

April Dinwoodie: Welcome to the NTDC Right-Time Podcast Child Development. I'm your host April Dinwoodie. This podcast works in conjunction with the classroom-based training, providing an introduction to the materials that will be covered in the classroom on child development. This 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 the senior fellow and founder of the Child Trauma Academy in Houston, Texas. He's also adjunct professor in the department of psychiatry and behavioral sciences at the Feinberg School of Medicine at Northwestern University in Chicago. Welcome to the podcast, Dr. Perry. It's great to have you.

Dr. Bruce Perry: Thank you very much, April.

April Dinwoodie: Great. Thank you so much. We are going to dig into a big topic today of child development. And I think for most parents, they're not necessarily experts on child development. So what information do you think they really need to know?

Dr. Bruce Perry: Whenever I'm trying to talk about child development, I try to anchor people in their own personal experiences, children that they've seen, children they've known, and remind people that they're pretty good observers. And then we go from there. The key thing I think about development is that most of us as adults, when we're living and working with children, we see them grow up and they get bigger and we see them develop certain skills and it might be a motor skill, they learn how to stand, and they learn how to walk. It might be a regulation skill, they are easily frustrated when they're really little, and then they learn how to control their feelings of discomfort. And then we see kids develop social skills and cognitive skills, they learn language, and then they learn how to put sentence is together, and then you learn how to think in an abstract way.

Dr. Bruce Perry: And so we see the sequence of development in all of these different domains. And one of the things that becomes a real challenge for parents who are living with children who've had developmental disruptions, whether it's trauma, or attachment problems, or intrauterine alcohol, or any developmental insult, is that the normal synchronous development starts to fall apart. And what I mean by that is that you grow physically and you get to be chronologically four, five, six and seven, but you may not be like a seven year old when it comes to your emotional regulation, or your social skills. And so you end up with what we call splinter development. And that is one of the hallmarks of the children that we tend to work with who've been impacted by developmental trauma.

April Dinwoodie: Bruce, can you give us some specific examples here?

Dr. Bruce Perry: It can happen in a lot of different ways. So you'll have a five year old child who has the self-regulation skills of a two year old. And imagine the terrible twos in a five year old body. And then let's imagine that they get even older and then you have the terrible twos in a 10 year old body. And so this is where some of the problems, behavioral problems and parenting problems emerge, is when there

are these splinter capabilities. The adult world expects your six year old to be able to act like a six year old. And so when they're in kindergarten and the teacher tells them to do something, gives them a complex command to do A and then B and then C, the child is only cognitively capable of doing what a normal two year old would do. And they can only follow through with command number one, and they don't do two and three. And so the teacher gets frustrated. And this out of sync development is a major challenge for those of us that work with kids in foster and adoptive care.

April Dinwoodie: So what I'm hearing you say, Bruce, is that early neglect and trauma can, in fact, impact a child's development, and that a child may be on target developmentally in some areas, but behind in others. Would you say that's true?

Dr. Bruce Perry: Oh, absolutely. And in fact, that's the hallmark, that's the most characteristic aspect of a child who's experienced adversity growing up. And what I mean by that is that in the first, in the nine months in utero, there's explosive growth of the brain and things that happen in utero can play a major role in how these key systems in the brain develop so that even after you're born, if you get into an environment where everything is consistent and predictable and loving, you've got all kinds of good parenting and good opportunities, but if the intrauterine experience was disrupted, if brain development was impacted by intrauterine alcohol, intrauterine drug, intrauterine stress and distress for the mother, normal development is going to be impacted as a child gets to be one, two, three, four, five.

Dr. Bruce Perry: And again, this is one of the challenging aspects of normal child development versus disrupted child development, is that the brain is so sensitive to experiences early on, and that sponge like quality that allows children to develop language really quickly, to absorb good things really quickly, also means that, that sponge like quality makes the child in those early years quite vulnerable to chaos, threat, violence, attachment problems, and then the cascade of issues and problems that come from that will impact these kids as they get older and older and older. And for parents who have either adopted or are fostering a child who has had these early development of disruptions, it gets confusing that you look at this child and they've been in your home for five, six, seven, eight, nine years. And they've been away from the toxic developmental experiences for a long time, and they happened a long time ago, but the consequences of that will still be present in the child's life. And that's a very challenging and sometimes hard to understand aspect.

April Dinwoodie: I want to talk about a couple of different things. The first one is just, if you can just go back quickly, you mentioned the difference between a developmental age and chronological age. Could you talk a little bit more about that? And then I do want to ask you what parents should be thinking about and concerned about when recognizing some of the delays that may come from early trauma. So there's two things I want you to talk about there.

Dr. Bruce Perry: Sure. So let's go back and revisit that chronological age. Every child that's conceived nine months in utero, you're born, you live a year and you're called one year old, you're one year old, and then the next year you're two, the next year you're three. And so you age, you get chronological older and older and older, but if during that time, you don't get sufficient experiences to stimulate the development of parts of the brain in what we would call an age typical way, you end up falling behind your chronological age with regards to some of these developmental capabilities.

April Dinwoodie: This is so important, Bruce. Can you give us an example?

