

# Center for Family Development

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## **Differential Diagnosis: ADHD and Bipolar 1**

**Arthur Becker-Weidman, Ph.D.**

There are a number of ways to think about Dyadic Developmental Psychotherapy. One way is to consider what are the essential components of this evidence-based, effective, and empirically validated treatment, developed by Dr. Daniel Hughes. The following is a list of some of these essential components.

Main Components of dyadic developmental psychotherapy:

- Therapist use of self
- Process focused
- PLACE and PACE
- Intersubjectivity
- Reflective capacity
- Affective or reflective dialogue
- Commitment
- Insightfulness
- Coherent narrative
- Co-regulation of emotions
- Co-creation of meanings
- Follow-lead-follow
- Interactive repair
- Nonverbal-verbal dialogue

The basic principles of dyadic developmental psychotherapy may be summarized in the following four paragraphs:

1. Both the caregivers' and therapists' own attachment strategies are organized and resolved before the onset of the child's treatment. Previous research has shown the importance of the caregivers' and therapists' state of mind with respect to attachment for the success of treatment.

2. The therapist and caregiver provide the intersubjective experiences for the child that were seldom present in situations of abuse and neglect. These intersubjective experiences are characterized by shared emotion (attunement), shared awareness and attention, and complementary intentions. Intersubjective experiences are the primary means by which the infant and young child learn about self, other, and the world. Intrafamilial and complex trauma will significantly disrupt the development of concordant intersubjectivity and increase the risk that the child will be unable to create a coherent meaning for many events, particularly traumatic ones. The therapist must provide intersubjective experiences for the parent that help create a secure base within which the parent, child, and therapist can co-create new and more therapeutic meanings for experiences.

Whenever possible, the child's primary caregiver (biological, adoptive, or foster parent or primary caregiver in a residential setting) is an active participant in the session. The therapist must provide to the caregiver support and guidance in communicating thoughts, emotions, and intentions to their child. The primary caregiver serves as the primary source of safety, security, and comfort while the child explores events, experiences, and emotions that may generate fear and shame. The caregiver's presence allows the therapist to facilitate the successful exploration and resolution of behavior problems in the home by modeling for the parent PACE as an effective means of achieving conflict resolution and increasing emotional and behavioral regulation within the home. The therapist will generally only see a child, usually a teenager, as an individual client when a primary attachment figure is not available. In these instances, the treatment will proceed at a markedly slower pace since the child is essentially emotionally alone the rest of the week in the process of integrating the therapeutic themes. The lack of a primary attachment figure is a severe impediment to creating the security and safety necessary for exploration and integration.

3. Use of PACE and PLACE. These acronyms describe the 'attitude' of the therapist and caregiver. PACE refers to the therapist setting a healing pace to treatment by being playful, accepting, curious and empathic. Through PACE, the therapist is able to both generate and regulate, through empathy (and playfulness when appropriate), the emerging emotion that is associated with the events being explored. The therapist is also able to facilitate an open, reflective attitude to reorganize the experience of these events through the therapists accepting and curious stance. PLACE refers to the parent creating a healing environment by being playful, loving, accepting, curious and empathic. All interventions are utilized within the context of PACE. Any technique may lead to dysregulation if these basic principles, which are needed to generate general safety, are ignored.

4. The inevitable misattunements and conflicts that arise in relationships are directly addressed and repaired through the ongoing qualities of the relationship using PACE. The creation of concordant intersubjectivity facilitates the co-creation of meaning and the co-regulation of emotions. The need for interactive repair is especially important as the themes being explored are often characterized by shame and fear. Repair helps with both affect and behavioral regulation, and directly addresses the child's convictions that the child must face stressful events alone, or that any conflict will lead to abandonment. The attachment figures – parent and therapist – are responsible for the initiation of repair, not the child. These same principles apply to the therapist-caregiver relationship. Inevitable misattunements between therapist and parent are directly addressed and repaired through the relationship. It is the therapist's responsibility to initiate the repair, not the parent.