

April Dinwoody: (silence).

Welcome to the NTDC Right-Time podcast, trauma-informed parenting. I'm your host, April Dinwoody. This podcast works in conjunction with the classroom-based training, providing an introduction to the material that will be covered in the classroom on trauma-informed parenting. 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 Senior Fellow and founder of the Child Trauma Academy 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. Welcome to the podcast, Bruce.

Dr. Bruce Perry: Thank you, April. Happy to be with you again.

April Dinwoody: Great. Today we're talking about trauma-informed parenting, and I think we'd like to start with what you call the three Rs. Could you tell our listeners what you mean by that?

Dr. Bruce Perry: I'm happy to talk about that, but first I think to really understand the three Rs, I need to talk a tiny little bit about the way the brain is organized. And this won't be too long or too complicated, but let me just have people think about an upside down triangle. The brain can be thought of as this upside down triangle, the top, and in the base, which would be the top, that's the cortex. That's the part of your brain that's responsible for thinking, and language, and future orientation, and all of the uniquely human things that we do. So, when you're talking to your child and you're trying to teach them about math, you're trying to really change systems in their cortex. And when you're a little child and you're learning language, the systems in the brain that are being influenced and that are changing so that you can ultimately speak are in the cortex.

And so, everything that, really almost everything that we teach in school, and all of our morals, and our ability to reflect on the past, and to think about the future, those are all [cortically-mediated 00:02:13] capabilities. So, the cortex is a part of your brain that, as a parent, you really want to get there. You really want to communicate and engage the child in a way that will get to their cortex. The dilemma is that when you look at the way, the senses in your body, which help you monitor the world, like your eyes, and your ears, and your touch, all of those sensory inputs from the outside world, they don't directly go right up to the cortex. So, when I'm talking to somebody, and as you listen to this podcast, the first place that that information from hearing me speak, the first place that that goes in your brain, is down into a lower part of your brain.

It's into the brain stem, in an area we call the diencephalon. It's a fine part of the brain. It's a part of the brain that regulates heart rate, and blood pressure, and your stress response systems originate down there. And it's a really important part of your brain, but it's primitive. That part of the brain cannot tell

time. That part of the brain, when it does act on information, it acts on information in a very categorical way. It has very overly simplistic solutions to problems. Things are either good or they're bad. So, that's not a very reasoning or reflective part of your brain. So, once the sound gets into that part of the brain and gets processed, then the sound of my voice goes up into the middle part of the brain, which is also, it's not a bad part of the brain, but it's not as sophisticated as your cortex.

It's the middle part of your brain, and it's part of the brain that's responsible for emotions. So, if I say something and it makes you feel bad, or it makes you feel frustrated, or it makes you feel good, that's the part of the brain that's getting activated. And then once it gets processed by the middle part of your brain, the emotional part of your brain, it goes up into your cortex, and then the words are actually processed as words, and you understand the meaning of what I'm saying. So, there's a sequence to processing. Now, the unfortunate reality of this, is that the first part of your brain that gets dibs on interpreting and acting on information, is the dumbest part of your brain. What that means is, your brain is designed to act before it thinks. And we spend our entire parenting lives trying to teach our kids to think before they act.

And so, not that we can't think before we act, but the truth is, we're fighting biology. We're like those salmon swimming upstream. We ultimately get to where we're going to go, but it's an incredible amount of work. That's what human communication is all about. There are so many places where communication can go wrong, and there can be misinterpretations, and there can be little landmines that distort intention. And so, to get something from my cortex out to the emotional part of my brain, and then the dumb part of my brain, through this space, into the dumb part of your brain, through the emotional part of your brain, to the rational part of your brain, involves all of these steps that are easily sources of misunderstanding and confusion.

April Dinwoody: Okay, Bruce, can you tell us a bit more here?

Dr. Bruce Perry: Here's what we know. The process of accurately getting information to the cortex involves connecting with somebody in a way that they trust you. If you think about this, if you will, this three part process of connecting and communicating, it involves first going through the part of the brain involved in regulation, then through the part of the brain involved in relationships, and then the part of the brain involved in reasoning. And so, let's say that you have a child and this child is acting out and they're throwing things, and they're having a tantrum, and they're angry because you ask them to do something and you try to talk with them. Anybody who's tried to reason with somebody who's upset knows that words don't usually get you anywhere. And in fact, anybody who's tried to calm down somebody by saying, "Calm down," I don't think, never in the history of calming down, has anyone been calmed down by the words calm down. It just makes you worse.

