

Book Excerpt

Reactive Attachment Disorder in Children Previously Neglected or Abused Prior to Adoption

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Abstract

Attachment disorder is a treatable condition in which there is a significant dysfunction in an individual's ability to trust or engage in reciprocal, loving, lasting relationships. An attachment disorder occurs due to traumatic disruption or other interferences with the caregiver-child bond during the first years of life. It can distort future stages of development and impact a person's cognitive, neurological, social and emotional functioning. It may also increase the risk of other serious emotional and behavioral problems. Some traumatic events include: abandonment/loss of family; neglect; abuse; physical illness, including malnutrition and physical problems such as recurring ear infections or other painful medical conditions; and inadequate group care/out-of-home care. A baby being adopted may have come from a situation where the baby was prematurely separated from the birth mother and/or in a situation of long-term deprivation where the baby's needs were not able to be met. In these instances the child's innately trusting nature can be damaged. The reactions can become programmed into the child's brain and become part of the child's intrinsic neurological makeup. In the early days with an adopted child, the adoptive parent must make sure that parent and child are not separated, the child is not frightened, and the parent is seen as the ultimate protector of the child's safety and security. For the child's neurological system to begin to heal and work properly again, the child must first experience the feeling of total trust.

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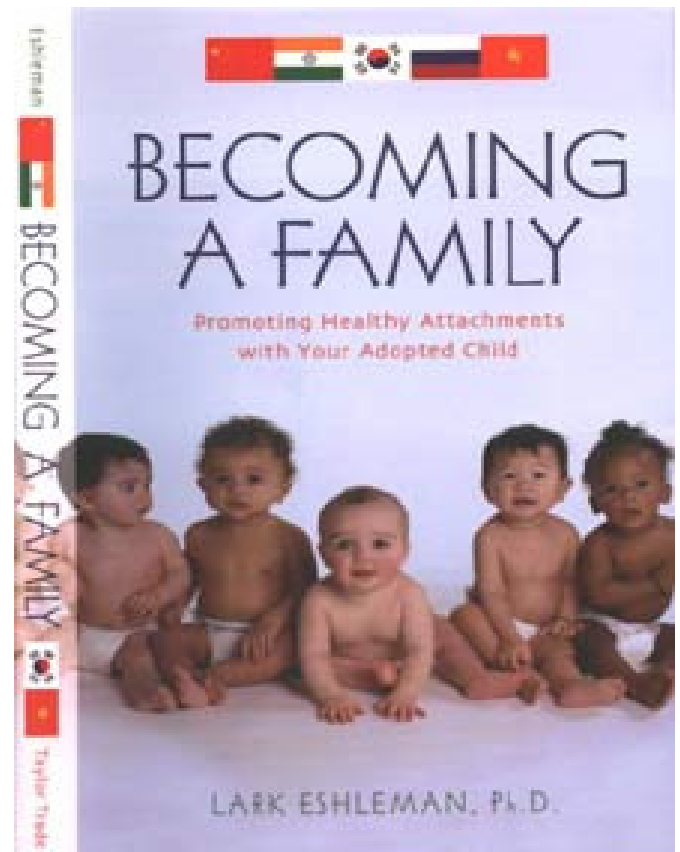
Attachment in the Animal Kingdom

Animals in nature also can serve as a model of what healthy attachment looks like. They remind us of the picture of how nature meant for offspring to be cared for. We humans may have a bigger "thinking" brain than other mammals, but we surely don't have any more "attachment smarts" than the other animal mothers and fathers. How do they learn what is so healthy? And how is it that we humans seem to have forgotten, or refuse to accept, the importance of consistently performing so many critically necessary attaching behaviors?

These questions stem from the running conflict over what dictates our behavior: genetics versus environment or nature versus nurture. We are born with the instinct to parent, and as long as that instinct is reinforced, it is with us when we need it. By being nurtured and well cared for by loving parents, our instincts are strengthened and, without major or traumatic interruptions, we ourselves develop into good parents.

However, if that instinct is not reinforced, or if it is confused by mixed signals (for example, if words like "I love you and I will take care of you" are mixed with behaviors that demonstrate the opposite, such as abuse or neglect), then the instinct is damaged.

Observe baby ducklings, for instance. We've all seen how those adorable baby ducklings, immediately after they are born, follow their mother in a straight line. The need to fall into almost a military-type line and follow is not something they think about, but something they simply do as a matter of instinct.



