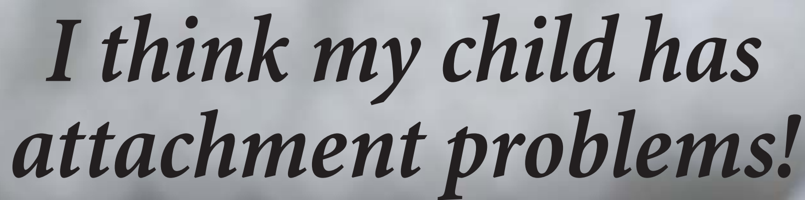

Now What?

By Karen Buckwalter, MSW, LCSW

Any adoptive parents or professionals working in the field of adoption have heard the word "attachment." In recent years the diagnosis of reactive attachment disorder, sometimes referred to as RAD, has been thrown around a lot. There are numerous misunderstandings about what the diagnosis really means. This article will define and explain some important points about this controversial diagnosis and therapists who claim to specialize in RAD, often referred to as "attachment therapists." This article will also describe important things to know about this often self-proclaimed title and precautions parents should take. Lastly, information will be shared about parent support groups focused on helping parents understand the unique needs of children with attachment problems. Parent support groups can be a lifesaver on one hand, and on the other hand they can steer parents toward behaviors that are re-traumatizing to children and work against rather than toward secure attachment.

This article is not meant to shame anyone. If there are parents who are reading this who have practiced things this article strongly suggests to avoid, remember you were doing the best that you could with the information you had at the time. It is the responsibility of parents, as well as professionals, however, to evolve in their approaches based upon the advancement of science and the growing body of research about both attachment and trauma. We know a great deal more now than we did even five or 10 years ago about what types of therapy are helpful to children who have had traumatic or neglectful experiences with past caregivers.

The Problem with Diagnosis of Reactive Attachment Disorder:

The diagnosis of reactive attachment disorder is found in the DSM-5, which stands for The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, the manual used to diagnose mental disorders. A diagnosis from the manual guides the provider of service with regard to which International Classification of Diseases (ICD) code to use. ICD codes are mandatory for insurance billing. Attachment disorders, formerly considered a single diagnosis in DSM-5, are currently divided into Reactive Attachment Disorder (RAD) and Disinhibited Social Engagement Disorder (DSED). RAD is expressed with depressive symptoms and withdrawn behavior such as not seeking comfort when distressed, whereas DSED is expressed through disinhibition such as such as hugging strangers or sitting on the laps of unfamiliar adults.

An entire article could be written about the controversy surrounding the overuse of the diagnosis of reactive attachment disorder and the more recently added disinhibited social engagement disorder. Suffice it to say that, contrary to what you may hear from parents, professionals or read on the internet, it is a rare diagnosis. Parents may find various checklists on the internet which claim to describe attachment disorders but these are not reliable or grounded in scientific research and parents should avoid relying on such checklists. Nearly all children will have the ability to form some sort of attachment with the proper environment or caregiver so technically do not have this disorder. Again, I repeat, this is actually a rare disorder.

Rather than rely on this diagnosis, which is often used incorrectly, it is better for parents who are concerned their child may have attachment difficulties to read up on complex trauma and developmental trauma disorder. Links to articles describing both of these terms will be given at the end of this article but both are described briefly below:

Complex trauma refers to repeated exposure to occurrences of child maltreatment — including emotional abuse and neglect, sexual abuse, physical abuse, and witnessing domestic vio-

lence — that are chronic and begin in early childhood. Complex trauma impairs seven domains of child functioning including attachment, biology, affect regulation, dissociation, behavioral control and self-concept, according to an article on complex trauma in the "Psychiatric Annals."

