

Casey Practice Digest Interview #1:

A Conversation about Trauma Assessment and Intervention with Dr. Bruce Perry, author of The Boy who was Raised as a Dog, and Born For Love: Why Empathy is Essential and Endangered.

Which treatment programs or interventions have the greatest potential to help traumatized children involved in child welfare?

The programs and approaches that are flexible have the greatest potential. We tend to deliver our mental health services in a one-size-fits-all approach. In general, we usually develop treatment programs that are easy to export. That's one of the challenges of working in public systems—that the more flexible and the more individualized you become in the way you work, the bigger a challenge it is to distribute and disseminate that. There's always a tension between creating either an assessment or an intervention approach that is flexible enough to meet the needs of these incredibly diverse children, and the challenge of getting many sites to do that approach with fidelity. So, for example, there are highly manualized, easy-to-disseminate treatment models like trauma-focused cognitive behavioral therapy – which work best with single traumatic event or typical population samples (such as the majority of children following a school shooting or a natural disaster) and yet this “evidence-based” treatment is marginally successful with the most complex children who have myriad problems, many of them beyond the typical “mental health” domains (e.g., they have learning, speech-language, sensory integration and neuroendocrine problems all related to their trauma). Yet, because of the ease of exportability and the small evidence-base, a mental health system will use this one approach on every child with trauma—whether it is complex or simple. But, just because something is easy to learn and easy to study, doesn't mean it's the right thing to do for everybody. In my opinion, the treatment programs that have been most successful, and have the greatest potential to help children that have been maltreated or traumatized, are those that have the ability to have one foot in the emerging evidence-based practices, but also have one foot outside that—where you are able to be flexible and innovative.

The second core concept for programs is that they be fundamentally respectful of and aware of how important relationships are for children. These programs appreciate that how children learn, how they heal, and how they grow, is best understood in the context of relationships that are nurturing and attentive. A parallel part of that relationally-respectful approach is recognizing that you as the therapist, teacher, foster parent, or helping adult, you are not going to be in that child's life for 30 years. You are playing an important role, but we also need to identify and support the individuals who will have relationships with this child as they grow into adult life. And so, I always ask the question: Who is this child going to have Thanksgiving dinner with when he's 25? We need to think about how we can find that family, find those people, and you need to begin engaging them right now. We need to find people who will be in this child's life in an enduring way and build their capacity, and help them to understand the child. Because that's really where the long-term healing comes, in the relationships that are more permanent.

Can you discuss important discoveries regarding brain development during or following trauma that need to be understood by caseworkers, teachers, foster parents and others who work with maltreated children?

One of the important things to remember is that for a child who is very young and developing, and has had multiple adverse experiences, their stress response systems may be abnormally organized—these crucial systems work differently in maltreated children—and that, in turn, will underlie many of their emotional, behavioral, social and physical health vulnerabilities. One of the ways that they will be different is that their stress response system will be overactive and overly reactive to stress. One of the first implications is that because these systems are so important to many functions of the brain, they will

influence how multiple areas of the brain will develop, and then later on, how they will function. So, if you have a very young child who has experienced chaos, threats, trauma, attachment disruptions, these dysregulated networks will then play a role in contributing to abnormal organization of parts of the brain involved in speech and language, learning to read, forming relationships, some things as fundamental as coordination and fine motor control. As a result, probably the most important thing to learn about brain development for people who work with these children is that there will be an array of relative vulnerabilities in the way these children function that are caused by their dysregulated stress response systems. The reason that's important is because it essentially means that if you can begin to utilize strategies that help regulate those systems, interventions and activities that help those systems become better integrated, more smoothly regulated, then, you'll see improvement in a lot of areas of functioning.

The fascinating thing is, for example, if you have a child who has learning problems that are related to this dysregulation of the stress response, what is more effective for helping the child to learn how to read would be something like giving them an opportunity to walk several times a day, or giving them opportunities to make music several times a day, as opposed to sending them off to a tutor. Our typical response is: Billy has speech and language problems, let's send him to a speech and language therapist. We often don't understand that what's frequently underlying that problem are these dysregulated stress response systems. So, if we can help them to use regulating strategies, all of a sudden, they're better at relationships, they're better at learning, and a whole cascade of improvements can be seen from things that appear to be disconnected from those functions. This is something seen in other areas of neurology: if someone has a stroke, and part of the cortex is damaged and they lose the ability to speak, most people would think it is logical to provide remedial speech and language to help the person catch up and rebuild that part of the brain that was damaged. But, it turns out that if people do physical therapy, in other words, walk, swing their arms, and do typical physical therapy activities, they learn how to speak faster than if they just sit down and go to a speech therapist. And it's the same principle with these children, that many of the strategies that help them may seem to be counterintuitive, but if you understand the biology, it makes a lot of sense. For children in foster care settings, this is broadly referred to as physical hygiene. If you can help them to have good sleep, if you have structure for when you have meals, if you bring exercise into the day, if you bring sensory breaks into the day, it creates an external regulating structure that literally provides the template to organize the internal disorganization that many of these children experience.

