What is PACE?
PACE was developed by American Psychologist and therapist, Dr Daniel Hughes. It is an attachment based parenting approach that focuses on the whole child and not simply just the behavior. PACE is a way of communicating, thinking and feeling about the child whilst conveying safety, which allows children to feel more secure with adults.

Safety is particularly important for children who have experienced disruption and trauma. These experiences can impact the child’s ability to trust adults. PACE helps the troubled child to allow the adult to see his inner self, (thoughts and feelings that underpin behaviours). Importantly, children learn they can rely and trust an adult, and that they no longer need to take care of themselves on their own. They also begin to see that they are not bad but someone of worth and value.

For the parent or carer, utilising PACE in their parenting interactions provides a framework to remain engaged with their child instead of in conflict. It enables the adult to see the strengths and positive qualities that lie underneath more challenging behavior, and to provide a way of dealing with issues without tipping into conflict and defensiveness.

P for Playfulness
There are lots of benefits for both the carer and the child in keeping an element of light hearted spontaneity in their relationship. Humans can never be both socially engaged and defensive at the same time. Neurologically the two systems are mutually exclusive. When the adult can maintain an attitude of playfulness, then it is possible for the child to remain non-defensive.

Corey was playing a game of cards with his carer. This often ended in tears and consequences. Today, his carer used playfulness. She threw her cards across the room, stomped up and down and yelled “It’s not fair! It’s not fair!” Corey stared at her wide-eyed. He had never seen this before. She kept up the charade, then looked at him, quietly smiled and said “Oh, I’m sorry! I think I’m supposed to be a good sport”. They both laughed loudly at how silly she had looked. Without a single reprimand or raised emotion, he received a clear message about rules and fairness. Later he would even be able to laugh at himself.

Playfulness utilises a natural rythum, and light-heartedness quality. It is not about making light of a serious situation or joking around. Nor is it about sarcasm or mockery which can never be classed as playfulness. Rather it is focused on conveying safety, enabling a connection with the child in a positive way that may diffuse some of the other more negative emotions they may be holding. Playfulness doesn’t minimise or excuse behaviour, but it does reduce the sense of shame being experienced by the child because of their behaviour, helping them to remain connected to us rather than shutting down.

Not all children will be ready for playfulness, but when they can engage this way it can be helpful. For many children dealing with inner trauma, life can become very serious, leaving no time to laugh. Their hypervigilance makes them suspicious about others motives and they have no experience that there can be times of joy, even amidst pain and hard conversations. But there is a powerful connection that can occur when we are able to genuinely laugh with another. Playfulness in this way conveys a message that the carer still enjoys connection with the child despite the hard stuff. Neurological repair occurs when the defensive and hypervigilant brain suddenly and unexpectedly finds itself surprised into these moments of joy with another. This leads to remaining open and therefore able to make use of what the adult brain may be trying to help them discover.

A for Acceptance
Acceptance is about the whole child, every thought, emotion and experience of the child, accepted as legitimate and safe for them to share and express. Safety is enhanced when the child is assured that their “self” will not be rejected, questioned or challenged. When accepted, the child learns that they need not be afraid of emotion, that every emotion is legitimate, and that their carer will not try to talk them out of what they are feeling but instead be interested and empathetic to their experiences. With acceptance, a clear distinction is made between the child and their behaviours. Behaviour is subject to evaluation, judgement and correction. Not all behaviour can be accepted as some of it has consequences, however the feelings behind behaviours need to be accepted as legitimate. Kicking the dog is never an acceptable way to act, but feeling angry is always an acceptable emotion.

All children need to know that all the things they feel inside are legitimate emotions. The role of the carer is to support the child to express their feelings in appropriate ways: to validate rather than to change, ignore or shut down their feelings and experiences. Through this process, and over time, acceptance of the inner child will result in a decrease in the external challenging or coping
behaviours they may engage in. If their inner need is met, there is less need for these.

