On Nuclear Meltdown and Attachment Mayhem

I grew up during the Cold War era of the 60's. Living a scant 30 miles south of Carswell Air Force Base, those of us in small-town, rural Texas were pretty sure that a Russian nuclear assault would be coming our way sooner than later. During the 1962 Cuban Missile Crisis, the fever pitched, and my family stocked up on non-perishables, domesticating my sister's bathroom located in the middle of our small house on Forrest Avenue, as a nuclear fall-out sanctuary.

We were going to be ready. But we were on edge.

Similarly, it is a scary prospect, realizing how many children come into the world saddled with in utero drugs/alcohol, abandonment, neglect, and abuse. This is a deeply unsettling reflection indeed, causing no small angst, much akin to the 60's Cold War tensions, for those of us who are old enough to remember that.

But the pandemic of child maltreatment is certainly not breaking news to anyone—parents or clinicians—within the world of adoption. But what exactly <u>are</u> the effects of toxic substance exposure on my child's brain? To his capacity for attachment? And what sort of residual brain disruption can occur as fall-out of early neglect, abandonment, multiple placements, bad placements, and abuse?

Well, the answer to the above questions is, "It <u>depends</u>. Each child is affected differently." Some youngsters, I find, are remarkably resilient to toxic and psychologic mayhem. Others are not as fortunate.

So how can I find out whether and to what extent my adopted child has been affected by pre-and post-natal attacks? Fortunately, our field has come a long way in terms of neuroimaging studies and neuropsychologic evaluations. The goal? Evaluating the status quo of the various regions that make up my child's brain. Which structures have been affected by in utero chemical/early psychological trauma? And what does this mean for my child from a behavioral standpoint?

Moreover, in my opinion, one of the biggest advantages of neuroimaging and neuropsychologic studies is in identifying the various co-morbidities (ne'er-do-well running buddies) that so often occur along with attachment disorder. Further, I have found that the more of these malevolent running buddies we can eliminate, the easier it is to treat the actual RAD.

Said another way, when a child with attachment disorder is *stuck*, despite high-quality attachment therapy along with an excellent adoptive home, I often find that the reason for the *stuckness* has to do with the running buddies. Obliterate or neutralize the pesky running buddies first. The child then, often-times, becomes unstuck. We are now freer to address the RAD, with much fewer complications. Further, every year it seems that our treatment modalities get better—such as Sensory Integration Therapy, Neurofeedback, etc.

So, what are some of the more common running buddies created or made worse by brain-based conditions, owing to in utero drug/alcohol exposure and/or early maltreatment? Well, some of the higher profile culprits include: FAEs on some of the deeper brain stuctures, ADHD, Bipolar Disorder, elevated/stuck-in-5th-gear-mode CNS arousal, organic depression, perceptual distortion, and subtle thought disturbance.

Whether you as a parent ever choose to have a neuroimaging or neuropsychologic examination performed on your child is of course a personal decision between you and your spouse. Regardless, however, there is a growing desire for most of us—parents and clinicians alike—to learn more about children and their young brains. And how all of this affects their behavior that can turn a normal home into nuclear Armagedon.

The 60's Era Cold War was a scary time for many of us. Similarly, brain damage suffered by our children can be scary. But, increasingly, avenues are opening up such that children's brains can be successfully repaired. To be sure, NATO's dealings with the Iron Curtain required persistence. The same persistence is required for those of us—parents and clinicians alike—who are dedicated to hurt children.