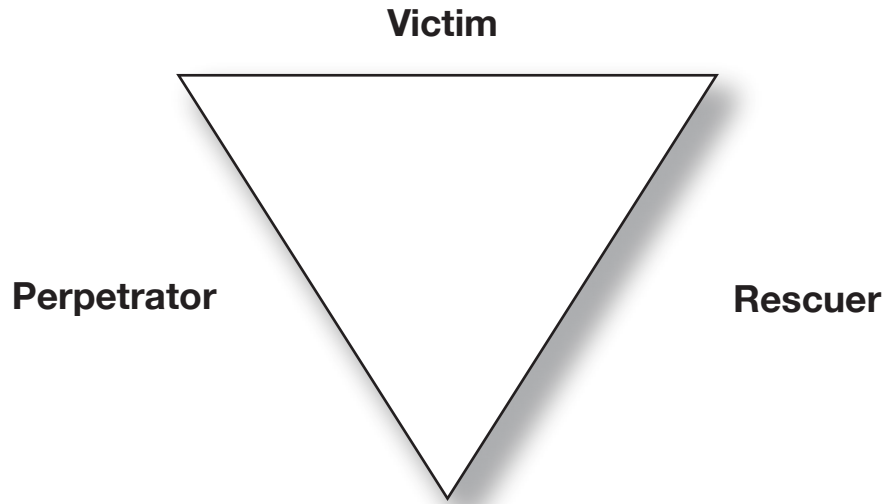
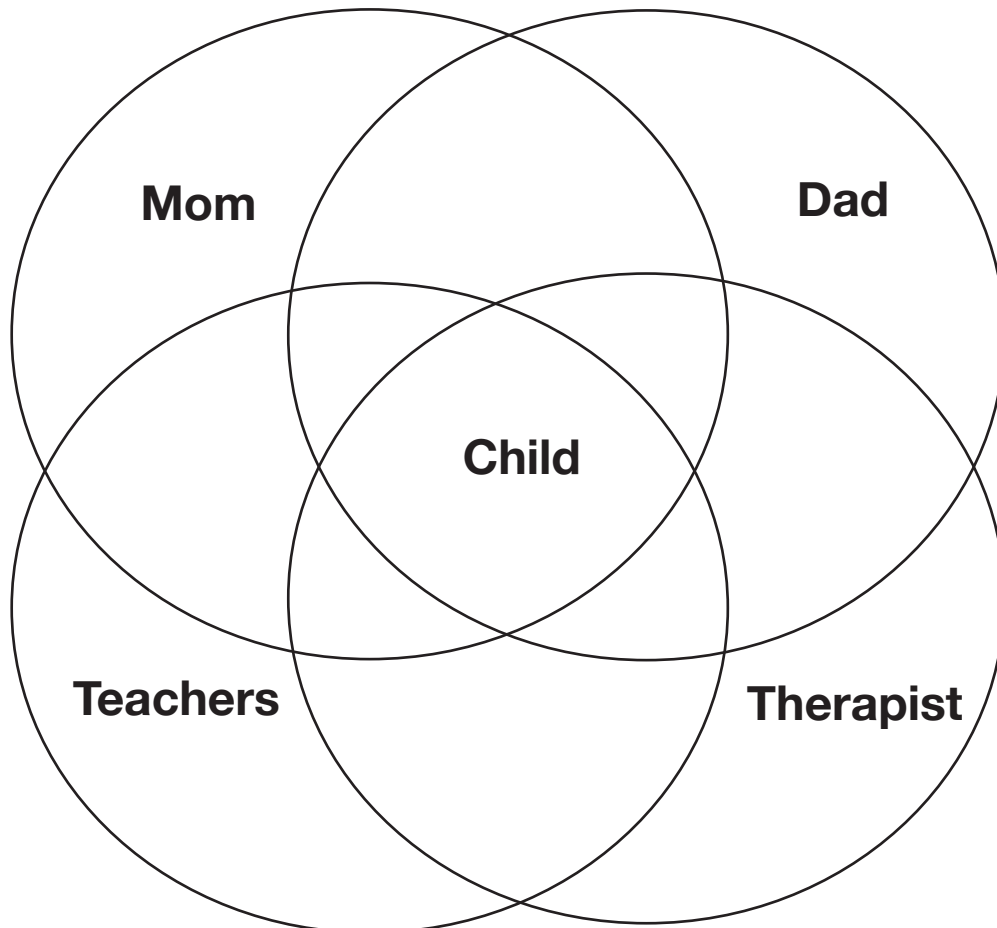


