



AABA NEWSLETTER

Alaska Attachment & Bonding Associates

June/July 2012



A 3-D View (article #1)

It comes as no surprise to foster, kinship, and adoptive parents, that the current state of mental health care for their children is sadly inadequate. Part of the problem is a lack of adequate resources such as government and insurance funding, trained mental health professionals, and organized advocacy programs. Another factor is the way in which evaluation and treatment is conducted. Largely as a result of a lack of resources for these underserved children, evaluation and treatment is often “fast tracked”, i.e. comprehensive approaches are rejected in favor of more focused ones. For less complicated children these focused approaches, which seek out the most likely cause of behavioral and/or mental health problems and the least expensive treatment, may suffice. But for a large group of “multiply impacted” foster, kinship, and adopted children, these fast track approaches are woefully simplistic and inadequate. They tend to waste limited resources, prolong the time to correct diagnosis, and sabotage effective treatment. In our recently published book, A 3-D View of Foster, Kinship, and Adopted Children, we offer a more comprehensive, integrated, and practical approach to the evaluation and treatment of multiply impacted children. In a series of articles, of which this is the first, we will present our approach using excerpts from the book and additional comments. It is our hope that we will be able to generate a dialogue with readers that will lead to a deeper understanding of these issues. Ultimately, of course, the goal that we share with all of you is improved outcomes for these vulnerable children and youth.

“Foster Children Have Many Medical and Mental Health Problems”

“There are over 400,000 children in foster care across the United States, and around 60,000 special needs foster children are adopted yearly. Additionally, children raised by kin number almost a million.

Alarming numbers of these children are unhealthy and troubled. Children and youth in foster care experience higher rates of physical and emotional problems than other youngsters. A significant percentage of them have chronic medical conditions, developmental delays and mental health problems.”

“In a study in Baltimore of 2419 foster children at time of placement, 90% had at least 1 abnormality on physical examination.”

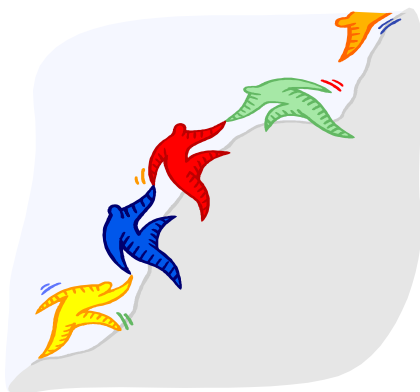
“Of all children entering the foster care system, 50 – 85% show significant emotional, behavioral, or developmental problems, a rate 3 – 6 times greater than children in the general population. In one study, researchers found that between 40% and 60% of children in out-of-home care had at least one psychiatric disorder.

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Alaska Attachment & Bonding Associates depends solely upon yearly support from the community. We are proud to recognize the following individuals, businesses, and organizations for their support through Grants and Donations.



Lend a helping hand

Alaska Attachment & Bonding Associates

is eligible under AS 43.23.062 to receive

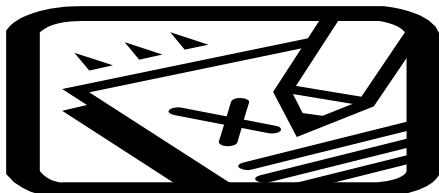
charitable contributions for ~2012~

as designated by PFD applicants electronic Permanent Fund Dividend applications. Program:

(Pick. Click. Give.)

Please help with our mission:

To support healthy family attachments and bonds through education and advocacy.



2012

Diamond: (\$10,000 to \$24,999)

Sapphire Circle: (\$6,000 to \$9,999)

Rudy Circle: (\$2,500 to \$5,999)

Emerald Circle: (1,000 to \$2,499)

MSHF Discretionary – Teri Namvet
Jim Wardman

Platinum Circle: (\$500 to \$999)

Western Enterprises, Inc
Totem Ocean Trailer Express, LLC
American Seafood Company LLC
Gottstein Family Foundation

Gold Circle: (\$150 to \$499)

BP American Inc.-Michael Solmanson
Fabric of America Fund– Susan Denton
First National Bank (Craig Thorn)
Diversified Tires
Sean Hitchcock
A Renee Richardson
Hardy Heating, Inc

Silver Circle: (\$50 to \$149)

Eleanor F. Oakley
Naomi & James Paris
Fred Meyer (Wasilla)

Bronze Circle: (\$25 to \$49)

Weldin Construction

Aluminum Circle: (\$1 to \$24)

Isabel Stitnicky
Lugi Volope

In-kind Circle:

Susan Denton

Volunteers

Eleanor Oakley
Jim Wardman
Karen Howes
Laura Wagner
Brittany Blawn
Carol Rice
Crystal Loncle
Cynthia Riley

Special Thanks to:

Mr. Howes for donation of his time

Karen Howes for helping with the Pampered Chef fundraisers

To all the Board Members and volunteers.