Dr. Bruce Perry: Let me give you a simple example. Little child grows up, is born into a family where there is a depressed, overwhelmed caregiver who is not very verbal, and doesn't really talk to the baby and then doesn't talk to the toddler, and is so exhausted and worn out after the end of the day, doesn't read to the child. So what'll happen is if you look at the part of the brain of that child that's involved in speech and language, it will have received less stimulation than a child who has a parent who's not depressed, who has other people around in his life who talks to him conversationally, who reads to him every night before he goes to bed, one child will have heard a lot of words in context of relational interactions, and then the other child will have not. And so they end up being the same age, but they have very different experiences with language. And so one child will be age typical with speech and language, and the other child will be developmentally behind.

Dr. Bruce Perry: And the same thing can happen with motor opportunities, kids that are not given opportunities to move and crawl and explore and climb, and it could be social development, or children really don't have opportunities to interact with other human beings, they're kept in a very isolated situation. They don't hang out with peers. They don't have any siblings, they're kept at home and they aren't given these opportunities for social development and on and on. So again, one of the things that we see with many of the kids that enter foster care and many kids who are adopted is that their early developmental experiences were skewed in some way so that they get older, but they don't get the same kind of cognitive, social, emotional, or motor enrichment that leads to synchronous development of all of these domains. And so that's where that splinter development comes from, that I was referring to.

April Dinwoodie: And then with this, you gave us a lot of examples of real engagement, or disengagement with a child on some level, what should parents that are fostering, adopting, be looking for specifically with the children they're parenting?

Dr. Bruce Perry: Yeah, that's a great question. And oddly enough, it goes to the very heart of a successful, the creation of a successful relationship between the parent and the child. And really what they need to do, and this is hard to do sometimes, is be aware of the fact that even though Billy is 10, he may not have 10 year old skills,

and he may not have 10 year old cognitive capabilities. He may not have 10 year old social skills. He may not have 10 old motor skills. He may not have 10 year old regulatory skills. And so, as you get to know your child recognize that, you know what? He may be socially like a four year old, even though he's chronologically 10. And so what that means is, as a parent, you start to have expectations of his behavior that are developmentally matched to what he can really do. And then you provide developmental opportunities, learning opportunities that are matched to his developmental age.

Dr. Bruce Perry: And so if you give somebody who's got four year old social skills, social learning opportunities of a four and a half year old, you're asking him to leave his comfort zone and practice new things, but the expectation is realistic. If you ask your chronologically 10 year old child to participate in a social activity that was appropriate for 10 year olds, your socially four year old child would fail. And in that failure, they'd start to think, their self-esteem would be impacted. And they will use usually maladaptive techniques to deal with the disappointment and the failure. So they'll disrupt, or they'll run away, or they'll use some distraction technique, but really they won't end up learning. And so, that in a nutshell is one of the biggest challenges of parenting. You have to meet them where they are. And it's hard to meet them where they are if you don't know where they are in these different domains. That's why assessment, coming into care is a really important component of successful fostering and adopting as a parent.

April Dinwoodie: Well, you're leading me right into the next set of questions here, because I know parents will want to know, based on your expertise and your experiences, what types of support they can seek, or they'll need? And you mentioned assessments, which is the starting place. So if you start with that and you have knowledge, which is power. Then what types of things might they need to support a developmentally delayed child?

Dr. Bruce Perry: The key is if you can find a clinician, a pediatrician, and a teacher who are aware of these issues, and you can work with, you're really going to have a much easier time of it.

April Dinwoodie: So thanks so much, Bruce. Can you give us some examples or tips of how a parent might adjust their parenting to the developmental stage rather than the chronicle age of a child that they are parenting?

Dr. Bruce Perry: In the beginning, the smartest thing to do is to have a default that even though they're 10 and you expect them to act like a 10 year old, you need to remind yourself that, you know what? He may not have those skills yet. So walk him through, or walk her through your expectations. If you want them to get up in the morning and go through a certain routine of getting dressed, make your bed, come to breakfast, brush your teeth, get your homework, be ready, make sure everything's in your backpack. You can't just tell them. The first time you do that actually walk them through it. And what you'll see is as you are doing this in parallel with them, you'll recognize that they do find, if they have a single

command and you're there to help scaffold them, that's what we call scaffolding is that you're present while they're doing this new skill, that's probably, as I'm using the example of getting ready for school, but you should do this with everything.

Dr. Bruce Perry: You should basically assume that the child that you've brought into your home, brought into life, is going to need much more adult help than a child who is chronologically 10. And then by doing this, by spending time with the child, seeing what they can do, what they can't do, seeing where they struggle, you can begin to get an assessment in your own head of where they are in these developmental characteristics, and then you can set realistic expectations. So instead of giving them five things to do in the morning on their own, you give them one thing to do in their morning on their own. And then you walk with them through the next four.

Dr. Bruce Perry: And then once they do that successfully for a couple weeks, then you give them two things to do on their own in a row. And then you do three things with them in parallel. And literally the idea is if you meet a child while they're, and you help them progress and mature with repetitions and success, then they'll start to recapture a healthier developmental trajectory. But if you continue to have unrealistic expectations, all you're doing is setting yourself up for miserable mornings and fighting and dysregulation. And it actually helps them stay stuck where they are developmentally.

April Dinwoodie: Bruce, it's been so great to have you on this podcast about child development, your expertise, and your examples, and your advice are really like gold for parents. So thank you for being here.

Dr. Bruce Perry: Oh, believe me, it's my pleasure, April. Thank you.

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