

**AN OPEN LETTER TO EDUCATORS WHO WORK WITH STUDENTS WHO
HAVE BEEN DIAGNOSED WITH REACTIVE ATTACHMENT
DISORDER OR HAVE SUFFERED EARLY TRAUMA**

By Carey McGinn Ed.D., CCC/SLP

Dear Educator:

A child with Reactive Attachment Disorder (RAD) or strongly suspected of having an Attachment Disorder is enrolled in your classroom or on your caseload. Among your multitude of duties, you are now being asked to address this child's specialized learning needs with little or no information about this disorder. Actually, this child may not be the only child in your classroom or on your caseload who has attachment difficulties. Nancy Thomas, who specializes in this disorder, reports that there are five children with attachment disruptions in the average classroom.

This child may be excessively polite or superficially charming leading you to wonder, "This child has a behavior disorder? No way! You should meet the rest of my students!" Conversely this child may be aggressive, manipulative, or highly controlling and you may be thinking, "What an awful child! It must be those parents!" I am ashamed to admit that those were often my thoughts until I began to understand Reactive Attachment Disorder

According to the Association for Treatment and Training in the Attachment of Children (ATTACH), attachment is defined as a reciprocal process by which an emotional connection develops between a baby and the primary caretaker. This connection influences the child's physical, neurological, cognitive, and psychological development. It becomes the foundation for the development of basic trust or mistrust, and shapes how the child will relate to the world, learn and form relationships throughout life (ATTACH, 2004).

This affectionate tie begins prenatally and continues primarily during the first 36-months of life. As we know, infants are helpless and defenseless and rely entirely upon the willingness and/or ability of their caretakers to meet their basic needs. The language of babies is their behavior. Their cries signal the caretaker that a need must be met. When caretakers meet their needs time and time again, a bond is established between the infant and the caretaker and the basis of trust has been established. In addition, this cycle promotes the development of cause and effect thinking which is the basis of all problem solving.

For other children, however, their needs are not met or are attended to sporadically. Their cries of hunger, fear, or discomfort from a wet diaper are unanswered. They lie alone, afraid, or in pain as their bellies burn with hunger. These infants do not know what to expect so their cries are transformed into howls of rage that are eventually internalized. They discover that their needs will not be consistently met so they learn to

trust no one to remain safe. And how capable is an infant of keeping himself/herself safe?

Emotional and behavioral regulation is learned in the caretaker's arms. When babies cry, caretakers soothe them through rocking, singing, touching, and loving eye gaze. This helps infants to self-soothe and cope with strong emotions such as rage. Babies who are not held or comforted when they are distressed do not learn to cope with strong emotions. For this reason, many children with Reactive Attachment Disorder have difficulty regulating their emotions and therefore their behavior.

This internalized rage becomes problematic during the second year of life when toddlers need to cope with and accept limit setting. Their fear, rage, and distrust are so great that they explode when someone sets a limit with the word "No". They believe that this person is standing in the way of their personal safety or trying to control them, so they react with a "fight, flight, or freeze" response. They perceive this interaction as a threat to their safety and they will maintain their safety at *all costs*. They truly believe that they will die if they are not in control of interactions with others.

Children with Reactive Attachment Disorder appear to be "bad" or "spoiled", but in truth they are deeply hurt, afraid, and lonely. These children are resilient survivors. As babies, they have survived horrific events that would have traumatized the majority of adults. They continue to use the strategies that enabled them to cope with these traumatic events, however; these strategies are no longer effective.

According to Nancy Thomas (2004), children with Reactive Attachment Disorder require educators who are "loving leaders", teachers who combine the best from Arnold Schwarzenegger and "grandma". They need tight structure and firm limit setting that is provided by an empathetic adult who models "supercharged" expectations for their learning.

In order for children with Reactive Attachment Disorder to learn in school and grow into responsible adults with consciences, it is vital that all those who interact with them work as a collaborative Team. Children who do not feel safe in school will take it out on their parents through aggressive acts of violence or passive acts of resistance. In other cases, children will run away from home, abuse drugs, and/or adoptions will disrupt. Educators play an important role in the healing of children with Reactive Attachment Disorder.

