

Beyond Reactive Attachment Disorder



How Might Attachment Research Inform Child Psychiatry Practice?

Neil W. Boris, MD^{a,*}, Kimberly Renk, PhD^b

KEYWORDS

- Attachment • Therapy • Reactive attachment disorder
- Disinhibited social disengagement disorder

KEY POINTS

- Attachment in early childhood shapes early regulatory and brain function, making an understanding of caregiver-child attachment important for any practitioner working with young children.
- Child psychiatrists who are not expert in assessing attachment but who see a significant number of young children who have experienced early disruption in caregiving need to work in care coordination teams with infant mental health specialists. Such specialists should be familiar with assessments that include elements of standardized observations of caregiver-child interactions as well as interviews that capture caregivers' states of mind regarding attachment and caregivers' capacity to mentalize.
- Compared with children who have experienced early maltreatment leading to disorganized attachment, reactive attachment disorder and disinhibited social engagement disorder are rare conditions, although assessment and intervention approaches for both disorganization and disorder are similar.
- Evidence-based, attachment-focused interventions do not focus on changing child behavior directly. Instead, such interventions focus on fostering caregivers' mentalization capacities and shaping caregivers' responses to their children's attachment behaviors.



Video content accompanies this article at www.childpsych.theclinics.com.

In a recent article, Allen¹ argued that reactive attachment disorder should be removed from the Diagnostic and Statistical Manual of Mental Disorders (DSM) Fifth Revision. Allen¹ focused on 2 serious challenges in the application of research on

Disclosure: Dr N.W. Boris is a paid consultant to and trainer for Circle of Security International.

^a Center for Prevention and Early Intervention Policy, Florida State University, 1339 East Lafayette Street, Tallahassee, FL 32301, USA; ^b Department of Psychology, University of Central Florida, 4111 Pictor Lane, Psychology Building (99), Room 353, Orlando, FL 32816, USA

* Corresponding author.

E-mail address: nboris212@gmail.com

Child Adolesc Psychiatric Clin N Am 26 (2017) 455–476

<http://dx.doi.org/10.1016/j.chc.2017.03.003>

1056-4993/17/© 2017 Elsevier Inc. All rights reserved.

childpsych.theclinics.com

attachment and attachment disorders. First, he noted that mental health practitioners diagnose children with reactive attachment disorder not based on the criteria from the DSM or International Classification Of Diseases systems, but simply because these children have histories of early disruption in caregiving along with current, and often severe, behavioral issues, such as aggression, defiance, and impulsivity.^{2,3} Second, he highlighted that, although most of these children do not meet published criteria for an attachment disorder,³ the association of long-standing behavior problems in the historical context of inadequate attachment has spawned interventions to treat these attachment problems (so-called attachment therapies). Some of these attachment therapies are clearly not evidence based, and there have been at least 6 documented child deaths in the United States associated with therapy for attachment disorders.⁴

In the same article, Allen¹ reviewed recent research on the natural history of attachment disorders in institutionalized children and how these data have informed changes in diagnostic criteria while also informing interventions needed to improve the functioning of institutionalized children.⁵ Were reactive attachment disorder to somehow be removed from the DSM-5 or other diagnostic systems, growing the thin research base on disorders of attachment would become more difficult.

What Allen's¹ article underscores are 2 known and interrelated challenges. First, the care of children with mental health problems, particularly the youngest children, suffers because of significant gaps in the translation of research into practice.^{6,7} One clear research-to-practice gap has to do with the construct of attachment. With tens of thousands of studies in the last 50 years, research on attachment has been called "one of the broadest, most profound and most creative lines of research in 20th century (and now 21st century) psychology."^{8(pxi)} Although attachment research includes studies across the lifespan, many of the clinical applications are focused on young children and their caregivers. At the same time, few communities have enough early childhood practitioners to meet demand,⁹ and it is not clear how many child psychiatry training programs even offer an early childhood or attachment focus.

The second issue underscored by Allen's¹ article is that child mental health service systems in the United States (and elsewhere) are not developed enough to allow evidence-based practice to take root.¹⁰ There is much complexity in child mental health systems, and many factors likely affect the degree to which evidence-based practice is adopted.¹¹ Given that knowledge transfer is poor and systems of care are lacking, the fact that inadequate or even dangerous care of children occurs is cause for alarm. However, it is by no means clear that removing reactive attachment disorder from the nosology will change the care that young children receive.

This article does not focus on reactive attachment disorder or disinhibited social engagement disorder in spite of the controversy regarding these diagnoses. There are recent comprehensive reviews on attachment disorders, including Allen's¹ own review, which are available to practicing child psychiatrists.⁵ Furthermore, a 2016 practice parameter published by the American Academy of Child and Adolescent Psychiatry presents a series of recommendations on assessment and intervention for disorders of attachment.¹² As the practice parameter and associated reviews detail, disorders of attachment are rare when criteria are appropriately applied.^{1,12} Beyond reactive attachment disorder, all children have some form of attachment to a select group of caregivers, and so both assessment and intervention in early childhood should be informed by the broader research on attachment. The primary focus of this article, therefore, is to provide an updated review of attachment theory and research for child psychiatrists.

Download English Version:

<https://daneshyari.com/en/article/5717774>

Download Persian Version:

<https://daneshyari.com/article/5717774>

[Daneshyari.com](https://daneshyari.com)