



Attachment Disorders Quick Fact Sheet for Schools

This fact sheet 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: A student may persistently fail to respond to or initiate social interactions in a developmentally appropriate way.

Disinhibited subtype: A student may display a lack of selectivity in the choices of attachment figures. In other words, a child may seek love from anyone.

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

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 - lack of cause and effect understanding; 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

Developmental Variations

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

Infancy

- Constant need for oral stimulation
- Lack of lung development
- Delayed development in physical motor skills
- Resistance to being held, touched or cuddled
- Severe colic and/or feeding difficulties
- Failure to gain weight
- Resistance to being comforted
- Lack of response to smiles or other attempts to interact
- Failure to respond with recognition of mother or father
- Listlessness

School-age Children

- Frequent complaints about aches and pains
- Demanding of 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 and does not respond to consequences
- Inability to concentrate or sit still
- Problems in social functioning
- Lack of age appropriate empathy or remorse

Adolescence

- Aggressive or delinquent behavior
- Lack of age appropriate empathy or remorse
- Lack of social skills and friends, may avoid efforts to problem solve
- Lower levels of confidence
- Higher levels of disengagement
- Internalized maladaptive behavior (ie: depression)
- Externalized maladaptive behaviors (ie: substance abuse or conduct disorder)
- Failure to regulate negative affect (dysfunctional anger, frustration)
- Impulsivity
- Risk-taking behaviors

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 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.

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 (i.e. families with a history of child abuse and neglect, domestic violence, substance abuse, parental mental illness, etc.).

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.

Getting Linked

- Visit www.ptophelp.org to locate mental health providers who address attachment disorders in children and adolescents in your community.
- Dial 2-1-1 to reach Vermont 2-1-1, a statewide health and human services information and referral program where you can get person to person assistance to find attachment related resources in your community.

Attachment Related Resources

Child Trauma Academy
www.childtrauma.org

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

Daniel Hughes
www.danielhughes.org

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

VT Family Network
www.vermontfamilynetwork.org

Vermont Adoption Consortium
www.vtadoption.org

Vermont Federation for Children's Mental Health
(802) 434-6757

School Psychiatry Program
Massachusetts General Hospital
www.schoolpsychiatry.org

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

Students FIRST Project
www.studentsfirstproject.org

First Call for Children and Families (crisis services in Chittenden County)
(802) 488-7777