COMMON CAUSES OF ATTACHMENT DISORDERS

(Thomas, 2004)

1. Maternal ambivalence
2. In utero trauma, e.g., maternal stress, ingestion of drugs or alcohol
3. Physical, sexual, or emotional abuse
4. Neglect
5. Maternal separation, e.g., death, hospitalization
6. Illness or pain that cannot be alleviated by the caretaker e.g., ear infections

7. Inadequate or inconsistent care, e.g., lack of nurturing – rocking, holding
8. Maternal depression
9. Inadequate daycare
10. Frequent moves and/or placement, e.g., foster care, changes of caretaker within the family
11. Neurological difficulties that interfere with the ability to receive nurturing, e.g., in utero exposure to crack cocaine

ATTACHMENT DISORDER SYMPTOMS IN CHILDREN

(Thomas, 2004)

1. Superficially engaging and charming
2. Lack of eye contact on parents' terms
3. Indiscriminately affectionate with strangers
4. Not affectionate on parents' terms (not cuddly)
5. Destructive to self, others, and material things (includes being accident prone)
6. Cruelty to animals
7. Lying about obvious things
8. Stealing
9. No impulse controls (frequently acts hyperactive)
10. Learning lags
11. Lack of cause and effect thinking
12. Lack of conscience
13. Abnormal eating patterns
14. Poor peer relationships
15. Preoccupation with fire
16. Preoccupation with blood and gore
17. Persistent nonsense questions and chatter
18. Inappropriately demanding and clingy
19. Abnormal speech patterns
20. Triangulation of adults
21. False allegations of abuse
22. Presumptive entitlement issues
23. Parents appear hostile and angry

CLASSROOM/THERAPEUTIC ACCOMODATIONS FOR CHILDREN DIAGNOSED WITH REACTIVE ATTACHMENT DISORDER

(McGinn, 2004)

(Adapted from the Attachment Institute of New England; Foster Cline, Charles Fay & Jim Fay; Martha Kearsley; Greg Keck; Elizabeth Randolph; Linda Ann Smith; Lawrence C. Smith & Nancy Thomas)

It takes a Team to educate and heal a child with Reactive Attachment Disorder. All children with special needs require a coordinated and collaborative Team effort. Because children with Reactive Attachment Disorder have experienced severe trauma in the first 36-months of life, they believe that they must control all aspects of their life or that they will literally die. A Team effort is therefore **VITAL** so that the child with Reactive Attachment Disorder feels safe enough to learn. Many of the strategies that work with children with Reactive Attachment Disorder are counterintuitive and in direct contradiction to behavioral interventions practiced by many educators.

Thirty-three specialists in the field of mental health recently completed a research study that found that a failure to attach to a significant adult and therefore to connect to others is at the root of all mental health disorders (please see www.americanvalues.org/html.gardwired.html for the Executive Summary of their report). This leads to the logical conclusion that the strategies recommended for children with Reactive Attachment Disorder will be effective with all children with mental health disorders (as defined by DSM-IV).

It cannot be emphasized enough that these strategies should be applied with empathy and NEVER ANGER. The goal is to return the units of responsibility back to the student, not to punish him/her. Remain calm, smile sweetly, and gaze kindly into the student's eyes while envisioning the scared, hurt, and lonely very young child inside. Good luck!

Educators need to take good care of themselves. It is estimated that the average classroom has five children with some type of attachment disorder (Thomas, 2004). Working with children with attachment issues can be a challenging and exhausting endeavor. Educators need to establish a network of allies who can serve as sounding boards for their daily encounter with these students (Thomas, 1999). Teachers should not take the student's behavior or statements personally (Smith, 2000). This will probably take some practice as these children typically are able to push "buttons" that most adults never knew they had.