Studies have shown that if a duckling is kept from following that instinct, that inborn understanding and urge to follow Mom in a line, the instinct becomes damaged and actually lost. The duckling must now be taught, in another, different area of the brain, to follow. It is no longer an instinct, but rather becomes a learned behavior. In other words, in studying the duckling's brain in action, a different part of the brain "lights up" when a duckling naturally, instinctively follows Mother duck than when the duckling loses its instinctive way of following and now has to learn to follow. I assign families the homework of watching nature shows on television, of putting up pictures of healthy animal attachment, and of discussing how nature meant for us to care for our young. Look carefully at the examples in nature around us, for we can easily learn what instinct tells us about healthy attachment.

The Need for Safety

ATTACH, the Association for Treatment and Training in the Attachment of Children, defines attachment as follows: "Attachment is a reciprocal process by which an emotional connection develops between an infant and his/her primary caregiver. It influences the child's physical, neurological, cognitive and psychological development. It becomes the basis for development of basic trust or mistrust, and shapes how the child will relate to the world, learn, and form relationships throughout life." Conversely, researcher and practitioner Bruce Perry, M.D., Ph.D., and founder of the Child Trauma Academy writes this of "the threatened child":

When we are under threat, our minds and bodies will respond in an adaptive fashion, making changes in our state of arousal (mental state), our style of thinking (cognition) and in our body's physiology (e.g., increased heart rate, muscle tone, rate of respiration)...The more threatened we become, the more "primitive" (or regressed) our style of thinking and behaving becomes. When a traumatized child is in a state of alarm, they will be less capable of concentrating, they will be more anxious and they will pay more attention to "non-verbal" cues such as tone of voice, body posture and facial expressions. This has important implications for understanding the way the child is processing, learning and reacting in a given situation. (Perry 2001)

Safety and Neurology

Even given our limited understanding of neurology and child development, there is no doubt that there is a neurological basis for attachment. Feeling safe has a positive effect on the nervous system, and it allows the baby's nervous system to carry out its main job, that of completing healthy development. Conversely, fear produces chemical changes in our nervous system. If a baby's tender, developing brain is exposed to increased levels of these fear and anxiety chemicals too often or over too long a period, the brain itself, although otherwise healthy functioning, can become seriously damaged.

At birth, the various systems of the brain naturally allow us to use our parents' care to learn how to "self-regulate." As babies we become agitated (hungry, afraid, and excited) and ask for help to calm down (to be fed, to be kept safe, and relax or be soothed). As infants, we can cry when we're wet or hungry or to let someone know we're frightened or unhappy. The rising state of agitation is met over and over again by our guides who return us to a place of safety, a state of knowing that we are important, that we are special and that we are safe and in loving hands. Our brains, too, learn the rhythm of becoming agitated and then calming.

But when we are not fed or when we are left in a state of fear or unhappiness, we learn two things: that this unhappy state must be the natural state of affairs (i.e., that the world is not a safe place) and that "I am not the most favored child in the universe" (i.e., that I must be basically unlovable). Many of the children I meet in my practice believe deep down in their very core of self-concept that they must be bad or they would not have somehow brought upon themselves the abuse or neglect that they suffered.

If fear becomes a natural state, we adapt to this state of *hyperarousal* by resetting our baseline. In research studies, babies who live in a constant state of fear have been found to have [abnormal] levels of cortisol, a stress hormone, than most babies. If we believe we are not meant to receive love, nurture, and protection, we give up. If a baby's cries are ignored long enough, he will stop wasting energy and will not expect things to change. For further learning about this, look to John Bowlby, the founder of attachment theory, who has written an excellent description of the state of despair in which these neglected babies live. "Attachment research clearly demonstrates that communication between caregiver and infant shapes the way in which the child's developing mind learns to process information" (quoted in Siegel 1999).

Broken Trust: Neglect

What do some babies actually experience? Perhaps being "cared for" by family members who are abusive, impatient, and grossly inept. Perhaps being thrust into an institution where there is only enough attention to keep the baby alive. Perhaps becoming a "pass-around baby" without knowing which form of abuse, neglect, or just plain inattention to expect, and from whom, from one day to the next.

