

Overview of Reactive Attachment Disorder for Teachers

1. Keep in mind, attachment is on a scale from securely attached to severely attachment disordered.
 2. This letter was written by a mom who has three moderately to severely disturbed children. Therefore, it does not apply to all children with attachment problems.
 3. Each child's symptoms will vary as they are at various stages of healing.
 4. This letter is available to help educate teachers when the child first comes into their classroom if possible.
- A great supplement is Nancy Thomas' Captive in the Classroom video. **See Below

If a parent has given you this to read, you are teaching a child with Reactive Attachment Disorder. The family of this child has apparently decided to share this information with you. That sharing is a big step for this family and one you have to treat gently and with the respect it deserves. This family has been through traumas you cannot even imagine. I will describe a few of them here below so that you get the "flavor" and perhaps even begin to understand why this child's parents sometimes seem so harsh or harried or even depressed.

Reactive Attachment Disorder (RAD) is most common in foster and adopted children but can be found in many other so-called "normal" families as well due to divorce, illness or separations. RAD happens when a child is not properly nurtured in the first few months and years of life. The child, left to cry in hunger, pain or need for cuddling, learns that adults will not help him or her. The child whose parent(s) are more involved in getting their next drug fix than they are in nurturing the developing child learns that his or her needs are not primary to adults. Children born of drug or alcohol addicted parents learn even in the womb that things do not feel good and are not safe for them. In severe cases, where the child was an abuse or violence victim, the child learns adults are hurtful and cannot be trusted. The RAD child therefore develops habits of dealing with the world in a way she believes will keep her safe. He manipulates in order to control a world he literally thinks will kill him if he does not control it. Without therapy RAD kids never develop the attachments to another human being which teach them to trust, accept discipline, develop cause and effect thinking, self-control and responsibility for their own actions. RAD children are often involved in the Juvenile Justice System as they get older. Left untreated, such children can maim, kill and torture without conscience or feeling. They can start fires, kill pets and terrorize their families. It has been said that untreated RAD children grew up to be such persons as Ted Bundy, Charles Manson, Adolph Hitler, the teenagers who shot up Columbine High. They feel no remorse, have no conscience and see no relation between their actions and what happens as a result because they never connected with or relied upon another human being in trust their entire lives. They attempt to become their own parent with predictable results. What you will see as a teacher is a child who is, initially, surprisingly charming to you, even seeking to hold your hand, climbing into your lap, smiling a lot, you're delighted you are getting on so well with him/her. At the onset of your contact with the child who has been reported from

prior grades as "impossible" you will wonder what those previous teachers did to provoke the behaviors you have not (yet) seen but which are reflected in the prior grade reports. A few months into what you thought was a working relationship the child is suddenly openly defiant, moody, angry and difficult to handle; there is no way to predict what will happen from day to the next; the child eats as if he hasn't been properly fed and is suspected of stealing other children's snacks or lunch items; the child does not seem to make or keep friends; the child seems able to play one-on-one for short periods, but cannot really function well in groups; the child is often a bully on the playground; although RAD kids typically have above average intelligence they often do not perform well in school due to lack of problem solving and analytical thinking skills; they often test poorly – often deliberately.

RAD kids will climb into your lap and pretend to be affection starved. RAD kids often talk out loud in class rooms, do not contribute fairly to group work or conversely argue to dominate and control the group. Organizational abilities are limited and monitoring is resented. There may be a sense of hypervigilance about them that you initially perceive as no sense of personal space and general "nosiness". They seem to want to know everyone else's business but never tell you anything about their own. There is no sense of conscience for their actions, even if someone else is hurt. They may express an offhand or even seemingly sincere "sorry", but will likely do the same thing again tomorrow. These kids thrive on having made you lose it. They are not motivated by self or parental pride, normal reward and punishment systems simply do not work; kindness, sympathy or concern only exacerbate their poor behaviors – you are simply a sucker to be exploited.

