

Attachment Disorder

***Attachment Disorder is not a source. It is a symptom.
It is not the cause. It is the effect.***

***Attachment Disorder is a relationship disorder.
It manifests due to other source problems.***

It manifests most commonly due to the following source problems:

- 1. Complex PTSD (Post-Traumatic Stress Disorder)**
- 2. Neurological and Biochemical Impediments**
- 3. Child thinks and acts like the home role models have taught him or her to think and act. Desirable human virtues and values have not yet been internalized because they either weren't sufficiently taught, sufficiently modeled or sufficiently ENFORCED.**
- 4. Child in control of household, adult not. Child either was never told "no" or "no" was not sufficiently enforced. Child is therefore highly anxious and self-centered.**

Note: *Some children can be a mixed bag, or a combo of two or more of the above source problems.*

The diagnosing dilemma is commonly referred to here at Child-in-Family Services as when is it a "can't," when is it a "won't."

Cognitive overriding (jumping over weak base neurological subsystems) may be possible, but can't be sustained for long periods of time without other undesirable behaviors erupting as a form of neurological compensation. For example, a child starts pulling out eyelashes in an attempt to self-calm in anxiety-provoking situations where he/she has been told to sit still or get in trouble. The movement may have been less of an issue of 'trying' to be obnoxious and more of an issue of "trying" to reduce the feeling of anxiety. Is that a "can't" (neurological or biochemical impediment) or a 'won't' (strong will or obstinacy).

Many families who call Child-in-Family Services for an appointment are angry with and hurt by the children in their charge for having rejected their parental love, concern and guidance. Many parents, themselves, have diagnosed their children as having attachment disorder due to information on the Internet or from reading books on the subject.

Diagnosing the symptoms is not necessarily the key to securing the correct, therapeutic attitude along with the tools to help heal.

Let's start by better understanding the Child-in-Family Services diagnostic process by defining the above, most common, 1-4 source problems that warrant professional intervention.

Complex PTSD

First we begin with the human brain. Someone with Complex PTSD is operating out of the more primitive parts of the brain, the survival mode as they say. People who suffered greatly as children, particularly young ones at the hands of traumatizing and or neglecting adults didn't have their safety/security needs met. These are primary needs. Note: *These will also be the primary needs for you to address when these children come under your care.*

As a result of severe early stress, neuro-physical and neuro-biological changes occurred. Chronic, unregulated hyper arousal began, due to no one being able to sufficiently protect the child from stress and perhaps even danger. Thus the fight, flight, freeze alarm response was activated and didn't turn off, even in situations of relative safety. The developing brain became awash in stress hormones preventing proper brain growth and deteriorated already set structures, even after the danger had passed. Remember, a stressed brain doesn't learn. It's too busy protecting itself. A stressed brain doesn't form healthy relationships with others. It's too busy trying to keep the body alive.

These early chronic, maladaptive experiences negatively impacted the structures within the limbic system, the seat of our emotions, feelings and ability to connect and trust others. So, if early childhood is defined by threat, unpredictability, fear and trauma, then the neural systems of the brain will reflect that. This in turn will be reflected in the child's developing personality, sense of self and way of being in the world with others. Hence: Untreated, unresolved complex post-traumatic stress disorder eventually, will likely, display itself in symptoms of attachment disorder or in at least attachment challenges.

An individual who is unhealed from a frightening, painful, structurally inconsistent background of this nature is too busy protecting the self to form solid, healthy relationships with others. An excellent movie to watch to better understand how and why traumatized children reject the people who are trying to love them is **Martian Child**. The movie was based on the

book, **The Martian Child**, an excellent resource. Other good movies on the subject of complex post-traumatic stress disorder are **Good Will Hunting** and **Antwone Fisher**.

All relationships will be based on need, not love if the source of the attachment disorder is not addressed first. When a child presents with PTSD as the primary cause of the attachment problems, we first build a base of safety and security. How? By first making sure the child is in a safe, secure, virtually unchanging, protective environment. Safety and security come before love can happen. Many children with complex PTSD can be pretty unpleasant to be around. They may self-protect with an arsenal of controlling, disrespectful behaviors.

Please remember that it was that stubborn, resistant determination that kept your child alive. It will also be the same stubborn determination that will help your child move mountains in adulthood for the purpose of helping to make the world a better place.

Remember the power of positive thinking.

2. Neurological Impediments

Some children have neurological and biochemical impediments to good attachment. These neurological and biochemical impediments must be addressed first if the attachment disorder is going to be corrected.

More now than ever before, pre and post-birth toxins and brain injuries are impacting children in a most negative way. We now know that pre and post birth neglect has more serious consequences for a developing brain than abuse does. Whatever the mother ingests pre-birth, the baby does also. This includes everything from prescription drugs for anxiety and depression to street drugs and alcohol for getting high. Complicate that with a pregnant stressed out, cigarette-smoking mom with a poor diet and one has a prescription for a neurologically impaired child who doesn't think right, act right or relate right.

