

Hoofbeats



News from the Attachment & Trauma Network

Hope and Healing For Traumatized Children & Their Families

Nov/Dec 2011

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Happy Holidays!

OK, they're probably not very happy in most of our homes. Dysregulation, overstimulation, unwanted attention, well meaning family members that just don't get it.... It all leads to issues with our kids.

This issue focuses on some rather unconventional methods of helping our kids, and ourselves, through the difficult times of the holidays and in everyday life.

Charly Risenmay has a fabulous article on essential oils. Aromatherapy has been used for years for all sorts of ailments. This article explains why and how these oils affect the brain.

Additional articles on biomedical changes from Dr. Philip DeMio, nutritional changes to help with winter moods, and new research on Oxytocin all give us things to think about and potential changes to make with our children.

We hope you find this research informative and helpful.

Most importantly, during the stress of the holidays, don't forget to make time for yourself and take care of your health – both physical and emotional. You can't be a good parent if you don't. It's easy to get caught up in the stress and planning of the holidays, along with responding to and dealing with our children's reactions. Put yourself at the top of the list so you make through the season.

Wishes for peace, love and healing through the holidays and into the new year.

ATN Mission

The mission of the Attachment & Trauma Network (ATN) is to support families parenting children with trauma and/or attachment issues through education, mentoring, advocacy and local/regional resources and to develop awareness of trauma and attachment-related issues in all child-centered environments (schools, doctors' offices, foster/adopt community, legislative).

Happy Holidays!

from the ATN Board of Directors

Essential Oils and the Brain

by Charly Risenmay

In May of 2009, I not only knew what attachment disorder was, but I knew everything about it. I had learned about fetal alcohol syndrome, mental disabilities, emotional illness and mental illness. I knew them all—intimately. I ate, slept and breathed them. I read about them, lived with them, took workshops and even taught others about them. They were my silent looming partners in every thought, action and interaction I had with my children and in the interactions we had with others.

But this child was going to be different. This time, I had him from birth. And I had been working so hard to do it all right—every attachment parenting technique I could find. By the time he was six weeks old, I wrote in my journal that he was the most sad, angry infant I had ever seen. At the age of five, he was having extreme problems in school. At 10, he had been in and out of psychiatric hospitals nearly 20 times. When I took him home that last time, the psychiatrist told me to take him home and find a permanent institutional placement for him. The professionals had given up on my son suffering from bipolar with severe psychosis, Obsessive-Compulsive (OCD), and Aspergers (Autistic). I never have been very good at giving up, letting go or listening when someone tells me there is no hope.

So began another type of journey: my quest for time. Time for him to live at home. Time for him to develop and grow in reasoning and understanding. Time for him while the meds kicked in. Just more time: seconds, minutes, days, years. I didn't care as long as I had my time.

In July of 2011, we went on a trip to visit friends and family. Changes in schedule, changes in environment, the chaos of visiting—it all became too much and my son began to lose his tenuous grip on reality. On the last day of the trip, he put his fist through a glass door, cutting himself down to the bone. Had we been at home, he would have been in the hospital. Instead, on our way south, I stopped at an essential oils store and bought enough oils to slick my way back to Texas. What did I

have to lose? Turns out I gained much more than I had ever imagined.

What are Essential Oils?

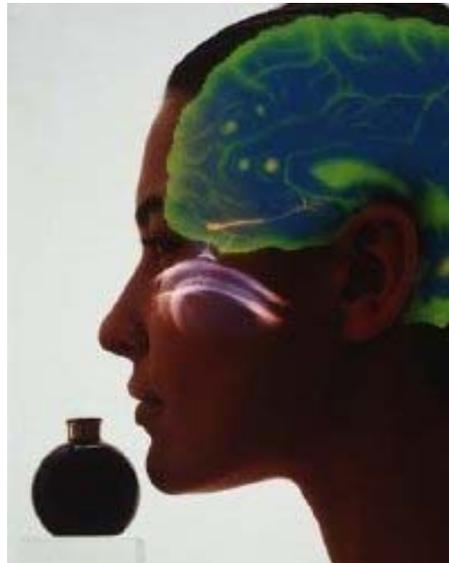
Essentials oils are the lifeblood or essence of the plant. They contain everything that the plant needs to survive in its natural habitat. They provide the plants aroma, but also the plant's protection from its environment, pollution, insects, and disease. They really aren't even "oils." They are highly concentrated aromatic liquids that come from the shrubs, leaves, roots, bark, and other parts of the plant. Essential oils allow the plant to grow, survive and thrive in its natural habitat. One drop of peppermint pure essential oil is the equivalent of 28 cups of tea. From ancient times, essential oils were important for their medicinal properties.

The Mind-Body Connection

The brain is comprised of three "brains." The brainstem or "plant" part—that's the part that does all the automatic functions—breathing, excretion, body temperature, blood flow, etc. Part #3 is the Cerebral Cortex. This is the "human" part of the brain—responsible for processing, judgment, control, inhibitions, strategy, etc. But it is part #2, the Limbic Brain that we are most concerned about for this article. The Limbic Brain—the "animal" part of the brain and the part that all of our children live in—the seat of emotions; fight or flight and the origin of anger, fear and pleasure. It's the part integral to the survival instinct. The Limbic Brain is the most overdeveloped, hyperactive, full functioning part a child's brain who has been abused, neglected, traumatized or whose mental disabilities interfere with the cerebral cortex.

