

What School Social Workers Know and Should Know about Reactive Attachment Disorder

Nov 10, 2011 Heidel House Green Lake, WI

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Thank you!

- We want to thank Tim Schwaller and the Wisconsin School Social Workers, the McNair Scholars program, Chileda (La Crosse, WI) and the University of Wisconsin-La Crosse for making it possible for us to be here.

Agenda

- Definition/Points for clarity
- How school staff can work with parents and with one another collaboratively
- Results of Wisconsin School Social Workers Survey
- Strategies for regulation and social skills

DSM-IV Criteria

- Children with this [mental disorder](#), associated with care that is "grossly pathological," fail to relate socially either by exhibiting markedly inhibited behavior or by indiscriminate social behavior.

A. Markedly disturbed and developmentally inappropriate social relatedness in most contexts, beginning before age 5 years, as evidenced by either (1) or (2):

Inhibited type:

- (1) persistent failure to initiate or respond in a developmentally appropriate fashion to most social interactions, as manifest by excessively inhibited, hypervigilant, or highly ambivalent and contradictory responses (e.g., the child may respond to caregivers with a mixture of approach, avoidance, and resistance to comforting, or may exhibit frozen watchfulness) (cont.)

DSM IV Criteria

- **Disinhibited type**
- **(2)** diffuse attachments as manifested by indiscriminate sociability with marked inability to exhibit appropriate selective attachments (e.g., excessive familiarity with relative strangers or lack of selectivity in choice of attachment figures)

DSM IV Course

- “Appears to vary depending on individual factors in child and caregivers, severity and duration of associated psychosocial deprivation, and the nature of intervention. Considerable improvement or remission may occur if an appropriately supportive environment is provided. Otherwise, the disorder follows a continuous course”

DSM IV Associated Features

- Associated with Developmental Delays, Feeding Disorder of Infancy and Early Childhood, Pica or Rumination Disorder.
- Associated Findings: **Consistent with Malnutrition**, Signs of Abuse, Growth Delays.

Points for clarity

- Spectrum
- RAD vs. separation anxiety disorder
- Relationship between reactive attachment disorder and trauma

Attachment Across Lifespan

- Attachment sets up the working model.
 - Relationships with peers
 - Relationship with teachers
 - Relationships with authority figures
 - Romantic relationships
 - Dealing with trauma/ General coping
 - Dealing with other attachment issues

Diagnoses they may come in with..

- Attention Deficit Hyperactivity Disorder
- Oppositional Defiant Disorder
- Conduct Disorder
- Bipolar Disorder
- Depression
- Post Traumatic Stress Disorder
- Sensory Issues

School Staff Collaboration

How the Educational Team can Work Sensitively with Parents

- Meet with/listen to parents before school
 - Recognize school and home may see different behaviors
- Important to be patient with parents who are trying, even if they are not doing a good job
 - Encourage their getting support
- Plan on how to avoid triangulation

Cultural Sensitivity with Parents

- Adoptive/foster/family caregivers vs bio parents
- Poverty is often experienced as traumatic stress for families
 - Parental mental illness and substance abuse
 - Potentially contributes to attachment issues
 - Potentially contributes to poor regulation
 - Parenting has to co-exist with stressors of urban environment

Possible Implications for New Placements

- Children don't just change their maladaptive working model of parent-child relationships, even in new, loving homes
- Major changes in daily functioning, routine
- Potential dangers at home
- Loss of family and friend support
- Feel overwhelmed, blamed
- May seek support..... possible desperation

Administrators

- Advocate for trauma-sensitive policies
 - Avoid zero tolerance/3 strike policies
 - Promote after school / summer opportunities and family evenings for at-risk families
- . Select appropriate teachers for these students
- Support teachers and staff with ongoing training and consultation

School Social Worker

- Long term relationships with family
 - Key connection to wrap around and other community services, including community SW's (Develop cohesive team!)
 - Consider parent training b/c of possible reunification
 - Can keep school posted on important family situations
- May be caring safe person in the school
- Counseling, if trained on attachment