They will deliberately omit parts of assignments even when writing their names just so that they are in control of the assignment, not you. When assigned a seat they will choose an indirect, self-selected path to reach the seat. When given a certain number of things to repeat or do, they often do more, or less than directed. They destroy toys, clothing, bedding, pillows, and family memorabilia then feign complete innocence even when the shredded materials are lying at their feet. They will blame parents or siblings or others for missing or incomplete homework, missing items of clothing, lost lunch bags, etc. RAD kids sometimes feign fear of parents when in a public place simply for the reactions it elicits from other adults. They are masters at triangulating parents and teachers with any number of half or completely false stories. They destroy school bags, lose supplies, steal food, sneak sweets, break zippers on coats, tear clothing, and eat so as to disgust those around them (open mouth chewing, food smeared over face).

They often inflict self injuries, pick at scabs until they bleed, seek attention for non-existent/miniscule injuries, yet will seek to avoid adults when they have real injuries or genuine pain. RAD kids will have multiple falls and accidents and frequently complain about what other children have done to them ("he started it!", "Suzi kicked me first"). RAD kids can walk around in significant physical pain from real injuries and will minimize the injury until it is detected, at which point they may be able to exploit the delay occasioned by their own failure to complain appropriately. They will not wipe a running nose or cover a mouth to sneeze or conversely will overreact or exaggerate a cough or mild illness. They accept no responsibility for their actions and do not have any sense of why everyone can get so aggravated with them. They often have scrapes, bumps, bruises and will claim abuse by an adult in order to obtain attention and seem to be "accident prone".

They are in a constant battle for control of their environment and seek that control however they can, even in totally meaningless situations. If they are in control they feel safe. If they are loved and protected by an adult they are convinced they are going to die because they never learned to trust adults, adult judgment or to develop any of what you know as normal feelings of acceptance, safety and warmth. These children often slur words just to make you ask them to repeat themselves or speak more clearly. Their speech patterns are often unusual and may involve talking out of turn, talking constantly, talking nonsense, humming, singsong, asking unanswerable or obvious questions ("Do I get a drink any time today?"). They have one pace – theirs. No amount of "hurry up everyone is waiting on you" will work – they must be in control and you have just told them they are. Need the child to finish lunch so everyone can go to the playground – he will eat five times slower than usual. Need the child to dress and line up, he will scatter papers, drop clothing, fail to locate gloves, wander around the room – anything to slow the process and control it further. Five minutes later he may be kissing your hand or stroking your cheek for you with absolutely no sense of having caused the mayhem that ensues from his actions.

You can begin to understand what this child's parents must face on a daily basis. The parents are often tense, involved in control battles for their parental role every minute they are with the child, they adopted the child thinking love would cure anything that had happened to her before the adoption. They have only recently learned that normal parenting will not work with this child; that much of what they have tried to do for years simply fed into the child's dysfunction. They are frightened, sad, stressed and lonely. Many feel unmerited guilt for their perceived "failure" with this child. The mothers often bear the brunt of the child's actions and the child is often clever enough to make certain none of it occurs in front of the father. Hence they even triangulate the parents – because it puts them in control of the situation, which makes them feel safer.

It takes a tremendous amount of work and therapy to turn these kids around so that they can experience real feelings and learn to trust. Parents who have embarked on this healing journey for their child need support and consistency from other adults who interact with the child. This diagnosis is a relatively new one in the Pennsylvania mental health community despite widespread acceptance for years in other states.

What can you do as a teacher? **CALL THE PARENTS.** They will likely not be real warm about this child and can be perceived as too harsh until you get to know them better. Have them in to talk with you about this issue. They are often hostile to outside commentary because no one without RAD information really knows what these folks are living with every day. Call them and talk about what you see in the classroom and ask if they have any other strategies for managing things. Parents who are in counseling and therapy with this child will eventually open up to you and you'll all be able to help the child get healthy or at least not contribute to his dysfunction. Remember the child's primary objective is to triangulate you from the parents so that he controls the relationships on his terms, not yours. He may also seek to triangulate you from other supervisory or authority figures at the school.