The Limbic Brain also happens to be home to the amygdala. The amygdala's role is protection. It continually monitors the level of safety. It contains the "pleasure" thermostat and regulates protective responses such as maintaining personal space and readiness to respond to outside stimuli. It is also responsible for the memory imprinting by emotional association—in other

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words, our deepest emotional memories, those that are deemed necessary for our survival, are buried deep in the brain in the amygdala.

This incredible brain of ours is always searching for homeostasis (complete balance). It continually monitors every system, every emotion, every chemical that is within the body in its quest to achieve this state. But we keep disrupting it. We disrupt it with diet, circumstances in which we live and work, and the emotions which we feel. Emotional disruptions can be caused by physical needs, but they can also be caused by trauma, abuse, neglect, physiological changes, and so on—all of which we deal with on a routine basis every single day. And all of which drive our children's every response and moment.

Emotional disruptions can be caused by physical needs, but they can also be caused by trauma, abuse, neglect, physiological changes, and so on.

When we experience emotions, our brain goes into action. Its quest to maintain or achieve homeostasis immediately causes the release of chemicals that then create physiological responses, causing changes in the chemicals running through our body. This cycle occurs over and over again. These cycles are called feedback loops: emotions produce neuropeptides that attach to cell receptors, which respond to the neuropeptide, which integrate and coordinate all the systems of our body. Our physiology and emotions are inseparable.

Medications

Traditionally, we use drugs to counteract or interrupt these processes and help the brain achieve homeostasis. These medications are extremely valuable. But they come with a cost.

“All exogenous drugs are potentially harmful to the system, not only as disrupters to the natural balance of the feedback loops...but because of the changes that happen at the level of the receptor, each of us has his or her own natural pharmacopoeia, the very finest drug store available at the cheapest cost—to produce all the drugs we ever need to run our bodymind in precisely the way it was designed. Research needs to focus on understanding the workings of

these natural resources...so that we can create the conditions that enable them to do what they do best.” Candace B. Pert, PhD, “Molecules of Emotion”

Medications play an integral role in our ability to help and treat many emotional and mental disorders. I do not see the day when many of my children will be completely medication free. But as I began to study, I began to wonder what else we were missing. What would access and assist that biochemical system of my son who was raging out of control, in a cycle that seemed not only endless, but oscillating at faster and faster rates? What if I could access that limbic brain more quickly? What if there was a way to interrupt that cycle?

The Sense God Gave You

Smell. It turns out that smell is the only sense that connects directly to the limbic system. It seems when we were sitting around caves eating bushes and trying to avoid the saber tooth tiger, our brains decided that smell would get us out of difficulty the fastest. We didn't need to process what we saw, heard or touched. The scent of danger just went straight to the limbic brain and yelled “FIGHT OR FLIGHT!” And for a lot of kids, that limbic brain that taught them survival is still taking a front seat to the cerebral one we want them to live in.

When my first sibling group came to live with us, I decided that I needed to help them learn to connect to me and to learn what love is. I had no training, no knowledge, and most of the time no idea what I was doing. But I knew that when I thought about my own home, my favorite memories were all associated with the senses. The most wonderful memories I had of all my senses being involved were at Christmas. So I started there. I recreated the sounds, touches, sights, tastes and smells of comfort in my home growing up, and brought

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them in...in the middle of July. What I learned as I watched them was to provide a scent or a sound that would instantly be associated with the good memories that we were making. Turns out, I was on the right track.

The olfactory system or sense of smell is imperative to survival. The olfactory system has 50 million receptor cells. It is 10,000 times more complex than sight. The visible spectrum only has 3 types of photoreceptors. The olfactory system has several hundred distinct classes of receptors. It is able to distinguish nearly an infinite number of element compounds at very low concentrations. And it has a direct route to the limbic brain. No filtering, no digesting, no interference. Its messages cannot be blocked by the conscious mind and its response is instant. I had just found the gift that I wanted for my son: time. That blessed instant moment that would mean all the difference in the world to him.

What Now?

Remember what an essential oil is? It's not just an aroma. The aroma has the ability to reach emotions and heal them. It has the ability to trigger and access the deepest memories in the deepest parts of the body, the emotions, and the psyche. But the chemical constituents of the essential oils also affect the individual through the chemistry of the body. When we affect the blood stream or the limbic brain, we are effecting change—chemical change and emotional response. The essential oils all have a different chemical makeup with individual aromas and therapeutic actions. And that means that they can access and affect change in many different ways from emotional healing, to calming, to elevation of mood, to health related issues, to addiction recovery support.

Essential oils can cleanse negative memories, reduce and clear stress, anxiety, fatigue and tension.

White fir for generational healing. Cypress for emotional catharsis, geranium for releasing trapped emotions. Helichysum for the power of forgiveness and deep healing. Melissa and R. Chamomile for serotonin support. The list goes on: Basil, Bergemot, Citrus Bliss, Balance, Elevation, Frankincense, Sandalwood, Wild Orange, Vetiver, Ylang Ylang. All with an important contribution to make.

Essential oils can cleanse negative memories, reduce and

clear stress, anxiety, fatigue and tension. They can uplift and calm, clarify, invigorate, increase feelings of courage and determination.

Essential oil is not just an aroma. The aroma has the ability to reach emotions and heal them.

Time—That Precious Commodity

Do they really work? Once we had the oils in our home, we began to use them medicinally as well as for their original role in our home. We have had some wonderful responses with multiple family members, including siblings whose challenges are emotional in nature. But what about my son who started it all...

