

Patterns of Functioning of the Child with Attachment Disorder (AD)

Survival: AD children deeply believe that their very survival depends on their being in control of other people and situations most of the time. AD children make a decision, early in life, probably not consciously, that they will never be in a helpless position again. They lack faith in anyone's control but their own. This leads them to avoid asking for help, regardless of their need for it, because it creates a dangerous context of dependence and is likely to activate AD children's considerable shame. AD children seek to orchestrate not only events, but the very feelings and behaviors of those closest to them. They will work very hard to control the adults' attention. This control can appear in many forms, including: oppositional / defiant behavior, passive aggressive behavior, withdrawal and withholding of information, hairsplitting semantic arguments, giving false information, sexualized behavior, aggressive behavior, infantile behavior, bizarre behavior, appearing "confused", vague / circular or unintelligible language, noisemaking, running away, avoiding physical contact, etc. (significant changes)

Developmental Line of Anxiety: The human infant, in its helplessness, is saddled with a fear of its own annihilation. The protest cry of the infant is designed to summon the caring ministrations necessary to restore a homeostatic state and to avoid any threat to its continued existence. With the infant's movement into symbiosis, fear of annihilation is replaced by fear of loss of the primary attachment figure. As the attachment figure becomes increasingly valued, fear of loss of the love of this figure predominates. With toddlerhood comes a new anxiety: fear of loss of bodily integrity. Approaching completion of the separation-individuation process and the establishment of self and object constancy brings with it a new fear: loss of the self. With additional development, the endpoint of the developmental line of anxiety arrives- fear of loss of positive self-regard.

Annihilation anxiety: Along the developmental line of anxiety, annihilation anxiety is the most primitive. It is fundamentally fear of one's existence ending through death, disappearance, fragmentation, going "crazy", complete loss of self, etc. Most AD children carry a heavy loading of this anxiety. This is what makes their survival and emotional experience the overarching issues they are. In attempting to avoid or soothe their anxiety, AD children typically become hypervigilant and frequently visually check in with parents, by means of a quick glance, much as toddlers do. Avoiding their annihilation anxiety altogether, which is overwhelmingly intolerable in its own right, drives AD children's need for control and practically everything else discussed in this handout.

Power & magical thinking: AD children frequently believe that they have power beyond anybody else's. They need to believe this in order to assure themselves that they can maintain the "24-7" control that they believe their survival requires. AD children are prone to engage in power struggles for, like a toddler, they derive power simply out of saying "No". Beyond this, AD children grant themselves the power to define reality itself. It is this belief that allows them to deny a misdeed that an adult caught them in the middle of performing. In the AD child's mind, his denial rewrites history. If he says that it didn't happen, then it didn't. The adult is essentially told that he didn't see what he saw because it never happened. Clearly, magical thinking is a meaningful part of the AD picture. "Saying makes it so" allows the child to rewrite reality as he wants it to be, and to believe that "so it is". AD children sometimes extend this kind of magical thinking to include the idea of "mind reading radar". Just by looking at an adult, they believe they can determine what the adult is thinking and planning on doing (this is not reading nonverbal cues). AD children may well react to these "radar-based conclusions", and such reactions can be enormously confusing to anyone else involved in the situation.

Hypervigilance: Hypervigilance is commonly seen in AD children. Hypervigilance is the directing of a significant proportion of energy, attention, and thinking towards monitoring the external environment. Being hypervigilant, AD children tend to scan situations very quickly for cues and then make

interpretations of entire situations based on only one or two details. This can lead to responses that are way off base. Because of the energy it consumes, hypervigilance limits an AD child's awareness of what is happening inside herself and interferes with the ability to think reflectively, problem solve, or respond appropriately to external demands. Hypervigilance can be broken down into two kinds: threat hypervigilance and resource hypervigilance. AD children who are threat hypervigilant feel a constant sense of lurking danger and are always scanning situations for possible sources of danger. Those who are resource hypervigilant feel a terrifying sense of inner emptiness, almost as if they don't really exist. As a result, they are always searching out their environments for external resources to "validate" or "prop up" their sense of existing. This validation is obtained by getting others to interact with, or attend to, them in some way. In the absence of such external support, these children begin to feel like they are disappearing, almost as if they were turning into ghosts. This causes their anxiety to rapidly mount. In situations in which they are not sure how to respond, resource hypervigilant children will scan the environment for clues as to how to assemble their response.

