



Welcome to the Infant Development Association's Summer Book Club!

We are so happy you decided to join us. As a reminder, our first meeting will be on **Saturday, June 25th from 9 to 10 a.m.** Before each of the 3 sessions we will send out a short list of discussion questions which can be used as a guide, however, *do not feel limited to these questions*. Feel free to have an open-ended discussion on how the book chapters spoke and resonated with you and your personal experiences. We will also be posting these questions on our website under the resources section.

This book study guide was modified for the early intervention community based on book study guides provided by Bruce Perry's Neurosequential Model in Education Book Study Guide (<https://www.neurosequential.com/>) and the Children's Trust Fund Alliance Partnering With Parents Book Study Guide (<https://ctfalliance.org/partnering-with-parents/book-club/>)

We will be covering 3 chapters at each of our monthly meetings, so we ask that you read the first 3 chapters of the book before we meet on June 25th. However, please do still attend even if you have not read all 3 chapters, your presence is a gift to us when we gather, and just connecting with fellow early intervention professionals to hear discussions is valuable.

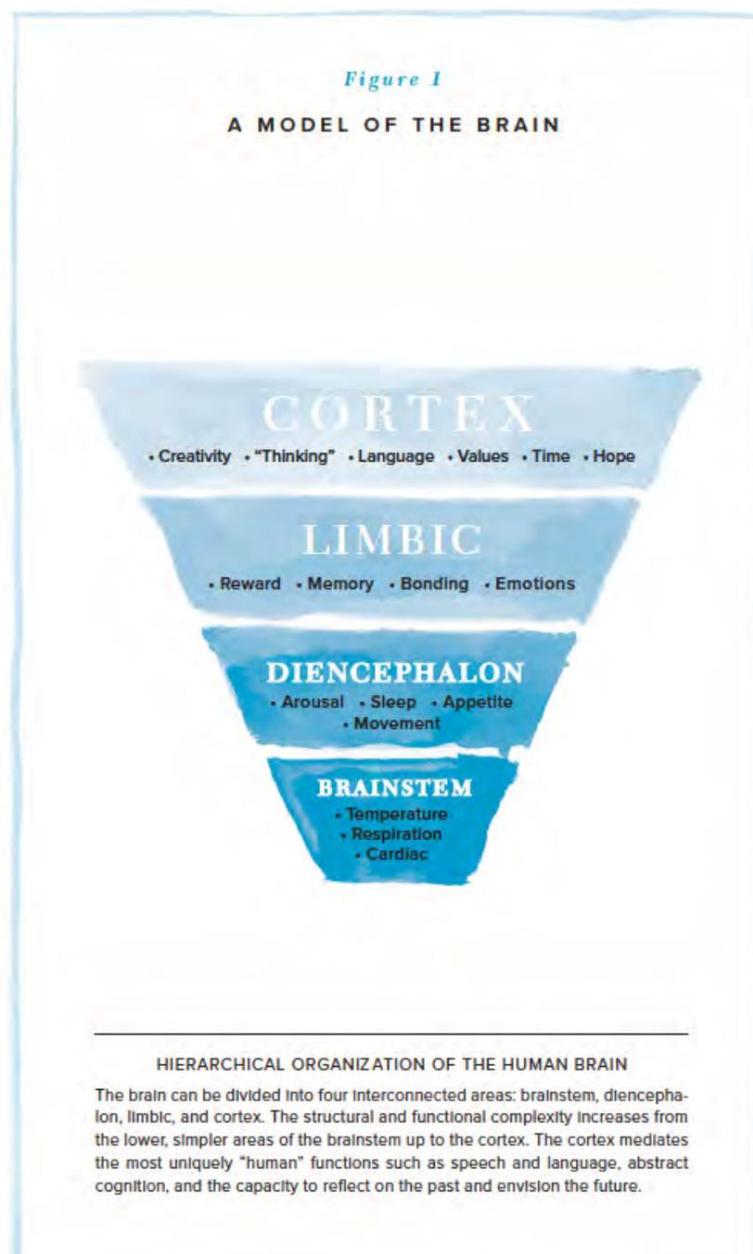
On page 9, the authors acknowledge the challenges of reading sometimes disturbing content and challenging science content. They invite us to stop, ponder, rest, walk away, and eventually return during our reading journey.