His behavior scales at school have gone from 0's and 2's, to mostly 4's and 5's. He is able to participate in Boy Scouts with his Dad as his assistant. At the time I purchased the oils and began to learn about their power to heal and help, my son was not only on several medications to manage his fragile balance, but he was also receiving 2-3 PRN (as-needed) meds per day. While he is still on medication daily, since we began, he has had his PRN only once—a week after beginning the oils. That was five months ago. He knows they work and asks for them when he needs them. Perhaps the greatest measure of success is the time we have gained. While I was hoping for the minutes between meltdowns and the relief of his PRNs, instead I gained months, and we are finally tentatively looking forward to tomorrow. That is time I didn't have. That is the gift I can't put a price on. I'll take that.

Charly Risenmay is the parent to 11 children, 9 of whom are adopted. She can be reached at radishmom@gmail.com.

For more info and webinars, you can go to www.builddoterra.com and click on the "Dr. Hill Webinars" tab, the "Webinars" tab, and the "Education" tab. Some research materials provided by Laura Jacobs, "Molecules of Emotion," "Emotion Circuits of the Brain," and "The Self and Its Brain."

Please note that this article is not to take the place of individual research and medical advice.

Piece of My Mind

I have much to be thankful for this year. Many of us move into the holiday season with trepidation. The heightened anxiety brought on by the added activities, coupled with our need to add more to our “to do” lists creates stress, which is quickly picked up by the emotional barometers we live with. Then come the schedule changes – school’s out, lots of parties and events. And it’s time for relatives, traveling and the whole “gimme” reaction the upcoming gift-giving. For our traumatized children, those with attachment issues, misplaced entitlement issues, sensory integration dysfunction, lack of reciprocity, impulsivity, anxiety about change – the holidays spell disaster.

Well, as the Beem family moves into our 13th holiday season with our traumatized daughter, I have to tell you that this year has been remarkably better than previous years. In fact, looking back it’s not surprising to realize that her two hospitalizations occurred between Thanksgiving and Christmas, as well as most of her school suspensions and some other very dark times. Holidays are wrought with emotional landmines.

But the difference this year has truly made me thankful. We’ve watched with amazement as she calmly pitched in to help with the cooking and cleaning. And when I suggested to her that we make a “thanksgiving tree” (a branch on which we hung paper leaves detailing what we were thankful for), she quickly took on the project. It was especially fun to go with her and our church youth group as they worked at the Operation Christmas Child distribution center, inspecting and packing all those shoeboxes to be sent overseas as gifts.

Exactly what I’m thankful for, I’m not sure. By this, I mean that I don’t know what “magic” is helping my daughter’s anxiety, anger and obsessions to calm. Perhaps it is the payoff of years (and years and years) of intense therapeutic parenting. I do know that we’ve tried a number of alternative approaches (and have kept doing the most successful) . This issue of Hoofbeats is centered around a few of the alternative medicine/therapy approaches that have brought some success for families of traumatized children. I was fascinated when



Julie Beem
ATN Executive Director

Kelly Killian (our Hoofbeats editor) outlined what she had in mind for this issue. In previous issues, we’ve covered the topics of NF (neurofeedback) and NR (neurodevelopmental reorganization), two “alternative” therapy approaches that my daughter, and several others, have benefited from in previous issues. But we have not talked about other biomedical/natural/homeopathic ...until now.

So, I hope you will enjoy what Kelly and our guest authors have put together for you this month. While ATN can not endorse any alternative approaches, and does not dispense medical advice, we can tell you that other ATN families have tried these various approaches and found success. We can also encourage you to contact the authors to ask questions and learn more.

The other thing I am EXTREMELY thankful for is all the support ATN has received this year. It has been a remarkable time! As you read the stories about our Pepsi win, you will see the dedication and crazy determination your fellow members had to make sure we WON the funding and can reach so many more families. While waiting to receive our first portion of the grant, ATN has been busy planning the specific steps of bringing our grant project to life. Three work “Teams” have been formed – the Education Team, the Communication Team, and the Outreach Team. Each will be responsible for “getting it done” – spending the grant on our proposed project in the next nine months! The Education Team is working hard to create ATN’s new Attachment & Trauma University webinars and workshops for parents and professionals coming in 2012. The Communication Team is currently developing new materials and social media to reach out further into the adoption/foster community and the public at large. Increasing the public’s awareness of the critical impact trauma has on a young brain is a major goal. The Outreach Team is tasked with contacting any and all professionals (therapists, adoption workers, educators) that we can find who

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are working with traumatized children. We want their information included in our database, so it will become the most comprehensive attachment/trauma resource in the country. The other objective with the professionals is to let them know more about ATN, our services and what we can do to help them and the families/children they serve.

With immense gratitude, I have to say that those who have volunteered to be on these teams are the crème-de-la-crème! They are all experienced parents and/or therapists and are highly dedicated to helping our families. I'm in continuous awe of their marvelous ideas and giving spirits as we collaborate to put the \$50,000 to the best use possible – and help the maximum amount of families/children we can.

The adage is true that suffering shared is divided and joy shared is multiplied. Sharing with others who are living through similar situations is what ATN is all about.

And I'm grateful for ALL OF YOU! ATN members continue, even in their darkest hours, to reach out and support each other and find ways to give back. The adage is true that suffering shared is divided and joy shared is multiplied. Sharing with others who are living through similar situations is what ATN is all about. In 2012, I know we'll have even more to be thankful for as more and more children and families will be served and supported through ATN!

Happy Holidays to all! I'm wishing you and your family peace, comfort and hope for even more healing in 2012.



