Insecure Attachment and Attachment Disorders
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Attachment Disorder (AD) covers a range of behaviour problems that are common in children who did not receive sufficient care during the first two years of life. Deprivation, neglect or abuse may be the major element of cause during early childhood however this can not be a certainty before the age of 7 years. Thus, it would be wrong to assume that a child under the age of 7 years, who has had severe trauma in the early years through poor care, would be diagnosed as having Attachment Disorder. Many professionals hesitate to use such a severe diagnosis early in life due to the far too radical therapy methods used such as the "holding therapy".

By definition, Attachment Disorder is the inability to form normal relationships with others with an enormous delay in social development.

Insecure attachments influence the developing brain. Interactions with others, self-esteem, self-control, learning, and optimum mental and physical health are affected. Symptoms of insecure attachment may be similar to common developmental and mental problems including ADHD, Autism Spectrum Disorder, Depression, and Anxiety Disorders.

The developmental age needs to be considered as with any characteristics of development ability. E.g. enuresis (bedwetting) is a normal symptom in a two year old but not a 12 year old.

Many strategies for Attachment Disorder include those that belong to trauma therapy, cognitive-behavioural therapy, reality therapy etc. and should be left to the professional who has knowledge and skills in this area. It is not the role of the childcare worker to undertake these. Attachment therapy is an interactive process of assisting the child to develop positive emotional connections with peers and adults alike.

Understanding the purpose of the behaviour the child uses is integral, thus, understanding and empathy are important tools that the parent and therapist must use.

Before being able to assist a child to move towards a secure model of attachment, consideration of the nature of the child's current pattern of attachment relationships needs to be taken.

Effects on Developmental Areas

Social and Emotional Development

- May have severe socialisation deficit, experiencing difficulties interacting meaningfully
- May be reluctant to give eye contact
- May make many inappropriate attempts to join in, or will watch others with great interest but have no idea how to become involved. Does not know how to go about making friendships and joining peer initiated activities
- May have lack of understanding of issues from another's point of view – social empathy
- May not understand that other people have their own beliefs, desires and intentions which guide their behaviour
- May display intense anger, rages and aggressive or bullying to other children
- At times, may appear rude because of their inability to understand and use the more subtle aspects of social interaction e.g. by approaching strangers inappropriately; by ignoring another person's attempts to interact
- May not differentiate between familiar and unfamiliar people
- May have difficulty in taking turns and/or sharing with peers
- May often be observed on the outside of social activities, watching, but not joining in.
- May be unintentionally aggressive in an attempt to be social
- May be limited in play skills: plays with only a few toys and does not display imaginative play
- May lack self-esteem
- May be impulsive
- May be demanding or clinging

Physical Development

- May exhibit poor hygiene practices
- May have chronic body tension
- May be clumsy and accident prone with high pain tolerance
- May exhibit "hypervigilance' (chronic state of being on guard)
- May be destructive to self, property or others
- May have abnormal eating habits
- May have sleep disturbances
- May display wetting or soiling and may wet/soil on furniture or objects
- May display inappropriate sexual behaviour

Language and Communication Development

- May not readily *understand* or *use* appropriate forms of communication including verbal language, body language, facial expression, tone of voice and gestures
- May have limited or no speech and/or lack typical communicative gestures
- May not be able to develop the ability to cope with complex or abstract concepts
- May be unable to communicate wants, express concerns or fears, or be able to answer questions reliably
- May chatter persistently or ask nonsense questions
- May be superficially engaging and charming

Cognitive

- May have learning difficulties
- May not stay long at activities due to low concentration span
- May require instructions, directions etc. to be repeated 2 or 3 times and require some time to process before responding or acting.
- May have delays in skills of concentration, memory and ability to generalise
- May have difficulty understanding concepts of turn taking, sharing, how to enter into play situations.
- May have difficulty coping with change which may result in different behaviours
- May react with aggression to either themselves or anyone else within reach
- May become upset with changes or ask repeated questions about when events will occur

Attachment Disorder
Inclusion Strategies

Each child diagnosed with **Attachment Disorder** will be different and individual. Each child may have several, but not all, of the characteristics. The symptoms may be overt or covert. It is important to gain as much information from the parents/guardians as to what characteristics of **Attachment Disorder** the child displays. It is important to work closely with the parents/guardians as well as any additional support specialists e.g. therapists who may be involved with the child. It is also important to gain an understanding from the parent/guardian as to what is the most important aspect of the child attending your service. The following inclusion strategies are just some examples which may be applied to support the inclusion process. This list is only the start and it is dependant on a variety of factors such as environment, length of time child is in care, child's interest, likes, dislikes, skills already achieved. The strategies are divided into developmental areas however some strategies overlap and assist in a variety of developmental areas.

Social and Emotional Development

- Play games that help children to understand and recognise emotions such as watching people, DVD without the sound on.
- Provide important specific tasks to the child to give them a sense of responsibility, ownership and being a vital member of the group
- Model positive and appropriate social skills to the child. Utilise activities that help the acquisition of social skills.

Physical Development

- Calming activities need to be included during the day to assist the child in learning how to self regulate.
- Touch including cuddles and hugs are an important human need and should be included within the routines of the day. A hand on a shoulder, finger or arm wrestling is often less threatening than tight hugging or kissing.

Language and Communication Development

- Open two way communication between parents /carers and staff is the foundation of a shared care approach to child care.
- Be consistent in your response. E.g. if the child has timeout for not following through on a task then timeout should be given every time.
- Maintain a calm controlled stance despite the child's behaviour while acknowledging the child's behaviour without engaging in the argument.
- Respect for adults and authority needs to be modelled and taught.
- Provide varying activities which include communication; both verbal and non verbal.

Cognitive

- Patience must be shown as the child learns new coping strategies and behaviours.
- Structure and routine are integral to support the child. Avoid changing the structure or routine.
- If changes need to occur give the child as much advanced notice as possible and keep reminding the child about the changes. Walk and talk through the changes that will occur.
- Provide problem solving activities with the whole group including the child.
- Use charts, calendars and daily planners to help the child develop organisational skills. This will assist the child to complete a task thus increasing the motivation to try new things with success.

References:

Rolfe, Sharne   "Rethinking Attachment for Early Childhood Practice" Allen & Unwin 2004

Harrison Linda   "Attachment – building secure relationships in early childhood" ECA 2003.

Cain, C.S.   "Attachment disorders – Treatment strategies for traumatized children"
Jason Aronson Publishing 2006

Rygaard N.P.   "Severe attachment disorder in childhood" Springer Wien New York 2006