

“The Song of the Heart”: Reflections about Dr. Hughes’ Presentation,

“The Challenges of Treating and Caring for Children Who Have Experienced Developmental Trauma: Understanding and Treating Blocked Trust and Blocked Care”

and NESTTD’s 30th Anniversary Celebration

9/12/15

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Dr. Dan Hughes is master clinician, prolific author, and founder of Dyadic Developmental Psychotherapy (DDP), a treatment model for traumatized children and their caregivers. For those who may not be familiar with his work, Diana Fosha’s Accelerated Experiential Dynamic Psychotherapy (AEDP) is often compared with Dr. Hughes’ model in that both models use an experiential and attachment-focused approach to treating psychological trauma and dissociation. Dr. Hughes’ recent all day conference (9/12/15) was his second appearance at NESTTD, as he also presented in 2006.

There were many notable take-home messages from Dr. Hughes presentation; among which his deeply optimistic point about our normal developmental, neurobiological birthright was particularly welcome. Referencing the work of Porges, Tronick, Trevarthen, and Stern, Dr. Hughes underscored that children—indeed all of us—are biologically wired to need and expect safety, as well as to relax and attach securely with trusted others. This foundation makes playing, learning, and growing possible. Children register this safety largely through non-verbal means, including from the sound of the human voice. They can detect both disingenuous praise and negative judgement, as well as expressions of delight and genuine acceptance that convey a “no strings attached” intention. The adult’s use of the modulated tone of a “story voice,” coupled with matching the child’s body’s expression of vitality affect, intensity, and rhythm, offers the best vehicle for communicating reciprocal engagement, attunement, and acceptance. This process is especially critical in moments when interactive repair is needed, as such efforts put the child’s brain on the “fast track” for experiences of comfort and joy.

Dr. Hughes invited us to engage in the psychotherapy enterprise with “PACE,” an acronym for four key qualities that can inform our general approach to our work—**P**layfulness, **A**cceptance, **C**uriosity, and **E**mpathy. The underlying principle of PACE, which reflects his intimate knowledge of child development and attachment theory, underscores and promotes genuine intersubjective relationship and attunement experienced in the present moment. The apparent simplicity but actual profundity of PACE—as an active experience rather than a mere technique—offers us a truly wholesome and curative frame for our professional work and personal lives, especially important as we negotiate and cope with dramatic distress and perplexing symptoms.

Yet another take-home message has to do with how Dr. Hughes helps troubled parents who struggle with blocked trust and care. Core suggestions include the need to explore the reasons and motivations behind the child's behavior and to connect and make meaning of the child's trauma history and symptoms, while at the same time deactivating any shame that might arise using PACE. Reflecting on and communicating about the child's inner life is how the parent can help the child, including exploring and understanding the unmetabolized states and behaviors that remain linked with the perpetrator of abuse or neglect. Toward that end, Dr. Hughes helps parents notice the arising of what he calls "embodied phrases," expressions that speak to some essential truth of experience (e.g. "I was laid off to the side").

At first glance one might conclude that Dr. Hughes does not seem to directly work with the child's dissociative symptoms. On the other hand, child dissociation expert Dr. Joyanna Silberg and others could well argue that Dr. Hughes is working with dissociative processes preemptively and metaphorically by teaching the child how to manage affect within the context of the child's primary attachment relationship. He enters their relational and intrapsychic arena as it is unfolding in the present moment. He then facilitates their course of engagement toward deepening attunement and intersubjective meaning-making, thereby short-circuiting the ground for dissociative disconnection and fragmentation and in its place nurturing the unfoldment of safety, trust, and joy. Dr. Hughes offered a wonderful quote in this regard from the Inuits: "To love your child is to learn the song that is in her heart, and then sing it to her when she forgets it."

Dr. Hughes is a consummate and deeply relational storyteller—with audiences, trainees, and the children and families he serves. The audience found his stories, including those of his adorable granddaughter, to be resoundingly refreshing and delightful. His stories were also a resonant backdrop to NESTTD's own story-telling commemoration. At the midday break, NESTTD attendees celebrated 30 years of service to the community of mental health clinicians who treat trauma and dissociation. The stories people shared reflected our collective interest, especially our ongoing need of and gratitude for community-based professional training. Stories of collegial connection and support within our NESTTD family were my personal favorites. We can thank Dr. Hughes for his message about the essential importance of relationships for our mutual well-being. Our NESTTD community demonstrated this as we honored all who have served and comprise NESTTD, past and present.