**ATN
P.O. Box 164
Jefferson, MD 21755**

ATN Professional Member Directory

These professionals believe in ATN's mission and have joined us as Professional Members

Attachment Institute of New England

Worcester, MA

508-799-2663

www.attachmentnewengland.com

Therapists: Ken Frohock, LMHC, LPC
Peg Kirby, Psy.D., Joseph Lyons, Psy.D.
Suzanne Allen, Ph.D.

Beatitude House

Matthew Bradley, MSW

Waynesville, NC

<http://www.beatitudehouse.org/>

(828) 926-5591

CALO

(Change Academy Lake of the Ozarks)

Lake Ozark, MO

Ken Huey

ken@caloteens.com

573-365-2221

Center for Attachment Resources & Enrichment (C.A.R.E.)

Decatur, GA

404-371-4045

www.attachmentatlanta.org

Therapists: Barbara S. Fisher, M.S.
Janice Turber, M.Ed.

Jennie Murdock, LCSW, LMT

Lehi, UT

Jenniem1951@gmail.com

435-668-3560

Lawrence Smith, LCSW

Silver Spring, MD

301-588-1933

lbsmith@md.net

A New Look At The Medical Aspects Of Reactive Attachment Disorder and Other "Behavioral" Issues In Adoptive Children

*Phillip C. DeMio, MD
Cleveland/Columbus, Ohio*

As a medical doctor who focuses on biomedical (nonpsychiatric) treatment of persons with developmental ("behavioral") disorders, I increasingly sense the need to say, as Fr. Flanagan* did, "there is no bad boy," or girl, as so many cases of RAD (reactive attachment disorder) are in girls. Many adoptive parents are told by well-intended practitioners that their child's behaviors are purely psychiatric, (i.e., a reaction driven by your child's psyche). Worse yet, sometimes the message is (outright or insinuated) that your child is a discipline problem. This, of course, implies any or all of the following: that they're a bad girl or boy, that you're a bad parent, or that our kids simply need "a trip to the wood shed." Parents have told me they've heard it all, including a child whose parents were extremely concerned about actual medical illness, and were told by their physician, "She's only a brat! All she needs is a good spanking, that's what you ought to do!!" Then there's the silent angry stare in public. Yep, been there, done that (the receiving end, that is). Yet I'm still shocked that it has somehow been overlooked that our kids have terrible rashes, seizures, stunted growth, history of overvaccination (up to five times excess), horrible gastrointestinal (GI) problems, immune difficulties such as allergies to EVERYTHING, hormonal imbalances, detoxification problems (as in they can't), a variety of metabolic abnormalities, etc.

Hmmm. I guess we doctors learned all that anatomy, physiology, and biochemistry only to throw it out the window if a child's symptoms include the behavioral realm, while actively ignoring these frank medical markers of illness.

So if your bone is broken, it's medical, but if your brain is broken (toxicologically, for example) you get the behavioral labels (RAD, ODD, OCD, ADD/HD, Asperger's, PDD, and autism being the most common). You also get the trip to the psychologist, the IEP, etc. This is very similar to the histories I obtain with autistic

children. Don't get me wrong. Therapy, psychology, and special education are wonderful things for our kids, just like when we parents do the daily equivalent with our neurotypical children without realizing it, simply by parenting. So psychology deserves some attention. The biology, however, gets ignored; and so does nutrition, trouble sleeping, and even chronic pain in our kids, to name a few things.

It has been shown, for example, that in experimental animals who are taken from their biological mothers, many severe documented GI problems rapidly ensue, paralleling those found in adoptive children with 'behavioral' (I prefer the term developmental) disorders, and in children on the autism spectrum (ASD). A classic experiment with monkeys who were taken early from their biological mothers developed marked problems with socializing, feeding, weight loss and anxiety. What's missing from these experiments is that the huge hole in the babies' lives was not filled again with an adoptive mother, father, or a family/community. That would have given the babies every chance to reverse their acquired problems.

Fast forward to my daily experience, where adoptive parents bring their children to me, a medical doctor, because their children have medical problems. So I do what MD's ought to do: medical tests and medical treatment. The tests reveal a number of bona fide medical abnormalities, as in the lists above. This flows to treatments. It's all based on the recognition of these developmental problems as medical, not mental. Therefore, entities such as oppositionality, compulsions, "inattentiveness," and meltdowns have a medical basis, just like seizures, constipation, yeast, rashes, and even broken bones. Stated more pragmatically, there is medical treatment for the problem! It's not just drugs and psychological therapy. (Again, don't get me wrong, medication can be very good treatment for kids and adults living with RAD or ASD, but it's not either/or;



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biomed and other treatments can work together.) What treatments do I use for persons with RAD? We aim at the medical problems found on exams and tests, commonly abnormal GI bacteria and yeast that make our kids sick, immunologic issues (eg., allergy, autoimmunity, and frequent/severe infections), metabolic problems (eg. a voracious appetite in a child who doesn't grow, hypoglycemia, essential fat & vitamin deficiency), and toxic matters (mercury, other heavy metals, pesticide residues, etc), to name the more common issues. We employ a variety of unique diets that seem complicated and challenging to implement (because they are, at least at first, then it gets easier), we detoxify, we replenish. all in a targeted and individualized fashion. Can a medical doctor treat a diabetic child by addressing her food, metabolism, and growth? The answer, of course, is yes. And so it is regarding how I use medical treatment for our adoptive kids with developmental issues. It makes sense, and it works. It's like anything else with our kids: it's not always an easy road. It can be a long biomedical road with good things and complications (just like the diabetic child).

