



FREE FOUNDATION COURSE

Trauma Informed Parenting

Foundation Workbook

Six modules built around PACE:
Playfulness, Acceptance, Curiosity and Empathy

Learn · Try · Reflect · Apply
Worked scenarios · Optional group and solo activities

Name: _____

Welcome

This free workbook goes alongside the Trauma Informed Parenting Foundation course. It is for birth parents, adoptive parents, kinship carers, foster carers, residential staff and anyone caring for a child who wants to understand behaviour and build connection.

How to use it

- There are six modules. You could do one a week, or take longer. There is no rush.
- Each module starts with learning objectives, then short Learn sections, words to try and an everyday example. A Try, Reflect and Apply page follows, with space to write.
- Worked scenarios show PACE in real situations at home, at school, in foster care, adoption and residential care.
- Optional activities can be used by a group with a facilitator, or on your own. The course does not run live classes.
- Your reflections are private. Write them here or in a notebook; they are never uploaded to the website.
- The same lessons are on the website, and each module has a short knowledge check in your learner dashboard.

About PACE

PACE (Playfulness, Acceptance, Curiosity and Empathy) was created by Dr Dan Hughes, a clinical psychologist, as a core part of Dyadic Developmental Psychotherapy (DDP). This course introduces PACE for parents and carers. It is not affiliated with or endorsed by Dr Hughes or the DDP Institute, and it is not official DDP training.

Important

This workbook is general education. It is not therapy, counselling, diagnosis or a substitute for professional advice, and it cannot guarantee particular outcomes for any child or family. It is not CPD-accredited, and completing it does not give a regulated qualification, professional licence or accredited award. If your organisation has its own policies or safeguarding procedures, follow them.

If you are worried about a child's safety or your own, contact your GP, your child's school, your local children's services or, in an emergency, call 999. For urgent medical advice that is not an emergency in the UK, call NHS 111.

CONTENTS

Contents

Module 1: Understanding trauma, attachment and behaviour	4
Module 2: Safety and connection come first	8
Module 3: PACE part 1: Playfulness and Acceptance	13
Module 4: PACE part 2: Curiosity and Empathy	17
Module 5: Helping your child calm, and setting limits with care	21
Module 6: Looking after yourself, and knowing when to ask for help	24
Worked scenarios	27
Optional group and solo activities	32
PACE at a glance	36
Our calming plan	37
Weekly practice tracker	38
Well done	39

MODULE 1 OF 6 · LEARN · ABOUT 45 MINUTES

Module 1: Understanding trauma, attachment and behaviour

What attachment and trauma mean, how a child's need for a safe haven and a secure base changes from early childhood to adolescence, and why behaviour is communication.

BY THE END OF THIS MODULE YOU WILL BE ABLE TO

- Explain in your own words what attachment is, including the ideas of a safe haven and a secure base.
- Describe how a child's needs for closeness and independence change from early childhood to adolescence.
- Recognise attachment patterns as descriptions of relationships, not diagnoses or fixed labels.
- Explain how frightening experiences can make a child's alarm system more sensitive, and how responsive care can help.

What attachment means

Attachment is the emotional bond a child forms with the adults who care for them. The theory was developed by psychiatrist John Bowlby and psychologist Mary Ainsworth from the 1950s onwards. Their central observation was simple: when children are frightened, hurt or unwell, they are driven to seek closeness to a trusted adult, and the way that adult tends to respond shapes what the child comes to expect from relationships.

Attachment is not the same as love, and it is not something a child simply "has" or "lacks". Children can form attachments to several adults, including parents, grandparents, foster carers, adoptive parents and key workers.

A safe haven and a secure base

Two ideas help describe what children need from the adults who care for them. A safe haven is the person a child can return to when things feel too much, for comfort, protection and help to calm. A secure base is the person a child can venture out from to play, explore, learn and try new things, knowing someone is keeping them in mind.

Children move between these needs many times a day, and the same adult is usually asked to be both.

- Safe haven: "I'm here. You're safe. Let's get through this together."
- Secure base: "Go and have a go. I'll be right here watching."

Attachment from early childhood to adolescence

Needs change with age, but the underlying need for a trusted adult does not disappear.

- Babies and young children (0 to 5): rely on adults to notice and meet their needs, soothe big feelings and keep life predictable. Calming happens almost entirely with an adult.
- Primary school years (5 to 11): confidence, friendships and learning grow. Children still check in, especially at transitions such as school drop-off, and often show worries through behaviour rather than words.

- Teenagers (12 to 18 and beyond): the brain is going through major changes, friends and identity become very important, and independence grows. Teenagers often push away while still needing a secure base to return to. Wanting privacy is normal and is not rejection.
- Children who have experienced trauma may sometimes respond in ways that seem younger than their age, especially when stressed. Meeting the emotional need, as well as holding age-appropriate expectations, can help.

Patterns, not labels

Researchers describe attachment patterns, often called secure, avoidant, ambivalent (or resistant) and disorganised. These describe how a child tends to seek comfort from a particular adult, based on their experience so far. They are not personality types and they are not diagnoses.

- A child may relate differently to different adults.
- Patterns can change. New, reliable relationships can help children develop more trust over time, and this is possible at any age.
- Parents and carers should not try to assess or label a child's attachment. Attachment disorders are uncommon clinical diagnoses that only qualified professionals can make after careful assessment.
- Many things affect behaviour besides attachment, including temperament, health, neurodevelopmental differences such as autism or ADHD, learning needs, hunger, tiredness and what is happening right now. Attachment is one helpful lens, not the whole explanation.

How trauma affects a child's sense of safety

Trauma is not only about big, obvious events. It is about how unsafe an experience felt, and whether a trusted adult was there to help. Neglect, abuse, domestic abuse, loss, separation or many changes of carer can be especially hard, because they happen within relationships. This is sometimes called relational or developmental trauma.

When a child has repeatedly felt unsafe, their brain's alarm system can become very sensitive. It may go off quickly and loudly in response to things that seem small to an adult: a raised voice, a change of plan, a "no". In that moment the child is not choosing to be difficult; their body is trying to keep them safe. Some children have also learned that adults cannot be relied on for comfort, so they may push help away just when they need it most.

- Fight: shouting, hitting, arguing, pushing back.
- Flight: running off, hiding, refusing, "I don't care".
- Freeze: going blank or silent, seeming to ignore you.
- Fawn: people-pleasing, over-apologising, saying what they think you want to hear.