Utilize Love and Logic techniques in place of behavior management systems. Love and Logic is a philosophy and a set of techniques that put teachers back in control of their classrooms in a loving and kind way. The techniques and ideas associated with this philosophy are devoted to helping teachers to develop responsible students who are prepared to become happy, successful adults (Fay & Fay, 2000b). These techniques help educators identify the steps to responsibility:

- recognize who has control
- offer appropriate choices in order to share control
- identify if a given problem belongs to the child or the educator
- set limits for children using "thinking words" or enforceable statements
- recognize empathetic responses
- design appropriate consequences for inappropriate behavior-

-design a strategy for resolving a problem situation, or problem behavior using “Love and Logic” principles (www.loveandlogic.com or 1-800-338-4065). Although these strategies are effective with all children, they are especially effective for children who have attachment problems.

Avoid behavior management plans/level systems. Behavior management and level systems are based on consistency and this consistency makes these plans easy targets for children with Reactive Attachment Disorder. Children with Reactive Attachment Disorder will not internalize the targeted behaviors, but may manipulate the system for their own purposes. These systems also let students know what is important to the educators and they may use the systems to draw teachers into useless discussions about how to sustain progress. In the end it may be the teacher’s behavior that is “managed” rather than the student’s behavior (Smith, 2000). Children with Reactive Attachment Disorder have difficulty with cause and effect and also need to be in control so that they feel safe. They often feel that if they are not in control, they will die. Finally, material things have little value for children who have lost so much, therefore the prizes that are used as behavioral incentive are meaningless for children with attachment disorders (Dr. Peg Kirby, the Attachment Institute of New England).

Avoid the use of punishment. Punishment produces resentment, retaliation, or retreat into sneakiness (Nelson, 2000). The child with Reactive Attachment Disorder has suffered so much that a week of missed recess is meaningless. State consequences in a positive way. Rather than using a loud voice to say, “You did not complete your reading work again! You have to miss computers to complete it”, state, “How sad for you that you did not do your reading work. You are so lucky that you have an awesome teacher who will give you the chance to practice reading during computer time!”

Provide a tightly structured and loving environment where rules never change but the consequences often do (Hornyak, undated). Slowly decrease the structure when the child demonstrates the ability to be respectful and responsible. “Take care of the little things and the big things will take care of themselves” (Dr. Suzanne Allen, the Attachment Institute of New England).

Use conditional positives or reverse positives.

-Conditional positive: “I noticed/I see that you passed in your homework today.”

-Reverse positive: “I see that you did both homework assignments! Did you get aliens to help you?” (Thomas, 2004)

Avoid

-Unconditional negative: “You never study!”

-Unconditional positive: “You are so smart!!!”

-Conditional negative: “You did not study for the test!”

Use conditional “yes” responses in place of “no” responses as often as possible. “Of course you can go use the computer – just as soon as you finish your math paper!”

Acknowledge good decisions and good behavior using specific language rather than unconditional positives. For example, “I see you made a good choice and finished your spelling paper.”

Allow children with Reactive Attachment Disorder to experience the natural consequences or logical consequences of their poor choices. An example of a natural consequence is that if they refuse to wear a jacket out to recess in the cold weather, they will be cold. An example of a logical consequence is that if they do not study for a test, they may get an “F”. Consequences for inappropriate behaviors must be given **WITHOUT** anger. Avoid lectures, sarcasm, and comments such as “I hope you learned your lesson”. Provide them with genuine empathy for their poor choices. “Oh you must have been cold today at recess” or “How sad. You got an F on your test but don’t worry. We will have another spelling test this Friday. Good luck!”

Provide consequences the first time. Do not give the child a second chance. Second chances and warnings are perceived as threats by children with Reactive Attachment Disorder and can result in a fight or flight response and/or an escalation of negative behavior. Avoid warnings and reminders also avoid behavior modification strategies that implement reward programs because they tend to be less effective with these children. (Thomas, 2004).

Use actions, not words. If a child continuously tips the chair, remove it rather than lecture the child on the dangers of falling off the chair.