As their mothers and fathers, we know that our kids need a better life. Our kids sure are worth it to us. It is not my aim to force you and your child to biomed. The hope is that I have opened a new avenue of thought for those of you who never heard of biomedical treatment for RAD, so that you're aware of a treatment you can choose to look into for your child. For those of you who were already aware, keep up the hard good work, and I will see you soon.

**Fr. Edward J. Flanagan, 1886-1948, Founder of the original Boys Town (associated with my alma mater Creighton University, Omaha, NE), and regarded by me and many people as a truly adoptive parent of thousands of unwanted children of all races & backgrounds. P.S.: it's now called Girls and Boys Town.*

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The Cuddle Chemical

by Katie Drummond

When Dree and Charlie Daugherty adopted Katie from a Romanian orphanage in 1999, they gave the 3-year-old girl a loving home in Detroit and all the advantages a professional couple could offer. Charlie is a retired marketing executive, and Dree is an emergency room physician.

But from the beginning, they knew something was wrong.

“She was just this terribly angry little child,” said Dree. And it only got worse from there.

Two weeks into the first grade, Katie’s teacher demanded that the girl be pulled from the classroom. By

sixth grade, even with an in-school behavioral coach, Katie was screaming and throwing books at classmates. Later that year, she hurled a brick through her mother’s car window. At home, she would withdraw to her bedroom, close the door, draw the blinds, and rock back and forth on her bed.

“Katie’s room became the ‘Dark room,’” Dree recalled of her daughter, who had been diagnosed with post-traumatic stress and social anxiety disorder. “We rarely went in, and she rarely came out.”

But in 2010, after being told that a hormone called oxytocin might be able to help with their struggles, the Daugherty family’s fortunes began to change.

Dree obtained vials of intravenous oxytocin from her hospital’s pharmacy, turned them into a nasal spray at home, then crept into the Dark Room and administered the spray into Katie’s nose. The effect was an “instant, unbelievable transformation.”

Dree said that suddenly, “this reclusive girl on her bed was open, loving, wanted to talk and laugh.”



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Six months into a daily regimen of oxytocin therapy, Katie studies quietly along classmates, talks openly with her parents and dreams of a career in acting.

Dubbed “the cuddle hormone” because it induces feelings of warmth and affection, oxytocin is emitted in pulses during pleasant social exchanges and sex. Unlike the release of stress hormones like adrenaline, the deployment of oxytocin is a learned response that is thought to develop – to lesser or greater extents – in the first few years of childhood.

As a child’s brain develops and lays down fundamental neural pathways, the degree to which that child is nurtured will largely define their ability to produce and respond to oxytocin.

In a 2001 study, researchers at McGill University in Montreal found that baby rats that received more nurturing ended up producing more oxytocin receptors, and experienced heightened sensitivity to the hormone.

It would follow, then, that Katie’s early childhood was less than love. Indeed, during her first three years of life, while Katie was in the Romanian orphanage, she never met her biological mother or bonded with an adult, and was sexually abused as an infant.

Bryan Post, a social worker who treats patients with traumatic stress and social anxiety disorder, told *The Daily* that oxytocin is a viable option in cases like Katie’s, and can have a truly profound effect.

“If, that is, you can find a doctor who will give it to you,” Post said.



Oxytocin was approved by the Food and Drug Administration in 1980, but only to induce contractions during labor. The hormone hasn’t been approved for other uses.

Dubbed “the cuddle hormone”, oxytocin induces feelings of warmth and affection.

Despite success stories like Katie’s, mysteries remain about just how oxytocin works, and how it might help treat serious mental health problems.

Most notable is the distinction between oxytocin receptors and the hormone itself. In clinical trials using oxytocin to treat sufferers of autism, improvements are “modest,” said Dr. Paul Zak, whose pioneering studies first established the link between oxytocin and social behavior.

“The idea is that the entire oxytocin delivery system in autism is compromised,” he said. “So you’re dealing with fewer receptors or less sensitive ones. Even flooding the brain with oxytocin would produce a modest benefit.”

But every illness is unique. A small 2010 study out of the University of California, San Francisco, noted “measurable” improvements in schizophrenics, wherein oxytocin appeared to mitigate excessive levels of dopamine, which can trigger schizophrenic hallucinations.

“What we do know is that each brain is different, and that there is great variety in oxytocin receptors,” said Dr. Kai MacDonald, a psychiatrist and assistant clinical professor at the university who co-authored the study. “But we still don’t know a great deal about how the oxytocin system works.”

The long-term consequences caused by regular doses of the hormone are unknown and there is concern that with chronic use, the body’s ability to produce the hormone on its own would be compromised.

“We don’t know the cutoff point with oxytocin, where someone could stop taking it and be able to bounce back,” said Zak, adding that there’s also concern about an “off switch.”

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“Oxytocin amplifies trust and turns down the dial on wariness,” Zak said. “You don’t want to be walking down the sidewalk every day with that switch turned on.”

As oxytocin awaits FDA approval from mental health disorders, there are some doctors willing to prescribe it off-label, and over-the-counter products are popping up online.

“I had one child who was volatile and she said, “I can’t imagine this being a placebo effect in a 10-year-old.”

The best known of these products is “Liquid Trust,” marketed as a supplement to skirt FDA evaluation, and promoted as a spray that induces trust among others.

Demi Wood, a family therapist in Fort Collins, Colorado, recently started offering patients a trial version of a nonprescription sublingual oxytocin liquid. She said the results speak for themselves.

“I had one child who was volatile,” she said, “I can’t imagine this being a placebo effect in a 10-year-old.”

Wood, who now takes oxytocin herself, has noticed profound personal changes.

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“Every day,” she said, “I feel like a better version of myself.”