What I'm trying to communicate is that in order for you to get to your child's cortex, you have to first have the child regulated to a certain degree. Now, they don't have to be perfectly regulated, but at least to a certain degree. They have to be regulated enough to actually connect with you, because the super highway to the cortex is connectedness, the sense of safety and trust that happens when you interact with another person, and you feel safe with them. When that happens, people can hear what you are really saying. They can process what you're saying more accurately at that high level, and you can really change their cortex. What we've tried to help a lot of families recognize is that, if you have a dysregulated child, their cortex is basically shut down. And you're not going to be able to open it up until you calm down the child.

And so, when we tell parents who have a dysregulated child, what we want them to understand is that, listen, the first thing you do with a child isn't to start using words, and reasoning with them, and asking them, "You know the rules. You know better than that. You know you hurt somebody's feelings. You should blah, blah, blah." Now, that may all be true, but that will get you nowhere with the dysregulated child. And so, what you do is you regulate the child, and regulating the child might be something as simple as rocking them, or taking them by the hand and saying, "Let's just go for a walk," and walking with them in parallel. And then once they feel a little bit more regulated, then connect with them, reassure them that their behavior hasn't driven you away. Then you can talk with them.

April Dinwoody: And how does some of this play out?

Dr. Bruce Perry: Let me give you a very simple example that happens even with kids that aren't that dysregulated. Let's say you're sitting around the family table and you're face-to-face. I've referred in a previous podcast to of the power of being parallel. And I've talked about how face-to-face communication is intimate. And so, if you look across the table and talk to your child and say, "How was school?" They'll say, "Fine." And you go, "Fine. What did you learn today?" "Nothing." "You didn't learn anything today?" "Nope." "This is, I'm going to call the school." "Don't be a jerk, Dad." That's basically what happens. But 10 minutes later, they want to get in the car and have you drive them to somebody's house. And when they're in parallel with you, and you're in a car, and you're getting the regulating input of [inaudible 00:08:51], the driving, that pattern, repetitive, rhythmic movement of the wheels, and the vibratory stuff, that's regulating.

And I'll bet everybody who's driven a child has had the experience of them talking way more when they're driving with you in parallel, than when you're interrogating them at the dinner table, face-to-face, about school. And that's an example of regulate, relate, then reason. And we frequently make the mistake of trying to reason with somebody before we've connected with them, or before we've regulated them. So, it's not uncommon to see a parent yelling across the room at a child to do something, to give a command. And in fact,

what's happened is, you're not connected to the child in that moment. They're not going to effectively hear or process what you're saying.

So, take the time to go over into their space, make sure they're regulated enough, engage them in a way that you're sure that they are going to hear what you say, and then communicate. And I think that the more families follow that regulate, relate, and then reason, they'll be successful. And other people have talked about it as connect before you correct. It's the same principle. And they all depend upon this sequential organization and processing of the brain.

April Dinwoody: This all makes a ton of sense, and there's something that I think is an important question to explore. And I'd love to hear your thoughts on it, which is the importance of parents in their need to be aware of their own emotions.

Dr. Bruce Perry: One of the things that we haven't really talked about very much on this podcast, but it's in some of the other training materials, but it really is this fundamental relational quality of human beings. So, if you step back and look at human beings, our species, our brain and our body are literally designed for us to be successful members of a group. Human beings are social creatures. So much of our physiology, so much of our neurobiology is influenced by the physiology and neurobiology of the people around us. And human beings are what I refer to as contagious. If you spend time with somebody who feels good and they're optimistic, you will start to feel optimistic. You will literally feel the affect of people around you. And it's the same thing happens if you spend time with somebody who's always pessimistic, and depressed, and dark. Pretty soon you start to feel down and human beings are powerfully contagious, and there's no more powerful contagion than that between a parent and a child.

If the parent is frustrated and dysregulated, they will never be able to regulate a dysregulated child. And this is part of what happens in many, many homes, where the parent is tired, overwhelmed. They've had no respite. They've come home from work. They're exhausted. They've had a call from the school. The child is giving them crap about homework, and they, themselves, are so dysregulated, that they're not in a position to calm the child down in a way that they can actually reason with the child about what's going on at school, for example. And so, a crucial part of trauma-informed parenting is recognizing that you are the major tool for healing for your child. And if you do not take care of yourself, you will never be able to help your child the way you want to.

And so, that means, don't feel bad about taking time for yourself. Go to the gym. Go to your book club. Go to a movie. Get respite. Get other people to help you distribute the caregiving burden, because it's hard, as we've talked about in other podcasts, parenting children who come from trauma, because they're of these splintered developmental capabilities, and because of their trauma related behaviors. It's exhausting.