Developmental trauma disorder, according to Bessel van der kolk, is based on the idea that "multiple exposures to interpersonal trauma, such as abandonment, betrayal, physical or sexual assaults or witnessing domestic violence have consistent and predictable consequences that affect many areas of functioning. These experiences engender 1) intense affects such as rage, betrayal, fear, resignation, defeat and shame and 2) efforts to ward off the recurrence of those emotions, including the avoidance of experiences that precipitate them or engaging in behaviors that convey a subjective sense of control in the face of potential threats. These children tend to behaviorally reenact their traumas either as perpetrators, in aggressive or sexual acting out against other children, or in frozen avoidance reactions. Their physiological dysregulation may lead to multiple somatic problems, such as headaches and stomachaches in response to fearful and helpless emotions."

Now here is the really confusing part that makes me sound like I am contradicting myself. Despite efforts of both therapists and researchers to get a new, more accurate diagnosis added to the DSM-5, there is currently not an accurate diagnosis in the DSM-5 for Complex Trauma or Developmental Trauma Disorder. Some children may meet the criteria for the DSM-5 diagnoses of Post-Traumatic Stress Disorder for children, but many will not. This means that some professionals feel forced to use the diagnosis of RAD or DSED even though it does not accurately capture the problems the child may have. This is a sad and frustrating current reality in understanding children with attachment difficulties and a history of relationship trauma. This is also the reason that many such children receive a laundry list of various diagnoses as parents desperately seek out help going from one professional to another.

What is an Attachment Therapist?

First it's important for parents to be aware that working with adopted children is a specialty area, whether the child has attachment issues or not. Currently there are efforts to standardize training for therapists to be "adoption-competent." One reputable group doing this work is the Center for Adoption Support and Education (C.A.S.E.). Thus, parents need to keep in mind that a person could have a great deal of experience working with children and families, but there are unique features within adoptive families that some therapists may not fully appreciate and understand.

The term "attachment therapist" has been used by therapists who base their therapeutic approach on attachment theory. Attachment theory was first written about by British psychologist, psychiatrist and psychoanalyst John Bowlby in 1969 who believed our first relationships with parents or caregivers, referred to as attachment relationships, impacted all future relationships and played a critical role in later development and mental functioning. Scientific evidence to support and refine his ideas was contributed by psychologist and researcher Mary Ainsworth in 1970.

Parents who have read about attachment disorders and believe the description sounds like their child or who have been told that their child has Reactive Attachment Disorder by a professional may next seek out an "attachment therapist."

It is significant for parents to know that "attachment therapist" is not an actual monitored credential and there is not a formal system of expectations related to this title. There are some organizations that you can "register" with, but a registered therapist is different from a state licensed social worker or counselor, which has extensive requirements related to education and hours of supervision by another licensed person. One organization offers therapists a "Certification in Attachment-Focused Treatment." There is nothing wrong with such efforts, but parents should know that these are not formal state or national accrediting bodies, and these groups are basically only answering to themselves in terms of standards they are deciding upon rather than being monitored and accredited by objective outside entities.

There are also certifications in specific therapy models (such as Theraplay®, Dyadic Developmental Psychotherapy® and Eye Movement Desensitization Reprocessing Therapy and many others) and these certifications require therapists to get many hours of training and supervision in a specific model of therapy. So for example a person who has attended a one-day Theraplay workshop has a vastly lower level of training and expertise than a certified Theraplay therapist who is required to attend numerous days of training over a course of years, as well as have videotaped sessions of the therapy they conduct evaluated by a Theraplay trained supervisor.

For these reasons, it can be quite confusing for parents to know clearly what level of qualifications the person they are seeing has! Yet, children struggling with attachment difficulties may not be helped by a professional without specialized training, so parents should be careful about which professionals they choose to put their faith in for help.

Here are some questions to ask a therapist when seeking help for attachment related issues your adopted child may be experiencing:

- Are you licensed to practice independently in your state? Some newer therapists are required to practice under a state licensed supervisor. One therapist I met does not want to follow licensing standards and ethics so practices as a "lay person" so her work cannot be monitored.
- How long have you been in practice and what degrees and/or certifications do you hold?
- What is your experience and training in working with adopted children?
- What specific training do you have related to attachment-based problems in children?
- How do you involve parents in treatment? If a therapist is trying to address attachment issues in a child, it is impossible to do this without involving parents. Attachment is a relational problem, so working only with the child will not resolve it. If a therapist wants to involve you heavily and is even asking you to look at your own attachment history, such as how you were parented, this therapist is probably on the right track. This is not the same as blaming you for the child's problems, which is not helpful, but there has to be a

balance of looking at both the child's and the parent's behaviors in perpetuating problems in the relationship. Also such children often require a different approach to parenting than children without attachment issues and the therapist needs to be a resource in helping parents with this.