Though the experts are very skeptical of these nonprescription oxytocin products – “total bunk,” said Zak – they’re confident that the real thing will be widely available in the near future.

I would be shocked if something wasn’t available within five years,” said MacDonald.

While MacDonald’s team at San Francisco zeroes in on which health conditions are the most promising targets, pharmaceutical companies such as Pfizer and Merck are already investigating formulas that would either boost oxytocin levels or enhance the sensitivity receptors, and several smaller companies have already applied for patents on oxytocin nasal sprays.

As progress surges ahead, experts caution that oxytocin is unlikely to become a cure-all.

“And there’s a very dark side to promising too much to people.”

But for some patients, lingering scientific mysteries and incomplete research are no match for life-changing results.

“What I’ve seen has convinced me that oxytocin can be really incredible,” said Dree Daugherty. “There is a future for this child now.”

*Reprint permission granted by Katie Drummond 9/23/11
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Building a Better Breakfast to Beat the Winter Blahs

by Sarah Hedge

When the winter comes, our days get shorter and colder, stress levels increase due to the holidays, and often our moods and energy levels take a nose-dive. Then, our lack of energy and irritability can make it hard to maintain our typically-positive relationships with loved ones.

Fortunately, there is hope. Making simple shifts in what you eat everyday can help your family to not only survive the holidays and winter break, but to thrive through the whole winter and beyond.

Building a better breakfast is one important strategy to help your family beat the winter blahs. Here are 5 steps to help your family be at your best for yourselves, your loved ones, and the world:

Step #1: Eat breakfast every day. Fueling your body first thing in the morning helps it to balance blood sugar which supports your brain to stabilize your mood. Having some quick and easy breakfast ideas, waking just a little earlier, or prepping for breakfast before bed, will result in increased energy and reduced cravings throughout your entire day. But don't stop there! Once you've made breakfast part of your daily routine, be sure to implement the following suggestions



to gain even more benefits for your family's mood and energy levels.

Step #2: Upgrade to complex carbohydrates. If your breakfast generally includes simple carbohydrates like white bread, bagels, and juices, then upgrade to complex carbohydrates. Complex carbohydrates include vegetables, fruits, beans, whole grains, nuts, seeds, herbs, and spices. These nutrient-rich foods provide slowly-released energy to help keep serotonin levels even, contain all the vitamins (except B12) and minerals our bodies need to flourish, and present our bodies with colorful healing compounds called phytonutrients. Complex carbohydrates are the most important food we can consume for our long-term wellness.

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Step #3: Add in high-quality protein. Protein provides the building blocks your body needs to make important neurotransmitters such as the mood-enhancing serotonin, the focus-promoting dopamine, and the relaxing GABA. Good sources of protein include: eggs, beans, nuts, seeds, fish, chicken, and meat. Using protein powder is another option. Not only will incorporating protein into your breakfast help you to stay satisfied longer, but it will also give your brain the nutrients it needs to help you to stay happy, alert, and relaxed.

Step #4: Don't forget the Omega-3s. Certain types of fat are essential for our bodies and minds to flourish. For example, low levels of omega-3 fats have been linked to depression, anxiety, bipolar disease, schizophrenia, ADHD, learning disabilities, autism, and even criminal behavior. As you prepare your breakfast, be sure to include foods with omega-3 fatty acids such as wild fish (mackerel, herring, etc.), ground flaxseeds, or flaxseed oil. If you find it difficult to work these into your breakfast, one supplement to try is fish oil, but please remember to consult with your doctor before taking any supplements. An added bonus to eating wild fish or

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taking cod liver oil is that they are also excellent natural sources of vitamin D, another nutrient that can help to boost moods. When you incorporate essential fatty acids into your daily breakfast, you are helping to balance your blood sugar, reducing inflammation, and stimulating new cell growth and connections, all of which can lead to improved mental health.

Step #5: Savor each bite. Research shows that we actually digest and absorb the nutrients in our food better when we take time to slow down and enjoy our meals. Eat together with your loved ones. Give thanks before your meal. Chew your food well. Not only will your body thank you, but slowing down will help to ground you and your loved ones in the importance of your relationships, from the beginning of the day and on.

If you want to learn more about this topic, register for the upcoming “Beating the Winter Blahs – One Meal at a Time” webinar at www.simplyflourish.net/events . If you are interested in customized support for your family, send an email to sarah@simplyflourish.net to schedule a complimentary 45-minute phone consultation to learn more about how your family could benefit from working with Sarah.

Wishing you and your family health and happiness this winter and beyond!

Sarah Hedge, Certified Holistic Health Coach, is the founder of www.simplyflourish.net, a holistic food and lifestyle coaching practice that focuses on supporting families who want to transform moods, learning, and attention – one meal at a time. Sarah is also a licensed special education teacher specializing in emotional, behavioral, and learning disabilities, and she is an adoptive mom to 3 school-aged kids who were born in Ethiopia.



Don't forget to renew your membership!

Individual (parent) memberships are \$35 annually; Professional memberships are \$75 annually.

You have four ways to join:

1. **Join online** at www.attachtrauma.org. Click the Join button and use your credit card to renew your membership.
2. **Print** the membership form available on the website and mail it to:
ATN
P.O. Box 164
Jefferson, MD 21755
along with your check or credit card information.
3. Fax the completed membership form **with** credit card information to 301-473-9399
4. **Call** Lorraine at 240-357-7369 and give her your card information over the phone.

Memberships make great gifts—and we have a scholarship program, so memberships can also be donated.

