.
- Rachel remained in this foster placement until she went to University.

**Therapy**

- In her twenties Rachel decided to engage in therapy, supported by her boyfriend, Mark.
- She wants to make sense of her life experience, and also to become a more authentic person, to discover who she is underneath the defences that she knows she uses.
- She is frightened about what she will discover and fears that the person she really is will not be acceptable to me.
- She responds well to a DDP approach, relaxing into the unconditional relationship that I offer her, and becoming vulnerable as I respond to her with PACE.
- I discover that follow-lead-follow is helpful with Rachel and, alongside the co-regulation I provide, the A-R dialogue allows us to co-create her story.

**Therapy: Understanding**

- ‘I live in a world of colours but see in black and white’

  - Together we make sense of who she is.
  - Her need to control, to hide behind a self that she thinks will be acceptable to others.
  - Her need to take care of others to make herself acceptable to them.
  - We discover how hard it is for Rachel to accept herself. It feels simple, others are good and she is bad.

**Therapy: Opening up to Change**

- ‘Independence is seductive, dependence fills me with dread’

  - Rachel has spent so long trying to be independent that dependence frightens her.
  - She wants therapy to lead her to further independence, leaving behind what feels weak and vulnerable.
  - I help her to learn to trust in dependence.
  - She discovers a longing to be taken care of by her mother. This fills her with grief.
  - I support Rachel as she faces what she has lost and grieves for it.

**Therapy: Moving towards Acceptance**

- ‘I started this journey to become a different person. I wanted all the difficult stuff to go away. You tell me that I need to accept who I am and to find peace with what has happened to me. The idea of acceptance makes me grimace. How can I accept the bad, contaminated parts of me?’

  - We discover layers of heroic defences that helped Rachel to survive.
  - We feel like archaeologists as we work backwards from who she now is to what she has been. Each layer needs to be understood, accepted and embraced.
  - Rachel is angry at what she sees as dishonest parts of herself that fooled everyone.
  - We notice how as each defence failed she would build another one on top.
  - She is full of grief that no-one saw the real child underneath, approval for her was always conditional.

**Therapy: Finding Authenticity**

- ‘I know I want to be more than the parts of myself. I can’t live fragmented any more but I do not yet feel whole.’

  - Rachel steps out onto wobbly ground as she discovers who she can be.
  - This is an anxious time, as she explores new boundaries that keep her safe. She can no longer be what others expect her to be. She fears in finding herself she may lose others.
  - Rachel keeps a foot in the old world as she discovers the new. Sometimes she retreats back to familiar, firmer ground, but always finds the strength to move forward again.
  - Rachel learns to embrace reciprocal relationships, relaxing the control she has always relied on.
  - Mark supports Rachel, an attachment figure for her, but we also explore how they can be a secure base for each other.
Sometimes everything has to fall apart to find out who you are supposed to be.

Patrick Ness, Hay Literary Festival, 2018

The Russian Doll

Rachel feels like a painted doll living in a painted doll’s house. But inside we discover that there are many parts that have struggled to survive.

• The Baby weak and vulnerable. She calls but no-one comes.
• The Angry Child. Full of strong angry feelings and full of need for others to take care of her.
• The Golden Child. Always pleasing and taking care of others. Gaining approval for being this child.
• The Empty Child. Not knowing who she is, feeling false and unreal.