

The Boy Who Was Raised As A Dog by Bruce Perry and Maia Szalavitz, Basic Books, 2006.

Bruce Perry is a child psychiatrist who has become well known (I would say famous, but can one be famous in child welfare?) for his work regarding the effects of early trauma on children's brain development. Perry runs a child trauma center in Texas and he has served as a consultant to that state on many high profile child welfare cases, including the children rescued from the Branch Davidians in Waco, Texas and the satanic sex abuse fiasco in Gilmer, Texas which occurred in the early 1990s just before the Wenatchee sex abuse investigations in Washington State. Perry and Szalavitz have fascinating stories to tell about these cases; but the authors' main interest is in adding to the popular understanding of the effects of early severe neglect on brain development and child behavior. The stories the book has to tell about severely neglected children are accompanied by commentary which explains the delayed, impaired and bizarre development of these children as a response to early trauma on brain development and which provide guidelines for caregivers and professionals working with these children.

Perry is a born educator with a healthy ego. The stories in this book have a common thematic structure: caregivers and / or medical professionals are baffled and frustrated by the extreme bizarre, difficult or anti-social behavior of a child. Perry is called in as a consultant. He quickly recognizes different variations of traumatic behavior and, unlike the other experts working with the child, takes a careful early history of the child's parenting and various child care arrangements. Perry figures out what's going on with the child and initiates a course of treatment grounded in trauma treatment. The children dramatically improve in their emotional development and social behavior. Perry then gives his views regarding their long term prospects.

This thematic structure is not as egotistical as it sounds, in part because the stories are presented as part of Perry's education around early trauma and brain development and, in part, because Perry and his co-author have many astute things to say about traumatized children which have obvious implications for child welfare practice, mental health therapists and educators.

The story which gives the book its title is about a 6 year old brought to a hospital pediatric unit by a 60 year old unrelated dog breeder who had been the child's main caregiver for several years. This child had spent most of his days in a dog cage next to dogs in cages. Medical experts from the age of two had diagnosed the child as suffering from early and untreatable brain damage. This child at age 2 could not walk or say even a few words. Perry comments: "Tragically, when Arthur (the dog breeder) had brought Justin in for medical check-ups, no one inquired about his living situation. And no one took a good developmental history." The child had been given brain scans which had

revealed atrophy of the cerebral cortex, "his brain looked like that of someone with advanced Alzheimer's disease; his head circumference was so small that he was below the second percentile for children his age." Medical experts examining the child didn't connect the child's atrophied brain development with early neglect; in fact, the possibility never seems to have occurred to anyone before Perry examined the child. The child was never provided speech therapy, physical therapy or occupational therapy. In effect, medical experts viewed Justin as a brain damaged child who would never be able to care for himself and who could probably not benefit from usual services.

After the child was hospitalized, nursing staff put him in a locked cage because of his extreme behaviors which included throwing food and feces at nurses and doctors. Perry writes that when he first saw Justin in the hospital "The little boy rocked back and forth, whimpering a primitive self soothing lullaby. He was filthy with his own feces, there was food all over his face and his diaper was heavy, soaked with urine. ...he resisted all (medical) procedures ... he tore out his IVs, he yelled and screamed at staff and he threw his food." The child also "began to throw feces and anything else he could get his hands on." Periodically, the child let out loud angry sounding shrieks. Hospital staff pretty much ignored him. Perry has surprisingly little to say about hospital staff becoming the same kind of neglectful caregivers Justin had grown up with; nevertheless, child welfare practitioners are not likely to miss this element of the story.

What does a child psychiatrist do with a child almost feral in his extreme behaviors? One thing Perry does is try to imagine the world from the child's perspective. "He looked terrified and confused; he had no understanding of this new, chaotic realm ... At least his home in the dog kennel had been familiar." Perry also understood that the child had to be hungry since he had been throwing most of his food at passers-by. Perry approached the child slowly without quick movements or eye contact, speaking in a low, melodic, rhythmic tone, "almost like a lullaby". "I approached him as one would a terrified baby or a frightened animal, " Perry writes.