Acceptance removes battle lines in the relationship and places the adult and child on the same side. Holding an attitude of acceptance diminishes the needs for ultimatums or punitive consequences. Statements such as “If you are suspended from school one more time, you are out of this house!” or “You’ll be sitting there until you are ready to tell me the truth” are rarely going to have the desired effect. Whilst they may make the carer feel in charge, they make no concession to the underlying need. All behaviours express a need, and it is these needs that must be understood and acknowledged before the behaviours can be successfully addressed.

C for Curiosity
Curiosity facilitates a process of open discovery which assists the child in developing their reflective functioning and enhances their feelings of being understood. This in turn increases their sense of safety. For the adult, being curious with the child provides insights into the meaning behind the child’s behaviour, allowing a greater level of attunement within the relationship and discovery into the most helpful response to the child’s actions. The image of curiosity is not that of an interrogation room, with a hostile and adversarial adult demanding answers. Rather, curiosity is neutral, non-threatening and being interested. It is a warm and connected response, one that is not hurried or with an agenda, but open to what the child and carer may discover.

For many children who have experienced trauma, one of the hardest challenges they face is making sense of their inner life. Being reflective is a painful process where the loudest voice inside their head is constantly screaming messages of shame: “I’m no good”, “It’s all my fault”, “No one will ever want me”. An attitude of curiosity quietens the internal hostility for the child, because it allows the child to remain connected to a safe (neutral, warm, non-threatening, open) adult who can support them to consider alternative, less shame-based motivations for their behaviour. Feeling safe allows the child to share thoughts that they have previously kept hidden because they believed them to be too painful and ugly to acknowledge. Often this may be the first time they have felt the support of an adult who is able to hold their shame and help them work things out.

Curiosity in harder conversations allows the carer to remain more neutral and therefore non-threatening for the child. Unlike having to face the school Principal, in a curious conversation the child feels no shift in the natural rythum, or tone of the connection. Instead, the conversation can move freely between hard and easy, light and more challenging. The carer reflects a genuine desire to understand the child, rather than disapproval or limit setting. When curiosity is maintained, it is easier for both child and carer to focus on the internal need, rather than the behaviour itself. It reflects open curious statements such as “I wonder if….”, “What do you think that was about?”, or “What was going on for you when…?”, rather than judgment statements such as “But I told you not to….” or “Why did you…” etc. As carers we will still need to address hard issues, but when we can remain warm and neutral it helps the child to share with us and to receive our support instead of creating battle lines. Watching what resonates for the child will give clues as to what is going on internally for them, which helps to know what needs to be addressed.

E for Empathy.
Most adults don’t like to see children in pain. It is often easier to minimise, or dismiss or to problem solve, rather than to sit with a child in pain. Unfortunately, the easier alternatives cannot meet a child’s need to feel understood. Whilst we may want to, we can’t shield our children from hurt or pain. But we can be there holding it with them, and giving them an experience of not having to do this all alone. Children need to experience an adult that is not afraid of what lies inside, that nothing is too horrible to be shared, and that exposing their deepest secrets won’t leave the adult running off. Children also need to experience that being connected to another is a good thing.

Empathy is about listening in silence more than problem solving or offering counter views to those of the child’s. It actively demonstrates that the child’s inner self is important to their carer, that they do not want the child to have to deal with these issues on their own, that they want to support them and that together they can get through.

Maintaining an attitude of PACE keeps the child feeling safe, supported and connected with their carer. It maintains a focus on the whole child and not just on problematic behaviours and supports the child in making sense of their inner life. Just as PACE assists the child in staying open and engaged, it also helps the carer to remain non-defensive and neutral while working with challenging issues. PACE reduces opportunity for conflict and places the carer and child on the same side, working together to understand what is going on for the child. It is an attitude that enables connection and surrounds the child with messages of hope and healing.

References and Further Reading
Hughes, D (2011) Attachment Focused Family Therapy Workbook. WW Norton & Co. N.Y. USA.

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