In any of these instances the child's innately trusting nature can be badly damaged. At the very least, being removed from the birth mother is enough to cause some children to become terrified and lose faith that the world is a safe place. Remember, some of these children were born to women who abused alcohol or drugs during pregnancy, were depressed or highly anxious, or experienced other situations during pregnancy, such as being in an abusive situation themselves, that might have predisposed the baby to be emotionally or neurologically fragile. As infants, these young ones may already have neurological difficulties. Once that primal trust is broken, the internal world of the infant is fear, confusion, distress, and turmoil.

This reaction isn't a choice on the child's part, even when he is older and capable of cognitive thought. The reactions themselves become programmed into the child's brain and part of his

intrinsic neurological makeup. This is why the more common child therapies such as behavior modification, traditional family therapy, and play therapy are not very effective for children with attachment issues. In the earliest, most active stages of development, the child's brain stops developing in the natural, healthy model. The child has become "stuck" in the *hypervigilant* mode of believing what he has found to be the truth: "I'm not safe in the world. The world is scary. Ultimately, no one out there can take care of me. I can depend only on me." In the worst of situations, the infant slides into what the father of attachment, John Bowlby, calls the "despair state" and literally stops caring about survival at all.

Once a bit older, the "fight or flight" child is so primed for a fight that almost any action on the part of a parent, no matter how innocent (e.g., suggesting what clothes to wear), is perceived as a challenge and a threat and becomes a trigger for *hyperreactive* behavior. The child's brain bypasses reasoning and cognitive decision making and reverts to the behavior that, after all, allowed him to survive his difficult early months and years.

Without help, these children can spend years, or even their whole lives, in "*fight, flight, or freeze*" mode. They learned early on that if they don't have control, they are in jeopardy. They are hypervigilant, always scanning, trying desperately to be ready for the next attack—even though they "know" in at least one part of their brain that there is no rational reason to expect such an attack. After adoption they have had the constant experience of being with safe and loving parents. But their rational brain doesn't "talk" to the rest of the brain because this is not where they process information about safety. They want and need to relax and trust others. But their brains have been formed to react in a way that makes it impossible for them to do just that.

Because the child with serious attachment problems has spent so much energy protecting himself in early life or often has not received adequate or appropriate stimulation, he is more likely "out of sync" with his chronological age. I will repeat throughout the book that parents should always pay attention to their child's emotional age and behavior, not the way he "should" be acting based on his chronological age. A child with attachment issues cannot be expected to fit into standard development charts, at least not until significant healing has happened.

Trauma

Trauma is another potential cause of attachment disorder. Trauma is a painful emotional experience or shock that can create substantial and often long-lasting damage to the psychological development and well-being of the individual. *Traumatic events* are exceptional situations of helplessness and distress that a person experiences firsthand, observes, or learns about that might jeopardize the physical or psychological integrity of the individual or those close to him or her. Some traumatic events for children include the following:

- Abandonment/loss of family
- Neglect
- Physical abuse

- Emotional abuse
- Sexual abuse
- Extreme parental stress
- Parental mental illness, including parental substance abuse
- Extreme poverty
- Physical illness, including malnutrition and physical problems such as recurring ear infections or other painful medical conditions
- Divorce between primary caregivers
- Inadequate group care/out-of-home care

Recent research has shown that when an event is perceived to be traumatic or life threatening, part of the brain that gives language to the experience stops working. Instead, the traumatic event gets stored in the sensory-motor domain of the brain. Like all memory, traumatic memory gets stored, too. To people who have experienced trauma, perfectly normal and otherwise benign situations can be perceived to carry some hidden threat....

When people respond to their environment out of fear of a potential threat, they become hypervigilant, their heart rate is often higher than normal, even when they are resting, and their adrenaline system is always pumped up, ready for "fight, flight, or freeze." This "fight, flight, or freeze" phenomenon is evident in children who often appear to be defensive, who are ready to blame others, who need to control every situation they encounter, who are ready to fight back when there is nothing to fight about, or who seem to "check out" and become nonresponsive to many requests.