Why responsive care matters

Attachment and trauma are connected, but they are not the same thing. Not every child who goes through something frightening is traumatised, and early difficulties do not decide a child's future. An important protective factor is having at least one responsive adult who notices, comforts, sets safe limits and comes back after things go wrong.

Responsive does not mean perfect. Ordinary, loving relationships are often out of step, and the repair afterwards is part of how trust grows. Change usually happens slowly, through many small, everyday experiences of safety. This course cannot promise a particular outcome for any child, but understanding what may sit behind behaviour can help you respond in ways that build trust.

Key ideas

- Attachment is a relationship, not a label: a safe haven when things are hard and a secure base to explore from.
- Needs change from early childhood to adolescence, but the need for a trusted adult continues.
- Trauma can make a child's alarm system very sensitive: fight, flight, freeze and fawn.
- The shift from "What is wrong with you?" to "What happened to you, and what do you need?"

WORDS TO TRY

Noticing the need (say this to yourself)

- "Is this a moment for a safe haven (comfort) or a secure base (encouragement)?"

Safe haven words

- "You came to find me. I'm glad you did."
- "That was scary. You're safe now, and I'm staying with you."

Secure base words

- "Have a go. I'm right here if you need me."
- "I'll be thinking about you at school. I'll be at the gate at three."

With a teenager

- "You don't have to talk. I'll be in the kitchen if you want company."
- "I trust you to sort this. I'm around if you want a sounding board."

TAKE CARE

- Avoid labelling a child as "avoidant" or "attachment disordered". Describe what you see instead: "She finds it hard to let me comfort her when she's hurt."
- If you are worried about a child's development, mental health or safety, speak to your GP, health visitor, the child's school or social worker.

AN EVERYDAY EXAMPLE

Your child explodes when told it is time to leave the park. Rather than "Why are you being so naughty?", you might wonder whether transitions feel unsafe for them, and whether leaving something good feels like a loss. The behaviour still needs managing, but understanding it changes how you respond.

THE BIG SHIFT

From "What is wrong with you?" to "What happened to you, and what do you need?"

MODULE 1 OF 6 · TRY, REFLECT AND APPLY

Understanding trauma, attachment and behaviour

TRY THIS WEEK

Twice this week, notice whether your child is looking for a safe haven or a secure base, and respond to that need. When something difficult happens, quietly ask yourself: "What might this behaviour be telling me?"

Reflect: When does your child turn to you for comfort, and when do they push you away?

Reflect: Which alarm response (fight, flight, freeze or fawn) do you notice most, and what tends to set it off?

Reflect: What did you learn about comfort and closeness in your own childhood, and how might that shape your responses today?

APPLY IT

Sketch a timeline of one ordinary day. Mark the moments your child seems to need a safe haven and the moments they need a secure base. Choose one of those moments to respond to more deliberately next week.

Module complete? Tick it in your learner dashboard and try the five-question knowledge check.

MODULE 2 OF 6 · LEARN · ABOUT 55 MINUTES

Module 2: Safety and connection come first

How children build trust through predictable relationships, and what this looks like in birth, foster, adoptive, kinship and residential care, including professional boundaries, transitions, safeguarding and teamwork.

BY THE END OF THIS MODULE YOU WILL BE ABLE TO

- Describe how predictability, consistency and availability help a child feel safe.
- Apply “connection before correction” in your own care setting.
- Explain how building trust differs across foster, adoptive, kinship and residential care, including professional boundaries.
- Prepare a child for transitions, respond safely to worrying information, and work with others around the child.

Safety comes mostly through relationship

Children mostly feel safe through relationship: through an adult who is there, who notices and who comes back. Rules and consequences matter, but they work best on top of a feeling of safety, not instead of it.

You do not have to be perfect. Aim to be predictable, consistent, calm enough and available. “Calm enough” means you will sometimes get it wrong, and that is human.

- Routines help a child know what comes next, which quietens the alarm system.
- Warnings about change: “In five minutes we’ll tidy up”, or a picture plan for the day.
- Keeping promises, including small ones. If you cannot, explain why.
- Connection before correction: reconnect first, then talk about the behaviour once everyone is calmer.

Foster care

Children may arrive with little warning, having lost almost everything familiar, even when home was not safe. Trust takes time and is often tested. Foster carers are asked to commit fully while knowing a child may move on.

- Expect testing. Pushing away, or seeming fine at first, is common and is not a measure of your care.
- Show the child around, explain routines and who is who, and repeat explanations often.
- Family time (contact) can stir up strong feelings before and afterwards. Plan calm, predictable time around it and avoid criticising the child’s family.
- Keep records as your fostering service requires, and work closely with the child’s social worker and your supervising social worker.

Adoption

Adopted children have lost their birth family, whatever the circumstances, and may carry early experiences they cannot remember in words.

- Honest, age-appropriate life story work helps a child make sense of their history. Follow advice from your adoption support service.
- Questions about identity, birth family and belonging often return at new stages, particularly in adolescence. Curiosity rather than defensiveness helps.
- Feeling unready, disconnected or overwhelmed at times is common for adoptive parents. Adoption support services can help.

Kinship care

When a grandparent, aunt, uncle, older sibling or family friend steps in, relationships change overnight.

- Everyone may be grieving: the child, the carer and the wider family.
- Children can feel torn loyalties. Avoid asking them to take sides or to keep adult secrets.
- Carers may be managing their own feelings about the child's parent, who may be their own son, daughter or sibling.
- Ask your local authority or a kinship support organisation what support is available to you.

Residential care

In a children's home, care comes from a team working shifts. Young people can form trusting relationships with residential staff, especially key workers, and consistent teamwork is what makes the home feel predictable.

- Warmth and boundaries go together. Be genuinely caring while following your home's policies on physical contact, gifts, personal information, social media and lone working.
- Professional boundaries protect young people and staff. Never share personal phone numbers or social media accounts, and avoid promises you cannot keep, such as "I'll always be here".
- Handovers matter. Share how a young person is feeling and what helped, not only incidents, so the next shift can respond consistently.
- When a member of staff leaves, plan the ending: tell the young person honestly, make time to say goodbye, and avoid sudden disappearances.

Transitions: moves, school and endings

Transitions can feel like loss to children who have had many unplanned changes. Even small ones, such as the end of the school day or a change of shift, can set off the alarm system.