The Unhealthy Triad



The Circle of Life for the Emotionally Disturbed Child



Winners work together!

#1 Take good care of yourself!

A+ sleep, nutrition, quiet time, home preparation (including alarm)

Laughter has been clocked at 70 MPH! Use it to blow your problems away!

Contact other parents for support

www.attachment.org www.deborahhage.com www.attach.org www.syix.com/adsg

#2 Use personal power to establish respect

The child will internalize the parent of perceived power, if there is none - they will internalize their own rage and not learn to trust.

#3 Create and maintain a heart to heart connection

Eye contact + touch+ movement + smiles + lactose = bonding and trust

Appreciation builds bonds!

A secret weapon!!

Snuggle time is a time to share feelings and laughter with each other! Try singing lullabies, telling fairy tales, doing the itsy bitsy spidery (all with eye contact, touch, smiles, movement, and sugar !!!) Slip them a caramel for the milk sugar! The chewiness keeps them quiet longer and simulates the same sucking and jaw motion as a nursing infant!

#4 Set limits and help child accept limits

Respectful, Responsible and Fun To Be Around = LOVABLE

Behavior receiving the most pizzazz is the one the child will repeat!

#5 Teach self-control

Basic compliances Come, Go, No, Sit, Stay (should be learned by 18 months of age)

#6 Supercharge your expectations of responsibility

Chores should be done- fast & snappy and right the first time.

The chore is not as important as the child!

#8 Be sure child makes restitution for damage

Child must earn the money and pay back double to learn from it

#7 Remove barriers between you and your child

Don't let material things get between you and your relationship. Turn off the TV !

#9 Avoid the wrong control battles and win the war against rage

NO WARNINGS

NO SECOMD CHANCES

NO FOOD OR BATHROOM ISSUES

NO CLOTHING, HAIR DOS, OR FRIENDS HASSLES

NO ANGER (THEY FEED ON IT)

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NO UN-ASKED FOR ADVICE (covert message: you can't think for yourself!)

#10 Teach child to think for him/herself

Natural consequences

Super natural consequences

Always given with empathy (no anger)

Planned to turn child's thoughts to the inside rather than the outside

#11 Help child to process feelings

(these can be discussed or written by the child)

* What happened?

* What was i feeling?

* How did i handle it?

* How did it work out for me?

* How am i going to handle it in the future?

Some parents yell so loud the child can't hear his inner voice.

(Talk less)

#12 Build self esteem

We attract the same level of self esteem in friends that we have.

Use conditional positives to build self-esteem

5 POSITIVES = 1 NEGATIVE (Just to balance it out)

Give Me a Break!

Providing respite/relief/child care for families with special needs children with emotional disorders such as RAD

Regular Respite

To allow parents to have a life and maintain adult relationships

- Parents can have a break
- Child Is "normal"
- Child can play with other kids
- Child can join In family activities
- Regularly scheduled to maintain emotional health of parents

This should be provided by an approved friend or family member

Therapeutic Respite

To lift parents burden and help child continue toward healing

- Parents need a break or to maintain emotional health of parents
- Child is emotionally disturbed (RAD)
- No bonding activities (eye contact, hugs, smiles, hugs, sugar)
- Tight structure
- Child does not play or interact with other children or pets
- Absolutely no television, Nintendo, or computer
- Parents are supported and encouraged-never blamed or questioned

This should be provided by a well-trained adult

Therapeutic Motivational Respite

To motivate child to appreciate and reach toward real parents (attitude adjustment)

