

Adoption



Foster Care

The mission of Children's Aid Society is to identify and provide services to improve the lives of children and their families.

Post-Permanency newsletter
Fall 2018

Parenting a child with Reactive Attachment Disorder

*By Autumn Bloom,
LCSW*

You've decided to become a foster parent, adopted a child, or may be caring for a relative's child. Like most individuals providing foster care, you go in to this with the hope of providing an innocent child a stable, loving home. While your intentions and heart are certainly in the right place, often foster parents or adoptive parents are not prepared to have a child with a high level of emotional and behavioral needs. Sadly, these children in your care likely have been subject to neglect or abuse. Neglect can include the following; living in deplorable home conditions, not having basic needs met, not being kept safe, and/or not receiving the necessary signs of physical affection and positive regards from their biological parent/s. Physical abuse can include;

bruises, welts, burns, cuts, and/or use of physical discipline resulting in some loss of functioning for the child. These children may also have been subject to sexual abuse including; touching a child's body for means of sexual gratification, exposure to inappropriate materials such as pornography, and/or coercing a child to touch an adult for sexual gratification.

An attachment disorder describes a problematic pattern of developmentally inappropriate moods, social behaviors, and relationships due to a failure in forming normal healthy attachments with primary caregivers in early childhood. A child who experiences neglect, abuse, or separation during the critical stages of development of the first three years of life is at risk of developing an attachment disorder. During the first

several years of a child's life it is imperative the child be able to build trust with their caretaker/s. If the child is unable to do so, this results in the child's brain learning that the world is not a safe place and I cannot trust anyone to take care of me.

What is Reactive Attachment Disorder (RAD)?

RAD is diagnosed when a child's social relations are inhibited and, as a result, he/she fails to engage in social interactions in a manner appropriate to his/her developmental age. The child may exercise avoidance, hyper-vigilance or resistance to social contact. The child may also avoid social reciprocity, fail to seek comfort when upset, become overly attached to one adult, and refuse to acknowledge a caregiver. Links have been shown between RAD and future behavioral and

relationship problems.

Many children with RAD have suffered psychological and/or physical abuse. The DSM-V cites social neglect, isolation, and unmet emotional needs as examples of insufficient care that can lead to RAD. RAD symptoms can isolate a child from siblings and peers, resulting in a child's over-reliance on parents. Initial symptoms may be revealed during playtime among peers. The child will appear more isolated and fail to make eye contact with other children and may exhibit aggressive or manipulative behavior. Attachment disturbances from early life can manifest in a variety of ways, including aggressive behavior, uncooperativeness, anger, avoidance of intimacy, social awkwardness, mistrust of adults, and academic difficulties.

Meet families like yours who share similar joys and concerns

Held the third Monday of each month from 6-8 p.m. at
1008 S. Second St., Clearfield
(held in conjunction with the Relatives as Parents Program)

Includes light dinner, child care, training hours, and family activities.

Coming up ...

Sept. 17: ADHD, Guest Speaker David Delvaux, Clarion Psych
Oct. 15: Meeting Children's Needs, Guest Speaker Amy Finn, Child Psychologist
Nov. 19: Healthy Eating, Guest Speaker Ronda Stiles, Penn State Cooperative Ext
Dec. 17: Holiday Celebration

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Adoption and Foster Care Support Group



About the author

Autumn Bloom is a Licensed Clinical Social Worker, Registered Play Therapist, and Certified Clinical Trauma Professional. She was born in Clearfield but raised in Brockway. Upon graduating from Penn State University with a Bachelor of Science Degree in 2001, she moved back to Clearfield and worked with Clearfield County Children, Youth, and Family Services. For six years, she worked as a caseworker and casework supervisor. She later transitioned into providing family based mental health services and treatment in an adolescent day program. Bloom received her master's degree in Social Work in 2009 from Temple University. She spent five years working with sex offenders and victims of sexual abuse. She became a trained forensic interviewer. Over the past several years, she has been providing outpatient mental health services in her private practice located in Clearfield. Bloom's areas of clinical expertise are providing treatment for children/teens/adults who have been victims of sexual or physical abuse along with neglect. Over the last 17 years, her goal has been to provide children (and families) with hope — hope to move forward, heal, and overcome some of their greatest obstacles in life.