Bingo Mania for using our Gaming permit



Special Workshop

Nancy Thomas workshop May 12, 2012, was great. Thank you! Totem Ocean Trailer Express, Inc, American Seafood, and Fred Meyer (Wasilla) for helping to sponsor this workshop. And special thanks to Nancy Thomas for the great workshop she presented. Lots of information and fun.....



Workshops are a fun way to learn!



Resources and Links

TATTAC: Bernadine Janzen, MS, LPC; Tattacbsj@gmail.com

Attachment Disorder Network for parents: www.radzebra.org,

Alaska parent line; 1-800-643-5437

Alaska Center for Resource Families: www.acrf.org

Alaska Children's Trust: www.alaskachildrenstrust.org

Families & Professionals resources for the first three years of life: www.threetozero.org

American Family Advocacy Center: www.profane-fustice.org

Grandparents Raising Grandkids: grands@voaak.org, 1-888-52-9866

RAVEN Respite: Laura Wagner-1-907-376-0366

RAVEN PARENT SUPPORT GROUP: Mom2Mom/Dad2Dad, 907-376-0366

Support group line: 907-982-1948, Crystalcloncle@mtaonline.net

Court Appointed Special Advocates: www.alaskacasa.org

Attachment Disorder support group: www.adsg.org

[Http://thursdaygroup.blogspot.com](http://thursdaygroup.blogspot.com)

Co-occurring Disorders Institute: CoDi; www.codi-ak.org

CCS Early Learning: www.ccsalaska.org

RAD Kid organization: www.radkid.org

Alaska Attachment & Bonding Associates

RAVEN Respite

**Please submit
your paper
work.**

**We have some
respite provid-
ers, waiting for
the families to
submit their
paper work.**



**"RAVEN Respite"
Striving to make a dif-
ference for families**

Continued from page 1– **article #1**

And they also found that this population of children used inpatient and outpatient mental health services at a rate 15 to 20 times higher than the general pediatric population. Why do these children exhibit so many behavior and mental health problems, and how can foster and adoptive parents and others help them? The answer is not simple and involves a discussion of multiple negative impacts.”

“Children with Multiple Negative Impacts”

“Most foster and adopted children are “multiply impacted” and therefore, seriously troubled. By multiply impacted we mean that these children have endured two or more serious, negative influences in their young lives. Their complex histories often include some, if not all, of these four major impacts, and sometimes more:

- Genetic defects;
- Prenatal exposure to drugs and/or alcohol;
- Complex trauma such as chronic neglect, physical and sexual abuse, and exposure to domestic violence; and
- Separation from or loss of significant others and/or multiple out-of-home placements.

By itself, one negative impact alone might produce developmental, cognitive and emotional problems. In combination, however, multiple negative impacts almost certainly result in problems. When we say “in combination,” we don’t mean merely “in addition to”; we don’t mean simply adding one impact to another. What we mean is that one impact actually multiplies the effects of others. Take the example of the mother whose heavy drinking during pregnancy has damaged her fetus’s brain so that he has Fetal Alcohol Syndrome (FAS) (one impact). In addition, the mother’s drinking has led her into relationships with men who also drink and have poor control of their anger when intoxicated. If this child’s FAS leads him to be annoying to his mother’s boyfriend, and as a result he is beaten repeatedly on the head and body (second impact), he may sustain further brain injury as well as broken ribs, etc. In addition, his mother’s lack of concern for his safety (third impact) may lead to poor emotional attachment and symptoms of an attachment disorder. In this case, mother’s drinking has resulted in three separate impacts: biological (FAS), social (neglect), and psychological (attachment disorder). Each of those impacts has led to further impacts: FAS has led to impulsive, annoying behaviors that have resulted in beatings; mother’s neglect has led to his being unprotected in the face of physical aggression; and poor attachment may have led to further annoying behaviors. Mother’s drinking has led, both directly and indirectly, to at least six separate impacts that will continue to multiply over time. The sad outcome is greater than merely the sum of its parts. Thus the search for a single answer is both unrealistic and incomplete. A single, simple explanation for the child’s multiple problems results in an incomplete treatment with a poor outcome.”