Use one-liners as often as possible. One-liners or “thinking words” (Fay, Cline, & Fay, 2000a) are an important tool that place responsibility for inappropriate actions or words with the child rather than the educator. One-liners are also an effective tool to rely on when the child is trying to provoke anger in the teacher and the teacher is at a loss for words. They force the child to do the thinking rather than allowing the child to “rent” the educator’s brain (Flanders & McMullen, undated). They are effective for side stepping power struggles. The most important rules to remember are: the fewer the words the better and never use anger or sarcasm. Some examples of one-liners include:

1. “That’s too bad.”
2. “Bummer.”
3. “That’s interesting.”
4. “If anyone can handle it, I’m sure you can.”
5. “What are you going to do about it?”
6. “The nice thing about you taking so long to do this assignment, is that I am going to know where you are all day.”
7. “Feel free to join us at ____ (recess, computer time, fun Friday) as soon as you are done.”
8. “I see that you worked very hard in getting the correct answer in the second problem. As soon as the rest are done like that, you’ll be finished with your work.”
9. “How are you going to handle it next time?”
10. “And how did that work for you?”

11. "Thanks for the honest answer."
12. "How sad."
13. "What do you think I think?"
14. "HmMMMMM." (Flanders & McMullen, undated)
15. "I am going to have to do something about this. We'll talk tomorrow."
16. "I scheduled arguments at 12:00 and 2:45 daily?"
17. "I respect you too much to argue with you."
18. When a student whines, "But why?" respond with, "If you don't figure it out by next week, I'll explain it."
19. "The person who makes the problem gets to solve the problem."
20. "Is this the right place for that behavior?"
21. "The good news is that I like students the same, regardless of the grades they decide to earn."
22. "I listen to one person at a time . . . thanks."
23. "Should I put up with that behavior just because I like you? Thanks for stopping."
24. When a student says, "I'm stupid," whisper, "Aren't you glad that I don't believe that," then walk away.
25. "I'll be glad to listen when your voice is as soft as mine."
26. When told that a teacher never does something that a former or another teacher does, smile and respond with, "True."
27. When a student attempts to argue, deescalate the situation with "I know." Student: "I hate to write!" Teacher: "I know." Student: "Writing is stupid!" Teacher: "I know." Student: "Writing #\$%!" Teacher: "I know." (Fay & Fay, 2001; Fay, Cline, & Fay, 2000a)

Recognize the child's subtle attempts to control by:

Interrupting

Asking the teacher to repeat something that was said. ("Huh"?)

Asking to use the bathroom an excessive number of times.

Asking to get an excessive number of drinks.

Getting out of his/her seat.

Tipping the chair.

Walking ahead of the teacher/other students in the hallway.

Mumbling or using unclear speech when the child's speech is clear in other situations

(e.g., swearing).

Ignoring the teacher's questions or directives.

Hitting others/the teacher.

Not turning in work. (Great! One less paper to correct!)

Refusing to put forth effort (pretending his/her academic level is lower than it really is).

Stealing from the teacher/other students

Telling lies.

Avoid arguing with the child. "I respect you too much to argue with you." When the child attempts to argue a point, continue to state your request in a calm manner. Teacher: "I want you to go to art class now." Student: "I don't want to go to art! Why do I have to

go?” Teacher: “I want you to go to art class now.” Student: “I hate art class! I hate you!”
Teacher: “I want you to go to art class now.”

Place slightly higher academic expectations of the child than the child demonstrates in class or therapy. Children with Reactive Attachment Disorder often maintain control by demonstrating learned helplessness.

Remain calm. A child who manages to upset or anger the teacher is in control of the situation. Model and verbalize desired behaviors.

Pizzazz positive behaviors. Rather than lecturing or punishing a student for misbehavior, emphasize the positive (Thomas, 1999). When a student who rarely completes homework assignments, passes one in, dramatically, but playfully clutch your heart while exclaiming, “Oh no! Don’t do this to me! Stop doing your homework! My heart can’t take this!”