- Is there an adoptive parent I can speak with that you have worked with? Due to confidentiality, the therapist would have to get permission from a parent to share a name with you and could not just give you a person's name and phone number but many parents are willing to provide a reference if a therapist asks.
- What is your theoretical orientation for therapy? Some therapists who pull from a hodge-podge of things will call themselves "eclectic." This often translates to a "jack of all trades, master of none" or "I don't really have a theoretical orientation" therapist to be cautious about. A therapist should be able to clearly explain in terms a parent understands from which theoretical basis they approach treatment.
- What evidence of effectiveness is there for the therapy you are using? This may mean using a type of therapy that has scientific evidence for the problem being treated, or at the least being able to explain why what they are doing is effective based or current attachment and trauma research and brain functioning.

If a therapist gets defensive about the questions above, a parent should proceed with caution or perhaps shop around for another therapist. Many therapists will offer a free brief consultation to speak with you about their methods and approach before either of you commit to working together. If this is not offered, ask for it.

If a therapist you are already seeing recommends any of the following this is a red-flag and cause for concern:

- If they ask you to do something that goes against your gut, don't do it. Yes, there are unique ways to parent children who have attachment disturbances and traumatic experiences in their history, but don't go along with things that just feel wrong to you even if the person suggesting them is the professional. Don't be afraid to ask questions.
- The therapist labels your child's bids for attention or connection as being "manipulative" or "superficially charming." Children who have a history of trauma with caregivers learn many ways to cope and survive. It is important to understand and have empathy for the feelings beneath the child's behavior, which are often intense fears of abandonment and rejection. They will do anything to avoid facing the terror of this.
- Tell you that your child has no conscience and will be a sociopath or psychopath if you don't do what they recommend. This is absolutely not true. Current research shows clearly that brains are able to change across the lifespan. Your child can change and heal with the appropriate parenting and therapy. Many of your child's difficult behaviors are related to trauma, not sociopathy.
- The therapist equates getting your child to be compliant at all times as the only way your child will heal and insists that any-thing they "get away with" will make them sicker. Attachment is a back and forth dance between two people. It's not where the parent gives commands and the child must always comply. No child, even in a healthy situation, will always comply with parents.
- The therapist suggests rigid rules and structure with no nurturing or empathy incorporated into therapy and parenting.
- Locking your child in a bedroom or isolating your child in another room for extended periods of time. In general, children with attachment difficulties need more closeness and connection, not separation or isolation.
- Withholding affection from your child or mak-ing your child earn affection or play time. Children have a right to affection and need touch and play for proper development. It will not be effective to withhold things that will hamper your child's development.
- Taking away all power and choice from your child. For example, not allowing the child to choose what to eat at a restaurant because they need to trust you enough to let you order. All children need some amount of choice and autonomy.
- Withholding food for punishment or only letting the child have undesirable food such as peanut butter and bread when the rest of the family is having a regular meal together.
- The therapist tells you that only his or her methods work for a child like yours and others will not understand or know how to help. There is truth to the idea that children with attachment and trauma issues need specialized treatment, but saying it in this manner is an overstatement.
- The therapist seems to view you as a victim of the child rather than the agent for healing of the child. This is not to say that you may not feel like a victim, or even be held hostage by your child's behavior at times. But there must be a balance of support and encouragement from the therapist for you to provide the specialized kind of care your child needs to heal.
- Sending the child away to "respite" with another family until he or she "learns to live in a family." In such cases, the respite families are sometimes told to force manual labor and withhold affection and eye contact "until the child acts like a 'family boy/girl.'" This is re-traumatizing to a child who is already terrified of being rejected or abandoned. Needing support and a break from parenting a challenging child is understandable, but this is different than giving the child the terrifying message that unless they behave in a certain way you no longer want them. Such threats can create such great anxiety in a child that their behavior may get worse rather than better.

