Macomb Intermediate School District;
Compliments of the Integrating Mental Health in Schools Federal Grant

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An Information Booklet for
***Macomb Intermediate School District* Educators**

Quick Facts: Disrupted Attachment

This fact booklet is intended to enhance understanding of school personnel about the mental health issues that may be encountered in students. The information included is not exhaustive and should never be used to formulate a diagnosis. Mental health diagnoses should be made only by a trained mental health professional after a thorough evaluation.

What is Disrupted Attachment?

Healthy attachment is a reciprocal, enduring emotional connection between a child and his/her primary care-giver(s) that begins when the child is in utero. Resulting from care-giving that is attuned and responsive to the child's physical and emotional needs, secure attachment is an essential building block of cognitive, social, emotional, and physical development. Characteristics such as empathy, capacity to love, and inhibition of aggression are all related to a child's sense of secure attachment in the world.

For some children, this attachment is disrupted through a variety of circumstances such as the abrupt loss of or extended separation from a parent, child abuse or neglect, invasive and/or painful medical procedures, prenatal exposure to toxins and/or neurological problems. A child is at highest risk of attachment related problems if these disruptions occur during the first two years of their life.

Problems of attachment fall along a spectrum ranging from children at the mild end who can be described as having attachment related issues (they can attach, but may have difficulty maintaining the attachment over time) to the wholly unattached child at the severe end of the continuum.

Reactive Attachment Disorder

When the symptoms of a poorly attached child lead to profoundly disturbed and developmentally inappropriate social relatedness, the child may be given the diagnosis of Reactive Attachment Disorder (RAD). The subtypes of RAD are:

Inhibited subtype: These children persistently fail to respond to or initiate social interactions in a developmentally appropriate way.

Disinhibited subtype: These children are indiscriminate in their choice of attachment figures. In other words, they may seek love and/or attention from anyone.

Many children experience attachment disruptions and related problems. RAD, however, is a serious diagnosis that is rarely given.

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Getting Linked

Macomb County Community Mental Health
http://macombcountymi.gov/communitymentalhealth/
Access Center: 586.948.0222

Macomb County Crisis Center
http://www.macombcountymi.gov/volunteer/center.htm
24/7 Crisis Line: 586.307.9100

CARE of Southeastern Michigan
http://www.careofmacomb.com/
Main Office: 586.541.CARE (2273)

Child/Adolescent Psychiatric Hospitals

Harbor Oaks Hospital
35031 23 Mile Road
New Baltimore, MI 48047
(586) 725-5777

Henry Ford Kingswood Hospital
10300 West Eight Mile Road
Ferndale, MI 48220
Phone: (248) 398-3200
must be medically cleared through another hospital's ER prior to admission)

Havenwyck Hospital
1525 University Drive
Auburn Hills, MI 48326
248-373-9200 (Main Line), 1-800-401-2727 (Toll-Free), 248-377-8160 (TTY)
(must be medically cleared through another hospital's ER prior to admission)

Additional Resources

Child Trauma Academy
www.childtrauma.org

Daniel Hughes
www.danielhughes.org

School Psychiatry Program
Massachusetts General Hospital
www.schoolpsychiatry.org

American Academy of Child and Adolescent Psychiatry
www.aacap.org/

Nat'l. Alliance on Mental Illness
www.nami.org

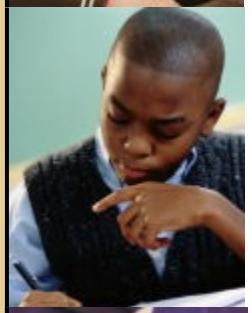
Association for Treatment and Training in the Attachment of Children
www.attach.org/



Cultural Considerations

Cross-cultural studies have shown that the instinct for parent-child attachment is universal, regardless of ethnic or cultural differences. However, there are children who are at greater risk for the development of attachment related problems. These include children in families with other high risk factors such as families with a history of child abuse and neglect, domestic violence, substance abuse, and parental mental illness.