Emotional experience: AD children have tremendous difficulty tolerating emotional experience of any kind. It is their own emotions that they experience as potentially deadly though this thought usually lies beyond everyday awareness. Thus, their "24-7" struggle for survival, while outwardly framed as being against the world, is truly against their own emotional experience. Different emotions are seen as the deadliest for different children; for some it is shame; for others it is sadness; for others it is rage; and for others still, it is anxiety. Often, AD children cannot distinguish one feeling state from another, and different emotions can easily bleed one into the other. Their emotional regulatory skills are primitive at best; and hence, behavior unravels quickly in the presence of feelings. In addition to behavior, AD children's thinking can deteriorate very rapidly in the presence of emotion. They can drop to the level of the concrete thinking of a toddler and truly cannot understand more complex language that they normally could understand. Their thinking can get disorganized enough that they border on, or have, miniature psychotic breaks in order to blot out their feelings. When their emotional reaction passes however, they can recollect themselves in the literal blink of an eye. AD children often see the source of their emotional arousal as an enemy who was trying to overwhelm them on purpose. This can result in an aggressive counterattack.

The Crossroads of Traumatic Affect: All children with AD carry deeper levels of emotion, dating to their earliest days, that have never been metabolized / integrated. These affects are of traumatic proportions, whether it be the trauma of day-to-day life without the protection of a primary attachment figure or trauma arising from specific incidents. Because this is emotion of a traumatic nature, its appearance in the present comes with no indication that its origins lie in another place and time. This is emotional territory that has never been navigated and so approaching it is terrifying for each child. This is the Crossroads of Traumatic Affect. There is no experience the child can draw on for reassurance because these emotions have never been mastered. What AD children believe is that if they go forward into the emotion, they will disappear within it, never to emerge again. They lack any sense of the possibility of coming out on the other side. To go forward when this crossroads is reached is purely an act of faith and trust, something else AD children have no experiential basis for. This point typically must be reached and retreated from many times before forward motion occurs. It can be helpful for adults to catalog these moments and use them as reference points so the child can see the pattern of approach and retreat. Assisting the child with developing a more accurate sense of time furthers readiness for entering the crossroads.

Dissociation: To protect themselves from their own threatening feelings, AD children learn to dissociate or disconnect themselves from their own experience in the present moment. They seem able to almost slide their psyches up and down the developmental scale as circumstances warrant. AD children can appear to shut down parts of their brain in ways the average person cannot comprehend. This is denial in its most fundamental form. Experience itself is erased from consciousness as though it never happened. This primitive denial is beyond the reach of conventional forms of treatment and a major reason why such treatment tends to fail with AD children. AD children learn how to move and hold their bodies so as not to trigger physiologically stored emotions and memories. Threatening questions, as well as any possible answer that might have immediately arisen can be obliterated right out of awareness. Overall, this dissociative response is made up of many different tactics including: increased

distractibility and fidgeting (can look like AD/HD); becoming confused; circular answers; vague or contradictory language; inaudible or unintelligible speech; loss of short-term memory; shutting down one or more of their sensory processing systems so they literally don't experience their own sensory input (can look like learning disabilities except that processing can improve dramatically as attachment develops); immature and/or faint tone of voice; loss of eye contact; eyes becoming dreamy, glassy, empty, steely/piercing, or blank; body becoming markedly more limp or rigid; and bodily preoccupations which serve to shut out the external world (picking at skin, scabs, bug bites; fingernail chewing, itching and scratching, hair twirling, aches and pains, repetitive movements, playing with fingers).

Eye contact: The eye contact of AD children is typically erratic. A major reason they tend to avoid eye contact with parents is their default expectation that will see disapproval on the parent's face. In addition, the appearance of an AD child's eyes can provide priceless information about their emotional and functional state in the moment. In my experience, the different looks to the eyes fall into five broad categories. 1) Clear / bright- indicates that the child is present, engaged, in a positively balanced mood and more aware of the big picture. 2) Dark- the eyes appear as if a shadow has fallen across them and this usually reflects anger, rage, or depression. 3) Empty- the eyes appear as voids, giving the impression that "no one is home". This is the look of depletion, of giving up, and of disconnection from self and the environment. 4) Steely / piercing- the eyes appear focused outwards with an intensity that seems to "look right through" an observer. This is the gaze of hypervigilance and of focusing on individual details. It telegraphs anxiety and distrust. 5) Mirrors- The surface of the eyes appears only as a reflective surface that masks anything beneath it such that an observer is essentially, shut out. The basic message is, "I don't want you to see me." 6) Receptive: These are the eyes of the infant just taking in or absorbing the immediate world like a sponge. This, in many ways, is the gold standard of attachment work.

