



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

We are so happy you decided to join us. Our second meeting will be on **Saturday, July 23rd from 9 to 10 a.m.** Attached is a short list of discussion questions that 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 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/>)

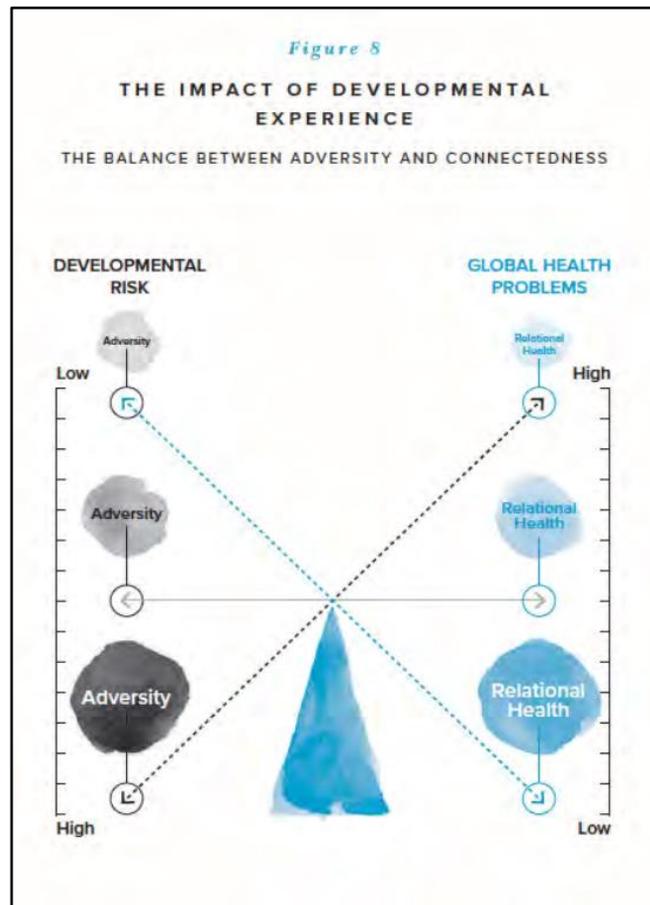
We covered the first 3 chapters at our first meeting, so we ask that you read chapters 4 through 6 before we meet on July 23rd. However, **please do still attend even if you have not read all 3 chapters**, your presence is a gift to us when we gather, and just connecting with fellow early intervention 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 4: The Spectrum of Trauma

### Key Concepts

- The Substance Abuse and Mental Health Services Administration (SAMHSA) came up with the “three E’s” definition of trauma. Trauma has three key aspects – the event, the experience, and the effects.
- A study from the CDC (2019) found that 60 percent of American adults report having had at least one adverse childhood experience (ACE) and almost a quarter reported three or more ACEs.
- It has been estimated that childhood adversity plays a major role in 45 percent of all childhood mental health disorders and 30 percent of mental health disorders among adults.
- Dr. Perry cautions that people confuse correlation with causation when considering the ACE study and scores described on page 104. *Your history of relational health – your connectedness to family, community, and culture- is more predictive of your mental health than your history of adversity.*
- See Figure 8 below which illustrates that with high connectedness and low adversity during development (blue dashed lines) the balance of developmental risk is tipped in the direction of lower risk for mental, social, and physical health problems. In contrast, high adversity and minimal connectedness (black dashed line) increases developmental risk and the probability of significant problems in overall health.



