

**Blog for 25 July 2013**

**Bruce Perry on treatment for childhood trauma**

To highlight current thinking about childhood trauma and treatment, what better source than Bruce Perry, pioneering neuroscientist into the developing brain? Many of you will have heard him speak here or seen him on video. An excellent Listener article published at the time of his last visit in 2012 sums up his work most succinctly[[1]](#endnote-1). The authors state:

Abuse, chaos, fear and neglect experienced for years in childhood shape the very architecture in the brain, playing out in cognitive problems, anxiety, behaviour disorders and later addiction and mental illnesses.

The brain is constructed in layers, the brain stem and diencephalon at the lower levels governing regulation of such things as heart rate, temperature, sleep and arousal, and the limbic and cortex at the higher levels, governing attachment, emotional reactivity and thought.

In the developing brain, damage caused by trauma to the lower levels has a cascading effect on normal development and the functioning of the upper areas thus interfering with, among other things, emotional responses, speech, reading and reason. Thus natural potential is impacted on, along with heightened risk of dysfunction, addiction, guilt and shame.

Perry believes that mending the layers needs to start from the lower levels and work towards the top. Perry recommends repetitive motor activities, including massage, balancing exercises, music – particularly drumming - and movement, which all help reorganise the brain at the lower, regulatory levels.

But his main prerequisite to gaining regulation is in a stable and positive relationship with a caregiver who is loving, consistent and not too stressed themselves. It is this person who teaches the child through example, warmth and repetition to regulate their emotions as they get older.

Perry emphasises the need for highly coordinated and collaborative therapeutic services, with the (lead) clinician as:

the conductor of the therapeutic orchestra, but not actually playing any of the instruments. The goal is to have dozens of hours a week of intentional therapeutic activity … delivered in (the) context of healthy, existing relationships with teachers, coaches, family, extended family as well as professional or para-professionals. This tends to result in more-effective and less-expensive services over the long term.

While we may manage such a programme for an autistic child, we seem to have yet to recognise the need for it for a traumatised one. I’d love to hear of this happening in New Zealand – perhaps it has happened in Christchurch and could be extended to emotionally traumatised children.

Deborah Yates

[deborahayates@gmail.com](mailto:deborahayates@gmail.com)

1. Joanne Black and Ruth Laugesen ‘The Mind of a Child: Neuroscience is coming up with new approaches to help children heal and recover after trauma’ Listener, August 25 2012 [↑](#endnote-ref-1)