

April Dinwoodie: Welcome to the NTDC Right-Time podcast, Trauma Related Behavior. I'm your host April Dinwoodie. This podcast for works in conjunction with the classroom based training providing an introduction to the material that will be covered in the classroom on trauma related behavior. The podcast will also be a resource for parents to go back to as children in their home transition through different developmental stages. In this episode, we welcome Dr. Bruce Perry. Dr. Perry is senior fellow and founder of the Child Trauma Academy based in Houston, Texas. He's also adjunct professor at the Department of Psychiatry and Behavioral Sciences at the Feinberg School of Medicine at Northwestern University in Chicago. So Bruce, I want to welcome you to this podcast on trauma related behavior. We're so fortunate to have you with us.

Dr. Bruce Perry: Thank you April. Happy to do this.

April Dinwoodie: So we'll jump right in. We'd for you to tell us a little bit about some common behaviors, children who have backgrounds in trauma might display and maybe share some examples as you share with us.

Dr. Bruce Perry: Let me just start with this and say that one of the biggest challenges for a parent who's living with a child who's been impacted by developmental trauma, who has a history of trauma, is that they can present with a tremendously confusing range of behavioral and emotional issues. And it can seem almost unexplainable because sometimes the child might be what we call externalizing. They'll be aggressive, and they'll be hostile, and they'll be physically like they're jumping out of their skin. And then there'll be times when the very same child might be completely withdrawn and subdued and disengaged and sort of into their own little world. And it seems odd that both of those extreme ends of the behavioral spectrum are related to trauma, but frequently they are. And let me just kind of explain why.

Dr. Bruce Perry: So if you, for a moment back up and think a little bit about how the brain and the body are put together. Everybody, I think knows that we have these really important stress response systems and different people have learned a little bit about different aspects of them. I think everybody's probably heard of the fight or flight response, and I'm not going to go into it in too much detail. But part of what I want to say is that your brain and body are continually monitoring the world to keep you alive. Sometimes the monitoring is as simple as I'm hungry so I need to go find food. That's part of the job of your stress response systems. And sometimes the monitoring is, oh, there's a lot of traffic on this road. So I need to be really vigilant and look both ways before I cross the street. And again, your brain's kind of always doing this and always adapting to the environment to promote your survival.

Dr. Bruce Perry: There are times when a person in is confronted with a threat where running away from the threat or fighting off the threat makes a lot of sense. And that's what we call the fight or flight response. And that response basically mobilizes your body to do those two things: to either fight or flee. And so what that

means is your heart rate goes up, and you focus on whatever that you perceive the threat to be. Let's pretend that it's thousands of years ago and you're sitting around a campfire and you hear a growl outside in the dark and you realize that's a saber-tooth tiger. And so that activates your fight or flight response. You're like, oh my gosh, there's something out there. And so let's say you had a sore knee and you had an empty stomach.

Dr. Bruce Perry: But the moment you hear the growl, that doesn't matter. Your brain starts focusing on this external threat. And as you see an animal pacing just outside the visual field, you know it's out there, you get more and more activated and your body, your heart rate goes up, your body prepares to essentially run away or fight off whatever it is. Again, that's the fight or flight response.

April Dinwoodie: So can you help us understand this term, sensitized response?

Dr. Bruce Perry: Well, before I do, let me go back and explain the other adaptive response that we use a lot and that's called dissociation. And so what'll happen is in the beginning, you think you can run away from or fight off the saber-tooth tiger, but when the saber-tooth tiger comes closer, your brain says to you, I can't run as fast as this animal, and it's highly likely that I'm going to get bitten. So instead of sending all my blood out to my periphery at 160 beats per minute, I need to keep my blood in my trunk. I need to release my body's own painkillers, which are opioids, opiates, [inaudible 00:05:19], most people probably heard of those and your body disassociates. And basically that is your body preparing for injury.

Dr. Bruce Perry: So when your brain says, listen, the fight or flight thing isn't helping me out here. I need to do something different. You use a completely different response pattern, you pull into yourself and you disconnect from the external world and go to an inner world. And basically this is where if you end up getting attacked by the saber-tooth tiger, it's almost as if you're watching it happen to yourself. You have this almost an out of body experience. That's dissociation. These are two of the major stress response capabilities that we all have. Now what'll happen is if you are a baby or if you're a very young child, the fight or flight reaction is not very effective. If you are in an environment where there are a bunch of adults who are ignoring you, irritated by your crying, episodically abusive, what'll happen is your brain will be much more likely to dissociate again and again and again and again. And when that happens, that system becomes what we call sensitized. It becomes overly reactive.