Children who have experienced early harmful care, especially those involved in the foster care system who have received inconsistent care from multiple caregivers, are more likely to be diagnosed with an attachment disorder, as are children who have been adopted following institutional deprivation, as sometimes happens with children in international orphanages.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Prevalent Signs & Symptoms of Disrupted Attachment

Interpersonal Relationships - may include lack of trust in caregivers or adults in positions of authority; resistance to nurturance or guidance; difficulty giving and receiving genuine affection or love; superficial charm and lack of authenticity in interpersonal responses; inability to interpret facial expressions and body cues necessary for appropriate interpersonal interactions; poor social skills

Emotional Functioning - may include limited capacity for emotional self-reflection; minimal ability to recognize the emotions of others; poor emotional regulation (moodiness, extreme fluctuations in emotions, "falling apart" when faced with stress); low self-esteem

Behavior - may include demanding, clingy, and/or overt or covert over-controlling behavior; incessant chatter; temper tantrums; minimal self control; regressed behavior; chronic lying; stealing; property destruction; acting out in order to provoke anger in others; aggression; abnormal speech and eating patterns; impulsivity

Cognitive/Moral Development - may include lack of understanding of cause and effect; decreased capacity for self-reflection and abstract thinking; limited compassion, empathy, and remorse; uneven learning profile (learns well sometimes but not others); difficulty concentrating and attending to school related tasks


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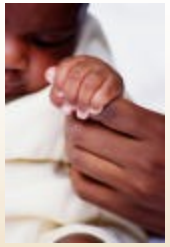
Though most of the symptoms below can occur across a child's development, some may be more prominent or first emerge at different developmental stages:

Early Childhood

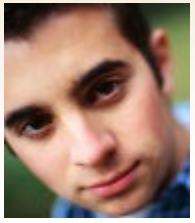


- Delayed development of motor skills
- Severe colic and/or feeding difficulties; failure to thrive
- Resistance to being held, touched, cuddled, or comforted
- Lack of response to smiles or other attempts to interact
- Lack of comfort seeking when scared, hurt, or sick
- Excessive independence; failure to re-establish connection after separation

School-age Children

- Frequent complaints about aches and pains
- Age inappropriate demands for attention
- Disinvestment in school and/or homework
- Inability to reflect on feelings or motives regarding behaviors
- Inability to understand the impact of behavior on others, lack of response to consequences
- Inability to concentrate or sit still
- Difficulty with reciprocity (give and take) in relationships
- May appear amoral (lacking moral development)
- Lying and stealing

Adolescence



- Aggressive, anti-social, impulsive, risk-taking, or delinquent behavior
- Substance abuse
- Higher levels of disengagement
- Related depression and/or anxiety

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Educational Implications

Children with disrupted attachment often lack investment in achieving academic success as their energy is focused on self-protection from what they perceive to be an unpredictable and unsafe environment. Often this focus on control and protection results in disruptive or maladaptive behavior and a difficulty displaying focused attention or concentration on school related tasks. The limited ability for self reflection and understanding of cause and effect that may be experienced by children with disrupted attachment can affect their follow through on common school tasks such as homework and can impact their cooperation with peers. These students often lack responsiveness to the types of intrinsic motivation and reward that underlie many school activities, such as academic achievement or the drive to please school related adults.

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School and Classroom Strategies: Attachment

This Quick Fact Sheet contains strategies designed to address potential symptoms of disrupted attachment and should be used in consultation and collaboration with your school's mental health personnel or as part of a larger intervention approach. These pages contain only a portion of many possible strategies available to address symptoms of disrupted attachment in the classroom. Strategies should always be individualized and implemented with careful consideration of the differences of each child and the context of their individual circumstances. Additionally, this information should never be used to formulate a diagnosis. Mental health diagnoses should be made only by a trained mental health professional after a thorough evaluation.

If you notice a significant change in mood or behavior in any child that lasts for more than a week, share your observations with the child's parent and/or guardian and with your school's mental health support team

General Information for Working with Students with Disrupted Attachments

- Children with attachment related issues may have had experiences that taught them that the world will not understand their needs nor keep them physically or emotionally safe. Many have learned, therefore, that they must assume ***absolute*** control if they are to survive. Relinquishing that control creates a debilitating level of anxiety for these students that has a dramatic impact on their ability to function at school, as it is not possible for them to simultaneously direct their efforts toward self–protection and toward learning. One key to working with students with attachment related issues is to provide the student with choice and a sense of control, though within the limits set by the adults in charge (freedom within limits).