- Give as much warning as you safely can, using words, pictures or calendars that suit the child's age.
- Keep something familiar: a comforter, a photo, a known adult at drop-off, the same bedtime routine.
- For school starts and moves, share helpful information through the right channels and with the right consent, for example with the school's designated teacher for children in care or the special educational needs co-ordinator (SENCo).
- Plan endings as well as beginnings. A goodbye, a card or a memory book can help a child carry a relationship forward.

Safeguarding and teamwork

Trust never means keeping secrets that could leave a child unsafe. Being warm and being safe go together.

- If a child tells you something worrying, listen calmly, reassure them they were right to tell you, do not ask leading questions or investigate, and do not promise to keep it secret.
- Explain what will happen next in words they understand: "I need to tell someone whose job is to help keep you safe."
- Write down what was said in the child's own words, with the date and time, and report it straight away using your organisation's or local safeguarding procedures. If a child is in immediate danger, call 999.
- Teamwork means sharing information appropriately, agreeing consistent responses and supporting each other. No one should hold a child's safety alone.

Key ideas

- Being predictable, consistent, calm enough and available.
- Routines, warnings about change and keeping promises.
- Connection before correction, in birth, foster, adoptive, kinship and residential care.
- Warm relationships with clear professional boundaries, planned transitions, safeguarding and teamwork.

WORDS TO TRY

Preparing for change

- "On Saturday we're going to visit your new school. Here's a photo of the gate. I'll be with you the whole time."

When you cannot keep a promise

- "I said we'd go swimming today. I can't now because the car has broken down. I'm sorry. Let's choose another day together."

A professional boundary, said warmly

- "I can't give you my phone number. That rule keeps everyone safe. I'm back on shift on Thursday and I'll come and find you."

A helpful handover note

- "Jay was quiet after the phone call with his mum. A walk and a hot chocolate helped. He asked whether I'd be in tomorrow; I told him I'm back on Thursday."

If a child tells you something worrying

- "Thank you for telling me. You've done the right thing. I can't keep this a secret, because I need to help keep you safe. I'm going to talk to someone whose job is to help, and I'll tell you what happens next."

TAKE CARE

- Always follow the policies and procedures of your fostering service, adoption agency, local authority or employer. Where this course differs from your organisation's guidance, follow your organisation.
- This module is an introduction. It does not replace safeguarding training.

AN EVERYDAY EXAMPLE

Bedtime is a battle every night. You keep the same short sequence (bath, story, song, lights) and give a ten-minute warning. You also add ten minutes of child-led play earlier in the evening, where your child chooses and you follow.

THE BIG SHIFT

Connection before correction.

MODULE 2 OF 6 · TRY, REFLECT AND APPLY

Safety and connection come first**TRY THIS WEEK**

Make one routine a little more predictable, prepare your child for one transition, and spend ten minutes of child-led time each day.

Reflect: Which part of your child's day or week feels least predictable for them?

Reflect: What boundaries does your role ask of you, and how can you keep them while staying warm?

Reflect: Who is in the team around your child, and how well do you share what helps?

APPLY IT

Pick one upcoming transition: a school morning, family time, a move or a shift change. Write down what will happen, who will tell the child, what familiar thing will stay the same, and who else needs to know.

Module complete? Tick it in your learner dashboard and try the five-question knowledge check.

MODULE 3 OF 6 · LEARN · ABOUT 45 MINUTES

Module 3: PACE part 1: Playfulness and Acceptance

What PACE is, where it comes from in Dr Dan Hughes's work, and how to use playfulness and acceptance well, including when humour does not belong.

BY THE END OF THIS MODULE YOU WILL BE ABLE TO

- Define PACE and name its four principles.
- Give an accurate account of where PACE comes from, including its place in Dyadic Developmental Psychotherapy.
- Use playful and accepting responses in everyday moments.
- Recognise when playfulness or humour would be unhelpful or unsafe.

What PACE is

PACE stands for Playfulness, Acceptance, Curiosity and Empathy. It describes an attitude: a way of thinking, feeling, communicating and behaving that aims to help a child feel safe, understood and connected. It is not a script, a behaviour programme or a technique to make a child comply. The four principles work together, and most of the time you will be using more than one at once.

- Playfulness: a light, warm tone that says "I enjoy being with you".
- Acceptance: accepting the child's feelings, thoughts and wishes without judging them, while still guiding behaviour.
- Curiosity: wondering about what is going on underneath, without interrogating.
- Empathy: being alongside the child in a hard feeling so they are not alone with it.

Where PACE comes from

PACE was created by Dr Dan Hughes, an American clinical psychologist, as a core part of Dyadic Developmental Psychotherapy (DDP). Dr Hughes has described how, from the early 1980s, he struggled to help children who had been abused, neglected or abandoned, and how he returned to attachment theory, first developed by John Bowlby and Mary Ainsworth, to understand why many of these children found it so hard to trust their foster or adoptive parents. From the late 1980s he developed DDP as a family-based therapy for fostered and adopted children who had experienced developmental trauma.

DDP brings together attachment theory, developmental trauma, the neurobiology of trauma and caregiving, intersubjectivity (how we come to understand ourselves through our relationships with others) and child development. Recognising the vital role that adoptive parents, foster carers, relatives and residential workers play, Dr Hughes extended the approach to everyday caregiving built on PACE, often called DDP-informed parenting. The DDP Institute (DDPI) was established in 2009 to set certification standards for DDP therapists, consultants and trainers.

What this course is, and is not

This Foundation course introduces PACE for parents and carers in plain language. It is independent: it is not affiliated with or endorsed by Dr Hughes or DDPI, it is not DDP therapy, and it is not official DDP or DDP PACE training. If you would like official DDP training, look for courses listed by DDPI. Historical details in this module are drawn from the DDP Network's published pages "Dan Hughes, Founder" and "About DDP" (ddpnetwork.org).

Playfulness

Playfulness is a light, warm, hopeful tone: a smile in your voice, a silly song, a gentle game. It can lower tension before small things become big ones, and shared fun reminds a child, and you, that the relationship is bigger than the difficult moments. Playfulness is never sarcasm or teasing, and it is never at the child's expense.

When not to be playful

Playfulness needs a child who is calm enough and an adult who is reading them carefully. Hold back:

- When a child is very distressed, frightened or ashamed. Light-heartedness can feel as if you are not taking them seriously.
- When talking about something serious, such as an injury, a loss, a disclosure or a safety concern.
- When a child cannot tell whether you are joking. Some children, including many who have experienced trauma and some autistic children, may hear humour as mockery.
- With sarcasm, teasing about appearance, or jokes about the child's family, history or feelings. These are never appropriate.
- When playfulness is being used to avoid a difficult feeling, yours or theirs. Return to acceptance and empathy.
- With teenagers, follow their lead. Humour they enjoy can help, but being "silly" in front of friends may feel humiliating.