- Advocate for child at IEPs

School Counselor & School Psychologist

- Educate staff on role of trauma informed care and learned secure attachment.
- Assess child's emotional regulation and social skills needs
- Consult on managing behavioral issues, FBA
- Collaborate with and support parent through the process
- May be caring safe person in the school
- Counseling, if trained on attachment and trauma

Teacher

- Collaborate and communicate with educational team and parents
 - Accept support
- Develop child's social learning and regulation skills
- Maintain a safe classroom
 - Identify and minimize triggers
 - Highly structured
 - Predictable
 - Academic supports
- Build trusting relationship
 - model healthy template of interaction (boundaries)

School Nurse

- May have regular contact if giving meds
- Can monitor comments/ possible abuse
- Can monitor somatic complaints
- May provide nurturing when treating physical symptoms (teach how to be cared for)
- Can be caring safe person in school

Occupational Therapy/ Physical Therapy

- PT -evaluate child's fine motor, gross motor and sensory needs
- OT -make recommendations that consider the child's sensory issues in school

Secretary

- May spend much time “supervising” the student while student waits
- May be interacting with parents and have info that is helpful regarding child’s day

Bus Driver, Lunch & Recess Monitors

- Need training as they see the child during unstructured and NOISY times
 - Could provide preventative interventions
 - May need to respond to challenging behavioral situations
- Have information on child's emotional functioning that may help later in the day

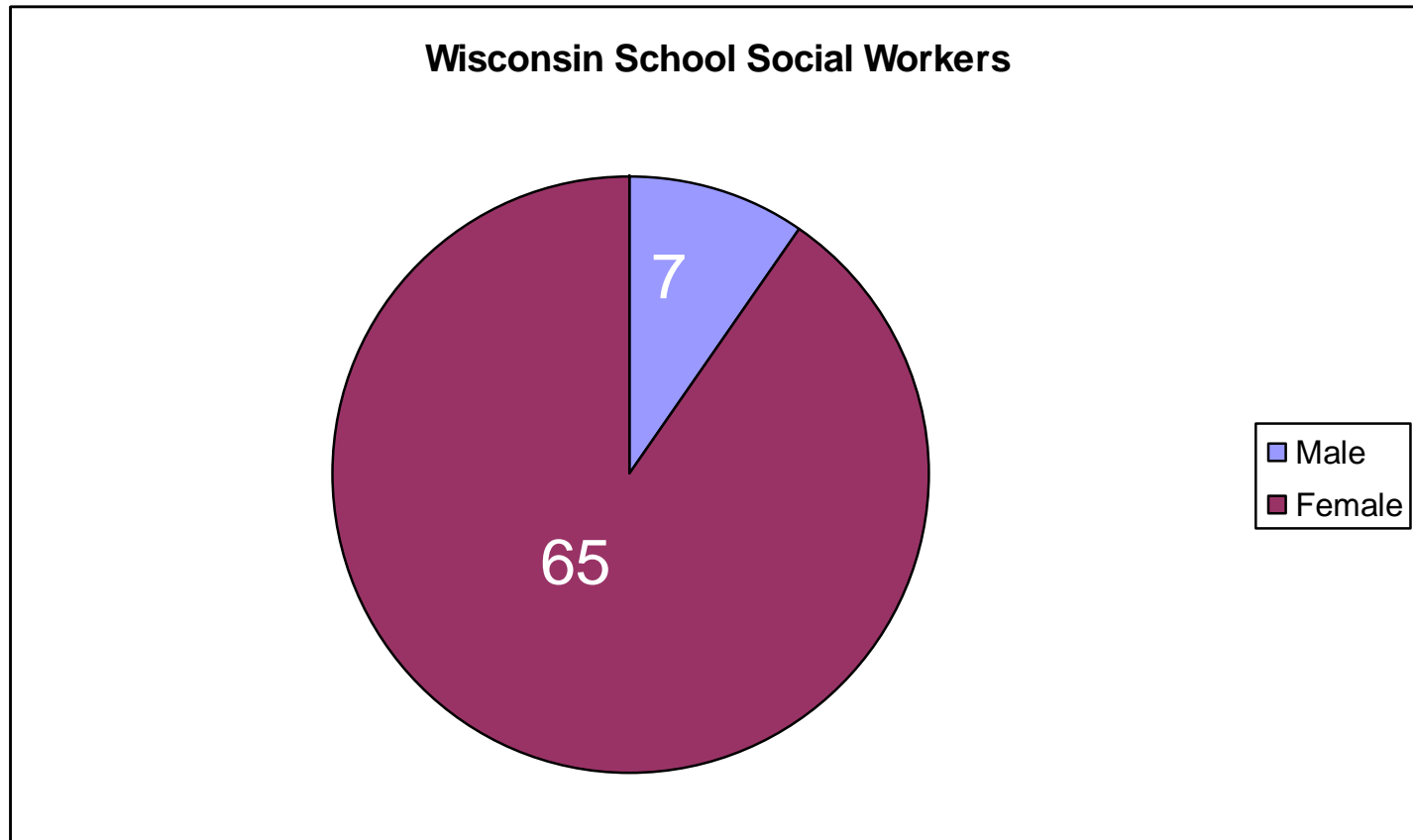
Wisconsin School Social Worker's
Knowledge on Reactive Attachment
Disorder: Is Current Training Sufficient?