Chapter 1

Making Sense of the World

Key Concepts:

- The title of the book represents the importance of shifting language from “what’s wrong with you” to “what happened to you” when providing trauma-informed care.
- In a young child, the cortex is not fully developed and has no “linear narrative memory” and therefore the experiences in the first years of life are disproportionately powerful in shaping how their brains organize information. With no “linear narrative” a panic attack later may be interpreted as random.
- All experiences we have are processed from the bottom up, meaning to get to the top “smart” part of our brain, we have to go through the lower, not-so-smart part. This sequential processing means that our brain is organized to act and feel before we think. The developing infant acts and feels, and these actions and feelings help organize how they will begin to think.



Chapter 1 Discussion Questions

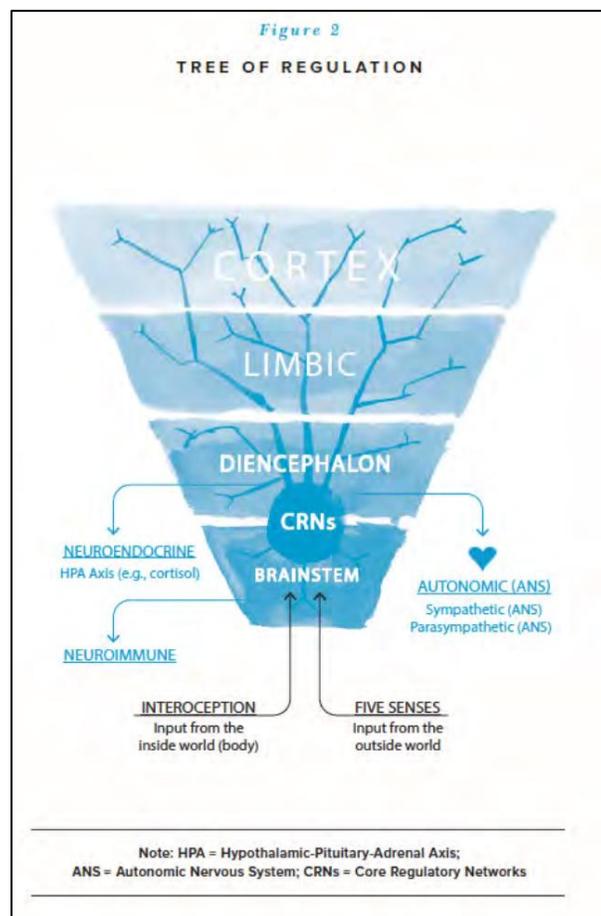
1. On page 23, Dr. Perry explains that “seemingly senseless” or confusing behavior makes more sense once you look at what is behind the behavior. As an EI provider or parent, think about the last time you struggled to understand the behavior of a child? Did you get frustrated, annoyed, or angry because the behavior made a session harder for you? Did you ask yourself what was behind the behavior?
2. On page 32 Dr. Perry explains that the younger you are the more you are dependent upon your caregiver to help you interpret the world. In some ways, the young child experiences the world through the filter of adults. What does this mean to us as parent coaches in how we provide early intervention support?
3. On pages 32 and 33: Dr. Perry shares the following information: There are parts of our brain that are very, very sensitive to nonverbal relational cues. We tend to be a very verbal society -written and spoken words are important – but the majority of communication is actually non-verbal. While a young child might not understand the words used in language, they do sense the nonverbal parts of communication, like tone of voice. They can feel the tension and hostility in angry speech, and the exhaustion and despair of depressed language. How can we incorporate this knowledge when supporting parents who are stressed and/or depressed?

Chapter 2

Seeking Balance

Key Concepts

- Rhythm is essential to a healthy body and a healthy mind. The rhythms of our natural world are embedded in our biological systems. It begins with a child being in the womb with the mother's heart beating and after birth, rhythms can comfort and soothe, whereas the loss of rhythm, or high, variable, and unpredictable patterns of sensory input, become associated with threat.
- Stress takes us out of balance, when we get out of balance, we become dysregulated. Self-regulation begins in infancy, caregivers provide external regulation and over time responsive adults help the child's brain begin to build self-regulating capabilities.
- An overwhelmed, exhausted, dysregulated parent will have a hard time regulating a child consistently. This can impact the development of a child's stress response system and the child's process of creating connections about relationships.
- The Tree of regulation is comprised of a set of neural networks our body uses to help us process and respond to stress. We have a set of core regulatory networks (CRNs) in the lower part of the brain and spread throughout the whole brain that work together to keep us regulated when faced with stress. The branches of the tree direct all functions of the brain to keep everything in balance.