Acceptance

Acceptance means accepting a child's inner experience (their feelings, thoughts, wishes and perceptions) without judging or arguing with it. You do not have to agree that something is true, and you do not have to accept the behaviour. All feelings are okay. Not all behaviours are okay.

When a child senses that their inner world is accepted, they are less likely to conclude that they themselves are bad. This can reduce shame, which often sits underneath difficult behaviour.

- Accept the feeling: "You're really angry that screen time is over."
- Hold the limit: "I still can't let you throw the tablet."
- Don't argue with feelings: rather than "You don't hate your sister", try "You're so fed up with your sister right now."

Key ideas

- PACE is an attitude, created by Dr Dan Hughes within DDP, not a technique.
- Playfulness as a light, warm tone, and when to hold back.
- Accepting feelings without accepting every behaviour.
- All feelings are okay. Not all behaviours are okay.

WORDS TO TRY

Playful invitations (when everyone is calm enough)

- "Are these shoes planning to walk to school by themselves?"
- "Race you to the stairs, slow-motion version!"
- "Can teeth-brushing beat the egg timer tonight?"

Acceptance phrases

- "It makes sense that you feel ____."
- "You really wish things were different."
- "You think I'm being unfair. I can hear that."

Accepting the feeling and holding the limit

- "You're so cross with me. That's okay. I won't let you kick the door. Let's go and stamp our feet outside instead."

With a teenager

- "You think the rule is pointless. I get why. It's still ten o'clock on school nights. Do you want to talk about weekends?"

TAKE CARE

- Never use humour to dismiss a feeling, and never use sarcasm. If in doubt, leave playfulness out.

AN EVERYDAY EXAMPLE

Your child shouts "I hate you!" Instead of "Don't you dare speak to me like that", you might say calmly: "You're so cross with me right now. That's okay. I'm still here." Later, when you are both calm, you can talk about kinder ways to say it.

THE BIG SHIFT

Accept the feeling; guide the behaviour.

MODULE 3 OF 6 · TRY, REFLECT AND APPLY

PACE part 1: Playfulness and Acceptance**TRY THIS WEEK**

Once a day, accept a feeling out loud: "It makes sense that you feel ____."

Reflect: Which feelings in your child do you find hardest to accept? Why might that be?

Reflect: When does playfulness come naturally to you, and when does it not fit?

Reflect: Write down one acceptance phrase that feels natural in your own words.

APPLY IT

List three situations that happen regularly in your home or setting. For each, decide whether a playful approach could help or whether acceptance alone is better, and write down the words you might use.

Module complete? Tick it in your learner dashboard and try the five-question knowledge check.

MODULE 4 OF 6 · LEARN · ABOUT 45 MINUTES

Module 4: PACE part 2: Curiosity and Empathy

Wondering rather than interrogating, being alongside your child when things are hard, knowing when not to probe, and putting all four parts of PACE together.

BY THE END OF THIS MODULE YOU WILL BE ABLE TO

- Use “I wonder” statements to show curiosity without interrogating.
- Respond with empathy without rescuing, fixing or excusing.
- Recognise when curiosity becomes probing, and when to stop.
- Put all four PACE principles together in an everyday moment.

Curiosity

Curiosity means being genuinely interested in what might be going on inside a child (what they felt, thought or needed) without needing an answer and without deciding in advance. It is wondering, not interrogating. “Why” questions often feel like accusations, and many children honestly do not know why they did something. Wondering aloud shows a child that their behaviour can make sense and that you want to understand.

- Swap “Why did you do that?” for “I wonder if...”
- Keep your tone light and interested, not like a detective.
- Offer guesses tentatively, and accept it if you are wrong: “Maybe not. I’m still trying to understand.”

When not to probe

- When a child is in the middle of a big feeling. Calm first, wondering later.
- When they have clearly said no or shut down. Leave the door open: “We don’t have to talk now.”
- About past abuse or the details of their history. Do not dig for information; that is for trained professionals. If a child starts to tell you something worrying, listen calmly and follow safeguarding procedures (see Module 2).
- In front of others, or when it could embarrass them.
- When “curiosity” is really a telling-off in disguise. “I wonder why you thought hitting was okay?” is not curiosity.

Empathy

Empathy means feeling with your child and letting them know they are not alone in a hard feeling. It is shown more through your tone, face and presence than through clever words. Empathy is not fixing, rescuing, agreeing or excusing. You can feel genuinely sorry that something is hard and still keep a limit. Sometimes the most empathic response is quiet company.

- “That sounds really hard.”
- “No wonder you’re upset.”
- “I’m sorry that happened. I’m here.”

Curiosity about yourself

Curiosity applies to adults too. Noticing your own feelings (“I’m furious because I feel disrespected” or “I’m frightened this will go wrong”) gives you a moment to choose a response rather than react. Your own history may make some behaviours harder to stay calm with, and noticing that is part of trauma-informed care.

Putting PACE together

In real life the four principles weave together. A simple sequence many carers find helpful: notice and get calm enough yourself; wonder about what is underneath (curiosity); name the feeling without judging it (acceptance); stay with it (empathy); and, once the child is calmer, lighten the mood if it fits (playfulness).

PACE does not replace boundaries. It changes the emotional tone in which boundaries are held, which you will practise in Module 5.

Key ideas

- Using “I wonder” language instead of “why” questions.
- Empathy is being alongside, not fixing, rescuing or excusing.
- Knowing when not to probe.
- Putting PACE together in an everyday moment.

WORDS TO TRY

“I wonder” starters

- “I wonder if you felt left out when...”
- “I’m wondering whether today was a tough one.”
- “You went quiet when we mentioned the weekend. I wonder if something about it is a worry.”

Wondering aloud

- Some children find direct questions too intense. You can wonder aloud to another adult, or even to the dog, within the child’s hearing: “I think Sam might be worried about tomorrow. That would make sense.”

Empathy phrases

- “That sounds really hard.”
- “No wonder you’re upset.”
- “I’d feel like that too.”

Closing the door gently

- “We don’t have to talk now. I’ll be around later if you want to.”

With a teenager

- “Rough day? You don’t have to say. Want a lift to football anyway?”

