

Attachment

Is your child unable to trust others?



Is your child:

- Feeling unable to rely on people to always be there?
- Seeming to have difficulty maintaining a stable attachment to others?
- Too quickly hugging strangers or inviting them to come to your house?
- Experiencing moods that can shift rapidly and without predictability?
- Interacting with others in a way that feels like Push/Pull?
Meaning does the relationship feel close, even needy, and then angry?

LET'S TALK ABOUT IT

Sometimes children do not get what they need early in life to form a stable attachment to others. Sometimes bad things happen. Some children are not born to stable parents because of poverty or the political climate. Sometimes children are abandoned and cared for in orphanages for months or years, never being held enough or loved enough. Some mothers are abused and mistreated, and their children know fear and yelling from

a young age, never feeling safe. Other children are born with medical complications and spend years in and out of hospitals always feeling pain and being afraid. If a child's life is disrupted from a young age, sometimes even prenatally, this experience can impact development. Some children, born to mothers who are unable to offer unconditional love, are passed around to relatives, moving from one caring adult to another but never knowing consistency. Other children are abused. Others are adopted locally or internationally by parents who are loving and wonderful, after 6-9 months or more of insufficient care.

CLINICAL DESCRIPTION

Mary Ainsworth and John Bowlby, two clinical psychologists and researchers in the mid-1900s, studied attachment and proposed attachment theory. Children who are *securely attached* have learned that they will be loved and cared for in their lives. They have a stable world free of excessive pain and trauma, and they have parents upon whom they can rely.

Children who don't have this stability, for whatever reason, can develop disordered attachment. This disordered attachment is characterized by a failure to trust caregivers and a *Push/Pull interaction* style that is needy one moment and sometimes violent and out of control the next moment.

Children with attachment disorders have challenges interacting with others. Children can be less likely to seek or respond to comfort because they are less trusting of adults. *Reactive Attachment Disorder* or RAD is characterized by irritability and labile mood. Later in life, children with RAD may develop Bipolar Disorder or Personality Disorders if they are unable to learn to trust, seek support from others and cope with feelings of anger and sadness.

Disinhibited Social Engagement Disorder is in the DSM-5, newly distinguished from RAD. This disorder is characterized by the tendency to attach quickly and to seek love and support from adults with little chance to form any connection. This child may approach any dad at the swimming pool, offer a hug and ask to come over for dinner. On day one of school, this child may be holding the teacher's hand and climbing into her lap, even in 3rd grade.

WHAT TO DO IF YOUR CHILD STRUGGLES TO TRUST CAREGIVERS

Researcher and clinician Karyn Purvis spent her career working with children and families impacted by attachment disorder.

A big take away from her research is to be stable and predictable, stay calm and do not leave your child. Although 'time out' is a reasonable strategy for many children, the use

of 'time out' is ineffective. It can be damaging because the child's basic need to feel safe takes precedent, and the child cannot learn while being isolated or afraid. Parents of children with attachment issues must be consistently supportive and safe. She suggests calmly reminding a screaming child that he or she is safe and noting that as a parent, you can help when your child is ready.

If the child is screaming or hitting, model a calm posture, stay close, but stop talking. Do not resort to threats or yelling. Again, your child will not learn if he or she is in a place of fear or extreme anxiety.

Always focus first on nurturing and safety and then on teaching your child coping skills and appropriate behavior.

Her book, *The Connected Child*, is a great resource for families who adopt or foster children or for those whose children were impacted by early instability.

SIMILAR SYMPTOMS

If your child is struggling with a similar symptom not directly addressed in this section, see the list below for links to information about other related symptom areas.

- [Emotional regulation](#): some children can be particularly intense, they may have temper tantrums, and may be more emotionally labile. Temperament refers to personality characteristics that we are born with, early indicators of who we will be. According to researchers Thomas and Chess, intensity is one of 9 temperament characteristics obvious early in life that could influence emotion regulation. This intensity could also relate to mood.
- [Mood swings](#): some children are more intense and more moody, which can be evidence of later mood regulation challenges. It will be important to watch for signs of anxiety or depression. Significant mood swings are consistent with attachment disorders, but attachment is not the only probable cause of these challenges.
- [Perseverating](#): some children have the tendency to obsess over objects or interests. Children may have an insatiable need to do something calm and predictable over and over, which gives a sense of security and stability. Repetitive and perseverative behavior can also be a sign of an Autism Spectrum Disorder. Often, clinicians have difficulty distinguishing some symptoms of autism from attachment. Early history is very important, and consideration of the emotional nature of the perseveration should be observed, rather than a need for sameness and routine that is more likely to be Autism.
- [Sad Memories/Unstable early life/Family Problems](#): some children may have experienced abuse, neglect, poor early care or may have been exposed to something traumatic like the death of a family member. These memories may not be accessible by your child but may have a significant impact even if the

experiences happened before words could be formed. Having had these experiences could be a sign of Trauma or an attachment disorder.

POTENTIAL DISABILITIES

Children who have significant problems in this area **may** have any of the following potential disabilities. *Note, this information does **not** serve as a diagnosis in any way. See the 'Where to Go for Help' section for professionals who can diagnose or provide a referral.

