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The attachment disorders

See us in...
**Springfield,
Ipswich and
Toowoomba**



Special points of interest:

- At *childpsych* psychologists who are registered teachers and/or Educational Psychologists are involved in the child's assessment
- To unsubscribe from this newsletter at any time, either email or call *childpsych*

The attachment disorders

by Amy Milner and Ler Ser, Provisional Psychologists

Attachment

The attachment a child forms with primary caregivers plays a key role in the development of later psychopathology. An attachment disorder is defined in terms of markedly disturbed and developmentally inappropriate social relatedness in most social contexts which begins before the age of 5 years, persists over time, and it is assumed to originate from pathogenic care conditions. Pathogenic care conditions can include social neglect, numerous changes in primary caregiver, or rearing in institutional or other unusual settings that severely limit opportunities to form close attachments.



Pathogenic care conditions can include ..numerous changes in primary caregiver...

normally occur. Despite their range of emotion being limited, the child may occasionally experience episodes of irritability, sadness, and fearfulness in situations where there would be no apparent reason for these reactions. Children diagnosed with RAD, similarly with children diagnosed with Autism Spectrum Disorder, may have difficulty forming close attachments. The key difference between these disorders is that children diagnosed with RAD have the capacity to form close attachments. However, due to limited healthy physical contact or nurturance during early development they fail to show that they want or need comfort from their caregivers.

Disinhibited Social Engagement Disorder (DSED)

DSED is a pattern of behaviour in which a child actively approaches and interacts with unfamiliar adults. Children with DSED will often approach and interact with strangers and may act overly familiar both verbally and behaviourally. A child's actions may include sitting on a stranger's lap, hugging them, or being overly personal in conversation. The child might also willingly

and comfortably wander off with strangers without looking for permission from their primary caregivers. Children with DSED may present as impulsive, may 'act out', and may be overly needy or clingy in situations where there is no apparent reason for these reactions. Similarly to RAD, children with DSED develop these behaviours due to limited healthy physical contact or nurturance during early development and, as a result, excessively seek out these attachments in later childhood.

Intervention

There is no standard treatment intervention for either attachment disorders and an individual treatment plan is developed based on an evaluation of the child and family circumstance. Typically, successful interventions involve both the child and primary caregivers to be successful. Treatment goals would focus on ensuring that the child has a safe and stable living environment, support the child in developing positive interactions, and strengthen the attachment with parents and caregivers. It is also important to support the child in developing crucial life skills that they may be lacking due to pathogenic care conditions. There are various strategies backed by empirical evidence that the treating psychologist can introduce to both the child and their caregivers, such as social stories.

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attachment disorder can't

Social stories were originally created by Carol Gray (1991) to help children with autism develop social skills, however have been found by clinicians to also be a helpful strategy for other populations. Social stories present information to a child regarding a particular situation, event or activity that appears difficult to understand or ambiguous in a literal way. The design of social stories allows information to be presented to enhance understanding of sequencing (what comes next in a series of activities) and executive functioning (planning and organising). Further, by providing information about specifics of particular situations as well as guidelines for how the child and others should behave in the context of the situation, a clinician can

Merry Christmas

Phil Gosschalk and the childpsych team would like to wish all our readers, clients and colleagues a merry Christmas and happy new year.

2017 has seen us help almost 8000 families since we began over 12 years ago. It is an honour to be able to make a difference in children's lives.

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(Dr. D. Tracey, 2016, Western Sydney University)

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