



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

We are so happy you decided to join us. As a reminder, our last meeting will be on **Saturday, August 27th 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 6 chapters at our first two meetings, so we ask that you read chapters 7 through 10 before we meet on August 27th. However, **please do still attend even if you have not read the last 4 chapters or the preceding chapters**, connecting with fellow early intervention professionals to have discussions and collaborate is time well spent.

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 7: Post-Traumatic Wisdom

Key Concepts

- As Dr. Perry points out adults often rationalize that “kids are resilient – they’ll get over this.” However, as he also teaches us “children are not born resilient, they are born malleable.” Developmental trauma will always influence our body and brain. Read page 190 for Dr. Perry’s analogies of a nerf ball and a metal hanger to understand the difference between resilient and malleable.
- Oprah uses the term “weathering” to describe how many African Americans built resilience by finding a “church-home,” a community that helped in the healing process. Dr. Perry throughout the chapter emphasizes that “connectedness” to other people is the most important element in helping us heal from trauma.
- Dr. Perry discussed the “Goldilocks” dosing of challenges for children, children should be presented with challenges that are within the child’s developmental stage, not too hard nor too easy.

Chapter 7 Discussion Questions

1. On page 194, Dr. Perry describes “relational rewards” for infants, as he puts it “a smile, word of encouragement, congratulations for progress during and after the challenge motivates the child which leads to repetition and mastery.” How can we teach our parents how to use “relational rewards” versus physical rewards as motivators for young children?
2. On pages 196 to 197 Dr. Perry explains that for a child who is very upset it is important to use “reflective listening” rather than tell them to “calm down.” How can we implement “reflective listening” in our early intervention work with parents and children?
3. On page 198 and throughout the book Dr. Perry and Oprah discuss healing through rhythmic activities such as walking, and Dr. Perry adds that outside in nature the “sensory elements of the natural world bathe us with their own regulating rhythms.” How can we use this information to plan early intervention sessions that utilize rhythm and nature?
4. Reread the story regarding the raid on the Davidian complex on pages 203 to 205 and discuss the concept that children need “different kinds of therapeutic interaction at different times” and that “no one person, no single therapists could be all things for all the children.” Compare that concept with our current model of early intervention.

Chapter 8: Our Brains, Our Biases, Our Systems

Key Concepts

- Oprah and Dr. Perry discuss the term trauma-informed care (TIC) and why the term itself sometimes prevents progress. Dr. Perry goes on in the chapter to explain that there is not a common definition of TIC and therefore it is important to instead describe the “specific concepts, content, or objectives” of TIC. The CDC and SAMHSA defined the following as the principles of TIC: •Safety • Trustworthiness and Transparency • Peer Support • Collaboration and Mutuality • Empowerment, Voice, and Choice • Cultural, Historical, and Gender Issues
- On page 220 Dr. Perry discusses how marginalized people are traumatized because to be “excluded or dehumanized” creates “prolonged, uncontrollable” stress.
- On page 230 Dr. Perry describes the 6Rs of the Aboriginal healing process, those being relevant, rewarding, repetitive, rhythmic, relational, and respectful. These 6Rs are effective because they can “alter the neural systems involved in the stress response.”

Chapter 8 Discussion Questions

1. On page 221, Dr. Perry describes how stress and trauma including poverty, homelessness, and domestic violence can disrupt development and result in “splinter” skills. Think about the children you work with and how splinter skills present.
2. On page 222, Dr. Perry reveals that “more children are expelled from school in pre-K than at any other grade level: children of color, especially boys of color, are expelled at rates three times higher than white children.” What can we do as early childhood educators to prevent this “preschool to prison” pipeline?
3. When you read the statistics on page 223 that “30 and 50 percent of children in public schools have 3 or more ACES” were you surprised or not surprised? How can we take this knowledge and prevent the stress response from “evocative cues” in our EI home visits or ECE classrooms?
4. How can we share the wisdom that Dr. Perry shares on page 229 that “therapeutic moments can be brief and ideally are spread throughout the whole week – it’s not just about one hour a week with a therapist.”

Chapter 9: Relational Hunger in the Modern World

Key Concepts

- This chapter begins with Dr. Perry's account of his visit to the Maori community and the core concept of whanaungatanga, the "reciprocal relationships, kinship and a sense of family connection" which are key to healing.
- In Western culture, we separate health (physical and mental) into compartmentalized components whereas in the Maori culture they don't believe that a person can be healed in this way and that problems (ex. trauma, depression, sleep problems) are all interconnected and we need to "heal people" not "chase symptoms."
- Dr. Perry quotes Ed Tronick, a developmental psychologist known for the Still-Face experiment (https://www.youtube.com/watch?v=vmE3NfB_HhE) as teaching us that "interpersonal rupture and repair is good for building resilience." This concept comes from Tronick's research that mothers and infants are not in sync about 70% of the time and that this constant rupture and repair is what helps infants develop a sense of themselves as being "effective" in making repairs and viewing their caregiver as "trustworthy." Tronick (1989)

Chapter 9 Discussion Questions

1. On pages 257-258 Dr. Perry discusses the sensory overload children growing up in an urban environment may feel when constantly scanning their environment to compare new people to an internal catalog. He goes on to point out how the stress of that is compounded by families who are facing homelessness, food insecurity, and unemployment. Think about the families you work with and some of the challenges faced during the past 2 years of the pandemic and discuss how that might have affected infants and young children.
2. On page 258 Dr. Perry describes the history of how multifamily multigenerational society has changed from 1790 when 63% of households had 5 or more people living in them to only 8% having 5 or more people in households in 2006. As we specifically look at California and the large percentage of families who immigrate here without their extended multigenerational family how might this impact them and create "poverty of relationships."
3. On pages 266 to 267 Dr. Perry talks about the importance of touch for healthy physical and emotional development and how we have some unhealthy recommendations that teachers and caregivers are not allowed to touch the children in their care. As a group share your experiences with policies such as these and how we can work to change them.
4. Throughout the book Dr. Perry and Oprah discuss how too much screen time can affect relationships and Dr. Perry recommends "techno-hygiene," that is social-practice rules about when and how to use our new technologies. Brainstorm ideas with your group about how to talk about "techno-hygiene" with the families you work with.

Chapter 10: What We Need Now

Key Concepts

- On page 279 Dr. Perry compares the Neurosequential Model and brain development to that of a house, where without a solid foundation we can't build the rest of the house. We need to approach problems in a proper sequence, "focusing on lower brain networks before moving on to issues in higher brain regions."
- On page 281 Dr. Perry explains as part of the Neurosequential Model that parents, teachers, and clinicians need to "know the stage and watch the state," meaning that we need to focus more on what stage of development a child is in rather than just on chronological age and we need to ask if the child is in a state where they can actually "hear" what you are trying to teach.
- On pages 284 and 285 Oprah and Dr. Perry discuss how important self-care is and that if a parent is feeling overwhelmed they probably have not found a way to regulate themselves and therefore parenting will be more difficult. Dr. Perry adds that the system's economic model of not "paying a clinician if they want to give time to the child's teacher, coach or parents" is short-sighted as we know a "dysregulated adult cannot regulate a dysregulated child."

Chapter 10 Discussion Questions

1. Read the chapter introduction by Oprah and discuss whether you work with parents who might not know how to "tuck in" their child or what "loving intention" looks like. How can we help parents understand the importance of these small but loving, intentional moments?
2. How can we help our parents who we know are overwhelmed make some time for self-care so that they can effectively parent their young child?
3. Discuss how we can live the statement "your relationship lives to teach another day" when we feel dysregulated during an early intervention session that does not go as planned.