Parents will tell you if time is precious on a particular occasion due to ongoing therapy, or whatever, don't feel put off or shut out. They will talk to you when they have time and time is one of the things RAD parents often run out of as they work desperately to save their child's

future. The therapy and home parenting techniques are exhausting and time consumptive. Try to respect that if it seems they are not focusing on your goal of home or class work. Do not trust schoolbag communication or expect things sent in a "communication envelope" to be as complete as when they left the school with the child. Many parents develop alternative communication methods once they realize why they feel so out of it where the school is concerned – they are out of it because that is how the child wants it and the child will hide or destroy notes, information sheets, partially reduce the contents of communication envelopes so that it looks like you simply have an unresponsive parent on your hands. Use the phone and regular mail – it works.

Don't feel you need to apologize if you have believed this child and blamed the parents. If they have given you this information they already trust you and do not blame you for not having the information you needed – likely they only just recently got it themselves. Make it perfectly clear in your interactions with the child that **YOU ARE THE BOSS** of the classroom or activity.

Remind the child, unemotionally but firmly, that you are the boss, you make the rules. You can even smile when you say it if you can get the "smile all the way up to the eyes", just remember to get the child to verbally acknowledge your position – "yes, ma'am, you are the boss". Do it every day for a while, then use periodic reminders. Insist upon use of titles or prefixes (Miss Jane, Teacher Sarah, Ms. Philips), they establish position and rank. Structure choices so that you remain in control ("do you want to wear your coat or carry it to the playground?", "you may complete that paper sitting or standing", "you may complete that assignment during this period or during recess"). Remember to keep the anger and frustration the child is seeking out of your voice. Try to "smile all the way to your eyes" if you can, otherwise simply stay as neutral as you can. Structure and control without threat.

YOU ARE NOT THE PRIMARY CAREGIVER for this child. You cannot parent this child.

You are his teacher, not his therapist, not his parents. Remind the child that her parents are where she can get hugs, cuddles, food and treats. You will only have responsibility for this child for one school year at the most – understand that this child will consider moving into the next grade as your having abandoned him. The only way to avoid that is to remain in your teacher role and support the process of helping this child learn to be a whole human being as best you can in the time you have. Teachers are left behind each year, its normal. These children need to learn that lesson.

Establish **EYE CONTACT** with this child, insist upon it as often as the opportunity presents itself. Do not be deceived by the child's focusing on your forehead or chin. RAD kids do not like eye contact and will do just about anything to avoid it unless they are lying or trying to manipulate you, at which point you will be hard put to avoid a staring contest. Be firm, be consistent, be specific.

Try to remember to **ACKNOWLEDGE GOOD DECISIONS AND GOOD BEHAVIOR** ("I see you made a good choice and finished your homework last night", "I see you decided to sit out the game rather than get into a fight with Sally, that's a good choice".)

CONSEQUENCE POOR DECISIONS AND BAD BEHAVIOR. Poor decisions and choices like incomplete homework, wrong weight jacket for the weather, also need to be acknowledged ("I see you chose to have incomplete work from this activity period. You may finish it at recess while the other children who chose to finish their work go outside and play. Better luck next time.")

Nothing mean or angry or spiteful – it's just the facts. Remember they have difficulty with cause

and effect thinking and have to be taught consequences. Normal reward systems like treats and stickers simply do not work with these children – you will continue to see Jekyll and Hyde from day-to-day with absolutely no correlation to standard reward systems. Standard behavior modification techniques do not work with this child – she doesn't think the way nurtured children think. Her entire being is centered on being in control so she can be safe. If anyone else is in control she is anxious and certain she is going to die – no kidding, it's that serious.

Consequencing is a good teaching technique for adults involved with RAD kids – there is a consequence associated with each good behavior, each poor behavior – teach them what those consequences are – they will not think of or recognize them without your direction.

BE CONSISTENT, BE SPECIFIC. The RAD child will be "good" for you one or two days or even weeks just to watch your incredulity at his or her misbehavior the next time. No general compliments like "you're a good boy!" or "You know better". Be specific and consistent – confront each misbehavior and support each good behavior with direct language. "You scribbled on the desk – you clean it up", "You hit Timmy, you sit here next to me until I decide you may play again without hitting." "You did well on the playground today, good for you!" "You chose to complete that assignment, that's a good choice!" Be positive when you can.

