



Macomb Intermediate School District;
Integrating Mental Health in Schools Federal Grant

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*An Information Booklet for
Macomb Intermediate School District Educators*

Quick Facts: Disrupted Attachment



This fact booklet 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: These children persistently fail to respond to or initiate social interactions in a developmentally appropriate way.

Disinhibited subtype: These children are indiscriminate in their choice of attachment figures. In other words, they may seek love and/or attention from anyone.

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

Getting Linked

Macomb County Community Mental Health

<http://macombcountymi.gov/communitymentalhealth/>

Access Center: 586.948.0222

Macomb County Crisis Center

<http://www.macombcountymi.gov/volunteer/center.htm>

24/7 Crisis Line: 586.307.9100

CARE of Southeastern Michigan

<http://www.careofmacomb.com/>

Main Office: 586.541.CARE (2273)

Child/Adolescent Psychiatric Hospitals

Harbor Oaks Hospital

35031 23 Mile Road
New Baltimore, MI 48047
(586) 725-5777

Henry Ford Kingswood Hospital

10300 West Eight Mile Road
Ferndale, MI 48220
Phone: (248) 398-3200

must be medically cleared through another hospital's ER prior to admission)

Havenwyck Hospital

1525 University Drive
Auburn Hills, MI 48326
248-373-9200 (Main Line), 1-800-401-2727 (Toll-Free), 248-377-8160 (TTY)
(must be medically cleared through another hospital's ER prior to admission)

Additional Resources

Child Trauma Academy
www.childtrauma.org

Daniel Hughes
www.danielhughes.org

School Psychiatry Program
Massachusetts General Hospital
www.schoolpsychiatry.org

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

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

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



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 such as families with a history of child abuse and neglect, domestic violence, substance abuse, and parental mental illness.

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.



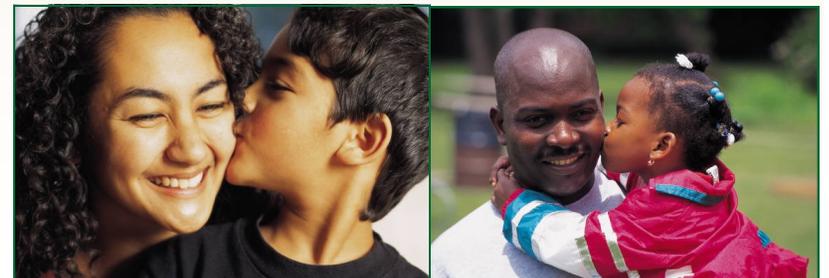
Prevalent Signs & Symptoms of Disrupted Attachment

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 - may include lack of understanding of cause and effect; 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 emerge at different developmental stages:

Early Childhood

- Delayed development of motor skills
- Severe colic and/or feeding difficulties; failure to thrive
- Resistance to being held, touched, cuddled, or comforted
- Lack of response to smiles or other attempts to interact
- Lack of comfort seeking when scared, hurt, or sick
- Excessive independence; failure to re-establish connection after separation



School-age Children

- Frequent complaints about aches and pains
- Age inappropriate demands for 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, lack of response to consequences
- Inability to concentrate or sit still
- Difficulty with reciprocity (give and take) in relationships
- May appear amoral (lacking moral development)
- Lying and stealing



Adolescence

- Aggressive, anti-social, impulsive, risk-taking, or delinquent behavior
- Substance abuse
- Higher levels of disengagement
- Related depression and/or anxiety



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 their 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.