Helplessness: Not knowing what to do is a potent source of anxiety for AD children and triggers familiar controlling behaviors as a way of escaping the sense of not knowing what to do. It is for this reason that happiness and other positive experiences can be so problematic for AD children. Lacking experience with feeling positive, AD children resort to misbehavior, not so much to ruin the happiness per se, but to escape the anxiety of not knowing what to do. New situations are also threatening because the child lacks a blueprint for how to behave. In addition, AD children equate helplessness and sadness with personal worthlessness. Anything that they acknowledge as generating feelings of sadness or helplessness is seen as evidence of their worthlessness, and this carries the risk that it could be used against them.

Victimhood: AD children tend to present themselves as "victims of life" who are responsible for nothing. Inwardly, these children feel responsible for everything that has happened to them; and this generates overwhelming shame. Avoiding this shame is one reason AD children deny all personal responsibility. Closely connected to this shame is a deeply felt (though usually out of awareness) self-hatred. This self-hatred presents a formidable obstacle to accepting love or caring from anyone when it is offered. The offering of love triggers a strong sense of not deserving it, and so it must be rejected along with the person offering it. In fact, the adult offering love may be looked at as rather dumb for offering love to such an awful child. More likely, the AD child, believing that he doesn't deserve anything of value from another, will perceive the love being offered as something hurtful being trickily packaged by the adult. In either case, the love and the adult are rejected; and the AD child remains caught in the bind of continuing to protest about what he is not getting, but being unable to accept it when it arrives.

Integration: AD children generally lack integrative thinking. They view life as random. Everything just happens. They have difficulty seeing connections between things, internally or externally. They also do not connect things across time. Hence they often do not grasp things like cause-effect, actions-results, the impact of their behavior on others, sequential events, etc. AD children do not even see their own behavior as stemming from choices they have made. Their behavior is like everything else: events that just happen to them. As a result, the concept of personal responsibility can seem like literal nonsense to them. AD children also have enormous trouble managing complexity. When faced with complex situations, they become anxious and deteriorate both behaviorally and cognitively.

Conscience: Probably the most publicized characteristic of AD children is their minimal to absent sense of conscience or right and wrong. This is the breeding ground of the antisocial to sociopathic adult. If there is some degree of conscience present, it will require the presence of an adult to be activated. This can be very confusing to the adults who witness shreds of conscience only to later discover no evidence of those shreds when the child is not with them.

Behavioral variance: Behavior can vary dramatically across situations depending upon the emotional significance of the people involved and the situational expectations for relating emotionally. Generally as the emotional importance of others present, or the expectations for relationship increase, the AD child's behavior deteriorates. This is why their behavior is usually worst at home with their families.

Egocentrism: AD children frequently possess an extreme form of egocentrism that could be described as fusion of a sort. It is characterized by a baseline presumption that anything the child experiences others experience as well. This, in turn, encourages vague, minimal answers to questions due to the belief that the adult already knows. Further questions can result in anxiety or irritation as an AD child may well see this as the adult "playing dumb" for some unspoken reason. The end result is often significant communication problems.

Internal Working Models & Belief Systems

Internal Working Models: Out of everyday experience, we all build up what has been termed an **Internal Working Model (IWM)**. The IWM is the sum total of all that an individual has learned and believes about how he, other people, and the world work. The construction of an IWM begins very early in life and is gradually added to over time. The word "working" in the name signifies 1) that one's internal model works as a map for navigating reality, and 2) is always a work in progress, meaning it is modifiable across time as new experience comes in. The net result is that one's IWM becomes progressively more accurate as it is modified. This is not the case with a child with attachment disorder. The IWM's of AD children tend to be inflexible and therefore, immune to new experience. They operate in an all-or-none fashion because of the sense of control this brings. Driven by hypervigilance, conclusions within an AD child's IWM are arrived at rapidly, as anxiety does not allow time for pondering. Adults are typically assigned roles according to the AD child's IWM. These roles can be thought of as parts being played in the child's interior psychodrama and may have little or nothing to do with who the adult really is in present time.

