

Appendix 12 **Information Sheet on Attachment Disorders**

Attachment disorders are the result of negative experiences in early caregiver relationships. If young children feel repeatedly abandoned, isolated, powerless or uncared for, for whatever reason, they will learn that they can't depend on others and that the world is a dangerous and frightening place to be living in.

Reactive Attachment Disorder and other attachment problems occur when children have been unable to consistently connect with a parent or primary caregiver. This can happen for many reasons, including one or more of the following:

- ▶ A baby cries and no one responds or offers appropriate comfort.
- ▶ A baby is hungry or wet and they aren't attended for extended periods of time.
- ▶ No one looks at, talks to or smiles at the baby, so the baby feels alone and isolated.
- ▶ A young child only gets adult attention by acting out or displaying other extreme behaviours (the implications for teachers in the early years begin to become evident).
- ▶ A young child or baby is mistreated or abused – physically, sexually or emotionally.
- ▶ Sometimes the child's needs are met and sometimes they aren't. The child never knows what to expect and has to exist in a state of flux and uncertainty.
- ▶ The infant or young child is hospitalised or separated from his or her parents for an extended period.
- ▶ A baby or young child is moved from one caregiver to another as a result of adoption, foster care or the loss of a parent.
- ▶ The parent is emotionally unavailable because of depression, a bereavement, an illness or a substance abuse problem/issue.

Unfortunately, the circumstances that cause the attachment problems are sometimes clearly unavoidable.

Early signs and symptoms of insecure attachment in young children and infants include the following:

- ▶ Avoids eye contact
- ▶ Doesn't smile/look happy
- ▶ Doesn't reach out to be picked up/cuddled/touched
- ▶ Rejects efforts to calm, soothe and connect
- ▶ Doesn't seem to notice or care when the parent leaves them alone for short/extended periods of time
- ▶ Cries inconsolably and on a frequent basis
- ▶ Doesn't coo or make sounds

- ▶ Doesn't follow the parent or caregiver with his or her eye
- ▶ Isn't interested in playing interactive games or playing with toys/others in their context
- ▶ Spends a significant amount of time rocking or comforting themselves

Children with Reactive Attachment Disorder have been so disrupted in early life that their future relationships are also impaired. They have difficulty relating to others and are often developmentally delayed. Reactive Attachment Disorder is common in children who have been abused, accessed a range of foster care, lived in orphanages/residential units or who have been taken away from their primary caregiver after establishing a genuine bond. These are the children who may display an aversion to touch or physical affection. They will frequently go to great lengths in order not to feel helpless and remain in control. They can present as argumentative, defiant and disobedient, and will frequently display anger problems. They may express their anger directly, in tantrums or acting out, or through manipulative, passive-aggressive behaviour. Children with Reactive Attachment Disorder may hide their anger in socially acceptable actions, like giving a high five that hurts or hugging someone too hard. They may also display difficulty in showing genuine care and affection. For example, children with Reactive Attachment Disorder may act with excessive affection for strangers while displaying little or no affection towards their parents. These children also display an underdeveloped conscience. Children with Reactive Attachment Disorder may act like they don't have a conscience and fail to show guilt, regret or remorse after behaving badly.