Perry then offered the child a bite of a muffin after modeling how to put the muffin in the mouth and chew it. "And then, suddenly, he grabbed at the muffin and pulled it into the crib." The nurses appeared disappointed with this breakthrough, "Just wait a minute and he'll be screaming and throwing things again," one of them predicted. Perry had the child moved to a room with reduced stimulation; he reduced the number of staff caring for Justin. He caused speech therapy, physical therapy and occupational therapy to begin immediately. Perry and one of his psychiatric staffers began to spend time every day with the child. Perry comments: "Every day he appeared to feel safer. He stopped throwing food and smearing feces. He started to smile. He showed clear signs of recognition and comprehension of verbal demands. He began to express affection and show signs of a sense of humor. Within a week he could sit in a chair and stand with assistance; by 3 weeks, he took his first steps. He learned how to use a spoon and a toothbrush and to dress himself. He stopped sniffing like a dog. "His brain seemed to be like a sponge, thirsty for the experiences it required, and eagerly soaking them up," Perry and his co-author state. Justin was placed in foster care a couple of weeks later and, according to Perry, made rapid and remarkable progress.

I have told this story from the book at length because it contains several important lessons. Medical experts may or may not know what they're doing especially in unusual cases. Ignoring a child's early history is a common source of error and bafflement, and in my view, it is the rule rather than the exception even in extreme cases where something has clearly gone badly wrong. In extreme cases, it's easy to write off children as damaged beyond help, but that conclusion is usually a reflection of our ignorance. Perry engaged the child with food; he simplified and routinized the care giving arrangements. The therapies which helped the child were the ones commonly available but Justin had to feel safe enough to receive them. Nursing staff feared, despised and avoided the child and were not immediately happy that he could be helped. By age 8 this child could write a note in crayon to the psychiatrist who rescued him: "Thank you, Dr. Perry. Justin." Perry comments, "I cried."

This book is written for non-experts but it is sound regarding the current understanding of PTSD and other trauma related conditions and it contains lots of helpful practical advice for caregivers and child welfare practitioners. Perry believes that traumatized children need large doses of patterned repetitive learning activities, a sense of safety and a large degree of control (even at young ages) over their treatment processes, for example in play therapy. Perry echoes for children the theme that Judith Herman develops so eloquently for adults in *Trauma and Recovery*, that trauma victims cannot be coerced into doing the right things for themselves because lack of control is a defining characteristic of trauma; to coerce is likely to re-enact the traumatic situation.

This book's stories describe a range of developmental outcomes for severely neglected children. One youth becomes a cold blooded killer but most children who have experienced severe early deprivation are not violent. Some have a limited range of emotional expression; others have serious long term cognitive impairments. Some children are painfully shy even to the point of social phobia and lack the confidence that anyone would ever be interested in them. A small fraction are suicidal or given to self mutilation. Some are given to dis-social responses. Early on-set depression is common and may not be recognized until adolescence when adults may view the youth's mental health problems as a normal expression of adolescent misery.

For readers with a philosophical bent, Perry and his co-author have an interesting way of referring to brains as agents; for example, "The brain tries to make sense of the world by looking for patterns. When it links coherent, consistently connected patterns together again, it tags them as "normal" or "expected" and stops paying conscious attention." In other words, the brain decides whether to function consciously or unconsciously. Philosophers used to refer to the "Self" as doing the things Perry and Szalavitz have brains doing, a distinction of little importance for readers with a highly practical bent. Still, is it fanciful to wonder if we can blame mistakes or wrong actions on our brains as in "my brain wanted the donut"?

Perry and Szalavitz have written an entertaining and valuable book which can be read with profit by child welfare staff, foster parents, therapists or educated lay persons with an interest in the welfare of vulnerable children. Some readers may believe that the

stories in this book are so bizarre that they have little similarity to stories of the thousands of neglected children served by child welfare systems; but this would be a mistaken conclusion. Child welfare systems serve many children with behaviors as severe as those of the children in this book; and it has taken a long time to develop an understanding how these children became the way they are. The advantage of stories of the sort found in The Boy Who Was Raised as a Dog is that they reveal what the phenomenon of severe chronic neglect looks like in its most extreme forms. They cause the reader to reflect on the many dimensions of parenting which are usually taken for granted. It is not easy to transform a new born baby into a civilized human being who can walk, talk, engage in simple forms of self care, learn, play, relate to others, love and be loved, develop talents, explore the world without unreasonable fears and do all of this with a conscience. It is also not easy to restore these capacities when they were not developed at the usual ages, but it can almost always be done. However, it helps to have a conceptual framework for the work and this is what Perry and Szalavitz provide.