Beliefs: The building blocks of IWM's are essentially, beliefs. Most simply defined, a **belief** is a thought that is repeatedly thought over time. Many beliefs are simply habitual thoughts rather than intentional or purposeful ones. A **core belief** is simply a belief that we have utilized more often than most others. How often a belief has been used bears no direct relationship to truth or accuracy, though core beliefs are usually seen as somehow "truer in some deeper way" (which is just another belief). Thus, the more someone uses a given thought, the ever more likely it becomes that they will continue to use that same thought rather than an alternative. Beliefs tend to have significant emotion attached to them and are therefore closely guarded. If there is **identification** with a belief such that the belief has become part of the self, then the belief can appear so necessary that it cannot even be questioned. This is a common occurrence with AD children. Challenging such a belief can provoke significant anxiety and anger. The same belief that was challenged is typically then used to justify the anger. **Beliefs will typically be defended against the truth.** Beliefs are primarily protected with selective perception. Beliefs can literally dull the workings of the physical senses such that things which challenge the beliefs don't even register.

Impact of beliefs: Beliefs organize thinking into habitual patterns which hinder learning to think in new ways. This impairs problem solving skills and blocks learning from experience. If the belief is shame-driven, then the blocks to learning are greater still. Shame-based beliefs seem so compelling that they practically have hypnotic power. They can appear absolute and all encompassing, despite any inaccuracy. Belief systems trade truth and accuracy for a sense of familiarity and control (their appeal for AD children). Things are seen as true because they "feel" true and thinking goes no further. The result can be an internal map of the world that feels familiar but does not line up well with reality. This is

precisely the predicament of most AD children. The belief systems of AD children are a key part of their overall self-protection.

Temporal Perception

1. In terms of time, AD children generally live in the "eternal now". "Time" is experienced as separate discrete moments (think the French existentialists)- a series of disconnected "nows". There is no experience of time as a linear continuum with one moment passing into the next. This is the time sense of the fight / flight / freeze workings of the oldest, most primitive parts of the brain where much of the thinking of AD children goes on. Attention is primarily focused on the "now" and neither past nor future is invoked for both lack a sufficient sense of "reality" to impact the thinking or problem solving of children with AD.
2. "Time" is viewed essentially as a commodity to be spent, like money. Time is spent on the procuring of "interesting experience", and it is this experience that matters to the child, not time itself. Hence, "saving time", "wasting time" or using time efficiently, all tend to be pretty meaningless concepts to children with AD.
3. The abstract units for measuring time- minutes, hours, days, etc.- carry little or no meaning. They are primarily words that adults frequently use. Clocks, including digital ones, also carry little significance. While analog clocks are wholly mysterious, AD children can numerically interpret digital clocks; but usually cannot translate such interpretations into any useful sense of time or time passing.
4. There are instances wherein AD children may exhibit a sense of continuous past > present > future time. This occurs when the impact of a past event or the investment in a future event is of a high degree. This tends to be incorrectly seen by the adult world as evidence of a functional sense of time in the child, but it is not, anymore than an AD/HD child attending in certain circumstances is evidence of a functional attentional system.
5. They don't perceive time as being continuous, with each moment passing into the next. Instead, each moment stands alone, disconnected from all others. Connections between past and present don't get made, and thus there is no learning from experience. Instead, the past may get imported directly into the present with no recognition that this is happening. As a result, the present is mistaken for the past, over and over and over, and responded to as such. As for the future, it simply doesn't exist, so future planning is usually lacking and future rewards carry little power to motivate. Gratification not forthcoming in the present can seem as if it will never come, and this perception can fuel emotional and behavioral eruptions.
6. Problems that result from poor temporal perception:
 - Cause and effect: Because connections are not made across time, AD children frequently don't grasp causal relationships. Effects may be seen as random, or if a cause is identified, it is likely to be a subjective interpretation that bears little actual connection to the events. Cause and effect are often reversed such that the original effect is defined as the cause of the original cause.
 - Learning from past experience: Because focus is predominantly centered in the present moment, past experience and any related learning from it, is not accessed. Present behavior and decisions do not benefit thereby, which often leads to the repetition of identical or similar mistakes (think "Groundhog Day").
 - Advance planning: Because future time is not real enough to be relevant, advance planning is the exception for AD children and is usually limited to later the same day.
 - Generalization: As generalization requires considering multiple events / situations that have occurred in time, children with AD tend to have impaired generalization skills.