Reactive Attachment Disorder

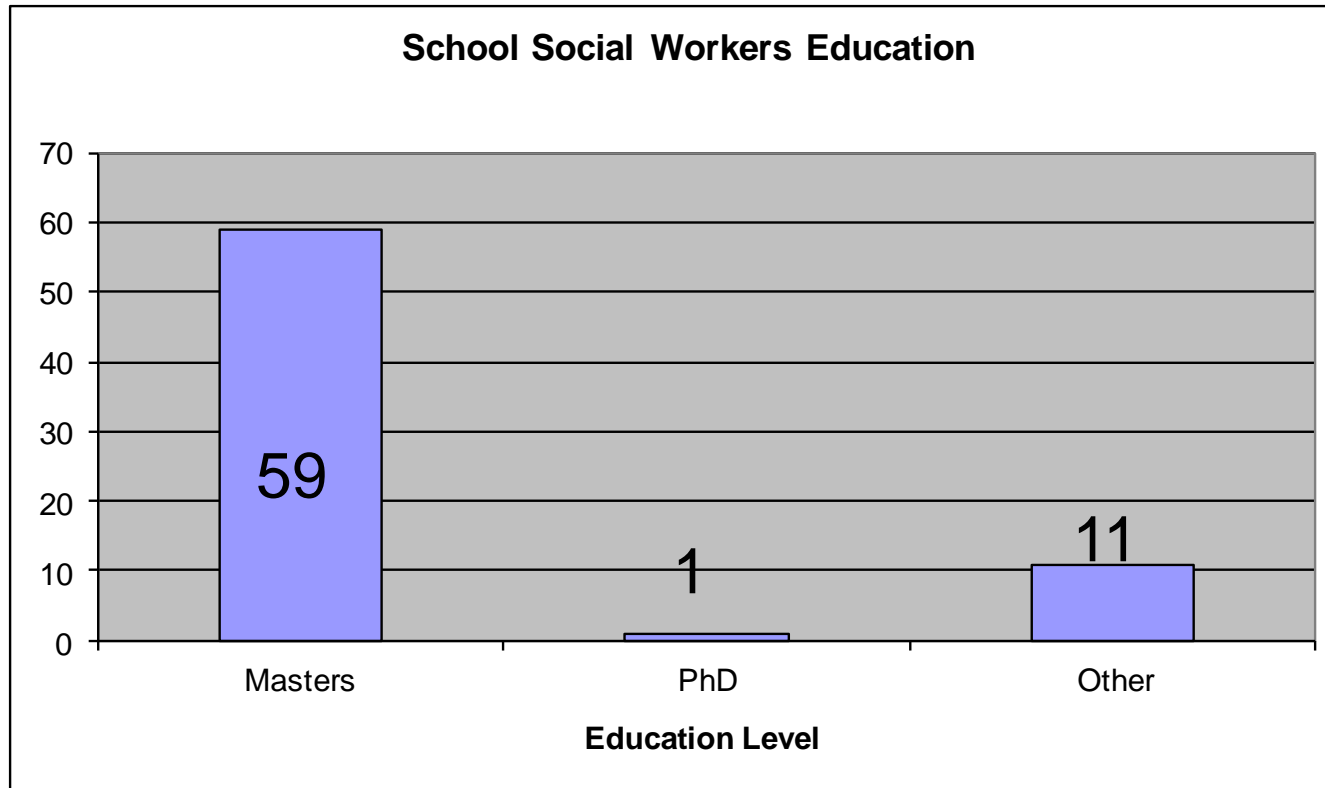
- **Background**
- **Purpose of Study**

“ He punched holes in the walls and drew pictures of harming himself. I was so paralyzed I did not know how to love him. ”

Demographics: Gender



Education of Participants



(1 Participant did not report Education Level)