For a much more in-depth explanation of brain development and function relative to early emotional trauma, read Daniel Siegel's extraordinary and thorough work titled *The Developing Mind* (1999). Here is a passage from his introduction that gives at least the beginning of the complex-yet-simple explanation of how early trauma can "set up" the brain for later dysfunction:

Though experience shapes the activity of the brain and the strength of neuronal connections throughout life, experience early in life may be especially crucial in organizing the way the basic structures of the brain develop. For example, traumatic experiences at the beginning of life may have more profound effects on the "deeper" structures of the brain, which are responsible for basic regulatory capacities and enable the mind to respond later to stress. Thus we see that abused children have elevated baseline and reactive stress hormone levels....Early in life, interpersonal relationships are a primary source of the experience that shapes how genes express themselves within the brain. (pp. 13-14)

How a Child Reacts

....A baby simply experiences what is given to him or her, and for a high number of adopted children, that involves prenatal or infant abuse or neglect. At the very least, it involves a fairly traumatic "culture shock": losing his birth mom, moving into a new family, a new set of smells, sounds, norms of behavior, food, style of being cared for, and on and on.

A baby in this situation cannot figure out why he is being neglected or abused or why things are changing so drastically. He doesn't have the ability to process what is happening on any level other than two basic choices: "I can trust this person to

keep me safe” or “I’m afraid! I need to protect myself.” The baby has no means of deciding if someone’s action is a threat to him or not, so to be safe, he perceives everything, instinctively, as a threat. This child has limited ways to negotiate his own safety, except for behaviors that get immediate attention or provide for relief from frustration. Physically, the baby does not have a wide range of behaviors: he can lash out, cover his head, or pretend he is not there if the fear or pain is too intense. We are learning through various medical studies that his physiology changes: his chemistry changes and anxiety levels increase.

If this happens often enough, or if it goes on for long enough, the reaction becomes a pattern: a pattern of neurologically based mistrust. Even when *we* know he is safe, almost anything from the environment can trigger emotional “cues” that make *him* feel threatened.

What RAD Looks Like....

The American Psychiatric Association describes RAD as follows:

Reactive Attachment Disorder (RAD) is a complex psychiatric condition that affects a small number of children. It is characterized by problems with the formation of emotional attachments to others that are present before age five. A parent or a physician may first notice problems in attachment with the caregiver that ordinarily forms in the latter part of the first year of the child’s life. The child with RAD may appear detached, unresponsive, inhibited or reluctant to engage in age-appropriate social interactions. Alternatively, some children with RAD may be overly and inappropriately social or familiar, even with strangers. The social and emotional problems associated with RAD may persist, as the child grows older. (American Psychiatric Association 2000)

The Association for Treatment and Training in the Attachment of Children defines attachment disorder this way:

Attachment disorder is a treatable condition in which there is a significant dysfunction in an individual’s ability to trust or engage in reciprocal, loving, lasting relationships. An attachment disorder occurs due to traumatic disruption or other interferences with the caregiver-child bond during the first years of life. It can distort future stages of development and impact a person’s cognitive, neurological, social and emotional functioning. It may also increase the risk of other serious emotional and behavioral problems. (ATTACH, 2003)

Contrast this with ATTACH’s definition of attachment:

Attachment is a reciprocal process by which an emotional connection develops between an infant and his/her primary caregiver. It influences the child’s physical, neurological, cognitive and psychological development. It becomes the basis for development of

basic trust or mistrust, and shapes how the child will relate to the world, learn, and form relationships throughout life. (ATTACH, 2003).

How to Handle the Homecoming [in Adoption]

The story at the beginning of the chapter—of the family reunion at Kennedy International—is an example of what *not* to do when you bring your baby home. It seems counterintuitive, because to us, celebrating such a happy event involves lots of people and laughter and hubbub. And doesn’t everyone in the extended family want to show their love for the new baby by holding her, cuddling her, cooing at her, and trying to engage her in a collective celebration?

But look at it from the baby’s point of view. A common misconception is that the baby will be “excited” about coming to her new home. In fact, the baby will probably be frightened by the new *sensory bath* in which she finds herself. All of a sudden, after a lengthy journey, she is being thrust into a crowd of many new and unfamiliar smells, sounds, and strange bodies. I can only guess that it must be like running a gauntlet in which she doesn’t know which member of the “torture team” is going to be the one with the poison sword. Remember what we said earlier about babies’ stress levels when they are removed from their mothers or placed in unfamiliar arms or places?

The baby should have as much serenity as possible and must be in Mom’s (or Dad’s) arms the entire time. Seriously: the baby should not be out of Mom’s arms for several days, twenty-four hours a day, except maybe for sleep and bathroom breaks. This 24/7 closeness can form the basis for healthy attaching. Even if your new daughter is crying pretty much nonstop, Cousin Pat should not take the baby from Mom in an effort to help. This is a very early chance for the Forever Parents to exhibit what I call “unconditional being with”: showing the baby that they will stick with her through even this frightening and exhausting experience.