- **Absolute thinking**: Children with AD are liable to imagine that however things are in the present, is how they will continue to be going forward indefinitely. This breeds an “always/never” type of absolute thinking to which there are often strong emotional reactions. This is most commonly seen when adults delay or deny a request, which, to the child, can then seem like it truly will never happen. Emotional/behavioral outbursts are a predictable response.
- **Impulsivity**: Since the focus is generally on the present moment, impulsive actions are “adaptive” given that perspective. Thus the temporal perception problems can reinforce impulsivity and behaving other than impulsively, can make little or no sense to an AD child.
- **Sequencing**: Temporal perception problems interfere with sequencing abilities. This can take several forms: 1) problems executing multi-step behaviors, 2) problems memorizing sequences like the months of the year, 3) problems telling a story in chronological order, 4) impaired reading comprehension in terms of the sequence of events.
- **Behavioral contingencies**: Time problems undermine perseverance to reach a goal that is separated in time from the effort required in the present (think grades). Because the future reward has no immediate relevance, the effort flags in favor of alternatives that do have immediate relevance.

Adults & authority Figures

Adults: AD children generally harbor a pervasive distrust of others. Adults, as a rule, are viewed as unreliable, unintelligent, deceptive, mean and potentially rejecting, if not outright abusive. The more an adult seeks to earn an AD child's trust, the more dangerous that adult is likely to appear because efforts to earn trust are usually seen as elaborate "tricks" played by the adult in order to hide an intent to hurt the child. AD children are liable to interpret adults who disagree with them as literally lying to them.

Adults who are giving to an AD child are generally thought of as resources to be exploited. Authority figures are seen as especially threatening because of their assumption that they have some measure of control over the child and their potential for generating shame. “Adult crimes”, in the eyes of AD children, usually confers the right to retaliate.

Discipline & Consequences: Discipline is generally viewed as arbitrary and intended to humiliate the AD child, and so it only provides further proof that adults cannot be trusted. AD children commonly inquire of authority figures what will happen if a given rule is broken. The purpose here is often to gather information to maneuver around that adult or to use the answer to conduct a “cost-benefit analysis” to decide if the contemplated misbehavior is worth the price. This is one reason why being somewhat vague about the range of possible consequences is useful- it blocks this cost-benefit analysis. In addition, AD children are likely to assume that if they have not been directly prohibited from engaging in any given behavior beforehand, no matter how outlandish, then it is alright. If consequences are subsequently imposed, the AD child may see this as betrayal and protest that he was set up by the adult. When AD children escape consequences and / or responsibility, they usually see this as "proof" of how powerful they are. However, when the child fails to extricate herself from disciplinary consequences, it is often seen as a personal failure. Helplessness, shame, and defensive anger are the likely results (see victimhood).

Information & Power: Information is power and AD children know this very well. They will go to great lengths to control the flow of information about them in order to maintain their power to manipulate others' image of them. AD children give out very little real information about themselves, for they view that as giving their power away to others. Telling the truth, therefore, is to be avoided as a matter of policy, and adult urgings to do so can be seen as attempts to steal the child's power because the adults want it for themselves. Much of the fabricating of AD children is intended to keep adults confused about what's real and what isn't. When asked questions, AD children often stall by “playing dumb” or “forgetting”, hoping that the adult will get impatient and give a prompt or clue around which the child can fashion an answer that will please the adult while giving away no information.

Nuisance behaviors: These are frequently occurring, more minor behaviors such as interrupting, noisemaking, asking excessive questions, or relatively incessant chattering that serve multiple purposes: 1) disrupt the simplest of everyday interactions and block relating, 2) ongoing reminders that the AD child is not under the adult's control, 3) nonstop chattering diverts awareness into left hemisphere language functioning and away from right hemisphere affective awareness (true of excessive verbalization in general), 4) discharge anxiety, and 5) probes the external environment to acquire information about the situation. From adults' reactions to these "behavioral probes", AD children begin to piece together who is punitive and who is supportive; who will respond and who will ignore; who is more structured and who is more lax. The child with AD is likely to use the responses to his probes to figure out how to "manage" the adults.

Honeymoons: During what is termed the honeymoon period in a new situation, AD children seek to gather information about parents' and other adults' behavior. AD children are skilled at this information gathering because their years of being hypervigilant have made them keen observers of adult behavior and vulnerabilities. When the child feels confident that he knows how to "manage" the adults, any "honeymoon" period that might have been present will be over.

