



Attachment Disorders and Attachment Problems

What is Attachment?

Attachment is a normal developmental process in which young children turn to preferred caregivers for comfort, protection, and nurturance. This capacity usually emerges around nine months of age. Children develop a secure attachment when the caregiver is responsive and comforts them when distressed; insecure attachment can arise when caregivers are inconsistent, unresponsive or frightening. Children adopt strategies that are adaptive in the moment but can result in difficulties in relationships with caregivers over time. Attachment problems are most readily apparent when young children are distressed, hurt, or in unfamiliar surroundings and should normally seek out their caregivers.

A general way of thinking about attachment problems, not just attachment disorders, is when the children have significant difficulty forming and maintaining typical relationships with caregivers. These difficulties can in some cases extend to alternative caregivers who had nothing to do with the early environment such as foster or adoptive parents. Attachment problems or relationship difficulties with caregivers can also appear when at risk children have multiple caregiver changes. Insecure attachment can manifest in a variety of ways such as children being extremely anxious and demanding, aloof and overly independent, manipulative and emotionally superficial, or some combination. These styles may be useful or even necessary for very young children who must adapt to their caregiving circumstances, but can become a hindrance to relationships in new environments.

The DSM-5 has identified two specific *attachment disorders*. The first is reactive attachment disorder which is manifest by a pattern of rarely seeking comfort when distressed, and/or not responding to comfort from caregivers when offered. The second, disinhibited social engagement disorder is manifest as a pattern of behaving overly familiar with unfamiliar adults. This may show up as approaching strangers, sitting on the lap of someone they just met (when not culturally sanctioned), failing to check back with a caregiver when wandering off in unfamiliar settings, or willingness to go off with an unfamiliar adult with little hesitation. Attachment disorders cannot be diagnosed prior to nine months of age.

Children may have attachment difficulties in the more general sense but not necessarily meet the specific DSM-5 diagnostic criteria. In order to make a diagnosis of an *attachment disorder*, it is essential to have information about the children's experiences of care or neglect during their early childhoods since compromised caregiving is one of the diagnostic criteria. It is also necessary to gather information from caregivers with whom the children currently live, and preferably from caregivers who have cared for the children over several months at least.

Because attachment is based on needing comfort and protection, these needs necessarily change rather dramatically as children grow older. Attachment disorders are relatively easier to diagnose in young children because they are heavily dependent on caregivers. Older children and adolescents are increasingly independent, making the diagnosis of attachment disorders in adolescents very difficult. For example, adolescents who appear to rarely seek support from caregivers may have their attachment needs met by extremely close peers who provide that support.

The prevalence of attachment disorders is rare in clinical populations, but is more common in children placed in foster care or reared in institutions. Studies have shown high rates of insecure attachment in abused and neglected children.

There are no specific treatments proven to work for attachment problems. There are several evidence-informed approaches that involve teaching caregivers to respond in sensitive, attuned ways to the children.

Important Considerations

Not all problems in children labeled as having attachment problems or diagnosed with an attachment disorder are actually manifestations of attachment difficulties. There may be other explanations for highly dysregulated behavior and difficulty calming down, or for aggression and disobedience.

There are controversies associated with both the DSM diagnoses and with the general term attachment problems. The diagnosis of RAD is often stigmatizing for children in foster care because it implies that their difficulties in relationships with caregivers are permanent. The caregivers may have acquired views about the children that are untrue or unhelpful. They may believe that the children are permanently impaired or are incapable of ever forming secure relationships with caregivers. In some extreme cases they even come to fear that the children are a danger to them or to other family members. Not surprisingly when caregivers perceive the children this way, it undermines the warm and responsive relationship between children and their caregivers that is necessary for secure attachments.

Many foster and adoptive parents have learned about attachment and attachment problems from dubious sources on the Internet. This can occur because the children are very challenging and the caregivers' experiences with standard mental health services may not have been helpful. The caregivers are seeking explanations and support as well as effective strategies. There has also been the development of what are known as "attachment therapists". These programs tend to have developed outside the mainstream of public mental health and have rarely been subjected to empirical investigation.

Tips for Responding, especially for foster or adopted children.

1. Caregivers of children identified as having attachment problems or diagnosed with an attachment disorder should be given psychoeducation about attachment difficulties. Oftentimes, the attachment difficulties are adaptations that made sense in the early caregiving environment or as a result of multiple caregiver changes. . Although research shows children can develop secure attachments in new environments, many of these children will continue to exhibit challenging behavior or will retain some of the attachment related adaptations (e.g., indiscriminant friendliness). This education will allow caregivers to view with patience their children’s distancing or inappropriate behaviors as products of their experiences.
2. Children with attachment problems are most likely to benefit from joint child and parent therapy approaches that are designed to enhance warmth and closeness. Individual therapy with children does not directly address the relationship difficulties.
3. Conventional treatments for emotional dysregulation or disruptive behaviors should be the first line approach when they are present. For example, dysregulation is addressed by teaching coping skills and having caregivers prompt and reinforce use. Behavior problems should be addressed using evidence-based positive parenting approaches.
4. Caseworkers and caregivers ought to be wary of unconventional therapy approaches that claim to be able to treat attachment problems. Of particular concern are approaches that locate the entire problem with the child, promote authoritarian parenting styles, are coercive in any way, or recommend unusual activities such as having children go back in time and be fed with a bottle.
5. Caregivers of children with attachment problems benefit by empathic support for how difficult it is to have a child with attachment problems. These children can be unrewarding and challenging. This is especially difficult for foster parents or adoptive parents who have generously offered their homes and families and may receive little back from the child for extended periods.