- [Anxiety](#): trouble trusting others, being overly clingy or needy or worrying incessantly may be related to an anxiety disorder. Anxiety is readily contagious, so anxious adults can model anxiety for children
- [Depression](#): irritability can mask sadness in children. Feelings of hopelessness and worthlessness can indicate depression. If your child did not experience anything unstable or challenging from a young age, depression should be considered
- [Trauma and Attachment Disorders](#): lack of trust and security in caregivers due to an earlier experience of neglect, abuse, or perpetual separation from a primary caregiver. Characterized by failure to trust or be comforted, irritability, and extreme behavior and emotional reactions
- [Disinhibited Social Engagement Disorder \(Trauma and Attachment\)](#): lack of trust and security in caregivers due to an earlier experience of neglect, abuse, or perpetual separation from a primary caregiver. Characterized by overly familiar behavior with adults the child does not know well
- [Autism Spectrum Disorder](#): social communication challenges and restricted and repetitive behaviors due to a neurodevelopmental disability and not poor attachment. Children with ASD can have extreme behaviors, but the emotional experience is different. It can be hard to distinguish and needs to be considered, carefully looking at history as a factor
- [Trauma or PTSD \(Trauma and Attachment\)](#): after experiencing the perceived or actual threat of own death or death of a loved one, the child has fear, sadness and anger that significantly impact day-to-day life

WHERE TO GO FOR HELP

If your child is struggling with a symptom to the point that it is getting in the way of his or her learning, relationships, or happiness, the following professionals could help; they may offer diagnosis, treatment, or both.

- [CLEAR Child Psychology](#): to obtain a *customized profile* of concerns for your child, or to *consult 'live'* with a psychologist



- [Psychotherapist or Play Therapist](#): to treat symptoms of attachment, trauma, anxiety or depression
- [Psychologist or Neuropsychologist](#): to consider a full assessment
- [Pediatrician](#): to prescribe medicines and to treat mental health conditions; this approach is often an effective treatment when combined with psychotherapy
- [Psychiatrist](#): to provide and manage medication. Some psychiatrists provide psychotherapy as well
- [Parenting Consultation with Psychologist](#): to help parents; some children may be more challenging to raise. Behaviorally challenging kids may need extra support from parents
- [ABA Therapist](#): to teach adaptive behavior to children with disabilities with challenging behaviors

These professionals may recommend or administer the following tests for this symptom:

- [Roberts, BASC-3, Interview, RCMAS, CDI-2, Human Figure Drawing, Brief Projectives](#): emotional assessment utilizing drawing tasks, open ended questions, interviews, rating scales, storytelling
- [WISC-V](#): intelligence assessment used to establish a baseline of intellectual abilities
- [TOL-2, CTMT, WCST, TOVA](#): executive function and attention assessment to help direct treatment. To know the child's strengths and weaknesses that could impact learning
- [ADOS-2](#): social communication assessment considering restricted and repetitive interests and behaviors indicating an autism diagnosis should be considered

LEARN MORE

[1] Dawn Huebner (2007). *What to Do When Your Temper Flares: A Kid's Guide to Overcoming Problems With Anger* (What to Do Guides for Kids).

<https://www.amazon.com/What-When-Your-Temper-Flares/dp/1433801345/>

[2] Purvis, Cross, & Sunshine (2007). *The Connected Child. Bring hope and healing to your adoptive family.* [https://www.amazon.com/Connected-Child-healing-adoptive-](https://www.amazon.com/Connected-Child-healing-adoptive-family/dp/0071475001?ie=UTF8&hvadid=3523655623&hvbmt=be&hvdev=c&hvqmt=e&ref=pd_sl_92tq5iccf1_e&tag=mh0b-20)

[family/dp/0071475001?ie=UTF8&hvadid=3523655623&hvbmt=be&hvdev=c&hvqmt=e&ref=pd_sl_92tq5iccf1_e&tag=mh0b-20](https://www.amazon.com/Connected-Child-healing-adoptive-family/dp/0071475001?ie=UTF8&hvadid=3523655623&hvbmt=be&hvdev=c&hvqmt=e&ref=pd_sl_92tq5iccf1_e&tag=mh0b-20)

[3] Purvis, Karyn B., & Cross, David R., & Sunshine, Wendy Lyons (2007). *The connected child: Bring hope and healing to your adoptive family.*

Amazon: https://www.amazon.com/Connected-Child-healing-adoptive-family/dp/0071475001?ie=UTF8&hvadid=3523655623&hvbmt=be&hvdev=c&hvqmt=e&ref=pd_sl_92tq5iccf1_e&tag=mh0b-20

[4] Dewdney, A (2007) *Llama Llama Mad at Mama*. Viking Books for Young Readers. https://www.amazon.com/Llama-Mad-at-Mama-ebook/dp/B00AEDDP00?ie=UTF8&*Version*=1&*entries*=0#navbar

[5] Ross Greene: *The Explosive Child: A parent's guide for parenting chronically inflexible children*
https://www.amazon.com/Explosive-Child-Understanding-Frustrated-Chronically/dp/0060931027/ref=sr_1_2?ie=UTF8&qid=1468762548&sr=8-2&keywords=explosive+child

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Description: Children psychology. The little beautiful girl embraces an amusing dog - toy. Favorite soft toy. seen from behind

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