The unborn child's vestibular system, the brain's air traffic controller, may have been inadvertently damaged due to mom having to spend the final months of pregnancy on bed rest, lying on one side. The child who was treated with a barrage of antibiotics in the first years of life due to chronic ear infections may have suffered damage to the developing vestibular system and subsequent gut permeability due to the antibiotics.

Everything we do, directly or indirectly, depends on the vestibular system, even our ability to manage stress. Gut permeability interrupts the body's ability to properly utilize amino acids, the regulators of the brain's neurotransmitters.

Autism is not attachment disorder. It is a neurological problem that effects reciprocal attachment and bonding. If one has autism, one cannot also have attachment disorder. One has autism. One of the principal characteristics of autism is impaired ability to relate to others.

If a child has trouble sustaining up close, focal vision, it may be because the eyes aren't working well enough together to make that happen for long periods of time. Is the parent's glance being avoided? Certainly so, but it may be because of physical discomfort, not attachment disorder.

Could a premature baby or metamphetamine-affected child be resistant to being held in a loving parent's arms? Certainly, and it may be a result of tactile sensitivity, instead of not wanting to be held by the parent.

The interesting thing about early neglect and fetal alcohol or drugs is that the left hemisphere **may** function fairly well. They can remember what they just did and remember what you want them to do. They just may not get the "why" of it all. No matter how many times the child is consequenced for inappropriate social interaction and responses, the child just doesn't connect the dots. Translation: just doesn't make mom happy. Until the child is first functioning better neurologically and biomedically, if that's what the problem is, the child probably won't.

3. Child Thinks and Acts like the Home Role Models Have Taught Him or Her to Act.

This is when children are from Mars and the new, and hopefully, permanent adult caregivers are, hopefully, from Earth. It's kind of like a family of Labrador Retrievers in a community of Labrador Retrievers taking in a Chihuahua. The Chihuahua just isn't like everybody else and is in no hurry to get there. The template for how to be a Labrador Retriever hasn't been uploaded. It isn't present. The older a dog is, the harder it is to "upload" new tricks.

This dilemma of conflicting values between child and caregiver is especially noticeable in adoptive families who have adopted older children. In many cases, families have set a deadline for their new children to become like them. The families may feel pressured by outside

sources such as school, church, the society in which they live, or their extended family members. Whatever the reason, the family may feel that the child is intentionally, evilly, out to get them...and after all they have done for the child. How could the child be so ungrateful...?

That doesn't mean that a family is supposed to let stealing, lying, cheating and other unacceptable behaviors be acceptable. It means that the family will need to realize that change, especially when one's template for how to be in a family and community is different, is going to take time, patience and lots of modeling and re-do's. When one's life up to the point of landing in your home (or classroom) has been based on dog-eat-dog survival, don't think you're going to be able to change it overnight, or even in a few months.

Don't expect that the child will easily let you love him or her just because you became the mother. If the child's template for motherhood is a mom who eats her own, you may not be able to change that template as fast as you would like.

4. Child in Control of the House, Adult Not.

If a child is allowed to be disrespectful and control the household with fit-throwing, high dramatic antics, then the child becomes more anxious and more controlling. If the child is in control of the house and mom is not, then the child gets sicker. Sometimes, in order to "fix" the source of the problem, mom has to learn to become stronger and more stubborn than her little hardheaded charge. Love just simply isn't enough when working with traumatized children. If a traumatized child is competing for dominance and the caregiver caves, the child wins...more anxiety, more insecurity and a more solid belief that the world isn't safe.

Two wonderful movie caregivers of traumatized children are Annie Sullivan in **The Miracle Worker** and Madea in **Madea's Family Reunion**. In **The Miracle Worker**, Helen Keller's parents felt sorry for their little girl who had been struck deaf, mute and blind by early illness, so they spoiled her and gave her anything she wanted. The child had never experienced "no" until Annie Sullivan came on board as her teacher. Annie realized that until Helen became unspoiled by the setting of firm boundaries and higher expectations for appropriate behavior that she would be too uncooperative to learn to communicate with the world around her. Helen was a very stubborn, stong-willed child, but Annie was stronger and therefore won the battle. The rest is history.

Madea in **Madea's Family Reunion** was given an incorrigible, angry, foster child. The foster child soon learned that not only would Madea keep her safe from others who tried to hurt her, but she would also keep the child safe from herself. Caregivers have to prove to these traumatized kids that not only are they strong enough to protect them from the "boogers," but that they are also strong enough to protect the child from him or herself. Since, indeed, the child may be his or her own worst "booger."

Many traumatized children feel bad, unworthy and undeserving of love and a good home because they have been mean to their provider. They were not only not held accountable for their actions but also broke down their adult providers' defenses, time and time again.

**Path to Healing Traumatized Children:
The Specifically Trained and Supported Therapeutic Caregiver**

Healing traumatized children would be so much easier if we could crawl inside of their heads and make them see themselves and the world, as God would have them see. We are not only helping traumatized children resolve past trauma and unresolved grief, but we are also teaching them the healthy way of being in a family, giving back, and letting loving others love them.

Loving caregivers can't change the events that happened.

But a healing caregiver can help reverse the harm that was done.

Delve deeper into the contents of this web site and determine for yourself if Child-in-Family Services has the know-how and the support to help you help your child.