Family relationships

Love: Most fundamentally, love is not to be trusted. Love is often defined as weakness and used against those who offer it. Sympathy or empathy is understood by AD children as entitling them to receive whatever they want from the sympathetic person. Then, if what they want is not offered, the child takes that as proof of adults' dishonesty and as a legitimate basis for retaliation. Sympathy or empathy is also often seen as humiliating pity, and in this case, an angry counter-response is likely.

Interchangeability: Other people are often seen as essentially interchangeable and are evaluated on the basis of, "What have you done for me lately?" Past history carries little or no weight (temporal perception). Thus, an AD child's attitude towards anyone else can change quickly depending on what that person most recently has or hasn't done for the child.

Boundaries: By and large AD children are developmentally arrested at stages prior to the attainment of object constancy. The result is boundaries that vary from wholly absent to overly porous to defensively rigid to fluctuating. The defensive rigid boundaries are not really boundaries but a defensive veneer to mask the fragile or absent boundaries underneath. This leaves AD children vulnerable to merging fantasies and experiences. These become a major source of anxiety that leads AD children to avoid or sabotage emotional closeness.

Indiscriminate affection: AD children often display indiscriminate affection towards strangers, and this can serve several purposes. It is a tool of "personal image management" to get others to see the child as charming, polite, etc. This created image can be used to foster the illusion that the parents are the source of any problems at home since such a "charming child" could not possibly be at fault. Indiscriminate affection is also used as a way to procure attention and gratification from others who "don't know any better". In the final analysis, it is one more instance of the AD child not being real.

Primary caretaker: The parent in the primary caretaking role generally receives the brunt of the child's acting out as this parent is usually seen as the symbol for all of the ways adults have failed the AD child previously. Behavior is often better when the other parent is home. This can create parental conflict, wherein the parents see each other as either minimizing problems, enabling, or overreacting. The child may well nourish this split and take advantage of it to exercise control over the parents. (Replaces #1 in Family)

Maternal images: AD children who have been adopted are quite capable of blending their internal images of adoptive mother, birth mother, and other caretakers without any recognition that they are so doing. It is almost as if they look at their adoptive mothers and see their birth mothers. In interacting with her

adoptive mother, the AD child applies beliefs, feelings, and behaviors that are related to her birth mother or developed with her, all the while thinking that she is interacting with her adoptive mother in present time (temporal perception). It is important that parents and child become aware that this mixing up of mothers is going on inside the child and that the maternal images need to get separated out. Temporal distortions must then be corrected: birth mother needs to be identified with then and adoptive mother with now.

Parent-blaming: Because AD children are so skilled at charming others, and because the parents are struggling so hard, extended family and friends often offer little support and are likely to blame the parents for the child's extreme behavioral problems at home. School personnel are quite vulnerable to this same lapse. Worse still, mental health and social service professionals can make this same mistake.

Parental feelings: Because AD children give so little back in return for parenting efforts, parents often go through a progression of: initially feeling anxious that things aren't going well; feeling unappreciated for their efforts; at some point feeling selfish for wanting a return on their investment; then feeling guilty; and finally feeling angry which can loop back into more guilt. This sequence sometimes culminates in a degree of secondary Post Traumatic Stress Disorder in one or both parents. This continuing emotional turmoil can create intense parental ambivalence that can include strong wishes to hurt the child or put the child out of the family.

Siblings: If there are siblings, eventually they become jealous and angry about the amount of family resources in terms of time, attention, energy, and money that the attachment disordered sibling is using up and are likely to ask the parents to get the AD child out of the family.

Peers: Peer social skills are delayed an average of four years, in AD children. Friendships, if made at all, usually last only for a brief time as AD children too often seek to dominate peers or set them up to get in trouble while not understanding the likely future consequences for the friendship. Then when peers later reject, tease, or avoid the AD child, he does not understand why and feels victimized which reinforces the fundamental distrust.

AD children can expend effort to "achieve" some or all of the following outcomes. Sadly, generating these results can be more motivating than conventional success or positive accomplishment.

1. Control the flow of information.
2. Trust no one.
3. Interfere with others' happiness as it is too difficult to be around it.
4. Stay clear of your own feelings, except anger.
5. Staying beyond the reach of anyone's positive influence.
6. Maintaining negative feelings about oneself.
7. Be self-sufficient such that you don't need of anything from anybody.
8. Keep your power by striving to win oppositional battles.
9. Extend your power by claiming to define reality itself.
10. Avoid all personal responsibility by playing the victim role.

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