



Bruce Perry keynote speaker at the EMDR Europe conference

By Wieger Favier

The world-famous American neuroscientist and psychiatrist Bruce Perry is adjunct Professor in the Department of Psychiatry and Behavioral Sciences at the Feinberg School of Medicine at Northwestern University in Chicago. He also is the Senior Fellow of The ChildTrauma Academy in Houston, co-author of the bestseller *The Boy Who Was Raised As A Dog*. Further, with his staff he developed the Neurosequential Model of Therapeutics (NMT). This heavyweight in the treatment of traumatized children can both be seen live as keynote speaker at the EMDR Europe conference in The Hague, and the day before during a pre conference workshop about the NMT-model. He is *the person who can inform us about the enormous changes to be expected in working with traumatized children.*

Perry has been working with traumatized, or as he says 'maltreated children' in the US for over 35 years. 'In the beginning I didn't even know they were maltreated children. I was in a traditional mental health clinic where kids would come in, and we would think of them as having ADHD or something else. But over time, as I got to know them, I realized that there was something else going on.'

For years the neuroscientist did extensive research in trauma in early childhood and the effect of this on child development. 'A lot of colleagues were thinking that what I was doing was crazy, but luckily I also got the necessary support. That led to where we are now.' Now we know it was ground-breaking research that led to a whole new way of therapeutic treatment, especially in the past fifteen years.

Much better understanding

'Nowadays we understand these kids much better. At the ChildTrauma Academy we don't use the traditional DSM-diagnoses anymore. We're using a completely different way of 'clustering' kids in groups and we do a more thorough and structured developmental history. So we now have a much better understanding of the life-trajectory of a child when we start clinical treatment. We are able to target therapeutic, educational and enrichment activities that will influence those parts of the brain that are either underdeveloped or disorganized. A damaged and traumatized child needs positive, healthy, human experiences to recover. And we now have a whole variety of new and traditional therapeutic techniques in our toolkit, like therapeutic massage, music, dance, sensory integration and 'collaborative problem

solving'. I feel that I am a builder with more tools. And I can apply the right tool at the right time. We are now cautiously optimistic about this, because we have had really good outcomes.'

Future vision

Perry expects that the field of psychiatry will slowly move away from categorical treatment. 'Overtime, as people will understand the complexity of these children, our systems will start to have different models for how we assess them, cluster them and how we actually target interventions. Right now there is a tendency in systems to have a one-size-fits-all model. There are some clinics in the US that have tons of complex children, but the only tool they're allowed to use is trauma focused cognitive behavioral therapy, which is absurd. It's a little bit like trying to build a city with a hammer. Now several of the largest child welfare organizations in the US are using our approach and having good outcomes, and several states are already adopting this for their systems. What a 3 year old developmentally needs is very different than what a 16 year old developmentally needs. And in the future our systems will be smart enough to provide what that 16 years old needs cognitively and socially, by meeting him where he is. When that happens, there will be a significant improvement in outcomes.'