And so, if you are not regulated, you will never be able to regulate these kids. And it will be a negative feedback cycle. You're dysregulated, they're dysregulated. That leads to more dysregulation and conflict. It leads to empathic rupture, which is, and we talked earlier about how important empathy is, and staying connected. So, if you wanted to point out the single most important thing about parenting children from trauma, I would say that it is the health and welfare of the parent. And that, so I'm so glad you asked that question, April. It's absolutely the core of creating the whole healing, is making sure that the parent is regulated enough to do this work.

April Dinwoody: That's right. So glad that you broke that down for us. And there's something that we have to talk about as well, which is this idea of helping children calm down does not always mean that you give them whatever they want to keep them from getting upset. Can you talk a little bit about how sometimes that can get a little bit confusing for parents?

Dr. Bruce Perry: One of the big fears of a lot of parents is that if you don't hold the child to this standard of behavior, if you don't give them consequences for misbehavior, and if you allow them to, quote, get whatever they want, you're going to be spoiling them. You're going to be setting them up for failure in the broader world. It is a legitimate fear, but one of the most important things that you hopefully can learn over time when you learn about trauma and attachment problems, is that you can create an environment that's very nurturing at the same time that you have high expectations for your children to achieve and behave. And there are a number of parenting approaches. One of my favorite is collaborative problem solving, where you learn how to create a mutually-regulating process to solve problems or challenging behaviors. There are others, but that's one of my favorites.

A lot of parents think that they can change behaviors that are related to trauma effectively, by having harsh consequences and by giving rewards for good behavior. One of the things that we know about what's referred to as contingency-based programs, is that if you are dysregulated, like most of these kids are, these things don't work. And in fact, what they tend to do is set up more conflict between the parent and the child. And when you look at critical incidents and restraints at residential treatment centers, and schools, and so forth, what you find is that most of those critical incidents take place in context of trying to get children to comply to the adults' desires. When in fact, if you teach the staff about trauma, about dysregulation, about self-care, then the adult learns how to step back and deescalate, rather than step forward and escalate kids that are struggling.

April Dinwoody: So, there's a delicate balance here, it sounds like, Bruce. There is this idea that we're not placating children or giving them whatever they want, but also on the other side, how do you structure the support without being punitive? It sounds like there are lots of different ways to do that, and we appreciate you for

sharing that. There's something else that we want to talk a little bit about, and it's co-regulation. Is that something you can help us understand?

Dr. Bruce Perry: The term co-regulation is referring to that contagious quality of, if somebody is regulated and they go interact with somebody who's dysregulated, that regulated person can help serve as an external regulating factor for that child or adult, and they can be a co-regulator. And in fact, from the time we are infants, we benefit from the co-regulatory input from our primary caregivers, mom, auntie, grandma, and so forth. Again, human beings being very social creatures, probably one of the most helpful forms of regulation is other people. You, as a parent, will frequently be called to co-regulate the child. And this is back to the, if you think back to what I said earlier, if the adult is dysregulated, if the parent is out of control, and frustrated, and angry, and yelling, they're not going to be able to be a co-regulator. They'll, in fact, just escalate the child.

And so, again, this is where part of what we try to help parents appreciate is that, listen, when you're on your last nerve, you've got to have a plan to get regulated again. It's okay. Find somebody in your community, in your circle of friends or family, to help you, so that you can get back to being regulated. And then get back into the game, so to speak, with the child.

April Dinwoody: So, Bruce, there's just a few more things we want to talk about, and I want to ask you about recovery, and resilience, and when children have been impacted by abuse, neglect, or trauma, and they then have consistency, and love, and caregiving. Is there recovery, and what does it mean to be resilient in those cases?

Dr. Bruce Perry: I think that's such a great question, April, and I like to talk about this a lot, because so many people end up focusing on the problem part. And of course, you can understand why, because it's disruptive to a family. It's challenging. But I think that it's such a hopeful message to understand that all of these trauma-related behaviors, all of these trauma-related problems, those are changeable. One of the things that we've seen, as have others, is that while having opportunities and access to healthcare professionals is helpful, the single most important variable in positive outcomes for kids is the number and quality of relational experiences that they have in their lives, relational continuity. And a major provider of those are you, the foster and adoptive parents. So, the teachers, the coaches, the people in the community of faith, neighbors, extended family, foster and adoptive family, they're the therapeutic web. In context of these moment-by-moment, relational interactions, you're providing the majority of the therapeutic healing experiences for these kids.

April Dinwoody: What a wonderful note to end this important podcast on, which is a message of hope, a message of community, a message of quality relationships. And you've been just outstanding to have on this podcast, Bruce, and I thank you for offering your thoughts and expertise.

Dr. Bruce Perry: Thank you, April. I appreciate the opportunity.

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