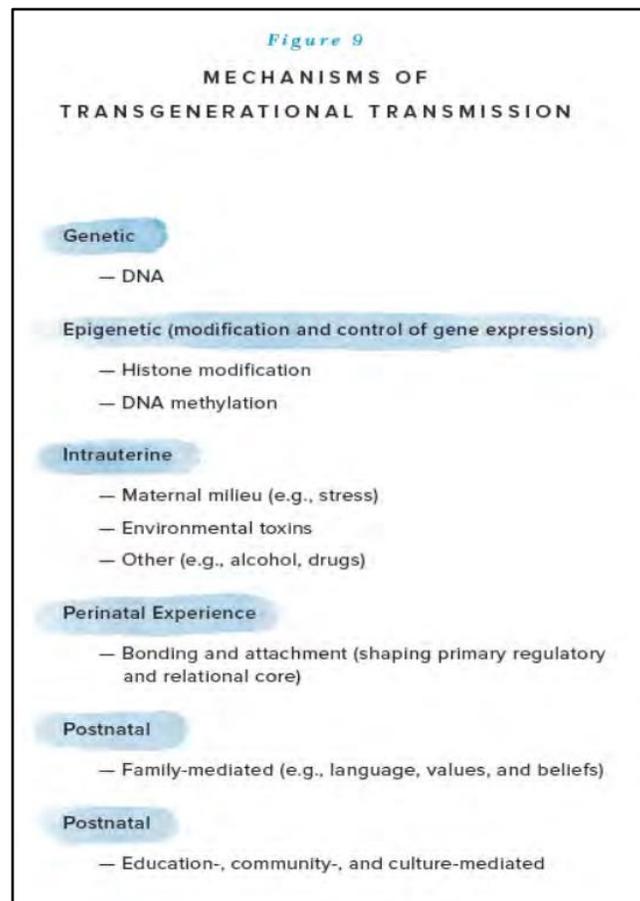
## Chapter 4 Discussion Questions

1. On page 103 Dr. Perry shares that although we are in the middle of a global pandemic, it is a unique experience for each of us...those with the least will be the most likely to be traumatized. He adds that he believes that trauma can arise from quieter, less obvious experiences such as humiliation or shaming or other emotional abuse by parents, or the marginalization of a minority child in a majority group. Think about the families you serve or your own life and share your thoughts on these concepts.
2. On page 108 Dr. Perry explains that if you experience trauma at age two, it will have more impact on your health than the same trauma taking place at age seventeen. He also explains the findings that the experiences of the first two months of life have a disproportionately important impact on your long-term health and development. Discuss why these findings are so important to us as early interventionists.
3. On page 111 Oprah states “if we could support young parents in those first months, it would be like giving their children resilience-building megavitamins.”
4. On page 112 Dr. explains that the neural networks involved in relational connection and regulation are very responsive to *moments*. This means that a meaningful dose of therapeutic interaction isn't forty-five minutes once a week, that a “tolerable” might only be seconds long. Reflect on how that information might change how you approach your therapeutic interventions with young children.