TAKE CARE

- Never use curiosity to gather evidence or to question a child about past abuse. If a child tells you something worrying, follow your safeguarding procedures.

AN EVERYDAY EXAMPLE

Your child comes home from school and slams their bag down. Rather than “What’s wrong with you now?”, try: “I wonder if today was a tough one. It looks like you’re carrying a lot. I’m here if you want to tell me, or we can just have a snack first.”

THE BIG SHIFT

Wonder, don’t interrogate.

MODULE 4 OF 6 · TRY, REFLECT AND APPLY

PACE part 2: Curiosity and Empathy

TRY THIS WEEK

Use one "I wonder" statement and one empathy statement each day.

Reflect: What happened when you used "I wonder" instead of "why"?

Reflect: When do you feel the urge to fix things rather than be alongside?

Reflect: Which empathy phrases feel genuine in your own voice?

APPLY IT

Think of one behaviour that puzzles or frustrates you. Write three different "I wonder" guesses about what might sit underneath it. Next time it happens, try one aloud and note what happens.

Module complete? Tick it in your learner dashboard and try the five-question knowledge check.

MODULE 5 OF 6 · LEARN · ABOUT 50 MINUTES

Module 5: Helping your child calm, and setting limits with care

Co-regulation that fits the child, boundaries that feel safe, consequences that teach rather than shame, and repair after difficult moments.

BY THE END OF THIS MODULE YOU WILL BE ABLE TO

- Explain co-regulation and use simple steps to help a child calm.
- Set limits using the sequence empathy, then limit, then support.
- Distinguish consequences that help a child learn from punishments that increase shame.
- Make a genuine repair after a rupture.

Co-regulation: borrowing your calm

Children cannot calm down on their own until they have had lots of practice calming down with someone. This is co-regulation: your child borrows your calm. Your slower voice, softer face and steady body help their alarm system settle. Teenagers still need this, even if it looks different.

- Get calm enough yourself first: breathe out slowly and drop your shoulders.
- Get low and to the side rather than standing over the child.
- Use few words and a soft, slow voice.
- Keep everyone safe: move objects or other children, or step back yourself, if needed.
- Offer, don't force: a drink, a blanket, sitting nearby, a walk.
- Wait. Talking and learning come later.

Co-regulation that fits the child

What helps one child calm may not help another. Some want closeness; others need more space with you nearby. Offer physical comfort only when the child welcomes it, and if you are a foster carer or professional, follow your organisation's guidance on touch. Physical intervention should only ever be used by trained staff, as set out in an organisation's policy, as a last resort to prevent harm.

Safe boundaries

Clear, caring limits help children feel safe, because they show that an adult is in charge of keeping everyone safe. Keep limits few, clear and predictable, focus on safety, and offer choices within the limit. The order matters: empathy, then limit, then support.

- Empathy: "You really want to stay up."
- Limit: "It's bedtime now."
- Support: "Shall I carry you up like a sack of potatoes, or shall we hop?"

Consequences that teach

Consequences can help a child learn when they are linked to what happened, proportionate, and given calmly once everyone is regulated. Helping to tidy up what was thrown, or making amends, often teaches more than punishments that cause shame or isolation. Never withhold food, sleep or time with people who matter as a punishment. For children in care, some sanctions are not permitted at all, so follow your service's behaviour policy.

Repair after rupture

No parent or carer gets it right every time. Repair means coming back after a rupture (a shout, a misunderstanding, a broken promise) to reconnect. It teaches children that relationships can survive hard moments. Repair is the adult's responsibility: do not wait for the child to apologise first.

- Calm yourself first.
- Go back to the child.
- Name what happened briefly and take responsibility for your part.
- Reassure them that it was not their fault (where that is true) and that the relationship is okay.
- Reconnect: a hug if it is welcome, a snack, a game.
- If it helps, think together about what might help next time.

Key ideas

- Borrowing your calm: steps for when your child is overwhelmed.
- Empathy, then limit, then support.
- Consequences that teach, not shame.
- Repair: coming back and reconnecting after a rupture.

WORDS TO TRY

Calming words

- "I'm here. You're safe. I'm not going anywhere."
- "Let's breathe out together, like blowing out birthday candles."

Empathy, limit, support

- "You're so angry (empathy). I won't let you hit your brother (limit). Come and squeeze this cushion with me (support)."

Choices within a limit

- "It's time to get out of the bath. Do you want the blue towel or the dinosaur one?"

Repair

- "I shouted earlier. That wasn't okay, and it wasn't your fault. I'm sorry. Can we have a hug?"
- With a teenager: "I was out of order last night. I was stressed and took it out on you. I'm sorry."

TAKE CARE

- If a child's distress is frequent or severe, or puts anyone at risk, seek advice from your GP, the child's social worker or your support service.

AN EVERYDAY EXAMPLE

Your child is screaming on the supermarket floor. You crouch down, speak slowly and quietly, keep them safe, and save the talking for later. At home, once you are both calm, you reconnect and talk briefly about what happened.

THE BIG SHIFT

Calm first, words later.

MODULE 5 OF 6 · TRY, REFLECT AND APPLY

Helping your child calm, and setting limits with care

TRY THIS WEEK

Practise one calm-down moment, and one repair if something goes wrong.

Reflect: What helps you get “calm enough” in a hard moment?

Reflect: What helped your child calm this week? What didn't?

Reflect: How did your child respond to a repair?

APPLY IT

Write a short calm-down plan for yourself: three signs that you are getting overwhelmed, two things that help you get calm enough, and one repair phrase in your own words.

Module complete? Tick it in your learner dashboard and try the five-question knowledge check.

MODULE 6 OF 6 · LEARN · ABOUT 35 MINUTES

Module 6: Looking after yourself, and knowing when to ask for help

Why your wellbeing matters, blocked care and burnout, reflection and support, and clear signs that extra help is needed.

BY THE END OF THIS MODULE YOU WILL BE ABLE TO

- Recognise common feelings for parents and carers, including signs of blocked care and burnout.
- Choose small, realistic ways to look after yourself.
- Use reflection and support from others to stay calm enough.
- Know when and where to ask for more help.

Your feelings matter

Caring for a child who has experienced trauma can be exhausting. Many parents and carers feel tired, guilty, rejected, angry, lonely or not good enough. These feelings are common and normal. They are not a sign that you are failing.

Your wellbeing matters too. Children borrow calm from adults who have some to share, so looking after yourself is part of looking after your child.