DO NOT ACCEPT POOR MANNERS OR INCOHERENT SPEECH. The child must say "May I please be excused to use the restroom?" Not "I gotta pee". And yes, they will wet themselves rather than ask appropriately just to upset you and make you think you're responsible for making them stand there too long. "I see that you wet yourself. That must not feel very good." And go back to whatever you were doing. His embarrassment (maybe) or even just the discomfort is a NATURAL CONSEQUENCE of his choice to wet himself rather than ask for excuse to the restroom properly. Feel free to not respond to slurred or incoherent speech. The child will learn she cannot manipulate you into asking for a repetition or clarification. If you feel you must, tell the child you will not be able to hear him until he makes the choice to speak clearly and then turn your attention elsewhere. The child should say, "Yes, Miss Janice", "No, Mr. Sayers". "Yeah" and "nope" and "I don't know" are no longer part of the child in therapy's vocabulary – do not tolerate them in your classroom, they are disrespectful.

This NATURAL CONSEQUENCES thing is important. Do not permit this child to control your behavior by threatening to throw a tantrum (let him, out in the hallway or in another room -"You can have your tantrum here if you choose to"), wetting her pants (let her, then make her clean up any puddles or stains, "I see you've wet the rug, here is a rag and bucket to clean it up"), or pattering around doing his own thing when it delays the class' departure for a planned activity ("I see you've chosen to fool around rather than get ready to go, you can wait here in the supervisor's office until we get back").

Time-outs do not work for these children – they want to isolate themselves from others. Bring the child near the activity he has had to be removed from and have them stand with or sit in a chair along side you. It's called a "TIME-IN". If you can take the time, speak quietly about how much fun the other children are having and how sad it is that she cannot join in right now. No raised voices, no anger. Don't lose your temper if you can avoid it, remember he is manipulating you to do just that. If you are going to lose it, seek assistance from another adult until you are back in control of yourself.

DO NOT SYMPATHIZE with this child. Feeling sorry for her will only give her power over

you, usurp your role as teacher and prevent you from being effective in your role. Remain consistent in your expectations, do not lower them for this child. The RAD child has even more to learn than "normal" kids.

SUPPORT THE PARENTS. The child who is losing control at home and in the classroom because folks are "on to him" will get a whole lot worse before he gets better. Listen appropriately. Absolutely redirect this child to her parents for choices, hugs, decision-making and sharing of information you believe is either not true or is designed to shock or manipulate you. Follow up with the parents.

REMAIN CALM AND IN CONTROL OF YOURSELF. No matter what she does today. If she manages to upset you, she is in control, not you. Remove yourself or the child from the situation until you are able to cope.

AVOID BEING ALONE WITH THIS CHILD. They learn, shockingly early in life for some of them, that such situations can be manipulated into abuse claims for which there is no "witness". If your classroom is out of control because of this child, get help. Many school counselors and administrators have not had exposure to the RAD diagnosis or how to handle it in schools. There are many resources available. Don't give up. These children are inventive, manipulative and very much in need of everything you can offer to help them get healthy. Remind the child you will be speaking with her parents on a regular basis. Report to the child's home as often as you can without feeling burdened by the effort. Expect notes to be destroyed. Use the phone. If you do not get a response to written communication and the parents seem to be out of touch with general information, do not blame them. Chances are they never got the message, never saw the right number of papers and have no clue what is going on because that is just how the child likes it. It takes control from the parent. Give it back by communicating directly whenever possible.

This child can and will be helped to get healthy and you can be a part of that process with the right tools. Keep in touch with the family. Remember that what you see in school is only the tip of the iceberg – family life is terribly threatening to these children and what the parents have to deal with every day is nearly unimaginable to other uninformed adults. Blaming the family or failing to communicate with them adds to the dysfunction and puts the child at greater risk of never getting healthy. This child is learning in therapy to be respectful, responsible and fun to be around. It will take time, it will be an effort, if in the end it is successful it will be because the adults in her life were consistent and the child decided to work in therapy. Your contribution as his teacher cannot be underestimated or undervalued – his parents will be grateful for the support and the therapist will have fewer inconsistent venues to sort out while helping the child to heal.

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