North American Association of Christians in Social Work (NACSW)
PO Box 121; Botsford, CT 06404 *** Phone/Fax (tollfree): 888.426.4712
Email: info@nacsw.org *** Website: http://www.nacsw.org

"*A Vital Christian Presence in Social Work*"

THE UNATTACHED CHILD

By: David Turner, LCSW, BCD

Presented at:
NACSW Convention 2009
October, 2009
Indianapolis, IN

The Unattached Child

2009 NACSW Conference
October 30, 2009

The Unattached Child

David Turner, LCSW, BCD
Sunrise Children's Services
Mt. Washington, KY

Goals for the Workshop

- Provide some information about this emerging issue
- Review the signs and symptoms of reactive attachment disorder
- Address approaches to working with clients with attachment issues
- Create dialogue about reactive attachment services and interventions

What is so significant about the unattached child?

They are at higher risk of the Following:

•Low Self-esteem

•Being needy, clingy & psuedo-independent

•To decompensate when faced with stress or adversity

•To have a lack of self – control

•Unable to develop and maintain friendships

•To be Alienated from and oppositional with caregivers

What is so significant about the unattached child? (con't)

•To have antisocial attitudes and behaviors

•To be aggressive and violent

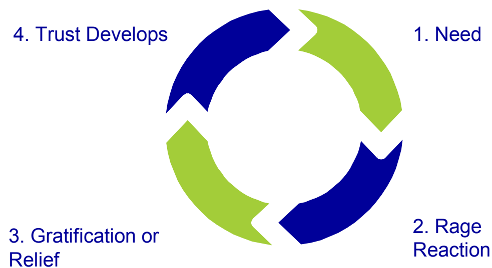
•To be incapable of genuine trust, intimacy, & affection

•To have a negative, hopeless, and pessimistic view of self, family and society

•To lack empathy, compassion, and remorse

•To have behavioral and academic problems at school

How Does Normal Attachment Develop



Basic needs study in 1969 with mothers and their babies in Uganda. The study looked at several mother/baby situations were there was a prolonged separation. Three basic responses at reunification were – Securely, Ambivalently, Avoidantly

Response from the mother prior to separation and following reunification played a big role in the baby's response (in the areas of acceptance, cooperation, sensitivity and availability for the mothers)

What does the DSM IV have to say?

Description:

Children with this disorder have either excessively inhibited, hypervigilant, or ambivalent and contradictory responses to most social interactions or diffuse, indiscriminate attachments to other people.

Criteria:

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

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 care givers with a mixture of approach, avoidance, and resistance to comforting, or may exhibit frozen watchfulness).

2. Diffuse attachments as manifest 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).

B. The disturbance in Criterion A is not accounted for solely by developmental delay (as in Mental Retardation) and does not meet criteria for a Pervasive Developmental Disorder.

Criteria:

C. Pathogenic care was evidenced by at least one of the following:

- Persistent disregard of the child's basic emotional needs for comfort, stimulation, and affection
- Persistent disregard for the child's basic physical needs
- Repeated changes of primary care giver that prevent formation of stable attachments (e.g. frequent changes in foster care).

D. There is a presumption that the care in Criterion C is responsible for the disturbed behavior in Criterion A (e.g. the disturbances in Criterion A began following the pathogenic care in Criterion C).

Why is it important to address the issue of reactive attachment?

- The mother/child relationship before and after birth has changed significantly over the last several decades contributing to poor attachment/bonding
- Higher instances of prolonged separation between mothers and their infant children due to premature birth and illness
- There has been an increase of attachment problems since families began adopting children from Eastern Europe in the early 1990's

What causes attachments to fail to develop? (Parent Contribution)

- Abuse and/or neglect
- Ineffective and insensitive care
- Depression
- Severe and/or chronic psychological disturbance
- Teenage parenting
- Substance abuse
- Prolonged parent/caregiver absence

What causes attachments to fail to develop? (Child Contribution)

- Difficult temperament
- Premature Birth
- Medical condition(s)
- Prolonged hospitalization
- Failure to thrive syndrome
- Genetic factors

What causes attachments to fail to develop? (Environmental Contributions)

- Poverty
- Violence – victim and/or witness
- Lack of physical support from support system
- Multiple out of home placements
- High stress environment
- Lack of early developmental stimulation

What to do to help the family:

- Thorough assessment of the family
- Systemic approach to care
- Respite for the caregiver (Parents or Foster Parents)
- Intense family work

What to do to help the child:

- Thorough assessment of the child
- Address Basic needs – touch, eye contact, smile and positive affect, need fulfillment
- Therapy Approaches
  - Play Therapy
  - Cognitive Behavioral Therapy for older youth
  - Intensive Nurturing Therapy

Alan Keith-Lucas Insight about Helping Relationships

- It is a two way relationship
- It is not necessarily consistently pleasant or friendly
- It has a single purpose – we must be mindful of secondary purposes

I Corinthians 13:4 – 7

A therapeutic relationship with clients that struggle with attachment issues is an investment in loving them.

- Is Patient
- Is Kind
- Is not Jealous
- Does not sing its own praises
- Is not arrogant
- Is not rude
- It does not think of itself
- It is not irritated
- It does not keep track of wrongs
- It is happy with the truth

Discussion

Questions?