Blocked care and burnout

Dr Dan Hughes and Dr Jonathan Baylin use the term “blocked care” for what can happen under prolonged stress, especially when a child keeps pushing a carer away: the carer finds it hard to feel warmth or enjoyment with the child, and caring becomes going through the motions. It is a common human response to stress, not a moral failing, and it can ease with rest, support and understanding.

- Dreading time with your child, or feeling numb with them.
- Mostly noticing the negatives.
- Feeling constantly on edge, irritable or exhausted.
- Withdrawing from friends, or stopping things you used to enjoy.

Small, realistic self-care

Self-care does not need to be expensive or time-consuming. Small, regular things count.

- A short walk, a cup of tea sitting down, five minutes of quiet, going to bed earlier.
- Texting a friend, or arranging an hour of respite.
- Noticing one thing that went well each day, however small.

Reflection and support

Many carers find it helps to talk things through with someone who will listen without judging: a partner, a friend, a support group or other carers. Foster carers, kinship carers and residential staff can use supervision and team meetings to reflect on how they are feeling, not only to report what happened. Thinking about your own history and triggers is part of trauma-informed care too.

When to ask for more help

Asking for help is a strength. Seek more support if:

- You are worried about your child's safety, development, mental health or behaviour.
- Your child talks about harming themselves or others, or you see signs of self-harm.
- You feel unable to cope, persistently low, or worried about your own safety or health.
- Things are not improving despite your efforts.
- Places to start: your GP or health visitor, your child's school, your local children's services, the child's social worker, your supervising social worker or adoption support service. For urgent medical advice in the UK, call NHS 111. Samaritans are available on 116 123. In an emergency, call 999.

Key ideas

- Common feelings for parents and carers, and why they are normal.
- Blocked care and burnout are stress responses, not failings.
- Small, realistic ways to look after yourself.
- When to ask your GP, school or local services for more help.

WORDS TO TRY

Asking for help

- "Things have been really hard at home and I'd like some support. Can we talk about what's available?"

Kind self-talk

- "I'm doing a hard job. I don't have to be perfect. Calm enough is enough."

A three-minute reset

- Breathe out slowly five times, feel your feet on the floor, and name three things you can see.

TAKE CARE

- This course is education, not therapy. If you are struggling with your own mental health, please speak to your GP.

AN EVERYDAY EXAMPLE

After a week of difficult evenings, you arrange for a friend to take your child for an hour on Saturday. You use the time to rest rather than catch up on housework, and you tell a friend how the week has been.

THE BIG SHIFT

Looking after yourself is part of looking after your child.

MODULE 6 OF 6 · TRY, REFLECT AND APPLY

Looking after yourself, and knowing when to ask for help

TRY THIS WEEK

Choose one thing for yourself this week, and tell one other person about it.

Reflect: What drains you most at the moment? What fills you back up?

Reflect: Who could you lean on? Who could you ask?

Reflect: Are there signs that you or your child need more support than this course can offer?

APPLY IT

Draw a support map: put your name in the middle and, around it, the people, services and small habits that help you. Circle one you will use this week.

Module complete? Tick it in your learner dashboard and try the five-question knowledge check.

WORKED SCENARIOS

Worked scenarios

Each scenario shows a trigger, the needs that might sit underneath, a possible PACE response, the safe limits that still apply and questions to reflect on. They are illustrations, not scripts: every child is different, and the names and details are invented.

SCENARIO 1 · HOME · LINKS TO MODULE 3

Screen time ends

The situation: Maya, aged 7, lives with her mum. After school she has 30 minutes on the tablet.

The trigger: Mum says time is up. Maya screams "I hate you!" and throws the tablet onto the sofa.

What might the child need?

- Stopping something enjoyable can feel like a sudden loss.
- She is tired and hungry after a long school day.
- She needs help moving between activities.
- She needs to know that Mum is still there when she is cross.

A POSSIBLE PACE RESPONSE

- Stay calm enough: breathe out and quietly move the tablet out of reach.
- Acceptance and empathy: "You're so cross. You really wanted to finish that level. That makes sense."
- Limit: "Tablet time has finished for today. I won't let things be thrown."
- Support: "Let's get a snack and you can tell me which level you reached."
- Later, playfulness: "Tomorrow, shall we set the timer together, and you can be in charge of the five-minute warning?"

SAFE LIMITS THAT STILL APPLY

- The limit stays the same; the tone is warm.
- No shaming or long lectures. A brief, calm chat about throwing happens later.
- A related consequence, such as setting up a warning plan, teaches more than a ban.

Reflect: What did Maya need most in the first minute?

Reflect: What could make this transition more predictable tomorrow?

SCENARIO 2 · SCHOOL TRANSITION (KINSHIP CARE) · LINKS TO MODULE 2

Starting secondary school

The situation: Leo, aged 11, has lived with his grandad for two years. He has just started secondary school.

The trigger: On Sunday nights and Monday mornings he refuses to get dressed and says he feels sick.

What might the child need?

- A big new building, many new adults and a fear of getting lost or looking different.
- He may be worried about being asked why he lives with his grandad.
- He needs a predictable plan and a known adult in school.
- Physical symptoms are real, even when worry is part of the cause.

A POSSIBLE PACE RESPONSE

- Curiosity: "I wonder if Mondays feel really big at the moment."
- Empathy: "New school is a lot. No wonder your tummy feels funny."
- Plan together: walk the route, keep a photo of his timetable, and ask the school for a named adult he can go to.
- Practise a simple answer he is comfortable with: "I live with my grandad. That's just how my family is."
- Secure base: "I'll be thinking about you. I'll be at the gate at 3.15."

SAFE LIMITS THAT STILL APPLY

- School attendance is still expected; the support helps him get there.
- Work with the school's pastoral team, designated teacher or SENCo, sharing information appropriately.
- If symptoms persist or school refusal continues, seek advice from his GP and the school.

Reflect: What might Leo be feeling that he cannot yet put into words?

Reflect: Who else could be part of his secure base at school?

SCENARIO 3 · FOSTER CARE · LINKS TO MODULE 2

The first week in a new foster home

The situation: Kayla, aged 9, arrives at an emergency foster placement at 9pm with a carrier bag of belongings.

The trigger: She will not eat at the table, hides food in her bedroom and says, "I'm not staying here anyway."

What might the child need?

- She is frightened and has lost almost everything familiar.
- Food may not have been reliable in the past; hiding it may feel like survival.
- She needs some control and a lot of predictability.
- "I'm not staying" may protect her from hoping and then losing again.