Holiday 2011—Helpful Reminders

The holiday season is upon us. Here are some thoughts that could be helpful to keep in mind:

1. The holidays often become times for remembering loss. Songs, decorations, food, everything about the holidays can trigger those feelings of loss. It's difficult to be with extended family and friends, some who you only see during this time of year, and not think about family that's not there. Adopted kids fight these feelings of loss, while at the same time they become over stimulated with the holiday excitement. Difficulties can be expected.
2. The holidays are also a time when annual rituals may interfere with daily rituals, and this may cause dysregulation.
3. Many things may appear different during the holidays: food, music, atmosphere, often the house is decorated, the stores look different.
4. Everybody is more stressed: parents, kids, teachers, and other kids. Children with PTSD and RAD are more sensitive and so may easily become influenced by this stress.

In the midst of all of this, try to remember some things. First, this is the most important and cannot be emphasized enough - TAKE CARE OF YOURSELF! When you do something relaxing and good for yourself, it ultimately helps your child. What is good for you is good for your child. Find moments of peace; some for you alone, and some to share with your child.

Second, keep the home schedule as structured as possible, particularly during this time. Try to fit alone time for your child in every day as well as some brief holding. If your child tends to be dysregulated more often than not, you may want to decrease some of your holiday decorations.

Third, your kids will let you know what they can handle and what they can't handle. Listen to their behavior. When they become the least bit argumentative, oppositional, or dysregulated in any way, they've had enough. They may need to miss some fun activities, because they're too dysregulated to be able to handle it.

They may need to miss some family activities as well. It's really ok. Everyone will be happier if your child stays more regulated than not. Remember to have your child EARN every activity and privilege. Through earning the activity they demonstrate their readiness to participate. Your child will likely benefit from having regular alone time/chill time to become more regulated.

When you do something relaxing and good for yourself, it ultimately helps your child. What is good for you is good for your child.

Fourth, try to keep things simple. Too much of a good thing can be dysregulating.

Maybe your child can handle

one to two hours of a family gathering, then needs to leave. Maybe they can handle one party a week, not two. Remember, you are the best barometer for your child. If you are feeling stressed and overwhelmed, your child is too, and more so. Truly, what feels right to you, is also right for your child. In short, it may help to simply return to typical rituals for a while rather than push the holiday rituals.

Fifth, your child needs very few gifts; something that says family and something you know they will enjoy. Gift giving can be spread out over several days, maybe with different family members. Gift cards to places like Target or mall gift cards are good choices for family or friends to give your child. You can hold them, and they can earn the privilege to go spend them. That way if your child becomes stuck repaying something or doing some kind of repair, you can always take the gift card as payment.

We hope you have an enjoyable holiday season!

Peg, Ken, Joe, Suzy, Jen and Dolce

The Attachment Institute of New England



Pepsi Refresh Stories

Recently, the Attachment & Trauma Network was awarded a \$50,000 grant from Pepsi to do the work that needs to be done to help parents with traumatized children heal.

It took a great deal of effort to accomplish this goal, and it could not have been done without the help of all of our dedicated volunteers. Here are a few of the stories of what the volunteers did to help lead us to victory!

ATN is proof that a team of “just moms” (and a few dads) can accomplish what they set their minds too. You don’t have to be rich, famous or educated to make a difference!!

Deb D.

I was allowed to go through the after game day trash at Owensville (Mo) High School and came away with several hundred caps. I also had an employee named Donovan at Lost Valley Resort saving caps, and the manager of the local Moto Mart saved them for me too. Several of our old co-bloggers from adoption.com volunteered their emails to use and many of my facebook friends and family members lent emails and had been texting. My husband had his co-workers at C&G Power Systems in Washington, Mo. texting together at lunch, and our extended family all texted at our family reunion. My little boy Carson even gave a penny he had found and had been carrying around, to a teacher at school to “buy” the cap from the soda he saw her drinking!

Marc D.

One aspect of the Pepsi Challenge was the need to create some kind of media presentation for the ATN screen within the Pepsi contest site. Well, wouldn't you know that we already had someone who was perfect for this—Marc “RadDad” Deprey. A former media producer, Marc took on the project with his characteristic zeal and creativity.

“My first idea was first to hit the audience over the head with a two-by-four to get their attention on the tragic nature of trauma and its effects.” Deprey said. “But that was my idea and Julie was nice about how she said, ‘No!’. Then I thought of something else. We have all these parents with all these kids, why not showcase them? I mean our kids look like other kids (at least in pictures!) and we could just state that we’re parents trying to help each other with difficult kids and not get into why they are difficult. So I had my concept and everyone like it better than swinging lumber around.”

As production ensued, Deprey made some discoveries along the way. “I was thinking—great, I’m the only guy here and I’m going to be having to choose which pictures make it into the video and which ones don’t. Moms are going to love me! And also, I might end up with a whole slew of fair to midland pictures of some pretty nasty-looking kids. But you know, I was really blown away! The

Moms were really cooperative and gave me some really great shots—and the kids! Yikes—they are beautiful, really! Looked like a casting call. I couldn't miss and just ran out of space. The whole thing came together really easily. I had a piece of music I had written last year that I thought would work for the build-up and it turned out to be tailor-made. My wife Renee has an incredible voice (makes me crumble to this day!) and she took on the narration with me with a whole lot of enthusiasm. The graphics were pretty easy and I put it all together in iMovie (God has a MAC, don't you know?) So in the end, I don't know how many people were voting for ATN based on the video, but I know it's going to be a great resource for us in the future. It basically says, WE WANT TO GROW!”

Kelly K.