Dr. Bruce Perry: Now, if you activate the fight or flight response again and again and again and again, in uncontrollable, extreme ways, which happens with many kids that come from backgrounds of abuse and neglect, that system becomes sensitized. And what that really means is that instead of having a moderate activation of your stress response, when there's a moderate challenge, you will have an extreme activation of your stress response when there's a minor challenge. So your system becomes sensitive, overly sensitive, and you become overly reactive. And anybody who's parented some of these kids knows what I'm

talking about. So you may ask the child to make a transition and they will literally have a meltdown. And you'll try to reason with them and their brain has shut down their cortex. They don't even hear you. And they act up almost like you're trying to hurt them.

Dr. Bruce Perry: And that's because they had a sensitized reaction. It's an over reaction. The behaviors that are trauma related will therefore include things like difficulties with transitions. When the stress response system gets sensitized, it makes it harder for you to shut off the systems that allow you to go to sleep. So these kids have sleep problems, they'll have difficulty falling asleep, and then they frequently will wake up in the middle of the night and wander the house. They have difficulties with sustained attention because any little noise, they focus on because that system is overly sensitive, and they end up getting labeled attention deficit disorder. The neuro biological systems that read social cues because they're sensitized, they'll take somebody who happens to give them the social signs that they're kind of bored, their brain will turn that into you hate me.

Dr. Bruce Perry: And so in all different aspects of life, this overreaction, that is the result of a sensitized stress response system leads to these extreme behaviors. They will have the most extreme reactions to the most minor demand. You'll ask them to get their homework from their room and they'll throw their backpack on the floor. And they'll say, "I hate you. I hate school." And you're like, "What the hell? I just asked you to get your homework." I mean, it's completely out of proportion to the demand and that's because these systems are over reactive.

April Dinwoodie: And do you want to talk a little bit about hypo arousal as well for our listeners?

Dr. Bruce Perry: Some people use the term hypo arousal. That's basically what I'm referring to when I talk about dissociation, that's disengaging from the external world. And instead of being all tuned up, you are basically living in your inner world. You spend more time in your inner world than in the external world. You are disengaged, your heart rate goes way down. A lot of times you look like you're almost having ... Sometimes a teacher or a parent will have to come up and click their fingers in front of a child to get them to refocus because they look like they're often la la land because they are. And this is frequently misunderstood. And a lot of these kids end up getting a diagnosis of seizure to disorder. And so dissociation or this hypo arousal group of behaviors and symptoms frequently looks like the kids are shy, withdrawn, depressed, like they have seizure disorders, but it's basically a sensitized dissociative system.

Dr. Bruce Perry: In contrast, there will be kids that will eat, eat, and eat and eat and they won't gain weight. And they're muscular, they'll be all tense. You'll try to give them a hug and they feel like they're all wiry and muscly. And many of these kids will have, they feel like they run hot. They never really have a fever, but they're never at 98.7, it's like 99.1. So their metabolism shifts. And the behaviors that these kids have are, like I said, more externalizing, they'll be impulsive, they'll be

aggressive, they'll have attentional problems. And they end up getting labeled oppositional defiant and conduct disorder and ADHD. And these are the kids that end up on lots of medications.

Dr. Bruce Perry: But I think the key thing is to remember that because of the nature of trauma, the range of behavioral problems can be enormous. You can have kids that shut down. You can have kids that blow up. You can have kids that have learning problems. And you can have kids that because of their trauma, find reading and doing well in school to be a highly adaptive thing. So again, it can appear confusing that one of your kids loves school and wants to please teachers. And another one of your kids hates school and gets kicked out of class all the time. And they come from the same home and you adopted them both. And the reality is both of their symptom complexes are related to their developmental histories.

April Dinwoodie: So Bruce, do some of these concepts only apply to children, and how might they apply to parents?

Dr. Bruce Perry: That's a great question. There's no doubt that these fundamentals of how our stress response system works, they're universal and they're across the developmental spectrum. So parents are going to feel their own stress response systems get activated when they get frustrated and overwhelmed, and some parents' style for a variety of reasons, they'll want to disengage, shut down and step back if there's a conflict. Other parents will step forward and get frustrated and angry and escalate.

Dr. Bruce Perry: And I'm so glad you asked that because there's no doubt that these trauma related behaviors just compound the challenge of parenting. And if you don't understand what's going on, it means the adults are going to be in a distressing situation. And so because you're distressed and the child's distressed, the combination leads to ... It's like kerosene and a lit match. It leads to conflict and problems. But the more you learn about these things, the more you can recognize your self escalating and you can sort of use some self-regulatory strategies to step back. And the more you can understand that the child's behaviors aren't directed at you in a personal way, these are frequently elicited adaptive behaviors that the child used to stay alive in the environment that they came from. In that environment, those were protective. But in this new environment with you, they're disruptive. But if you can have sort of an empathic stance about that, you're going to be further towards the ability to deescalate and heal and move forward with these kids.