- Not more than 10 days away from family
- Should be prescribed by therapist
- Emotionally disturbed child is blowing out or stuck in bad behavior
- Non-punitive and not "mean" or cruel
- Child works on life with chores/writing papers/apology letters etc.
- No bonding activities -no play time
- Maintain tight structure
- Soup kitchen meals three times daily

This should be provided by a well trained, experienced therapeutic parent

NORMAL STAGES OF INTERNALIZATION

Stage 1

"I'll take it"
(0-3 years old)

-Represents primary process linking.
(no lid on the id)

Stage 2

"I would like to take it, but dad (mom)
would kill me!"
Parents seem as all powerful in size, power
and mental ability
(2-5 years)

-Represents causative thinking although
primitive. (even this is not present in
severely unattached) they steal unless
parent is in sight.
(outside lid on id)

Stage 3

"I would take it but my parents might find
out."
(still fearful 5-7 years)

-They show playful causative thinking. The
child is "playing the odds".
(partial lid on id)

Stage 4

"I would take It, but if mom found out,
she'd be upset."
(wistful, 6-9 years)

-Shows solid beginning of internalization
of object
(lid on id)

Stage 5

"I would take It, but I don't feel good about
doing things like that"
(7-11 years)

-Internalization is complete and the child's
own moral values are in place.
(superego complete)

from *Understanding and Treating the Severely Disturbed Child* by Foster Cline MD

Privilege Schedule

Privileges MUST be earned or the child will blow it to let you know they can not handle so much.

Children with RAD do not handle activities well. Too much, too soon, sets them up for failure. Examples of possible requirements are: being respectful, responsible, and fun to be around. An example of being respectful would be saying "yes, mom" or "yes, dad" with eye contact. An example of being responsible would be doing chores fast and snappy and right the first time, making their bed daily, remembering to take medications with no reminder. Examples of being fun to be around would be: no unscheduled tantrums, being considerate to siblings, being willing to help, an attitude of gratitude. Tie in something pertaining to the goal, such as not interacting with the pets in order to earn their petting privilege.

The plan is written out and reviewed with child. The goals are selected and set steps to achieve goals are reviewed. The steps to achieve each goal must be attainable. Written plan is posted on the fridge. The goals are cumulative. The plan is to **give** rather than continually take away privileges!! Goal setting is a very important skill for the child to learn.

Children need to have play time everyday!

Daily Fun activities that should not require earning:
reading (book is selected by parent)
legos, lincoln logs, toy farm sets, erector sets, etc-
drawing/coloring (washable crayons only)
jumping on a mini tramp (with adult present)

GOAL WORKSHEET

Privilege To Earn	Parent Expectations	Length Of Time
EXAMPLE: Bungee Cord Jumping money	earned for life insurance / debts paid / will written	two months

Teacher on the Team

Do:

- * Use Action Not Anger
- * Pizzazz Positive Behaviors
- * Communicate with Parents
- * Hold Student Accountable
- * Consequence the FIRST time
- * Have a Take - a - Hike Plan
- * Use a Think Spot for Power Sitting
- * Assign "Chores" for Restitution
- * Give Conditional Positives
- * Maintain a Professional Attitude
- * Support the Man

NO:

- * Anger
- * Warnings / Second Chances
- * Bribes
- * Special Reminders / Lectures
- * One on One Time along
- * Unconditional Positives / Negatives
- * Motherly / Nurturing Role
- * Notes / News Sent with Student
- * Homework for Parents
- * Class Pet Privilege
- * Hugs on Demand
- * Special Powers Over Others
- * Doubt Student Knows the Rules
- * Co-dependent "Everyone Smiling"

Resources

The Love and Logic Series for Teachers

By Cline/Fay, to order: 800- 338-4065

Learning Disorders and School Problems

by Dr. Cline to order Institute for Attachment & Child Development 303-674-1910

Captive in the Classroom Video

(Teaching and Surviving Reactive Attachment Disordered Students)

To order: 970 984 2222

The Educators Virtues Guide

By Linda Kavolin Papov

Interpreting Children's Drawings

by DiLeo at Brunner/Mazel

The Secret World of Drawings - Healing through Art

by Furth at Sigo Press

The RAD Q assessment tool

available from The Institute for Attachment and Child Development

303-674-1910

Reliable websites:

www.attachment.org, www.attach.org, www.diannecraft.org

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Information for Teachers:

What is Reactive Attachment Disorder?