How can foster parents and adoptive parents be better prepared to care for traumatized children?

One of the things that we find is that many of these parents have been really successful in the way they raised children who are typically organized. But, when they get children who have these trauma-related differences they will respond differently to typical parenting approaches. This will manifest, for example, in the way they deal with transitions, the way they distort interactions and process information differently. This can be very puzzling to the foster parents —*I've got 3 healthy children in the community and the parenting style that worked for them doesn't work with our foster child.* Part of our responsibility as professionals, is to teach adoptive and foster parents a little bit about the fundamentals of how these children are organized. So, we've been working really hard on the development of case-based training approaches, where we will have foster parents who will present or talk about a challenging problem or issue with one of their children, and then we will use that as a teaching vehicle to problem solve around that issue. We try to talk about what's going on in ways that allow the foster parent to generalize to different situations, and to recognize where the behavior is coming from, why they act that way. It's amazing how just a little bit of education about the trauma and brain—and the stress response, developmental trauma and few other key concepts—can help these foster parents become incredibly healing presences in the lives of these children. It's been our experience that didactic teaching tends to be nowhere near as effective as hands-on, real-life problem-solving. And so,

for example, we have a model program with New Mexico CYFD⁷ where we have a web-based teaching opportunity, where foster parents from all over New Mexico, are able to get on a webinar, and we'll talk about a different foster family and child each month. Even though the problems about that specific child are going to be clearly that child's own issues, many of those are common to foster children throughout New Mexico.

What are a few prognostic indicators useful in identifying children and youth who are recovering or not recovering from early severe maltreatment?

Well, there are a few things we begin to see as very good evidence that children are becoming better regulated. One is sleep—a lot of these children when they come into an environment will have terrible sleep issues, including a difficult time falling asleep, waking up in the middle of the night and wandering around and sleeping few hours a night. When children start to become regulated one of the key indicators are changes in sleep—when they can start to fall asleep more readily, have good sleep patterns, and sleep through the night, that's a really good sign that there are significant positive regulatory changes in the key stress response systems.

The second is the more obvious, overt, externalizing behavior. A lot of children, when they're dysregulated, will have attentional problems, they'll be impulsive, they'll be aggressive, they'll be socially inappropriate, and as you see those things improve, that's an indication that something positive is happening.

But, overall, one of the most powerful indicators that meaningful progress is being changed is when the children begin to shift in the way they are relationally connected. It's actually hard to describe, but when you talk to foster or adoptive parents where that's happened, they know exactly what I'm talking about. They begin to feel a relational difference, where the children will be a little bit warmer, there will be more humor, more spontaneous laughter, they'll have a different quality of sincerity when they engage with each other. When the foster parents feel that, they know they've got the child back on a healthy developmental trajectory. One of the things you run into in disrupted placements is that you can even see times when the overt behaviors are better, but that relational connection hasn't happened. As a result, the foster family will be much more willing to let a child go, or want a child to go—even though there's not as much overt acting out, even compared to another child in their own home, which has been counterbalanced by this glue. That's an interesting and very powerful, very primitive recognition, that the child who still may be acting out a little bit, but who has this relational glue, is actually making more progress than the child who is disconnected, even if they are not as dysregulated.

What advice would you offer to child welfare caseworkers, supervisors and managers involved in helping efforts with traumatized children?

Well, the first thing that I think they should hear is that they are doing really hard work, and they need to be given permission to feel exhausted at times, to feel frustrated. But, the work they do is very important. Sometimes, even the tiniest contact with a client that has the quality of being honest and compassionate, can be something that child will draw on for the rest of their lives. I have literally been told hundreds of stories by foster children who are now adults, about a single contact with one person, whether it was a policeman, a caseworker, a night-nurse in the ER—those interactions can be powerful and transforming. One of the great qualities of the human brain is the ability to have memory. So, if you can remember and revisit a moment when you were really important to somebody, when you really felt that they cared about you, even though it was a brief interaction, that can give these children hope, in ways that can keep them in the game, so to speak. The saddest thing about these abused children is how much they give up. Their reactivity and their difficulties in relationships early on often gets them so discouraged and demoralized about school, about sports, about being part of a healthy group, that they

⁷ New Mexico's Children, Youth and Families Department

choose to be marginalized, even when people want to pull them in. We see this all the time, you'll have a child who comes into a foster home, and the foster parent will be loving and consistent, and the child literally rejects that attention. That happens—in part, because they just give up—I'm unlovable. I'm stupid. Why should I try in school? Why should I try in sports? You're just going to move me. I'm just going to blow up. If you can make a child feel special, help them to understand they are special, help them find a little gift, something that they believe that they are good at, something that they can get some reward from—that can be a powerful thing in helping them to move forward in healthy ways. And although caseworkers have relatively brief interactions with children, they can still be really powerful in connecting with them and making an impact.

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