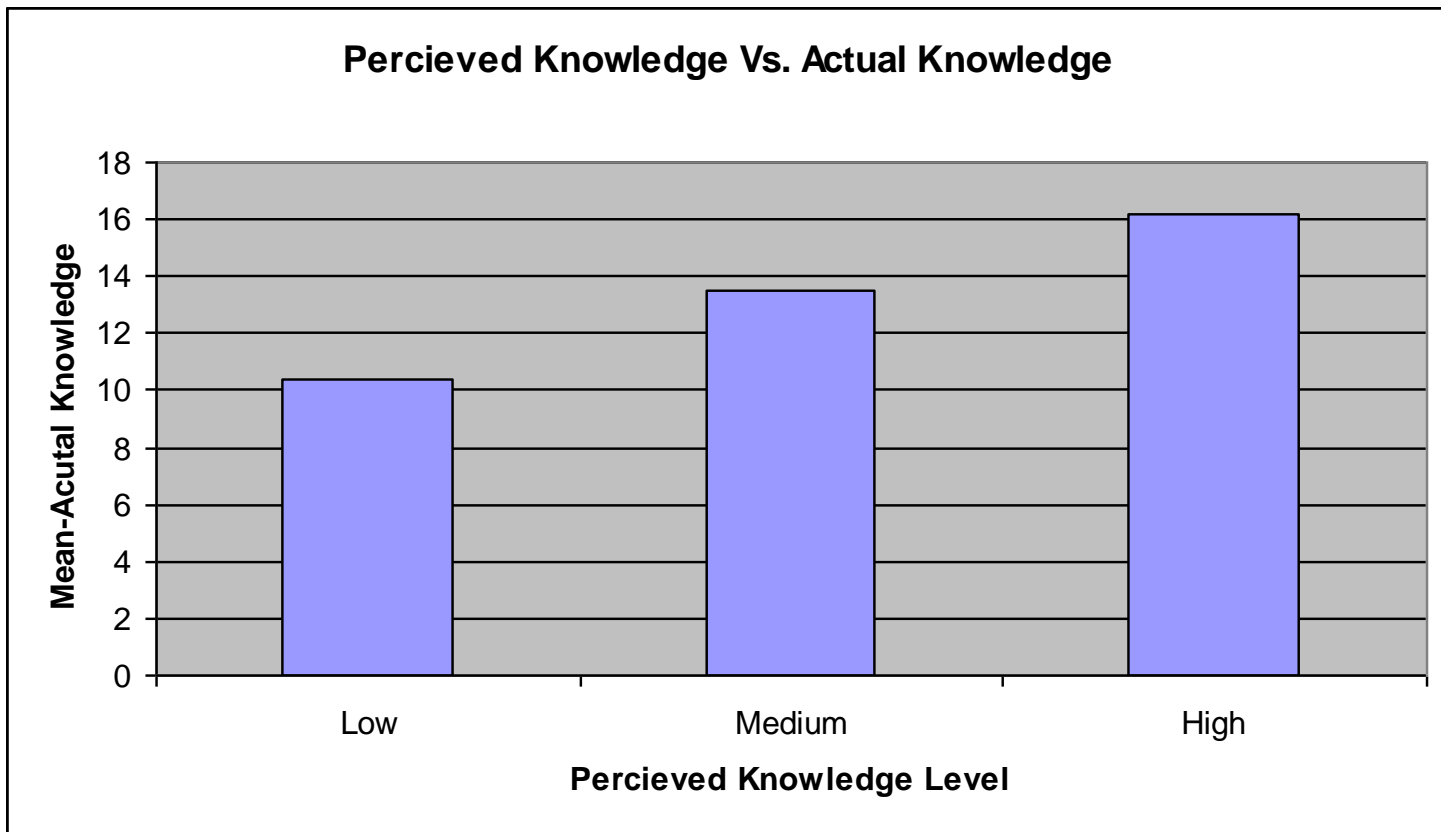
Demographics: Years of Experience

Novice= 13 years or less

Veteran=14 years or more

**No difference in knowledge between
novice and veteran School Social Workers
($p=.64$)**

Perceived Knowledge Vs. Actual Knowledge



Strengths in Reactive Attachment Disorder Knowledge

- Treatment/Medication

- Rebirthing treatment techniques are safe and supported by research in treating children with RAD. (70/72=97% correct)-----FALSE
- Medication is a cure for RAD. (64/72= 89% correct)-----FALSE
- Children with RAD will often outgrow their relationship difficulties. (47/72= 65% correct)-----FALSE

- Causes

- RAD affects male children only. (68/72= 95% correct)-----FALSE
- RAD is mainly caused by malnutrition. (65/72= 90% correct)-----FALSE
- A child who is abused and neglected at any age will almost certainly develop RAD. (58/72= 81% correct)-----FALSE

Strengths in Reactive Attachment Disorder Knowledge

- Behaviors

- In one type of RAD, the child persistently fails to initiate and respond to most social interactions in a developmentally appropriate way. (54/72= 75% correct)-----TRUE
- All or almost all children with RAD exhibit inappropriate social relatedness in most contexts. (41/72= 57% correct)-----TRUE
- Some children with RAD form superficial relationships. (62/72= 86% correct)-----TRUE