This example from our book helps us to see the multiplying effects of each impact. If we were to single out the child’s attachment disorder as the cause of his problems and attempt to treat that condition with a form of attachment therapy, our efforts would be doomed to failure because of all the other unidentified factors that would continue to impact him.

In subsequent articles, we will explore these issues in more depth. We hope you will join us.

Dr’s. Kagan and Delaney. Their book, *A 3-D View of Foster, Kinship, and Adopted Children*, is available for purchase. For more information contact kim@jkaganmd.com.

Newsletter Article #2

In our first article we introduced the idea of “multiple negative impacts” affecting many foster, kinship, and adopted children. By this term, “multiple negative impacts”, we are drawing attention to the fact that these children have experienced not just one or even two major impacts in their young lives, but several. We also briefly discussed that these problems tend to fall into three categories: Biological, Psychological, and Social. And we suggested that there is a dynamic interaction among these three categories of problems such that they do not just add to one another, but they actually multiply one another. This multiplication results in far more complex issues than a brief evaluation of a child can discover. But the current state of affairs is that resources for evaluating these children are woefully lacking. This lack of resources has resulted, in many cases, in superficial assessments and overly simplistic treatment plans.

In response to the obvious need for a better way to meet the assessment and treatment requirements of this large population of foster, kinship, and adopted children, we propose the use of the “Bio-psychosocial Model”. This model offers a framework that helps us to know what information to look for, forces us to be complete and well-rounded in our approach, prevents us from jumping to conclusions, allows for full explanations and comprehensive treatment planning, and offers a way of understanding complex mental health needs that makes sense and offers hope. In this series of articles, based upon our new book *A 3-D View of Foster, Kinship, and Adopted Children*, we will discuss the use of the Bio-psychosocial Model. We will go through some basic concepts of the Biological, Psychological, and Social dimensions, discuss how the model is applied in the evaluation of children, and finally offer some insight into the resultant treatment plans. It is our hope that by helping parents to understand this evaluation and treatment process, you will be better able to advocate for your children and partner with the evaluation/treatment team in your children’s behalf.

Consider this case:

Johnny is a ten-year-old foster child who, according to his foster father, has a “huge temper”. He threatens people by saying “You don’t want to see me when I’m mad. Don’t make me mad!” The foster father reports that Johnny’s temper comes out of nowhere. It has little rhyme or reason. No warning, just “kaboom!” One minute he seems fine, the next he’s beet red in the face and has his fists balled up and ready to throw punches. The question is: what could account for this out-of-the blue temper? In Johnny’s case there’s ample evidence that he has endured a childhood rife with poverty, abuse and neglect. So social and psychological factors are surely at play. But is that the whole story? What about any biological contribution? Could his biological father’s Intermittent Explosive Disorder and struggles with Bipolar Disorder be factors? And what about Johnny’s mother’s history of alcoholism and substance abuse which continued throughout the pregnancy? Could these biological factors relate to Johnny’s temper issues? To help Johnny it is important to leave no stone unturned in getting to the bottom of his problems. The Bio-psychosocial Model which we use in our book can reduce the chances of missing important information.

Let’s begin with a brief discussion of the Biological dimension. Biology is the study of living organisms and is concerned with their growth, development, and adaptation to the environments in which they live. Since we are dealing with mental health issues in children, we will need to take a look at the functioning of the brain, the organ of the human body that is most involved in mental health.

Many of the mental illnesses that afflict children are hereditary, that is, the risk of developing them is transmitted from their biological parents. How does this work? Basically, it comes down to biochemistry, the chemical reactions that take place in the body. The brain is composed of nerve cells called neurons. These specialized cells have long microscopic fibers called axons that actually conduct microvolts of electricity. Each of the billions of neurons in the human brain can connect with up to ten thousand other neurons to form complex circuits. Since the brain is the biological “control central” for the body, this vast array of connections results in a mind boggling potential for thinking, feeling, and acting. The neurons don’t connect to one another by touching however. There is a tiny microscopic space between them called the synapse. Special chemicals called neurotransmitters pass between the neurons in the synaptic space to make the connection. These chemicals, like all chemicals in the body, are manufactured by genes. Genes are themselves specialized chemicals that are present in the nucleus of all of the cells in the body. Genes occur in pairs, and we inherit half of our genes from each parent. Sometimes these genes are slightly defective, and as a result they may not manufacture the correct chemical or enough of that chemical.

