

Taming

Tiny

Tigers

Understanding and Treating  
Reactive Attachment Disorder (RAD)

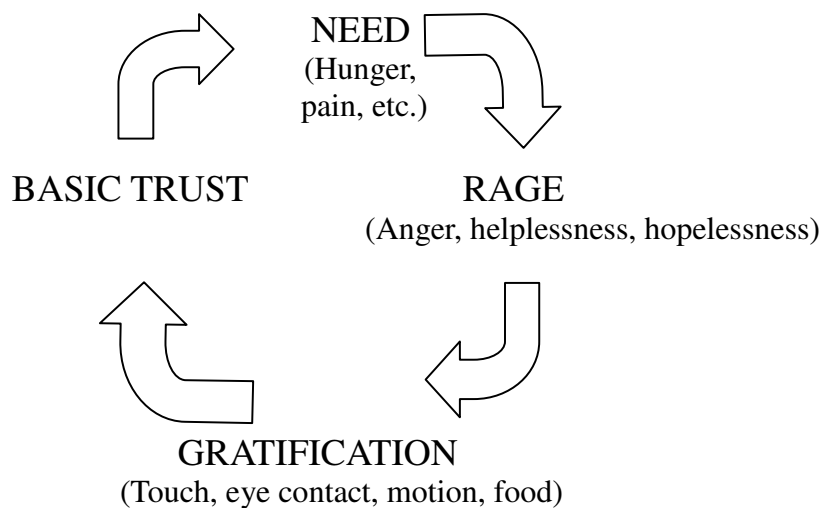
By Kali Miller, Ph.D.

2013

**Taming Tiny Tigers:  
Understanding and Treating Reactive Attachment Disorder (RAD)**

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# FIRST YEAR BONDING CYCLE



If gratification child believes:

I am safe

I am loved

I am worthy

If no gratification child believes:

The world is a dangerous place

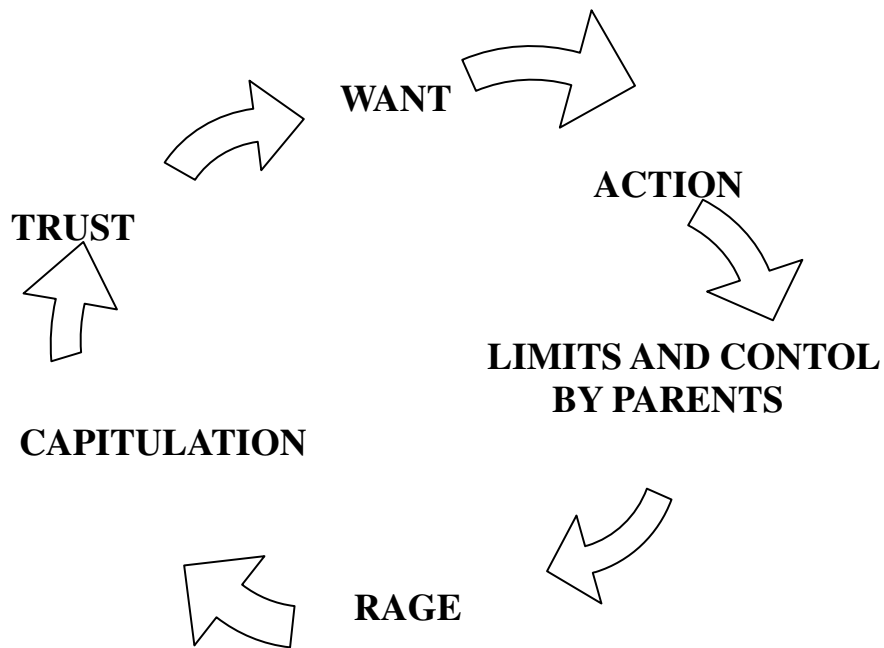
Adults are no help or they're dangerous

I have to take care of myself

I must control my world and everyone in it to survive

I must do anything necessary to be in control

# SECOND YEAR BONDING CYCLE



**Loving Limits = Safety**

**while encouraging children to explore and make good choices**

“My parents can contain my rage.”

“My parents are good bosses.”

“I can focus on things beside survival.”

**Rage-filled limits or no limits = Distrust**

“Even my parents can’t control me.”

“I have to be my own boss but I’m not very good at it.”

“I need to focus on control and survival.”

# Attachment helps a child:

- ◆ Attain intellectual potential
- ◆ Think logically
- ◆ Trust his/her perceptions and feelings
- ◆ Develop a conscience
- ◆ Become self-reliant
- ◆ Cope with stress and frustration
- ◆ Handle fear and worry
- ◆ Develop future relationships
- ◆ Reduce jealousy

Vera Fahlberg M.D.