- Children with RAD usually have appropriate peer relationships because of their outgoing nature. (49/72= 68% correct)-----FALSE
- Children with RAD always engage in excessive lying and manipulative behavior. (46/72= 64% correct)-----FALSE
- Children with RAD may behave as if they are in a constant state of fear. (47/72= 65% correct)-----TRUE

Training Needs on Reactive Attachment Disorder

- Prevalence / DSM-IV

- There is approximately 1 child in every classroom with diagnosable RAD. (17/72= 24% correct)-----FALSE
- Less than 1% of the population of children is diagnosed with RAD. (17/72= 24% correct)-----TRUE
- In order to be diagnosed with RAD, atypical behaviors need to begin before the age of 5. (28/72= 39% correct)-----TRUE

- Cause of Reactive Attachment Disorder

- The cause of RAD is unknown. (12/72= 17% correct)-----FALSE
- Children with RAD always or almost always have a history of pathological care from caregivers. (30/72= 42% correct)-----TRUE

Attachment and Emotional Regulation

Emotional Regulation

- Definition
- Development
 - Stages of regulation
 - Adult responsible for repair

Goal for children with insecure attachments = “Learned Secure”

Achievement of a secure mind through “corrective attachment experiences” with a significant attachment figure (teacher, therapist, mentor) and/or an increase in [ability to reflect on past and present experiences in order to understand one’s responses to a person or situation].