RAD is a condition in which individuals have difficulty forming loving, lasting relationships. They often have a nearly complete lack of ability to be genuinely affectionate with others. They typically fail to develop a conscience and do not learn to trust. They do not allow people to be in control of them due to this trust issue. They can be surface compliant for weeks if “there is no loving relationship involved. With strangers they can be extremely charming and appear loving. They do not think and feel like a normal person. Some famous people with RAD that did not get help in time: Hitler, Jeffrey Dahmer, and Ted Bundy. One famous person who did get help in time is Helen Keller.

Reactive Attachment Disordered students are often highly intelligent and highly manipulative. (i.e. giving phony compliments, soliciting pity, attempting to control adults by getting them to pick up the units of concern about students' issues.) In order to facilitate emotional healing a program of tight structure at home and at school and powerful nurturing at home must be provided. Upon demonstration of the ability to accept set limits at home, the RAD student should be allowed to enter a school situation. The healing team should include parents, school staff and mental health professionals working together. Everyone's opinion must be valued; each member must have full confidence in the others. An understanding of the difficulty of parenting, teaching or treating an emotionally disturbed child must be shared by the team.

A RAD child's education will not progress until he develops self control and can focus on the learning opportunities offered. In order to facilitate healing, parents and teachers must insist on:

- Respect through eye contact, clear speech and good manners
- Responsibility for possessions, body, and work (school and home)
- Being fun to be around with an attitude of gratitude and willingness

Zero tolerance must be set on :

- Any attempt/threat of aggression
- Arguing (even one word)
- Blatant disregard for direction
- Displays of learned helplessness (inability to do age appropriate tasks)

Consequences of inappropriate behaviors must be given with NO anger Lectures, warnings, bribes, second chances and reminders are all ineffective techniques that will not help this child. Any individual who uses these is putting a RAD child at high risk for major regression. Due to trust issues a RAD child must not be left in the care of adults that will allow him to manipulate them. This child must feel safe enough to develop trust. He will not trust anyone weaker than himself.

Consequences should be given the FIRST time a behavior occurs. Such as
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- Being sent out of the area promptly
- Rapid loss of privileges or property.
- Extra chores for restitution (scrub toilets, shovel snow)
- Cleaning up messes during fun time
- Be sent home to do work not requiring an education (move manure etc.)

Advice:

Check with parents about stories the child tells about home before getting concerned. Do not put yourself in a position of being alone with a child who may make false allegations of abuse. You cannot prove you did not molest/abuse the child any more than parents can prove they did not.

Consequence must be balanced with pizzazz and conditional positives for appropriate behavior. Conditional positive comments such as “You're doing a good Job right now”, “Nice answer!”, “Very neatly done!” are very helpful. Unconditional positives such as: "Good Boy!", “You're a terrific Kid!”, “You are wonderful!”, “You are so Special” will cause defiant acting out for a child with low self esteem, Until he begins to trust- and heal, his self esteem growth will be minimal. Children with RAD often prefer negative attention to positive. Other students may "feed into" that by loudly telling on the RAD student. Students should be instructed to approach the teacher’s desk and whisper if there is a problem.

School personnel should maintain a professional attitude rather than a motherly or nurturing role. RAD students often claim to need more time, attention or help than other children. It is difficult to know when these children really need more and when it is a test to see if adults are gullible. Rely on Information from the Mother as a base for decisions.