Prescribe the symptoms. Avoid power struggles by commanding the student to do what he/she normally does. “You always have a temper tantrum when I ask you to write a story. Get ready to have a BIG one, because I am going to ask you to write in five minutes!” Commanding the student to engage in a problematic behavior takes the joy out of challenging authority and oppositional students will avoid complying with the educator’s directive (Keck, 2003).

Expect restitution for damage. If the child steals, restitution is two times the value of the property that was stolen. The child can earn this by completing chores in the classroom during non-work times (Thomas, 1999). If the child damages a school item (e.g., writes on his/her desk), the child should repair the damage (e.g., wash the desk). The restitution is not meant as a punishment the sole purpose of the restitution is to make things right with the teacher, the peers, etc.

Maintain communication with the family. Family members are an excellent source of information about the child’s strength and areas of need. Utilize this resource. In addition, the child with Reactive Attachment Disorder will often attempt to maintain control by creating chaos through triangulating all individuals who have contact with the child (e.g., “My mom said that I did not have to do my homework” or my “Mom would not let me study for the test. I had to wash the floors and clean the bathrooms”). Check with the child’s parents, other educators, coaches, etc. before believing what the child says.

Establish eye contact with the child and ensure that the child always looks up at the adult. The child with Reactive Attachment Disorder dislikes eye contact and will try to avoid it except when he/she is lying or trying to manipulate others. Avoid bending down to establish eye gaze with the student (Thomas, 1999).

Maintain a respectful relationship with the child. Remember that you are not the primary caregiver for this child and remind the child that the parents are where he/she can

get hugs, cuddles, food, and treats. Many children with Reactive Attachment Disorder use this device to manipulate and triangulate adults e.g., Poor me. My Mom does not buy special treats for me (Thomas, 1999).

Homework is the responsibility of the student, not the parent. In order to learn, the child with Reactive Attachment Disorder must learn to care more about his/her education than his/her parents or teachers do. It is the parent's responsibility to provide the place and materials needed to complete homework assignments, but it is the child's responsibility to complete the work (Thomas, 1999).

Finally, and most importantly, educations must learn that it is the child who must change his/her behavior. When giving a consequence, educators **must** stop themselves from telling the child why the consequence is given. When a child doesn't have cause and effect thinking, he/she will never connect their inappropriate action with the consequence no matter how many times the connection is explained. It is very important for educators to stop themselves from trying to teach the child a lesson and to not answer the child's questions about why the consequence is being given. The child really doesn't want to know why and just wants to argue about why the educator or the consequence is so unfair. In lieu of a reasonable and logical answer to such questions, educators can choose to respond to the question with an equally ridiculous answer such as "Venus is rising", "The sun is shining in Puerto Rico", or "The flowers are blooming". After the consequence has been given, it is important for educators to let go of caring about whether or not the consequence changes the child's behavior, or has any impact upon the child, or his/her actions (Randolph, 2002). "The consequences must be there, but don't expect a change in the behavior" (A.B.- a parent from the Attachment Institute of New England).

Dr. Suzanne Allen, a clinician from the Attachment Institute of New England and facilitator of the Parent Support Group states that attachment disorders take the "best and the brightest". These children do not lay awake at night planning ways to drive us crazy in school all day. The brain is wired for survival (Jensen, 1998) and these profoundly hurt students function in survival mode for the majority of the school day. When they feel recognition for their losses and safe in the school environment, they will begin to be ready to learn. Remember that as babies and very young children, they have survived what would have crushed many adults. They benefit from empathy, but not sympathy (e.g., "Oh you poor thing, let me do that for you!"). They are seeking "loving leaders," empathetic adults, who provide tight structure and firm limit setting while modeling "supercharged" expectations for their learning (Thomas, 2004).

Remember that these educational strategies should **ALWAYS** be applied with empathy and **NEVER** anger. The objective is to return the units of responsibility back to the student, not to punish the student. **GOOD LUCK!!**

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