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If this occurs with neurotransmitter chemicals, electrical transmission from one neuron to another may be inadequate. In this case the function of those nerves may be impaired. This can result in a variety of mental illnesses.

The hereditary mental illnesses fall into several categories based upon symptoms: Mood Disorders, Anxiety Disorders, Disruptive Behavior Disorders, and other hereditary disorders. Many of these illnesses are caused by defective genes, inherited from parents, that result in inadequate amounts of specific neurotransmitters in specific areas of the brain. Often the deficient neurotransmitter is serotonin. This is true for the common Mood Disorder Depression. It is also true for some of the Anxiety Disorders such as Panic Disorder, Separation Anxiety Disorder, Social Anxiety Disorder, and Obsessive Compulsive Disorder. The most common neuropsychiatric disorder in children, the Disruptive Behavior Disorder Attention Deficit Hyperactivity Disorder (ADHD), is also hereditary. ADHD results from a deficiency of the neurotransmitter dopamine in the prefrontal cortex of the brain.

Since the risk of developing these illnesses is hereditary, it is worth mentioning here the likelihood that one or both of the child's parents may well have suffered from them as well. So these disorders may impact a child not only in the Biological dimension, but in the psychological and social dimensions as well. This is because prior to moving into foster or adoptive care, the child was exposed to whatever symptoms of these illnesses his/her parents manifested. In the case of maternal depression, the child may have been neglected. In the case of Obsessive Compulsive Disorder, the child may have been overly controlled. In the case of ADHD, the child may have been confused by a chaotic home environment. This is an example of the multiplying effects of negative impacts. In our case example of Johnny, his temper may be related to genetic issues, compounded by his mother's alcohol use during pregnancy, and exacerbated by later poverty, abuse and neglect.

Some examples of other illnesses affecting mental health that may be hereditary are mental retardation, learning disorders, Autism and Asperger's Disorder, and Tourette's Disorder.

Of course there are illnesses affecting the brain that are not genetically determined. A tragically high percentage of children entering foster care have been physically abused. Many of them have suffered brain injuries as a result of this form of physical trauma. Depending upon which area (s) of the brain have been damaged, a wide range of mental disturbances if possible. Another example of brain injury is the resulting from maternal substance abuse during pregnancy (e.g. as in the case of Johnny). Many chemicals such as alcohol, cocaine, methamphetamine, and even nicotine have been shown to damage the brains of developing fetuses. While modern psychiatry has much to offer children with many of the inherited types of mental illness, brain trauma remains tragically resistant to medical treatment.

Dr's. Kagan and Delaney. Their book, *A 3-D View of Foster, Kinship, and Adopted Children*, is available for purchase. For more information contact kim@jkaganmd.com.

Newsletter Article #3 will be in the next newsletter August/September issue

Family Development Camp

May 19 to 25, 2013

Little Beaver Camp

The Family Development Camp will cost \$550 per person. Seven days and Six nights. Registration and deposit required.

The one week Family Development Camp is designed to help families to bond and help children with Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD), Attachment Disorder (AD), Reactive Attachment Disorder (RAD), Oppositional Defiant Disorder (ODD), Obsessive Compulsive Disorder (OCD), Post Traumatic Stress Disorder (PTSD), Tourette's Disorder, Asperger's trauma and adoption. With RAD so common and such a huge issue we have mainly focused on those children but many have multiple diagnosis. The focus of the camp is to increase love, laughter, bonding, self-control, and child conscience development in the family.

The goal of the camp is to teach parents of emotionally disturbed children how to help their child to be successful. Each morning the parents attend a training, encouragement support session. They then practice the new skills with staff support to fine-tune the interventions throughout the day.