## Chapter 5: Connecting the Dots

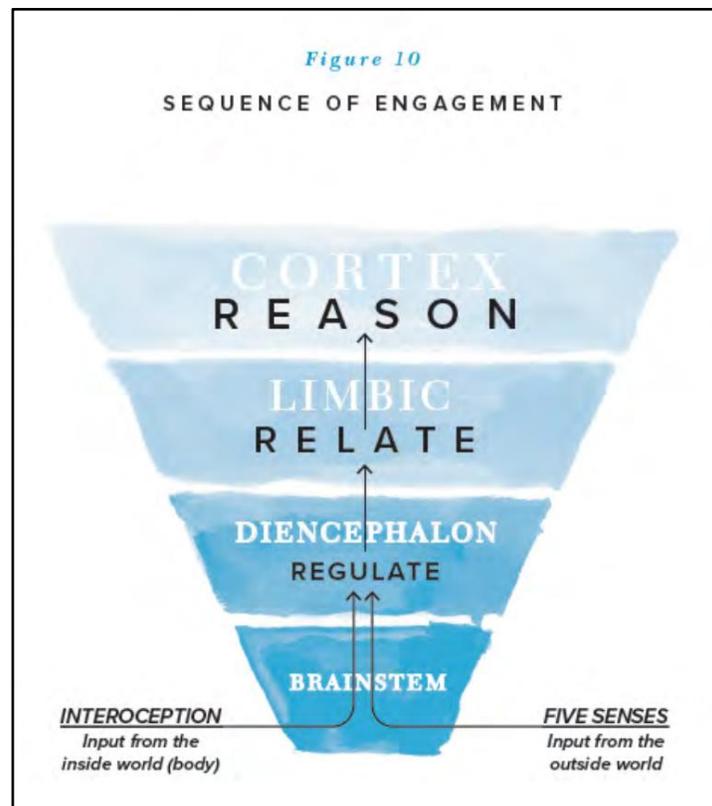
### Key Concepts

- Dr. Perry and Oprah discuss the “transmissibility” of beliefs, language, and behaviors from one generation to another. This transmission can be positive or negative. See figure 9 below. Transmissible is used to describe the ability of a trait, skill, or belief to be passed on from one person to another.
- Dr. Perry explains that when trauma or neglect takes place in the context of caregiver relationships there’s a high risk that neural networks involved in reading and responding to other people will be altered. When “attachment” capabilities are impaired, it can create difficulties across the lifespan for friendships, school, family, and possibly repeating patterns of abuse.
- Dr. Perry explains that there is a “power differential” that exists between an adult and a child. If the child feels vulnerable around an adult there will be a state-dependent shift in their stress-response systems which will affect how they feel, think, and interpret an interaction.



## Chapter 5 Discussion Questions

1. Dr. Perry says that children, especially, are very contagious to the emotions of the people around them. Think about some of the caregivers you work with and how their emotions, whether positive or negative affect their children.
2. Dr. Perry explains that generational transmission of bias can be disrupted. How can we be as he puts it “exceedingly intentional about all of the ways we influence our babies, toddlers, and young children?”
3. Read the story about the young boy Joseph that begins on page 144 and think about how we can also respect the “sequence of engagement” illustrated below, that is that “while the regulated child can learn, the dysregulated child will not.”
4. Reflect on the power of social contagion (flocking), and how Dr. Perry reasoned that if the little boy Joseph’s mother could send signals of acceptance and familiarity with Dr. Perry, Joseph would feel safer. Think about how important it is that we establish relationships of safety and trust with the parents in order for children to feel safe. In addition, think and discuss how that social contagion may have been interrupted during social distancing during the pandemic.



## **Chapter 6: From Coping To Healing**

- Dr. Perry reminds us that when we consider the developing brain and how it is in the process of creating a worldview, it needs *consistent, patterned* experiences to develop some key systems. This is why neglect is most destructive early in life, when the brain is rapidly growing, early neglect interferes with the child's getting the necessary stimulation required for normal development.
- A major component of a stress response capability is disassociation. Disassociation is how the body prepares for injury by disconnecting a person from the threat of the outside world and bringing them into an inner world. The body releases endogenous opioids – endorphins, enkephalin, the body's natural painkiller and you literally have the sensation as Oprah puts it an “out of body experience.”
- Oprah describes how her childhood trauma led her to be a “people pleaser.” Dr. Perry adds that people-pleasing is part of “compliant” behaviors associated with dissociation. He also clarifies that all disassociation and self-regulating behaviors are not all bad and that they can assist us with reflective cognition.

## Chapter 6 Discussion Questions

1. On page 163, Oprah and Dr. Perry discuss that there are “different ways to neglect a child” and that sometimes it is “emotional neglect” as parenting is “outsourced” to “different shifts of hired caregivers.” How can we help parents understand the importance of relational consistency early in life?
2. On page 165 Oprah shares her observations of parents outsourcing childcare to the phone or tablet. As Dr. Perry points us children want “full engagement,” for you to be present and how the inability to be really present has a toxic impact on healthy development. How can we sensitively share this information with parents who we observe where “technofence” is occurring.
3. On page 172, Dr. Perry and Oprah discuss how we respond to threats is along a continuum (see figure below) and for some children the first stage is avoidance. Think about a child you have worked with who as Oprah puts it “may answer what they think you want to hear but they are not engaged in the exchange.”
4. Reflect on how Dr. Perry’s statement at the end of Chapter 6 “therapy is more about building new associations, making new, healthier default pathways and that takes repetition and time.”

*Figure 6*

STATE-DEPENDENT FUNCTIONING

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