A POSSIBLE PACE RESPONSE

- Safe haven: show her the bathroom, where the light switch is and where you will be. "You don't have to stay forever to be safe here tonight."
- Acceptance: offer a snack box she can keep in her room, with no shaming about hidden food.
- Predictability: a simple picture plan of tomorrow, repeated at breakfast.
- Curiosity, later and gently: "I wonder if it feels better knowing where the food is."

SAFE LIMITS THAT STILL APPLY

- Follow your fostering service's guidance and safer care plan.
- Record what you notice and share it with your supervising social worker and Kayla's social worker.
- Do not promise "you'll stay forever" or "you'll go home soon". Be honest about what you know and do not know.

Reflect: How might you feel if a child told you on the first night that they were not staying?

Reflect: What small, predictable things could help Kayla in her first week?

SCENARIO 4 · RESIDENTIAL CARE · LINKS TO MODULE 5

After a cancelled phone call

The situation: Jordan, aged 15, lives in a children's home. A planned phone call with his dad does not happen. His key worker's shift ends in 30 minutes.

The trigger: Jordan swears at staff, kicks his bedroom door and shouts that nobody cares.

What might the child need?

- Disappointment, rejection and possibly shame.
- His trusted adult is about to leave, and endings can feel like abandonment.
- He needs adults who stay calm and do not take the swearing personally.
- He needs to know what will happen next.

A POSSIBLE PACE RESPONSE

- One familiar adult stays nearby at a safe distance, with few words: "That call didn't happen. That's really hard. I'm staying right here."
- Leave the swearing for later; safety comes first.
- Before leaving, the key worker says honestly: "My shift finishes at three. Sam is on tonight and knows what happened. I'm back on Thursday and I'll come and find you."
- Later, with the next staff member, curiosity and repair: "I wonder if it felt like your dad let you down again."

SAFE LIMITS THAT STILL APPLY

- Keep Jordan, other young people and staff safe, following the home's behaviour and physical intervention policies.
- No personal phone numbers or promises that cannot be kept.
- Record and report as required, and share a feelings-focused handover with the next shift and Jordan's social worker.

Reflect: How can a team make sure Jordan experiences the same calm response from every shift?

Reflect: What might help Jordan prepare for future calls that may not happen?

SCENARIO 5 · ADOPTION · LINKS TO MODULE 4

“You’re not my real mum”

The situation: Sam, aged 13, was adopted at 3. Lately Sam has been quiet and spending a lot of time online.

The trigger: During an argument about homework, Sam shouts: “You’re not my real mum. You can’t tell me what to do.”

What might the child need?

- Questions about identity and birth family are common in adolescence.
- Sam may be testing whether the relationship can survive anger.
- Sam may have seen or heard from birth family online.
- Sam needs to know that these questions are allowed.

A POSSIBLE PACE RESPONSE

- Acceptance rather than arguing about the facts: “You’re really angry with me. And it sounds like you’re thinking about your birth family. That’s okay to talk about.”
- Pause the homework battle; come back to it later.
- Curiosity, later and gently: “I wonder if you’ve been thinking about your birth mum a lot lately.”
- Empathy: “It must be confusing to have two families in your head.”

SAFE LIMITS THAT STILL APPLY

- Homework expectations still stand, but they are discussed when everyone is calm.
- Do not criticise Sam’s birth family.
- If there has been unplanned online contact with birth family, keep calm, keep Sam safe and contact your adoption support service for advice.

Reflect: What feelings might sit underneath “You’re not my real mum”?

Reflect: How could you show Sam that their curiosity about their history is welcome?

OPTIONAL ACTIVITIES

Optional group and solo activities

These activities are optional. The Foundation course is self-paced online learning and does not include live classes. The activities are offered for people who choose to work through the course together, such as a parent support group, a foster carer group or a residential staff team, with one person acting as facilitator. Every activity has a solo version, so you can do the same learning on your own.

SAFEGUARDING AND OPTING OUT (FOR FACILITATORS)

- Use the fictional prompts provided. Do not share real children's names or details that could identify a child or family.
- Anyone can choose to observe instead of role-playing, or step out at any time without giving a reason.
- Playing a child can bring up memories. Offer the adult or observer roles to anyone who prefers them.
- Agree confidentiality at the start, and explain its limit: if anything suggests a child or adult is at risk, the facilitator must follow safeguarding procedures.
- The facilitator watches for distress, pauses the activity if needed, and checks in privately afterwards.
- End by signposting support: GP, NHS 111, Samaritans (116 123), or 999 in an emergency. These activities are education, not therapy.

ACTIVITY 1 · LINKS TO MODULE 3

Playful or not?

Aim: To practise telling when playfulness helps and when acceptance alone is needed, and to rehearse acceptance phrases in your own words.

Group size: 4 to 12 people, working in pairs

Time: 40 minutes

Facilitator steps

1. Welcome and ground rules, including how to opt out (5 minutes).
2. In pairs, sort the prompt cards into three piles: "playfulness could help", "acceptance first, no humour" and "not sure" (10 minutes).
3. Choose two cards. One person plays the adult and one the child; then swap (15 minutes).
4. Debrief as a whole group (10 minutes).

Role prompts

Card 1	A 6-year-old dawdling over putting shoes on, on a calm morning.
Card 2	A 14-year-old who has just been dumped by text and is crying.
Card 3	An 8-year-old who has spilt juice and looks frightened of being told off.
Card 4	Two siblings giggling and messing about at bedtime.
Child role	Respond as the child honestly would. If the adult's humour feels like being laughed at, show it.

Debrief questions

- Which cards were hardest to sort, and why?
- As the child, what did playfulness feel like when it fitted, and when it did not?
- What acceptance phrase will you use this week?

Follow the safeguarding and opt-out guidance at the start of this section.

SOLO VERSION · ABOUT 20 MINUTES

1. Read the four cards and decide which pile each belongs in. Write one sentence explaining why.
2. For each card, write what you would say.
3. Say your words aloud, or record a voice note just for yourself, and listen back. Does your tone match your words?
4. Note one situation in your own week where you will hold back on humour.

ACTIVITY 2 · LINKS TO MODULE 4

From “why” to “I wonder”

Aim: To feel, from the child’s side, the difference between being questioned and being wondered about, and to practise curiosity and empathy.