The lessons are:

Taking care of yourself

Understanding the brain and how to heal it

Establishing respect

Understanding conscience development and how to advance it

Creating and maintaining the heart to heart connection

Helping a child develop self-control

Setting limits and helping the child to accept the limits

Supercharge your expectation of responsibility

Expect restitution for damages

Winning control battles

Teach your child to think for him/herself

Guide the processing of feelings

Building self-worth

For more information and to sign up call Laura at 907-376-0366 or email laura@akattachment.org

Workshops and Classes

ALASKA ATTACHMENT & BONDING ASSOCIATES: workshop “Disarming the Forces”

Connecting with kids and teens who experience Reactive Attachment Disorder; Oppositional Defiant Disorders, and Complex Developmental Trauma

Instructor : **Kimber Olson, LCSW**

When: October 13, 2012 **Time:** 8:30 am to 5:30 pm **Cost:** \$150

Where: Mat-Su Borough Public Safety Building Facilities, 101 W. Swanson Ave, Training Rm. 2, Wasilla AK

Provided: Continental Breakfast, and Lunch

CEU's: pending

Registration and payment in full required: Online registration www.akattachment.org. Or down load form and mail to: AABA, PO Box 872188, Wasilla, AK 99687, Or call 907-376-0366 and register over the phone. PayPal is available online @ www.akattachment.org. (No cancellations or refunds, 36 days prior to workshop, if paying by PayPal you are responsible for the PayPal fee and everyone is responsible for the \$25 non-refundable deposit. For more information email: laura@akattachment.org. Phone: 907-376-0366. Fax: 907-376-0966. Web-site: www.akattachment.org.

Mat-Su Area summer-fall 2012

Regular Core Training 18 hours, Mon 6:-9: PM for 6 weeks 9/10-10/15, must attend all 6 classes.

Core Training for experienced foster parents 8 hours, 9:00-1:00 Tues and Fri 10/16 & 10/19.

Relative Core Training 9 hours, Thursdays 9:am-12 for 3 weeks 9/20-10/4, must attend all 3 classes.

Short Core Training for Resource Families , Condensed classroom version with homework. If there are at least 2

people that want to take the class we can schedule it at your convenience, nights or on the weekend. Call 376-4678 to

schedule this option. There is also a self-study workbook, but you must get permission from your licensing worker at OCS.

Adopting Thru OCS 3 hours, Oct 22nd 6:00-9:00 PM

Building Families thru Adoption 12 hours, Mondays 6:-9: PM 10/29-11/19 must attend all 4 classes.

Video Days-Come to ACRF between 9:00-2:00 and watch DVD's on specific topics of interest:

July 26th: Transracial Adoption, August 2nd : FASD, September 6th: Culture & Identity, October 5th: Childhood Trauma,

November 1st: Adopting thru OCS, December 6th: Parenting. You don't have to stay the whole time, but must pre-register so we know you are coming.

All ACRF Classes will be held at the ACRF Wasilla office in the Brentwood Plaza on the Palmer Wasilla Highway unless otherwise noted. Turn on Shennum and drive behind the post office to the rear of the building, Ste. A2. There is a sign on the roof and on the door. You must pre-register as classes will be cancelled without notice if no one signs up; call 376-4678 /bwoodin@nwresource.org

Rural Teleconference Training and Support:

July 24th 12-1:00 How Foster Parents can Work with Tribes with SC Adoption Assistant Tara Pickett

July 24th 7:00-8:00 PM Understanding the TDM Pt 2 w/ OCS TDM Facilitator Jamie Kokoszka

Aug 8th 7-8:00 PM Trauma

Aug 14th noon -1:00 Understanding the Home Study Presenter: CSS Tami Jo Monson,

Sept 11th noon-1:00 FASD Diagnostic Teams Presenters: Genevieve Casey and Diane Casto

Sept 12th 7-8:00 PM Substance Abuse

The monthly Rural Teleconference is designed for anyone living outside of Anchorage or Fairbanks, although anyone can participate. Families may participate by dialing 1-888-626-7441 and when asked enter the code: 9939775#. If you phone in before the group leader you will hear music, please stay on the line. For more information contact bwoodin@nwresource.org or call our toll-free number 1-800-478-7307.

RAVEN'S: Mom2Mom/Dad2Dad parent support group

A fun support group for moms and dads parenting behaviorally challenged children.

Mom2Mom/Dad2Dad parent support group meets the first Monday of every month. From 10:30 am until noon. At the AABA office, 619 S. Knik Goose-Bay Road, Ste J, Wasilla. No registration is required, just come and talk with the other parents who have the same concerns as you do. Coffee and tea will be served.