- COS website

Safety Plans

Definition

Team Approach

Example:

“Waking Day Interview”

- Identify environments

- Identify each professional’s role in student’s plan

- Identify triggers/issues

- Identify contact persons in the environments

- Share information

How to Set Up a Day

- Important Classroom Components
 - Safe haven
 - Opening, check-ins and closing
 - Teach a cue for change
 - Shared plans (visual until becomes internal)
 - Ideas for Specials

Teaching Regulation

- Joining in/Get hired
 - Parallel activities then moving to relating
 - - Seeking behavior
- Collaborative goals

Teaching Regulation

Practice at times of calmness

Catch anxiety when it can be soothed

Offer empathy and understanding

Dysregulation and Emotional “Hijacking”

- “ Emotional 'dysregulation' can be seen as impairments in the capacity to allow flexible and organized responses that are adaptive to the internal and external world.” (p. 241, Seigel, D. 1999)
- The “hijacking” of rational thinking

Problems Related to Dysregulation

Differentiating Fear From Excitement

- Problem:
 - May sense FEAR unnecessarily
- Suggestions:
 - Understand perceived dangers and fears
 - Verbalize safety measures
 - Address the fear state
 - Teach to recognize true danger and fear

Difficulty with Relationships

- Problem:
 - Atypical relationships
 - inhibited vs disinhibited
 - Fantasy embellished relationships
- Suggestions:
 - Understand challenges of atypical relationship style
 - Joining in/Individual time

 - Teach child to recognize needs
 - Develop healthy working relationship
 - Earned 1-1 time with preferred staff*

The Alarm/Numbing Response and Provocative Behavior

- Problems:
 - Excessive chattering
 - ADHD behavior
 - Provocative behavior
- Suggestions:
 - Structure conversations- to slow talk down
 - Teach how to notice body sensations

Impulse Control Challenges

- Problems:
 - Elopement/Vacating
 - Stealing, hitting
 - Look opportunistic
- Suggestions:
 - Demonstrate safety
 - Embed visuals to “stop and think” in during activities (stop and describe what is happening)

Social Cognition

Social cognition refers to how people process social information, especially its encoding, storage, retrieval, and application to social situations.

Teaching Empathy and other Relational Skills

- Problems:
 - Poor perspective taking
 - Misreading of nonverbal cues
 - Misreading of verbal cues
 - Lack of social understanding

Teaching Empathy and other Relational Skills

- Solutions/Approaches
 - Social Review
 - Comic Strip Conversation
 - The Incredible Five Point Scale
 - Social Story
 - Michelle Garcia Winner's work

(cont.) Social Review

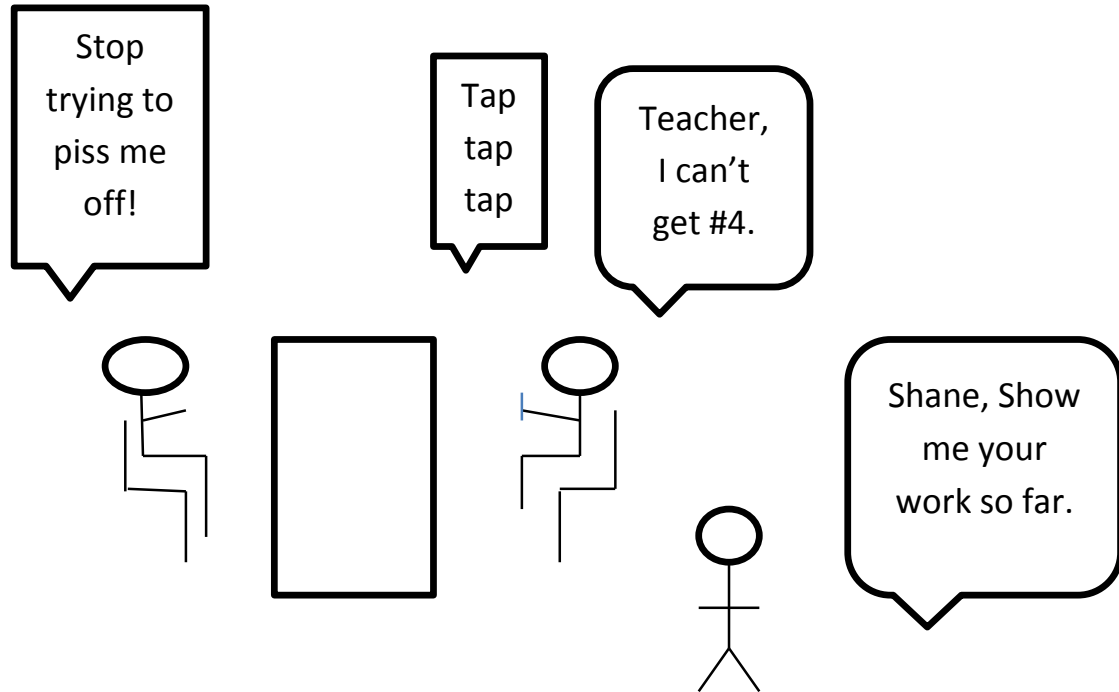
- Teacher “Tell me what happened”
 - Child talks about what they saw and how they understood it.
 - Teacher responds “Oh, so you were thinking _____. I was thinking _____ so we were thinking differently”
 - Teacher “How can we make this better?”