## Secure attachment:

Operates as a protective factor for language comprehension in abused children

In childhood provides a much better long term prognosis for traumatized adults

# BRAIN DEVELOPMENT

## The Brainstem

Is up and running at birth

Is responsible for survival responses (heart rate, blinking, digestion etc.)

Basic fight or flight arousal states

## The Limbic System/Midbrain

Arrives with a blueprint only

Is responsible for emotion, attachment and affect regulation

## The Cortex

Arrives with a blueprint only

Is responsible for abstract reasoning, complex language and mathematics

### *Disruption in the first two years yields*

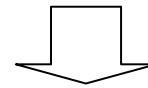
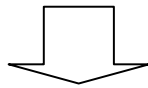
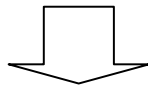
**Under**development of the limbic/midbrain and cortex (affect and cognition impaired)

**Over**development of the brainstem leading to hyper arousal and/or dissociation (survival focus, physically and emotionally sensitive, susceptible to PTSD from future stressors)

**Blueprint plus experience = our brain!**

## **Maltreated infants exhibit:**

- ◆ Over or under feeding
- ◆ Loss of last developmental milestone
- ◆ Lack of ability to play and respond
- ◆ Less adaptive affect regulation
- ◆ Hard to comfort
- ◆ Anxiety, low tolerance of stress, depression and helplessness
- ◆ Distorted communications that interfere with engagement and elicit negative responses from caretakers
- ◆ Lack of pleasure
- ◆ Inconsistency and unpredictability
- ◆ Ambivalence and ambiguity
- ◆ Fear at three versus nine months
- ◆ Affective withdrawal
- ◆ Neutral or negative affect on visual self-recognition



## **RAD symptoms in infancy:**

- ◆ Failure to respond with recognition to face of primary caretaker in first six months
- ◆ Infrequent vocalizations including babbling and crying
- ◆ Delayed milestones - creeping, crawling, sitting, etc.
- ◆ Resistance to physical contact or appears stressed by it – rigid and unyielding
- ◆ Excessive fussiness and irritability
- ◆ Passive or withdrawn
- ◆ Poor muscle tone – flaccid

# Maltreated children have higher incidences of:

Learning disabilities

Attention Deficit/Hyperactivity Disorder

Oppositional Defiant Disorder

Post Traumatic Stress Disorder

Reactive Attachment Disorder

Mood disorders

	<u>Traumatized</u>	<u>Non-traumatized</u>
Depression	25%	11%
ADHD	32%	4%
Conduct Disorders	25%	10%
Digestive problems	50%	10%
Skin problems	60%	16%
Asthma	50%	4%

***“Even when victims forget, their bodies keep score.”***

***Bessel van der Kolk***



# Physical abuse is correlated with:

Adolescent aggression and violence

Adults convicted for violent offenses

Adults who abuse their spouses

Violent criminal behavior

Adolescent substance abuse

Higher levels of adolescent and adult psychiatric symptoms

Enduring negative feelings about interpersonal interactions

Most psychiatric disorders

## **Diagnostic Criterion for 313.89 Reactive Attachment Disorder of Infancy or Early Childhood**

- A. Markedly disturbed and developmentally inappropriate social relatedness in most contexts, beginning before age 5 years, as evidenced by either (1) or (2):
- (1) Persistent failure to initiate or respond in a developmentally appropriate fashions to most social interactions, as manifest by excessive inhibited, hypervigilant, or highly ambivalent and contradictory responses (e.g., the child may respond to caregivers with a mixture of approach, avoidance, and resistance to comforting, or may exhibit frozen watchfulness)
  - (2) Diffuse attachments as manifest by indiscriminate sociability with marked inability to exhibit appropriate selective attachments (e.g., excessive familiarity with relative strangers or lack of selectivity in choice of attachment figures).
- B. The disturbance in Criterion A is not accounted for solely by developmental delay (as in Mental Retardation) and does not meet criteria for a Pervasive Developmental Disorder.
- C. Pathogenic care as evidence by at least one of the following:
- (1) Persistent disregard of the child's basic emotional needs for comfort, stimulation and affection.
  - (2) Persistent disregard of the child's basic physical needs
  - (3) Repeated changes of primary caregiver that prevent formation of stable attachments (e.g., frequent changes in foster care)
- D. There is a presumption that the care in Criterion C is responsible for the disturbed behavior in Criterion A (e.g., the disturbances in Criterion A began following the pathogenic care in Criterion C)

Specify type:

Inhibited Type: if Criterion A1 predominates in the clinical presentation

Disinhibited Type: if Criterion A2 predominates in the clinical presentation

From: DSM-IV, American Psychiatric Association

## Infant Attachment Checklist

Copyright by Walter D. Buening, Ph.D., 1999

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

<b>Symptoms</b>	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
1 Cries; miserable all the time; chronically fussy	0	1 2 3	4 5 6 7	8 9 10
2 Resists comforting or nurturance	0	1 2 3	4 5 6 7	8 9 10
3 Resists or dislikes being held	0	1 2 3	4 5 6 7	8 9 10
4 Poor eye contact or avoids eye contact	0	1 2 3	4 5 6 7	8 9 10
5 Flat, lifeless affect (too quiet)	0	1 2 3	4 5 6 7	8 9 10
6 Likes playpen or crib more than being held	0	1 2 3	4 5 6 7	8 9 10
7 Rarely cries (overly good baby)	0	1 2 3	4 5 6 7	8 9 10
8 Angry or rageful when cries	0	1 2 3	4 5 6 7	8 9 10
9 Exceedingly demanding	0	1 2 3	4 5 6 7	8 9 10
10 Looks sad or empty-eyed	0	1 2 3	4 5 6 7	8 9 10
11 Wants to hold the bottle as soon as possible	0	1 2 3	4 5 6 7	8 9 10
12 Stiffens or becomes rigid when held	0	1 2 3	4 5 6 7	8 9 10
13 Prefers being held with back toward mother	0	1 2 3	4 5 6 7	8 9 10
14 Does not hold on when held (no reciprocal holding)	0	1 2 3	4 5 6 7	8 9 10
15 When held chest to chest, faces away	0	1 2 3	4 5 6 7	8 9 10
16 Does not return or reciprocate hugs	0	1 2 3	4 5 6 7	8 9 10
17 Generally unresponsive to parent	0	1 2 3	4 5 6 7	8 9 10
18 Cries or rages when held beyond his wishes	0	1 2 3	4 5 6 7	8 9 10
19 Overly independent play or makes no demands	0	1 2 3	4 5 6 7	8 9 10
20 Reaches for others to hold him rather than parent	0	1 2 3	4 5 6 7	8 9 10
21 Little or reduced verbal responsiveness	0	1 2 3	4 5 6 7	8 9 10
22 Does not return smiles	0	1 2 3	4 5 6 7	8 9 10
23 Shows very little imitative behavior	0	1 2 3	4 5 6 7	8 9 10
24 Prefers Dad to Mom	0	1 2 3	4 5 6 7	8 9 10
25 Gets in and out of parents lap frequently	0	1 2 3	4 5 6 7	8 9 10
26 Physically restless when sleeping	0	1 2 3	4 5 6 7	8 9 10
27 Does not react to pain (high pain tolerance)	0	1 2 3	4 5 6 7	8 9 10

# ATTACHMENT SYMPTOM CHECKLIST FOR CHILDREN **UNDER 5**

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

	None	Moderate	Severe
1. Cries; miserable all the time, chronically fussy	_____	_____	_____
2. Resists comforting or nurturance	_____	_____	_____
3. Resists or dislikes being held	_____	_____	_____
4. Poor eye contact or avoids eye contact	_____	_____	_____
5. Flat, lifeless affect (too quiet)	_____	_____	_____
6. Likes playpen or crib more than being held	_____	_____	_____
7. Rarely cries (overly good baby)	_____	_____	_____
8. Angry or rageful when cries	_____	_____	_____
9. Exceedingly demanding	_____	_____	_____
10. Looks sad or empty-eyed	_____	_____	_____
11. Delayed milestones (creeping, crawling, etc.)	_____	_____	_____
12. Stiffens or becomes rigid when held	_____	_____	_____
13. Likes to be in control	_____	_____	_____
14. Does not hold on when held (no reciprocal holding)	_____	_____	_____
15. When held chest to chest, faces away	_____	_____	_____
16. Doesn't like head touched (combed, washed)	_____	_____	_____
17. Generally unresponsive to parent	_____	_____	_____
18. Cries or rages when held beyond his wishes	_____	_____	_____
19. Overly independent play or makes no demands	_____	_____	_____
20. Reaches for others to hold him rather than parent	_____	_____	_____
21. Little or reduced verbal responsiveness	_____	_____	_____
22. Does not return smiles	_____	_____	_____
23. Shows very little imitative behavior	_____	_____	_____
24. Prefers Dad to Mom	_____	_____	_____
25. Get in and out of parents lap frequently	_____	_____	_____
26. Physically restless when sleeping	_____	_____	_____
27. Does not react to pain (high pain tolerance)	_____	_____	_____
28. Overly affectionate to strangers	_____	_____	_____
29. Feeding problems	_____	_____	_____
30. Speech development delayed	_____	_____	_____