On Monday mornings my daughter and I would go “dumpster diving” for caps at a nearby racetrack. We

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climbed under the bleachers, looking for the plastic gold. The man who picks up trash in the parking lot, made sure to keep a look out and pick up each cap he found. We dug through beer bottle-filled trash cans to find the elusive soda caps.

We also went on a buying spree. Here in the Midwest, the yellow caps were plentiful, while our southern counterparts couldn't find them. In one gas station, we purchased 133 bottles of Pepsi. The staff was wonderful and helped us carry them to the car, and even donated a few bottles to us.

My daughter was so excited to see what we were accomplishing and checked in with me frequently to see where ATN was in the standings. On the day it was announced that we were finalists, she cheered. It was beautiful, especially because she is in our family as a direct result of ATN!!

At the ATTACH conference, we handed out free Pepsi to everyone who came past our booth. We also sat together, entering codes as a team, while others were attending sessions.

My co-workers and friends voted daily, people from my Bible study group sent me codes, and a woman I didn't even know, but is a cousin of a friend in my Bible study group e-mailed me codes.

It was amazing to see that number of people that would step up and help. All we had to do was ask.

Nancy C.

This isn't the only crazy thing I did... but Love Muffin and I worked a music festival on behalf of an organization we both volunteer for, Think Humanity. He watched the table while I literally stalked people and trash cans. Ernie said I was like a bird dog, sniffing out yellow caps. :-). A friend of mine even started doing that. She saw a half drunk Pepsi pass by. She had her daughter watch their booth while she followed the lady around.... that cap didn't even have a chance to hit the trash can before she had her hand out to catch it. Her daughter (12 at the time) is a dedicated Dew Head, but abstained for the duration of the contest, in favor of Pepsi. Now, that's dedication!

Mostly, what I did wasn't nearly as goofy - spreading the word via Facebook, Work and Church, and voting any and all codes passed my way through those and ATN. As a family, we were all in on the action.... spending as much as we could afford on Pepsi products, eventually clearing out the shelves of 2 local grocery stores. Our church potluck and high school theater department gatherings benefited greatly. Ernie, Matthew, David and I drank enough Pepsi to make us float away....

**The Attachment & Trauma Network (ATN) recognizes that each child's history
and biology is unique to that child.**

**Because of this we believe there is no one therapy or parenting method
that will benefit every child.**

What works for one child may not work for another child.

**Many children may benefit from a combination of different parenting methods
and/or treatments.**

**We encourage parents to research different treatments and parenting methods in order
to determine what will work best for their unique children.**

www.radzebra.org

www.attachtrauma.org

Book Review

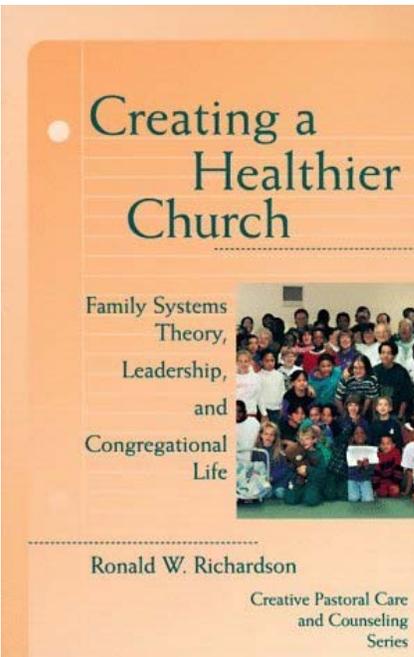
Creating a Healthier Church

by *Ronald W. Richardson*

So what does a book on church have to do with attachment parenting? Far more than you think. I had to read this book for a bible class, and I was shocked when I learned that the author was a therapist and even talks about attachment and loss in the book. How often do you read something in your “real life” that is related to your parenting life?

Where this book applies is that it is all about relationships. How we relate to each other, how we handle stress, how we handle conflict and so on.

Chapter 5 made a light bulb go off with me. Sometimes we talk about how kids just “can’t do family.” This



chapter explains why. It’s called, “Closeness, Distance and the Congregation.” Take the congregation out and look at your family. Every person has a different personality and a different level of closeness and distance that they are comfortable with. When you add another person into the mix, there are areas where those levels match and where they clash. Get too close to a person who doesn’t “do”

close, and you know what the reaction is going to be. Get too far away from someone needs you to be close, and you’re going to set off another reaction. Where the levels of those two individuals overlap is where relationships happen. In some cases, there are large areas of intersect, in other relationships a small section of overlap, and in still others, these sections don’t overlap at all. You want close, and your child wants distance. When that balance gets upset, conflict happens.

The author does a better job of explaining this and the diagrams really help you get the jist of what he’s saying.

There is also a section on triangulation. Triangulation happens in all aspects of our lives, not just parenting our traumatized kids. The author explains how triangulation happens, why it happens, and what the individual parties have to gain or lose. It may seem like common sense, but the way he presents the information can help you get “outsiders” to understand.

There is even a section on how birth order affects what types of leaders we are.

Whether you want to read the “churchy stuff” or not, the information in here is fabulous. The fact that it’s coming from a source outside of the attachment and adoption community can sometimes carry more weight because people can identify with it better.

You might be surprised at how much this book relates to your family life. I started reading it expecting to learn about navigating relationships in my congregation. As I went on, I gained more and more knowledge of my family.

Help Wanted: Book Reviewers.

If you or your child have read a good book related to adoption, attachment or trauma,

write a review (250-400 words), include a link to where you found the book,

and email to kelly@attachtrauma.org