Comic Strip Conversation

- Carol Gray, 1994

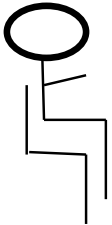
Comic Strip Conversation

Classroom



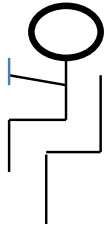
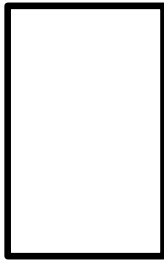
Classroom

Stop trying to piss me off!

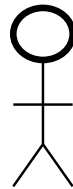


Shane is trying to get me kicked out and the teacher wants me out of here too!

Tap tap tap



Teacher, I can't get #4



I know I can get him pissed!

Shane, Show me your work so far.

I am nervous about not understanding the math.

I can't wait to get this kid out of my class

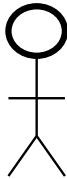
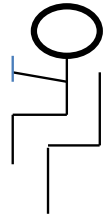
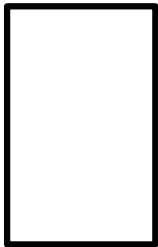
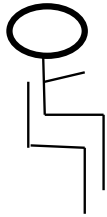
What happened?

Shane needs help

Classroom

There is too much noise!

Stop trying to piss me off!



Shane is trying to get me kicked out and the teacher wants me out of here too!

Tap tap tap

Teacher, I can't get #4

I know I can get him pissed!

I am nervous about not understanding the math.