What to do if you suspect your child may have Reactive Attachment Disorder

Proper diagnosis is crucial in treating any mental health or behavior health issue. Commonly children with attachment disorders are misdiagnosed with Attention Deficit Hyperactivity Disorder, Mood Disorder, or Oppositional Defiant Disorder.

While the child may display characteristics of the before mentioned diagnosis, those symptoms may be secondary to a bigger underlying concern of an attachment disorder. Attachment Disorders in children present with intense emotional outbursts including aggression, breaking items or destructive behaviors, and the child showing little regard or care for toys. A child may also not show care or regard for others or little empathy.

Early diagnosis and intervention is the best strategies. As a parent or caretaker, you must carefully select someone to assess the child and provide the necessary evaluation to substantiate a diagnosis of RAD. A licensed professional, such a licensed psychologist can perform the necessary psychological testing. A licensed mental health professional may be able to offer a diagnosis and collaborate with a psychologist to complete testing.

If you your child is diagnosed with an attachment disorder, do not despair...there is hope! Services are available to support both the child and caretakers as you navigate through this journey. Services include outpatient mental health therapy for both the child and caretakers or siblings. Several therapeutic interventions are research based and have shown to be beneficial for children with attachment disorders. Those interventions include, Filial Therapy, Directive and Non-Directive Play Therapy, and Theraplay. These interventions should be utilized by a licensed mental health professional. Further, it is always recommended that caretakers carefully select a therapist for their child. It is ok to ask a possible therapist for their credentials, experience, training, and any certifications they may hold. Selecting a therapist is a personal process and ultimately you want to feel comfortable with your choice. Your child's therapist may also help link you with community resources for you and the child. If you are unsure on how to obtain therapy for your child, you may consult with your child's behavior health insurance carrier as well. They can assist you in locating services in your area.

Symptoms of Reactive Attachment Disorder (RAD)

A child with RAD may demonstrate the following symptoms:

- difficulty maintaining eye contact.
- is destructive, breaks random objects, has no seemingly real attachment to anything (such as a special toy, blanket, etc).
- may hoard food or gorge when they eat.
- fails to show emotions, flat affect.
- may not have met developmental milestones on time.
- may not initiate play with peers or adults.
- lacks ability to show joy or excitement.
- may not seek out comfort when hurt or distressed.
- has developed a poor self-image (I am bad)
- difficulty transitioning from classes or from events in life.
- acts out aggressively towards others and towards self.
- has limited memories of early childhood.
- child struggles to develop a sense of self. May adapt to whoever he or she is associating with.
- often acts out when told "no" or if limits are set.
- may appear to constantly be scanning their environment for threats.
- infants can be small for age, underdeveloped.

SWAN Post-Permanency Services



**statewide
adoption and
permanency
network**

These services are available to any family who has adopted and lives in Pennsylvania, whether or not they adopted their child from foster care, and to those families who have provided permanency to children from the foster care system through permanent legal custodianship or formal kinship care.

Families self-refer by calling the SWAN Helpline (800-585-SWAN) to request these services. The services are part of a continuum of services that strengthen and support families and assist in strengthening the special needs adoption community at the local level.

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For details, contact 765-2686 or realrelationships@childaid.org





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Are most days a battle from breakfast to bedtime?

Triple P — Positive Parenting Program can help!
Free, private, in-home sessions will teach you how to adapt your own behavior to get the results you want from your child.
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**To sign up or for more information,
call 814-765-2686 x208
or email ppp@childaid.org**

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