Chapter 2 Discussion Questions

1. Oprah explains that we rock babies when they cry, that we're trying to help them find their own rhythm to help calm them down. Dr. Perry adds that the baby's response to our efforts to soothe them shapes the style of the rhythmic soothing we use. What are some ways that you use rhythm in your early intervention sessions to regulate children?
2. On page 55, Oprah and Dr. Perry discuss what happens when a baby does not have these positive nurturing responses if a mom is on her own with no help or depressed? Dr. Perry reflects that this is one of the central problems in our society; we have too many parents caring for children with inadequate supports. What supports do we have as an early intervention community to offer to these families?
3. On page 56 we read the story of a preschool teacher who greets her students warmly each morning, however, she unknowingly over time reduces her positive overtures to a withdrawn, sad girl. As Dr. Perry shares, although there was no intention to ignore this girl, this teacher did because we all require some reciprocal social feedback to stay engaged. As parents and/or providers can you think of children who do not provide that social feedback and how it affects our interaction with them?

Chapter 3

Key Points

- One of the most remarkable properties of our brain is its capacity to change and adapt to our individual world. Neuroplasticity refers to the ability of neurons and neural networks to make physical changes when stimulated. A key principle of neuroplasticity is specificity, that is in order to change any part of the brain, that specific part of the brain must be activated.
- Belonging and being loved are core to us as human beings. We are a social species, we are meant to be in a community – emotionally, socially, and physically interconnected with others.
- There are three types of developmental adversity that will alter the CRNs (core regulatory networks)
 - Prenatal exposure to drugs, alcohol, or extreme maternal stress
 - Disruption of the early interactions between infant and caregiver; those that are chaotic, inconsistent, rough, aggressive, or absent.
 - Sensitizing patterns of stress, unpredictable, uncontrollable, or prolonged activation of the stress response.
- All functioning of the brain depends on the state we're in. As we move from one internal state to another, there will be shifts in the parts of the brain that are in control. Fear shuts down many cortical systems.

Figure 6

STATE-DEPENDENT FUNCTIONING

“STATE”	CALM	ALERT	ALARM	FEAR	TERROR
DOMINANT BRAIN AREAS	Cortex (DMN)	Cortex (Limbic)	Limbic (Diencephalon)	Diencephalon (Brainstem)	Brainstem
ADAPTIVE “Option” Arousal	Reflect (create)	Flock (hypervigilance)	Freeze (resistance)	Flight (defiance)	Fight
ADAPTIVE “Option” Dissociation	Reflect (daydream)	Avoid	Comply	Dissociate (paralysis/catatonia)	Faint (collapse)
COGNITION	Abstract (creative)	Concrete (routine)	Emotional	Reactive	Reflexive
FUNCTIONAL IQ	120–100	110–90	100–80	90–70	80–60

Chapter 3 Discussion Questions

1. When we read the story on pages 71 to 74, the story of Mama P., Gloria, and her daughter Tilly, it highlights the value of first caring for and training the adults who are in charge of the children, whether that be teachers, parents, daycare providers or other caregivers. Why is this concept so crucial to our early intervention practice?
2. Reread Oprah's Cheerios story on page 81. On page 82 Dr. Perry reflects on Oprah's story and states that it is in the small moments when we feel the other person fully present, fully engaged, connected, and accepting, that we make the most powerful, enduring bonds. As early interventionists how do we make sure that we are fully present and accepting of our families? How do we also help our parents notice those small moments and how they build bonds with their children?
3. Review Dr. Perry's explanation of state-dependent functioning on pages 89 – 92. On page 92, Dr. Perry explains that what is adaptive for children living in chaotic, violent, or trauma-permeated environments becomes maladaptive in other environments. He explains that when children act out they become labeled such as the hyper-vigilance of the Alert state is mistaken for ADHD; the resistance and defiance of Alarm and Fear get labeled as oppositional defiant disorder; flight behavior gets them suspended from school. What have you seen/experienced in regards to early intervention staff being trauma-informed so that these mislabels and suspensions do not happen?