The Mother is the primary target of the child's rage, She needs a lot of support, open and understanding communication is vital between home and school however, exhausted Moms often have a hard time hearing every detail of the child's bad behavior, Keep It short. Be careful that parents do not feel blamed

Homework for a child with RAD must be the responsibility of the student, not the parents. Control battles over issues the parent, cannot win, such as learning, must be avoided. Appropriate consequences for work not finished on time is a poor grade or loss of extra time such as having to work during lunch break or miss field trips, etc.

Hugs should be given on the teacher's terms never at the disturbed child's request.

Classroom pets should not be handled or left uneupervised for any length of time with a RAD child. Bathrooms and concealed places on the playground should be well monitored.

Attachment Disorder Symptoms

1. Superficially engage & charming
2. Lack of eye contact on parents terms
3. Indiscriminately affectionate with strangers
4. Not affectionate on Parents' terms (not cuddly)
5. Destructive to self, others and material things (accident prone)
6. Cruelty to animals
7. Lying about the obvious (crazy lying)
8. Stealing
9. No impulse controls (frequently acts hyperactive)
10. Learning Lags
11. Lack of cause and effect thinking
12. Lack of conscience
13. Abnormal eating patterns
14. Poor peer relationships
15. Preoccupation with fire
16. Preoccupation with blood and gore
17. Persistent nonsense questions & chatter
18. Inappropriately demanding & clingy
19. Abnormal speech patterns
20. Triangulation of adults
21. False allegations of abuse
22. Presumptive entitlement issues
23. Parents appear hostile and angry

Depression Symptoms

1. Persistent feelings of sadness
2. Discouragement about the future
3. Limited ability to problem solve
4. Feelings of failure
5. Lack of satisfaction over things that used to satisfy
6. Feelings of guilt
7. Feeling like you are being punished
8. Disappointment in self or performance
9. Being critical of yourself for mistakes or weaknesses
10. Having thoughts or plans of suicide
11. Not feeling hopeful about the future
12. Inability to make decisions
13. Lack of concentration
14. Feelings of looking unattractive or old
15. Profuse tears or inability to cry
16. More easily annoyed or irritated
17. Loss of interest in other people
18. Difficulty getting started on projects

19. Inability to sleep restfully
20. Less energy/early tired
21. Change in appetite, increase/decrease
22. Rapid weight loss or weight gain
23. Concern about physical problems, aches, pains
24. Loss of Interest in sex

Post Traumatic Stress Disorder (PTSD) Symptoms

1. Exposure to event(s) involving trauma threats or serious injury
2. Exposure to event(s) involving intense fear helplessness or horror
3. Recurrent memories of traumatic events(s)
4. Recurrent distressing dreams of traumatic event(s)
5. Feelings of the trauma recurring
6. Intense distress at exposure to cue's that symbolize part of the event
7. Physical response on exposure to cues symbolizing event
8. Efforts to avoid thoughts, feelings, or discussion of trauma
9. Efforts to avoid activities places, or people that arouse memories
10. Inability to recall an important aspect of the trauma
11. Markedly diminished interest or participation in significant activities
12. Feelings of detachment or estrangement from others
13. Restricted range of facial expressions (affect)
14. Sense of hopelessness about the future
15. Difficulty falling or -staying asleep
16. Irritability or outbursts of anger
17. Difficulty concentrating
18. Hypervigilance
19. Exaggerated startle response
20. Duration of the disturbance more than one month

PTSD Secondary Trauma Symptoms

1. Realization that things between you and others
2. You're no longer the same person as you were before
3. Inability to enjoy yourself with others in the same way
4. Feeling that you're unlike other people
5. Feeling disconnected from other people
6. Loneliness and alienation
7. Damaged sense of self worth/lowered self esteem
8. Feeling out at control emotionally
9. Development of physical problem
10. Excessive immersion in work
11. View of your place in the world changes
12. Development of selective perception
13. More attuned to dangers
14. Loss of illusions of security

15. Loss of meaning in your existence
16. Loss of feeling of control
17. Development of victim identity
18. Fatigue and depression
19. Denial
20. Alternate between trying harder and giving up
21. Decrease in, sex drive
22. Stress on significant relationships (marriage, etc.)
23. Helplessness, hopelessness, and anger = rage