



## The socio-behavioral development of children with symptoms of attachment disorder: An observational study of teacher sensitivity in special education



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### ABSTRACT

**Background:** Children with Reactive Attachment Disorder (RAD) have serious socio-behavioral problems and often rely on socially abnormal, aggressive, and manipulative forms of communication. Little is known, however, about the influence of teachers on the socio-behavioral development of children with symptoms of RAD.

**Aims:** This longitudinal study examined the influence of teacher sensitivity on the socio-behavioral development of children with symptoms of RAD across one school year.

**Method:** The sample included 85 Belgian children and 70 teachers from special education schools. In the previous school year, teachers rated Inhibited and Disinhibited RAD symptoms. In the next school year, teacher Sensitivity was observed in interactions with individual children in the first trimester. Teacher-rated Overt aggression, Relational aggression, and Prosocial behavior was assessed in the first, second, and third trimester.

**Results:** We found no effects of Sensitivity on Prosocial behavior. Also, no effects were found for children with Disinhibited RAD symptoms. For children with Inhibited RAD symptoms, increases in Overt and Relational aggression were observed when Sensitivity was low, whereas decreases were observed when Sensitivity was high.

**Conclusions and implications:** The results suggest that teacher sensitivity is associated with the socio-behavioral development of children with Inhibited RAD symptoms but not with the socio-behavioral development of children with Disinhibited RAD symptoms.

**What this paper adds:** Children with Reactive Attachment Disorder (RAD) exhibit socio-behavioral problems that hinder their school adjustment. These socio-behavioral problems appear relatively stable and it is not known what influence special education teachers might have on the development of these problems across a school year.

This study suggests that teacher sensitivity is associated with changes in the socio-behavioral development of children with Inhibited RAD symptoms. Whereas high sensitivity was associated with improvements, low sensitivity appeared to exaggerate the socio-behavioral problems of these children.

As children with Inhibited RAD symptoms have difficulties communicating their needs and wishes in socially adaptive ways, it may not be easy for teachers to understand these children. Teachers may misinterpret a child's behavior and consequently will fail to respond to the child's underlying needs. This may reinforce the child's socio-behavioral problems and increase the child's reliance on egocentric and aggressive means in interactions with

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others. This study therefore highlights the need to support teachers in interactions with children with inhibited RAD symptoms in order to help them understand how the children's observable behaviors in the classroom may convey their underlying socio-emotional needs and how they can respond to these needs.

Importantly, teacher sensitivity was not associated with the socio-behavioral development of children with Disinhibited RAD symptoms (e.g., indiscriminate friendliness). Consistent with previous research, this study suggests that children with Inhibited RAD symptoms are more susceptible to the quality of the caregiving environment than children with Disinhibited RAD symptoms and extends this finding to the school context.

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## 1. Introduction

Attachment problems have a severe impact on children's social relationships in everyday life. Children with Reactive Attachment Disorder (RAD) are impaired in their abilities to form secure relationships with others and tend to rely on socially abnormal, aggressive, and manipulative forms of communication. On entering school, these children are at increased risk of forming poor relationships with both peers and teachers, which further impedes their socio-behavioral development. Given the severe social problems and inability to form secure and selective attachments with others, it may be expected that teachers have limited influence on the socio-behavioral development of children with RAD. On the other hand, based on attachment theory and the notion that internal working models of the self and self-other relationships are open to change, it can be argued that sensitive teachers, who are responsive to the unique academic and socio-emotional needs of these children, may be able to win children's trust and promote children's socio-behavioral development through establishing a warm and supportive relationship (Howes, Galinsky, & Kontos, 1998).

To examine these propositions, we observed teachers' sensitivity in interactions with children with mild to severe symptoms of RAD. Two subtypes of RAD are distinguished in the DSM IV: the *emotionally withdrawn/inhibited subtype* characterized by a lack of social approach and attachment behavior, and the *indiscriminately social/disinhibited subtype* characterized by indiscriminate friendliness and failure to develop selective attachments (Gleason et al., 2011). Inhibited RAD symptoms refer to a lack of social approach and emotionally withdrawn and hypervigilant responses to others as if children are frightened of others (e.g., "Sometimes looks frozen with fear without an obvious reason"). Children with inhibited RAD lack active attachment behaviors and fail to seek proximity or obtain comfort from caregivers. Disinhibited RAD symptoms or indiscriminate friendliness, on the other hand, is characterized by affectionate, overly sociable and overly familiar behavior towards others, including strangers (e.g., "Is too friendly with strangers"). Whereas the Inhibited and Disinhibited subtypes of RAD were previously considered subtypes of the same disorder, in the DSM-5 the disinhibited type is described as a separate disorder and renamed as disinhibited social engagement disorder (American Psychiatric Association, 2013). By re-conceptualizing the disinhibited subtype as a social engagement disorder, the emphasis is less on disturbed attachment behavior and more on disturbed social behavior (i.e., indiscriminate friendliness) as a core symptom of the disorder. Because this study was conducted before the publication of the DSM-5, we will follow the DSM-IV but we will return to this issue in our discussion of the results.

In the etiology of both subtypes of RAD, both genetic and environmental influences play a role with a history of extremely insufficient care, such as maltreatment and harsh parenting, being the most important predictor (American Psychiatric Association, 2013). The impact of parental abuse or neglect on children's development is severe. RAD has been related to a variety of negative outcomes and correlates, including externalizing problems, depression, and poor social relationships (Pritchett, Pritchett, Marshall, Davidson, & Minnis, 2013). The associations between inhibited RAD on the one hand, and social problems and depression on the other hand, appear somewhat stronger than for disinhibited RAD, whereas disinhibited RAD appears somewhat more strongly related to oppositional, hyperactive and inattentive behaviors (Gleason et al., 2011). Moreover, research suggests that RAD symptoms and its correlates are significantly stable (Gleason et al., 2011). Little is known about environmental influences, and more specific about protective factors in schools, that might buffer children with RAD symptoms against negative outcomes in the school-age period (O'Neill, Guenette, & Kitchenham, 2010).

## 2. Impaired socio-behavioral development of children with RAD

In this study, we examined the socio-behavioral development of children with symptoms of RAD in special education classrooms. Research in special education classrooms for children with emotional disturbances suggests that children in these classrooms experience more negative encounters with peers and teachers than children in regular education classrooms (Little and Kobak, 2003).

The socio-behavioral development of children with RAD is often impaired for at least three reasons. First, children with RAD are assumed to have formed insecure working models of self and others due to unresponsive or abusive parenting. They have internalized feelings of being unworthy of being loved and cared for, and of others being unresponsive and unreliable. These insecure working models have a negative influence on children's sense of belonging and social relationships with

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