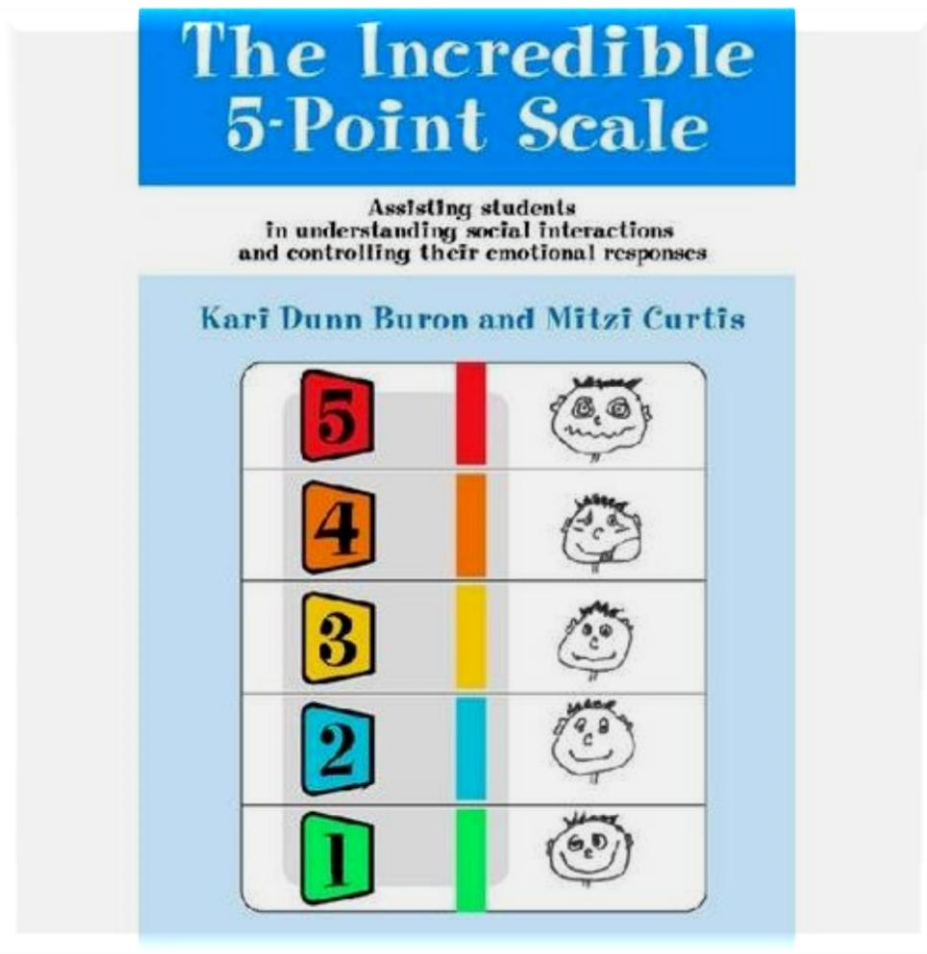
Shane, Show me your work so far.

I can't wait to get this kid out of my class

What happened?

Shane needs help

The Incredible 5 Point Scale

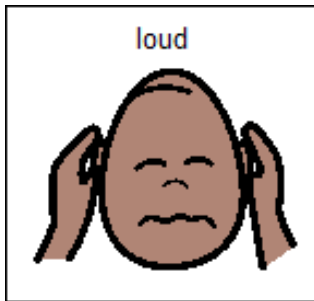


	Looks Like	Feels like...	I can...
5	Touching staff inappropriately Aggression	I feel out of control. I don't know what I feel.	I think and slow down. Can listen to my choices I can walk to the RR
4	I go up close to the staff. Sexual comments Leave the area inappropriately .	It feels good to annoy them. I get their attention.	I think about getting better I can ask to hold a hand I think and slow down. I can walk to a safe place with staff.
3	I look at the staff. I start walking to the staff.	I feel like darkness is coming I feel like going away and going to them.	Take a break- staff WILL be here for me. Staff can stop talking for a bit- just be there. stop and think- future
2	Respectful Talking about safe topics Working together Having safe fun	Sometimes normal Sometimes odd	I think about my good karma Deep breath- take a break
1	Saying "Hi" comfortable small talk.	Normal	Continue to be a gentleman.

Social Stories

My name is _____.

Being in class can be fun. At times, being in class can also be hard because it gets noisy.



In class, people might make noises like talking to the teacher, tap a foot or might tap a pen while they think.

For most people these noises are OK.

Even though the students are not trying to bother me, sometimes the noise does bother me.



If the noise gets to be too much I can put my headphones on.

Power Cards:

The Dixie Chicks keep their cool!

- Even the Dixie Chicks get mad at people sometimes. When someone bothers one of the Dixie Chicks, she looks away or walks away. Saying mean words will only get her into trouble. That's not cool!

Look away
Walk away
Keep your cool



**When it's very hard to keep your cool,
here are some things you can try.**

**Say something that is not mean, like,
“I really don't like that.” Then, walk away.**

Or

Comic Strip Conversation

**Take 3 deep breaths to help you calm
down, then walk away.**

Or

Walk straight to an adult and talk it out.

Thank you for your attention!
Questions?

Interested in our presenting?

- Please contact your CESA RSN director and request our services.
- *Betty DeBoer, PhD*
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