Developmental Trauma, Jiffy Lube, and You

Over the past year or so, I've had an unusual fantasy. What if it were possible to safely pop open the cranium and briefly remove a traumatized child's right-sided amygdala?

As we all know, this almond-sized piece of brain anatomy rides herd over fight/flight/fear reactions. Repeated early childhood traumas such as abandonment, neglect, and abuse— as Sebern Fisher likes to say—serve to *highjack the right-amygdala*. (I don't actually know if Sebern originally coined this phrase or not, but I enjoy giving her credit for it anyway.)

So, with a highjacked amygdala, children suffering from Developmental Trauma Disorder (see the new Diagnostic and Statistical Manual—5th Edition, <u>hopefully</u>), are bogged down with a broken Central Nervous System (CNS). These youngsters are on a runaway freight train in terms of oft being unable to quiet their own fear/arousal systems. The perpetual state of amygdala-driven CNS highjacking precludes these young persons from being able to self-regulate their ramped up emotions.

Heck, they aren't able—most of the time—to soothe their wild-hare emotions, even with the help of loving adoptive parents. (Ever wonder why parent <u>emotional attunement</u> to a child is such a critical piece of viable attachment therapies?)

Anyway, with precious-little self- or other-capacity to down-shift their flawed little nervous systems, how then can attachment occur?

Right. It can't.

Which brings us back to my warped fantasy life and a continual need for heavy medication.

What if we had the ability to frequently, quickly, and briefly take out the amygdala—sort of like removing a car's spark plug, in order to clean and polish it? Except instead, we use a gentle, balming oil that in some way or another restores proper function to this pesky little brain structure that has lost its way.

Several recent researchers (such as Adolphs, Tranel, Whalen, and others) have found, with the help of brain imaging studies, that the amygdala also plays a leading role on Broadway by way of helping humans correctly interpret the facial expressions and emotions in others. Thus, if I'm a child who struggles in this way, how on earth do I navigate a world that calls upon me to *read people* multiple times a day?

And, for parents of a developmentally traumatized child, they are no stranger to the frequent *ballistic-episode-out-of-the-blue* experiences that cause the rest of the family to tip-toe on egg shells around the hacienda.

Summing up, thus far we've talked about developmental trauma, as well as my '*Jiffy Lube* Fantasy' as it pertains to our children's prodigal right-amygdalas. But what about the '<u>You'</u> part of this article's by-line?

Well, I'm asking that all of us—parents, grandparents, clinicians, doctors, lawyers, and Native American chiefs—join together in thinking <u>outside the box</u>, as it pertains to restoring the wayward amygdala. This of course is in addition to the Minnesota smorgasbord of more conventional treatment contributors such as various talk therapies, medications, sensory integration work, neurofeedback, and so forth.

Yes, it's all too true—in reality, my '*Jiffy Lube* Fantasy' doesn't *preach*. On the other hand, I <u>am</u> convinced that it is precisely this type of out-of-the-box thinking that we need. And you may in fact already <u>have</u> such an idea.

So before passing 'Go' or collecting \$200.00, email me at <u>gray.matters@mindspring.com</u> with your own out-of-the-box curative fantasy. It just might be something that <u>can</u> be tried, and researched.

Inasmuch as my wife has already—<u>yet</u> again—relegated me to sleeping in the garage with my laptop, I'll be waiting for your ideas.

And trying to think outside the box.