If you have any questions, please e-mail laura@akattachment.org or 907-376-0366.



RAVEN RESPITE PROJECT

If you would like to participate in the RAVEN Respite project call 907-376-0366.

There are a few providers that are trained in the care of Attachment Disorder children. The families need to submit all their paper work and attend the respite training workshop, to receive some assistance with the cost of the care from AABA. AABA has two families using this program. AABA can assist two more families. 907-376-0366

A WORD FROM OUR CEO/PRESIDENT

AABA would like to invite volunteers to help with the 2013 Family Development Camp. If you are interested please email laura@akattachment.org or call 907-376-0366. Community involvement is key to a successful event that would help these emotional at-risk children and their parents deal with emotional issues, such as Attachment Disorder or Reactive Attachment Disorder.

Thank you, and have a great summer.

Eleanor F. Oakley



PAMPERED CHEF (one of AABA's fundraising programs)

Pampered chef consultant-Karen Howes

You may order on-line at www.pamperedchef.biz/karenh anytime or request a catalog from Karen @ 907-375-1425 or email request to karenh@gci.net.

RAVEN LENDING LIBRARY:

Located at: 619 S. Knik Goose-Bay Road, Ste J, Wasilla AK 99654.

Opened: 8:00 am to 4:00 pm. Monday thru Friday.

Books are listed on the AABA web-site: www.akattachment.org

Please come in and browse, check some books or DVD's out, on Attachment Disorder. If you cannot get to the RAVEN lending library, call and request the books you would like to read, and we will mail them to you.

RAVEN lending library is made possible in part by:

- The Alaska Mental Health Trust Authority
- Mat-Su Health Foundation

The TRUST
The Alaska Mental Health
Trust Authority

Alaska Attachment & Bonding Associates

Phone:: 907-376-0366
Fax: 907-376-0966

City Center Business Park
619 S. Knik Goose-Bay Road Ste J
Wasilla, Alaska 99654



Helping families stay together

Web Site:

www.akattachment.org

About Alaska Attachment & Bonding Associates

AABA is a non-profit organization that provides education, training, support and advocacy for kinship, adoptive and foster families who care for children with emotional disorders, such as Reactive Attachment Disorder (RAD) and professionals who work with this population of children.

AABA's area of Focus: PREVENTION of abuse/neglect

PLACEMENT information

EDUCATION in Attachment

COMMUNITY resource information

WHAT drives AABA?

AABA is passionate about traumatized children.

AABA has first hand experience with Attachment Disorder children and knows the Special care and treatment needed to help these children learn, love and trust.

Left untreated, children with Attachment Disorder and other emotional disorders

Are often times shipped to out-of-state Residential Treatment Centers (RTC's), and

Are likely to become emotionally disturbed adults, unemployable, likely to be

Involved in drugs, alcohol or other illegal activities.

WHY should you care?

Because this is a preventable disorder and will take the community working together!

"BECAUSE THIS IS YOUR HOME" !

Bingo Mania



Bingo Mania helps non-profit programs in the valley. And the non-profits would like to thank Bingo Mania for all the needed help. Bingo Mania is a safe and fun place for adults to get out and meet other adults. Bingo Mania has a Deli for all those hungry Bingo people to satisfy their hunger pangs. Bingo Mania is located at **6445 E. Blue Lupine Dr. Wasilla AK**. On the frontage Rd by Alaska Sales & Service. **Phone 907-376-4816**.

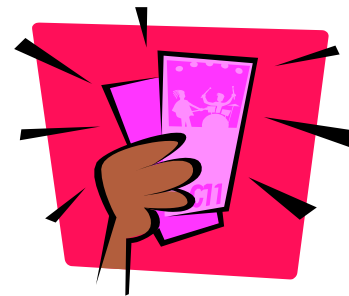
Closed: Monday; Tuesday; Wednesday.

Opened: Thursday: One session, starts @ 6:30 pm

Friday: Two sessions, starts @ 6:30 pm & 10:30pm

Saturday: Two sessions, starts @ 6:30 pm & 10:30 pm

Sunday: One session, starts @ 6:30 pm



Pull Tabs Mania

Mile 49 Parks Hwy

Meadow Lakes

Opened 11:00am to 9:00 pm