Here are things that therapists with a lack of understanding of trauma and attachment may suggest that are not dangerous but are typically not effective:

- Therapy with the child only. As stated earlier, attachment issues are about a relationship between the parent and child and cannot be effectively addressed without involving the parent.
- Make comments such as "Well, he needs to get over being adopted at some point" or "Since she was adopted as a baby she doesn't remember anything about what happened to her." Such comments show a lack of understanding of in-utero experience, early life trauma and the reality that even in the best circumstances an adopted child is deeply impacted by the loss of their birth parents.
- Teaching your child feeling words. Before a child can name his feelings he needs a great deal of work with a therapist and a parent to begin to identify when he is even having strong feelings, let alone be able to name

them. Many times such children have no idea what they are feeling or why they act the way they do. Adults need to help the child to know when his body is having strong feelings by having a therapist or parent name them. For most children with a history of neglect in early development, starting with teaching feeling words is assuming they are more advanced developmentally than they are.
- Use of time out. Time in and keeping your child close to you is what is effective. This allows the parent immediate opportunities to co-regulate with the child, which means being close to them physically and helping them calm down both physically and emotionally.
- Suggesting behavior modification techniques such as sticker charts or earning toys or outings with point systems. Attachment wounds need to be healed within the context of a relationship and learning to feel safe and cared for, not by earning things. In addition, due to the child's brain-based inability to manage emotions, he or she tends to fail at these methods anyway, constantly having to start over, which leads to further feelings of hopelessness and despair.

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Helpful Parent Support Versus Parents Supporting Each Other in Unhelpful and Destructive Practices

Beware of parent groups that:

- Tell you that no other professional or family member can understand what you are going through. It is dangerous to isolate yourself with people who all think the same. There are other people outside such groups who can offer you support.
- Encourage or role model looking at your child as a diagnostic label, such as calling your child a "RAD child" or worse yet a RADish. These kinds of labels distance parents from viewing their child with empathy and as a unique individual who is much more than a diagnosis or label.
- Encourage you to make videos of your child to show how extreme your child's behavior is. When your child is struggling they are in desperate need of your help and support. Videotaping them in such a state can be humiliating and shaming.
- Suggest any of the strategies identified previously as ones to avoid from therapists.

The behaviors of children who have had horrific experiences in their early years can be difficult for parents to manage. As a result, parents become desperate, especially when they have seen numerous professionals who do not seem to understand the depth of the problems they are facing with their child, and worse yet, don't seem to have the training and expertise to help them. This is a scary place to be as a parent. At the same time, there have been abusive things done in the name of "attachment therapy" so parents need to be cautious about who they listen to and what techniques they employ. Hopefully this article will serve to educate parents so they can be informed consumers when seeking treatment for their child.

Resources and Links for Further Reading:

Report of the American Professional Society on the Abuse of Children task force on attachment therapy, reactive attachment disorder, and attachment problems: https://depts.washington.edu/hcsats/PDF/AttachmentTaskForceAPSAC.pdf

Developmental Trauma Disorder Paper: http://www.traumacenter.org/products/pdf_files/preprint_dev_trauma_disorder.pdf

Complex Trauma in Children and Adolescents: http://www.nctsnet.org/nctsn_assets/pdfs/edu_materials/ComplexTrauma_All.pdf

California Evidence-Based Clearinghouse for Child Welfare's (CEBC) purpose is to advance the effective implementation of evidence-based practices for children and families involved with the child welfare system. Find evidence-based therapies: http://www.cebc4cw.org/

Attachment and Trauma Network (ATN) is the nation's oldest parent-led organization supporting families of traumatized children: http://www.attachmenttraumanetwork.org/