April Dinwoodie: Right. You mentioned something just now out about survival and many people sometimes call such behaviors we've been talking about in this podcast, survival behaviors. Can you talk a little bit about that?

Dr. Bruce Perry: Yeah, absolutely. In the situation where a young child is inconsistently cared for and is episodically threatened by angry, frustrated, overwhelmed caregivers, or

other people, it's absolutely a necessary adaptive response to either shut down or to run away and hide. Or in some cases, to actually fight back if necessary. So all of the things that the stress response capabilities allow us to do, those were related to surviving the environment that these kids came from. But once they get out of that environment, if it was inconsistent and chaotic and threatening and they get put into an environment that's safe, predictable, nurturing, those once adaptive responses, survival responses are no longer serving their core needs of the child. In fact, they interfere with normal development, sometimes they disrupt normal relational efforts and so forth. But again, I think if the parent can remember that this child, the behavior that's driving me nuts, that this child has, once served the child well, and that's where they learned it. And we now need to help the child learn other ways to be in the world.

Dr. Bruce Perry: And again, this is one of the reasons we're doing this podcast. This is one of the reasons we're doing this entire training program is we believe that if families better understood these issues, it will make that process much easier for the children and for the families. And a key part of it is maintaining your sense of empathy with the child that they're driving you nuts right now with these really impulsive behaviors. So really one of the major challenges for the foster and adoptive parent is to maintain empathy. If you can be empathic to these children and take a moment when they're driving you crazy, and step back and remember that what they're doing right now, once was a survival behavior. Then it makes it easier for you to tolerate what they're doing and ultimately do the things that help you move past it.

April Dinwoodie: So Bruce, as we close out this very important podcast, I'd love it if you could leave us with just a few practical tips and tools that parents who are parenting children who've experienced trauma and separation and loss, can really lean into when parenting their children.

Dr. Bruce Perry: There are a couple things that I think can be really helpful. The first thing is that it's so important for parents to recognize that just being present is so important. And so be there. The more you are around these kids, the more opportunities they will have to see you model healthy behaviors, healthy coping mechanisms, the more they'll come to feel safe with your presence. So be present.

Dr. Bruce Perry: The second thing, and this is a hard one for a lot of parents, is to be parallel. And what I mean by that is that for the majority of these kids, intimacy is overwhelming and that's because as they developed and they were growing up in these environments frequently, as their little brains were learning about relationships, those relationships were inconsistent and they were unpredictable. And sometimes even the people that were caring for them were the people that were hurting them. So in their brain, intimacy is associated with threat as much as it is associated with nurturing and comfort.

Dr. Bruce Perry: The people who end up adopting and fostering tend to be very nurturing. In their minds, in our minds, in the nurturing mind, if a child is struggling, we want

to give them a hug, we want to be caring. But if you are too intense emotionally with these kids, you are making them feel dysregulated. And so instead of being face to face, which is quite an intimate thing, start your relational presence by being parallel. And then you give the child the opportunity to decide when they want to hug, when they want to talk, what they want to talk about. And by giving them control over that process, you are going to increase the probability that it's not a dysregulating experience. So be present, be parallel, be patient.

Dr. Bruce Perry: And the patient part is that wait for the game to come to you, wait for the child to come to you. They will. They'll get closer and closer and closer. And as long as they feel safe with you, as long as you are present, and parallel and patient, they will start to feel very safe with you. And as they trust you, they will open to you and the process of healing and healthy developmental growth will be jump started. So patient.

Dr. Bruce Perry: And then the last P is persistent. Patience and persistence kind of go together. One of the things that we see all too often is that ... And we see this a lot with foster parents, sometimes with adoptive parents, is that the progress isn't as good or as fast as the parent wants. And they get tired, and they get burned out and the persistence dissolves away. And so they tend to do inconsistent things. They'll try this because they read this book and then it doesn't work. And then they'll stop and they'll do a different technique and then they'll stop and they'll do a different technique. And so the continuous change of approach that is driven by the desire to help actually ends up contributing to the child's sense of discontinuity. And so that's why the persistent part is important. So the four Ps: present, parallel, patient and persistent.

April Dinwoodie: Such good and important and practical, another P, information for parents and quite hopeful, I think, Bruce. So I think your knowledge and expertise once again, has really contributed to this conversation and I want to thank you.

Dr. Bruce Perry: Thank you April for the opportunity. I hope it is helpful.

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