FACT SHEET FOR EDUCATORS
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Children with Reactive Attachment Disorder are the victims of abuse, neglect, abandonment, physical illness, multiple placements and/or in-uteru drug/alcohol exposure. Their problems are rooted in the first five years of their lives, when trauma occurred. Stable attachments cannot be formed when a child experiences frequent changes in daycare or foster care, or when the child’s social, emotional, physical, and cognitive needs are unmet.

While many children with Reactive Attachment Disorder have grown up in foster care and/or adoptive homes, these disorders occur in children who are growing up with their biological parents as well. It is estimated that one-third of elementary school children in the United States have some form of an attachment issue, if not the full blown disorder, due to divorce, inappropriate daycare programs, and multiple caregivers. Children who have experienced medical events such as hospitalization, placement in an incubator or a body cast can also develop these disorders.

According to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, published by the American Psychiatric Association, there are two types of Reactive Attachment Disorders. In the **Inhibited Type** the child persistently fails to initiate and to respond to most social interactions in a developmentally appropriate way. The child shows a pattern of excessively inhibited, hypervigilant or highly ambivalent responses (for example, frozen watchfulness, resistance to comfort, or mixture of approach and avoidance). In the **Disinhibited Type**, there is a pattern of diffused attachments. The child exhibits indiscriminate sociability or a lack of selectivity in the choice of attachment figures. For example, the child may be extremely charming and friendly with those who are not trying to be his or her parents, while acting violently with parents who are attempting to become emotionally close to the child.

**What is Attachment Disorder?**

The words attachment and bonding are used interchangeably. A person with Reactive Attachment Disorder has difficulty forming loving, lasting, intimate relationships. These individuals are unable to be genuinely affectionate with others, have not experienced conscience development and cannot trust others. Attachment is necessary for the development of an emotionally healthy person who has conscience development, experiences empathy, attains full intellectual potential, thinks logically, copes with stress and frustration, becomes self reliant, develops healthy personal and business relationships, and handles the ups and downs of every day life. According to Foster Cline, MD, examples of people who were not treated for Reactive Attachment Disorder include Adolph Hitler, Sadam Hussein, and Jeffrey Dahmer. An example of a person who was treated successfully for Reactive Attachment Disorder is Helen Keller.
Children with Reactive Attachment Disorder do not respect authority, especially that of their parents. They are sometimes oppositional and defiant in the school setting, although many of these children behave perfectly with those who are not parenting them. **It is not uncommon for a child with Reactive Attachment Disorder to be a good student as well as the most helpful child in the class.** The same child may go home and threaten his mother with a knife, set fires, and/or kill animals. Attachment disordered children have been so damaged that they cannot trust. Their behavior meets their subconscious need to keep those who love them most at a distance. They are fearful that, if they become emotionally close to their parents, they will somehow be hurt again as they were in the past. **These children are terrified of closeness, and will do anything they can to create distance between themselves and their parents. One way that this is manifested is in children’s ability to triangulate, that is to pit one adult against the other.** Children with attachment disorders frequently lie to their teachers, accusing their parents of emotional abuse, physical abuse, or neglect, and lie so convincingly that their teachers believe them. Many parents have been erroneously reported for suspected child abuse when school personnel have listened to the child without checking the facts with the parent.

**What’s a teacher to do?**

Develop and maintain constant communication with the child’s parents. This will greatly increase the chance of all adults being consistent in the child’s life at home and at school. Be sure to check with parents if you suspect that the child’s story could be untrue. Ask parents to do the same for you. For example, if the child comes home and says that his teacher hit him, yelled at him or otherwise behaved inappropriately, please ask the parents to check out the child’s story with you before acting upon it.

Children with Reactive Attachment Disorder need a tight, loving, structured environment where the rules never change but the consequences often do. These children need a tightly structured environment in order to feel safe. They do not need an overly permissive environment which makes them feel unsafe. **Please respect the need of the parents to be the primary attachment figures in this child’s life.** While many teachers, especially in younger grades, tend to hug children and openly display affection for them, this type of treatment is inappropriate for an attachment disordered child. **If this type of treatment is given in the school setting, the child will simply triangulate, manipulating the teacher into thinking that he or she is an important attachment figure in a child’s life, and using the teacher’s affection to manipulate the parents at home.**

Follow through on any and all consequences. The child’s safety and that of others depends on it. Hold the child responsible for his or her actions. Understand that, until the child’s behavior becomes more positive, he or she will have an extremely depressing life. Even though the child has problems and may have a painful past, it is important to hold the child responsible for his or her actions and not excuse those actions because of the child’s previous trauma.

Remember that these children are superficially charming with strangers and others who are not their parents. These children lack the ability to have true closeness with their parents and other family members.
Please understand that if this child criticizes his parents and asks to go home with you this is a means of distancing from closeness with the parents whom he or she fears the most. **The child is fearful of closeness with parents because previous parents have left the child or traumatized him/her.**

Children with Reactive Attachment Disorder need to regress and experience being infants and toddlers as well as young children again before they can behave in an age-appropriate fashion. Please realize that there are days when the child may need to stay home from school in order to receive therapy, or because the child simply needs to be close to his or her parents. Once attachment issues are resolved, the child will have plenty of energy to make up for lost time at school.

For more information about Attachment Disorders, please visit [www.attach.org](http://www.attach.org).