Make everything as simple and peaceful as possible for you and the new baby. That may mean having your parents meet you at the airport to help you with luggage and drive you home so you don’t have to find the car in the gigantic parking lot and spend lots of time in sleet and snow or extremely hot temperatures. The hordes of family and friends eager to meet the new family member will have plenty of time to welcome the baby when the time is right. Now is the time for the baby to be learning to accept the new sensory input that is bombarding her from all sides without having to worry about pleasing people she doesn’t know.

Elizabeth Goff, pediatrician and adoptive parent, advises, “You will be exhausted and stressed from travel, and all of your sleep schedules will be off. Resist the attempts of well-meaning friends and relatives to plan a welcome-home party or for all to arrive to greet you at the airport. Keep this transition as quiet and as low stress as possible. If your baby was in an orphanage, she may be perfectly happy to be passed around the room at a party, but this is not a good idea for her attachment formation. Limit your baby’s interaction to only the most important close family members at first, and ask everyone else to be patient.” By the way, these admonitions are equally true if you are adopting domestically, and may be bringing your child home from

only a few blocks away. Keep homecoming simple, low-key, stress-free, and as relaxed as possible.

Just as with helping any family with a new baby, friends and family can be supportive in many ways. Ask them to fix a meal for you. Perhaps a friend can help with cleaning, shopping, or laundry....Accept offers of help.

Practical Transition Tips Once Your Child is Home

Give your new baby as much help as you can by trying to minimize changes and making a slow, gradual transition. Here are some other practical suggestions to ease the transition:

- Wear soft clothing that will feel good to your baby.
- Keep your brand of shampoo, deodorant, and so on consistent to minimize changes in how you smell to your baby.
- Wear a baby carrier (like the Maya Wrap) to keep your baby close to you as much as possible.
- Talk softly and often to your baby, play gently and carefully with your baby, and encourage eye contact.
- Respond to your baby's needs promptly. Don't worry about "developing bad habits" or "spoiling." The first priority is attachment. Remember, this is a dance: she leads, you respond....
- Having your baby sleep with you is a great way to start the attachment process. This is a situation in which conventional wisdom about having the child sleep in a crib is just not appropriate. Second best is having the baby in a crib or on a mat next to your bed. If you "co-sleep," keep the blankets low by your waist, away from the baby's face. Dress your baby warmly enough to not need blankets, and keep pillows away from his face....

Here's a very lovely connection you and your little one can have that may have a wonderfully calming and "attaching" effect....imagine your new little one is upset, frightened, lonely, or just unsure about things and doesn't know how to express the upset feelings—she is too young, or doesn't know the language, or is too locked up inside or *basically dysregulated* to say or even know what she's feeling. Now imagine that you and your child are in some special place where you won't be interrupted, and you can rock her, sing to her, or even better, just hold her to your chest for one very important reason: she should come to the state of relaxation where she can hear your heartbeat. This state of calm "connection" will bring her back to a prebirth time when she was safely enfolded in her mother's womb, where she was aware only of being totally cared for. In this relaxed, attuned place, with your little one hearing your heartbeat much as we listen to the surf pounding on the shore, she may feel safe again, secure in *you*, and now associating you with that place of security....Don't be afraid or upset if this time of relaxed attunement doesn't come until after what feels like a long, hard cry. Sometimes dysregulated babies and children need to "cry it out" before they can relax and be comforted.

Fostering Attachment: The Basics

....we have a job to do that includes setting up very clear and enforceable boundaries for our children's growing-up years. It means we have to make ourselves available and consistent in

enforcing those boundaries. It means we have to make tremendous sacrifices and give our children what they need, not what we feel like doing at the time. Parenting is often not fun (regardless of all the joy and satisfaction it brings), and it is absolutely demanding in every sense of the word.

Here's a simple, if not easy, fact: You must try to make every action solidify the attachment between you and your child. That holds true even if the activity seems embarrassing, silly, or restricting. In the early days with your child, you must make sure that you and she are not separated, she is not frightened, and you are seen as the ultimate protector of her safety and security. The goal is for your child to develop trust in you as the giver of all gifts and the person on whom all life is dependent (as was her birth mother in the beginning). You must become the lifeline for your child, the one she lost when the bond was broken between her and her birth parents....