Group size: Groups of three (6 to 15 people in total)

Time: 45 minutes

Facilitator steps

1. Introduce the roles and the opt-out arrangements (5 minutes).
2. Round 1, two minutes: the adult tries to find out what happened using “why” questions only.
3. Round 2, three minutes: the adult uses “I wonder” statements and empathy instead. The observer takes notes in both rounds.
4. Swap roles so that each person can experience each role, if they wish (25 minutes in total).
5. Debrief as a whole group (10 minutes).

Role prompts

Child	You are 10. You were sent out of class for throwing a pencil. The real reason: a classmate laughed at your shoes, which came from a charity bag. You feel embarrassed and do not want to say. Only open up if you genuinely feel safe.
Adult	You have had a call from school. In round 1, ask “why” questions. In round 2, wonder aloud and offer empathy; do not push for an answer.
Observer	Notice tone, body language and the moments when the child opened up or closed down. Share what you saw, not judgements.

Debrief questions

- What did each round feel like for the child?
- Which words or tones made the biggest difference?
- When in real life is it hardest to stop asking “why”?

Follow the safeguarding and opt-out guidance at the start of this section.

SOLO VERSION · ABOUT 25 MINUTES

1. Write two short versions of a conversation with the child in the prompt: one with only “why” questions, one with “I wonder” and empathy.
2. Read each aloud, imagining you are the child. Note how your body feels.
3. Underline the phrases that would most help the child feel safe.
4. Plan one “I wonder” statement to use with your own child this week.

ACTIVITY 3 · LINKS TO MODULE 5

Repair, and a consistent response

Aim: To practise making a short, genuine repair, and to agree how adults who share a child’s care will respond consistently to one recurring situation.

Group size: 4 to 16 people, in pairs then small groups of carers or colleagues who share care

Time: 50 minutes

Facilitator steps

1. Welcome, ground rules and opt-out (5 minutes).
2. In pairs, choose a repair card. The adult practises a repair using the steps in Module 5; the child responds honestly. Swap (15 minutes).
3. In small groups, choose one situation that happens often. Agree an “empathy, limit, support” response everyone will use, and write a short handover note (20 minutes).
4. Share plans and debrief (10 minutes).

Role prompts

Repair card A (home)	This morning you shouted at your 9-year-old for being slow and said, “You always make us late.” It is now after school.
Repair card B (residential)	On a busy shift you told a 14-year-old you would play pool after tea, then forgot. He is now refusing to speak to you.
Child role	You felt hurt and have been quiet all day. Respond honestly. You may not be ready for a hug, and that is okay.

Debrief questions

- What made a repair feel genuine rather than rushed?
- As the child, what helped you feel the relationship was okay?
- How will your consistent response be shared with everyone involved, including new staff or relief carers?

Follow the safeguarding and opt-out guidance at the start of this section.

SOLO VERSION · ABOUT 25 MINUTES

1. Think of a real or imagined moment when an adult got it wrong with a child. Write a repair using the Module 5 steps.
2. Practise saying it aloud until it sounds like you.
3. Choose one recurring situation and write an “empathy, limit, support” response.
4. If you share care with anyone (a partner, co-carer or team), write a short note so they can respond the same way.

QUICK REFERENCE

PACE at a glance

An attitude, not a script. Use your own words. When it's hard, aim for "calm enough", not perfect.

P

Playfulness

A light, warm tone that invites connection. Never mocking or sarcastic. Hold back when a child is very distressed, ashamed or may hear humour as mockery.

Try: "Are these shoes planning to walk to school by themselves?"

A

Acceptance

Accept the feeling, not every behaviour. All feelings are okay; not all behaviours are okay.

Try: "It makes sense that you feel angry. I can't let you hit."

C

Curiosity

Wonder about what's underneath, without needing an answer. Swap "why" for "I wonder". Don't probe during big feelings or about past abuse.

Try: "I wonder if you felt left out when that happened."

E

Empathy

Be alongside your child in the hard feeling. Not fixing, rescuing or excusing.

Try: "That sounds really hard. I'm here."

Remember

- Safe haven when it's hard; secure base to explore from.
- Connection before correction.
- Empathy, then limit, then support.
- Calm first, words later.
- Repair after rupture: "I got that wrong. I'm sorry. I'm still here."
- Trust never means keeping unsafe secrets. Follow safeguarding procedures.

PACE was created by Dr Dan Hughes as a core part of Dyadic Developmental Psychotherapy (DDP). This summary is not affiliated with or endorsed by Dr Hughes or the DDP Institute.

TO COMPLETE TOGETHER

Our calming plan

Fill this in with your child at a calm time, not in the middle of a hard moment. Use their words and drawings. Keep it somewhere you can both find it.

My name:

Signs that I'm starting to feel upset or worried (in my body, face, voice):

Things that can set off my alarm:

Things that help me calm down:

Things that don't help:

My safe, calm places:

My safe people:

What I'd like grown-ups to say or do:

Grown-up's note: review this plan together every few months; needs change as children grow.

WEEKLY PRACTICE

Weekly practice tracker

Print this page again for each week. Tick or jot a word. Gaps are fine; this is about noticing, not scoring.

Week beginning: _____ Module I'm working on: _____

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Child-led time (10 mins)							
Safe haven or secure base moment							
A PACE moment							
"I wonder" / empathy statement							
Calm-down moment							
A repair							
One thing for me							

This week I noticed...

Next week I'd like to try...

Well done

Working through this workbook takes time, honesty and care. However far you got, thank you for making space for it.

What next?

- Return to any module whenever you need it. These ideas take practice for everyone.
- Mark modules complete and try the knowledge checks in your learner dashboard.
- If you would like to go further, details of Levels 1, 2 and 3 will be shared on the website when they are ready. They are entirely optional.
- If you need more help than a course can offer, speak to your GP, your child's school or your local services.

About this workbook

Trauma Informed Parenting: Foundation is a free introduction for parents and carers. It is general education and is not therapy, diagnosis or a substitute for professional advice, and no particular outcome is promised. It is not CPD-accredited and is not a regulated qualification.

PACE was created by Dr Dan Hughes, a clinical psychologist, as a core part of Dyadic Developmental Psychotherapy (DDP). This course is not affiliated with or endorsed by Dr Hughes or the DDP Institute and is not official DDP training. Historical details are drawn from the DDP Network's published pages (ddpnetwork.org).

All scenario names and details are invented. Names of attachment researchers and concepts are given for learning, not as endorsement.

Contact: truaminformedparenting@yahoo.com