- While many students with disrupted attachments interpret the world as unable to keep them safe, some unconsciously assume that the world's inability to take care of them actually indicates that they are not worth being taken care of. These students may try to create experiences that "prove" these beliefs to be true. In some of these instances, students will try to recreate experiences of abuse and neglect or abandonment by others by eliciting reactions of anger, hate, or intolerance. If they are successful in facilitating adult anger, abusive behavior or abandonment, the student's view of themselves as "un-loveable" will be affirmed. School and classroom efforts to reshape the child's sense of trust in people must be guided by calmness, curiosity, and empathy as well as refusal to get pulled into the child's unconscious efforts to have people reject them.

Strategies for Attachment Related Social Difficulties

- Model healthy social relationships
- Teach the student positive ways to interact with others (social skills)
- Provide opportunity for the student to work with peers who will model appropriate social skills
- Interact often with the student to monitor his/her social interactions
- Reinforce the student for demonstrating positive, appropriate social skills
- Help the student to recognize inappropriate social interactions (i.e. bring attention to inappropriate comments when they occur, stop an activity when inappropriate social interactions happen)
- Address inappropriate social interactions privately with the student rather than in front of his/her peers
- Communicate your concerns regarding the student's social difficulties with the family, other school staff, etc.

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Strategies for Attachment Related Behavior Problems

- Intervene early and intensively
- Make time to spend talking and listening to the student
- Be empathic and nurturing; be attuned to their response to your nurturance and respond accordingly (i.e. if student becomes anxious in response to you putting your hand on their shoulder, try a high five instead)
- Learn as much as you can about attachment and attachment related problems; these children can be very challenging, and the more you understand them, the more effective and committed you may be in your relationship with them
- Take the time to understand the motivation underlying the student' behavior; consult with your school's special education staff or behavioral specialists about conducting a functional behavior analysis if the underlying motivation is not apparent
- Interact with these students based on their emotional age; some of these children and adolescents may be "stuck" in a younger age of emotional development and do not have the skills to "act their age"
- Students with attachment related concerns are often confused about what behaviors and emotions are appropriate; model healthy and appropriate behavior and emotions at all times
- Be consistent, repetitive, and predictable
- Provide the student with ample opportunities to make genuine choices in order to promote his/her need for control; allow freedom, but within limits set by the adults in charge
- Provide concrete, specific and authentic praise; be aware that too much praise may be met with skepticism and mistrust
- Provide some rewards that are not contingent upon the student accomplishing anything
- Respond consistently and calmly to unacceptable behavior; approach the student with a "matter of fact" voice
- Discipline students with natural/logical consequences; avoid consequences that perpetuate the student's negative sense of self
- Do not give second or third chances to a student who is misbehaving; instead explain "I see that you are not ready to do___" and then provide a logical consequence
- Use humor to deflect provocative behavior
- When the student misbehaves, do not ask "did you…", "why did you…"what did you…" questions
- If a student misbehaves, try saying "I see you need help with "; this strategy helps to promote self-reflective capacity
- If the student behaves in a way that elicits anger in you, label the behavior and tell the student how you feel about their behavior; show a mild degree of anger for 30 seconds (less if they cannot tolerate 30 seconds), then change the tone of your voice to one of assurance and acceptance; this will help the child to develop a capacity for healthy shame, to see emotions match with a proper affect, and to see that you are not going to hurt or leave them because of their behavior
- If student demonstrates poor physical boundaries or indiscriminate sociability (i.e. hugging someone who enters the classroom) avoid lecturing them; rather provide a gentle suggestion for appropriate boundaries "why don't you shake the principal's hand when she joins us"
- Have patience and understanding and remember that the student is acting from a place of fear and a true belief of worthlessness and un-loveability; each time they are successful in driving people away by their behavior, their worldview of themselves is only further entrenched
- Be sure to seek personal support from others when dealing with attachment related behaviors; these behaviors are likely to evoke a range of emotions in school staff
- Partner with parents/guardians and mental health related professionals when working with students with attachment related behaviors; without strong partnership, efforts by these children to "split" (pitting one adult against the other) may be successful and intervention attempts sabotaged