For your child's neurological system to begin to heal and work properly again, she must first experience the feeling of total trust.

Activities to Enhance Attachment

Positive Talk

Spend energy turning negatives into positives. For example, if your child is a "nagger" (or, in other words, doesn't give up), keep an even temper and compliment her on how persistent she is—a virtue, of course. And then you can teach her that "patience is also a virtue." I know, it's easier said than done. But parents report that if they try hard to change their attitude about their child's less-than-pleasant traits, their child's behavior often changes for the better (after an initial thrashing around by your child when the old patterns don't work anymore). The secret here, I believe, is that you have to be convinced that this child is not doing these things or being this way to spite you, but rather because these are habits ingrained in her young neurology or driven by fear. Be happy there is still time to reverse the pattern, and then go for it!

Self-Regulation and the "Teachable Moment"

We've referred to the concept of self-regulation earlier in this book, and it is particularly relevant to schooling. Children with attachment disorders have neurologically based difficulties with self-regulation that make it hard for them to succeed in a classroom setting. Hypervigilance and control issues have replaced trust in caregivers. The child may become frightened if he senses he is losing control of the environment. He may become locked in the states of fight, flight, or freeze. Once this happens, problems with school, poor peer interactions, developmental delays, sensory issues, and even hygiene may follow.

Clancey Blair from the Pennsylvania State University's Department of Human Development and Family Studies wrote the following in an article about the neurological model of the development of self-regulation skills and how it affects school readiness: "Researchers examining self-regulation in adolescence and adulthood have long recognized the relevance of emotional state and emotion-related processes to the functioning of component processes of cognitive regulation. Implications of emotionality for cognitive regulation in young children,

in whom brain structures associated with emotionality are developmentally in advance of those associated with higher-order thinking, however, have not really been considered” (Blair 2002). In other words, we understand that emotional self-regulation is critical to academic (cognitive) learning in teenagers and adults. But we forget to take it into consideration with children, when it may be the most critical factor. What we want is for these children to be in the state of “calm alert,” ready to learn something new....Picture a slightly older child as he waits for his piece of cake to be cut at his birthday party. There is all kinds of noise, wiggling, and giggling around him, but he knows that it is *his* piece of cake being cut and he watches it like a hawk to make sure that not one crumb is dropped on the way to his plate. He is totally focused.

We are describing a “teachable moment,” those few precious seconds when you have the intense and undivided attention—actually the thirst—of every child in the class.

Enhancing Teaching for Children with Attachment Issues

Unfortunately, for children with persistent and pervasive attachment problems, this focused state is both very difficult to find and next to impossible to maintain. Whether the child has average, below-average, or above-average intelligence, emotional issues can prevent her from using her potential as a learner. Because of this, emotional and behavioral consideration must take priority over academics....

Self-regulation—being able to release anxiety, tension, and hypervigilance—is critical to learning, so it should be the primary focus. School learning, and certainly grades, become secondary until the ability to focus, concentrate, process, and integrate information is reached and strengthened. Once your child reaches that healthier state of being able to learn, then she can be more successful in what we consider to be traditional learning.

***Medical Veritas* Editorial Note**

We noticed many similarities between attachment disorder and autism spectrum disorder, from some adopted children having eczema and allergies to recommendations for use of a weighted vest and tire swings for self-regulation. The author, Dr. Eshleman, has also noticed similarities between attachment disorder and autism spectrum disorder. We verified with her that there is a separate, documented entity of attachment disorder. It will be very interesting to explore how the fine lines are drawn.

This book was printed with advice on ensuring that adopted children, who may not have received all of their childhood vaccines, be made “up-to-date” on inoculations. In light of information that Dr. Eshleman has more recently been considering, in general, and particularly since children from foreign countries may receive vaccines in their birth country and then again after being adopted, she would now caution parents about that statement and encourage that the parents thoroughly research the issue of vaccinations. Furthermore, if parents are advised by school or medical personnel to medicate their child with psychoactive drugs, parents could also consider the usefulness in looking for underlying biochemical, metabolic, or toxicity issues. Biochemical trauma may also be a factor in some children’s behavior or learning challenges. It is hoped that loving adoptive parents diligently researching the best answers for their adopted child will make the best choices for the unique and special little person.