Completed By: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Date Completed: \_\_\_\_\_

*From: Attachment & Bonding Center of Ohio – Gregory C. Keck, Ph.D.*

ATTACHMENT SYMPTOM CHECKLIST FOR CHILDREN **OVER 5**

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

	<b>None</b>	<b>Moderate</b>	<b>Severe</b>
1. Superficially engaging and "charming", phony	_____	_____	_____
2. Lack of eye contact especially on parental terms	_____	_____	_____
3. Indiscriminately affectionate with strangers	_____	_____	_____
4. Not affectionate on parental terms (not cuddly)	_____	_____	_____
5. Destructive to self or others	_____	_____	_____
6. Destructive to material things	_____	_____	_____
7. Accident prone	_____	_____	_____
8. Cruelty to animals	_____	_____	_____
9. Lying about the obvious, "crazy lying"	_____	_____	_____
10. No impulse control, frequently acts hyperactive	_____	_____	_____
11. Learning lags, learning disorders	_____	_____	_____
12. Lack of cause and effect thinking	_____	_____	_____
13. Lack of conscience	_____	_____	_____
14. Lack of empathy	_____	_____	_____
15. Abnormal eating patterns	_____	_____	_____
16. Stealing or hoarding food or things	_____	_____	_____
17. Poor peer relationships, no long-term friends	_____	_____	_____
18. Preoccupation with fire, blood and gore	_____	_____	_____
19. Persistent nonsense questions, incessant chatter	_____	_____	_____
20. Inappropriately demanding and/or clingy	_____	_____	_____
21. Abnormal speech patterns	_____	_____	_____
22. Parents express/feel "unreasonable" anger	_____	_____	_____
23. Extreme attempts to control and/or manipulate	_____	_____	_____
24. Habitual disassociation or habitual hypervigilance	_____	_____	_____
25. Pervasive shame, with extreme difficulty reestablishing a bond following conflict. Avoids asking for help	_____	_____	_____

Completed By: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Date Completed: \_\_\_\_\_

*From: Facilitating Developmental Attachment by Daniel Hughes and the Attachment Center at Evergreen*

# Therapeutic Continuum

---

Non-Directive  
Play Therapy

Holding  
Time

**“Never use a cannon when a pea shooter will do”**  
Dennis Karpowitz Ph.D.

# Brain Building Activities

Developed from research on healing trauma-affected brains by Bruce Perry MD

Activity should last about 10 minutes and be done 5 or 6 times each day.

**Must be lead by an adult, NOT by the child**

*Use movements that are:*

**REPETITIVE  
RELEVANT**

**RELATIONAL  
REWARDING**

**RHYTHMIC  
RESPECTFUL**

**Here are two dozen ideas to get you started! Have fun and make up More!**

1. Go for a walk. *In step with adult or 3-legged.*
2. Boomwhackers...make up a tune. Boomwhacker.com or amazon.com. *Child initiates adults -tap each other self, ground*
3. SKIP ITS
4. Skipping ropes...short and long
5. Ping Pong. *Any table will do.*
6. Badminton
7. Dancing with scarves (Great with Brain Gym)
8. Playing catch with Frisbees, balls, beanbags, footballs, etc. *Take it up a notch by picking a topic. Examples: desserts, states, animals, etc.*
9. Skipping, galloping, hopping jumping, etc.
10. Dribble a basketball or soccer ball.
11. Drumming
12. Mini-tramp. *Need to do so Mom jumps at same time.*
13. Deep breathing (6 sec. In and 6 sec. Out)
14. HeartMath by emWave computer program
15. Funny Face contest (face each other)
16. Cat's cradle with string
17. Hand clapping games
18. Cultural creative dance together
19. Action signs
20. Crab tag (on your back with hands and feet behind you crawling)
21. Balance boards...Snail Maze or Big Red or Little Grey boards
22. Around the World with a skipping rope
23. Brain Gym Activities
24. West African Hand Tennis --- like ping pong with your hands and a volleyball. Play on the picnic tables outside.

Mindfulness means “fully present”. What a great idea!

We can make a difference,

Nancy Thomas

[www.attachment.org](http://www.attachment.org)

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**I don't like feeling:** \_\_\_\_\_

**I choose to feel:** \_\_\_\_\_

**When:** \_\_\_\_\_

**When:** \_\_\_\_\_

**How I go from Feeling** \_\_\_\_\_ **to** \_\_\_\_\_ **.**

\_\_\_\_\_

\_\_\_\_\_

**3.** \_\_\_\_\_



<b>Completely Unsafe</b>	<b>1/2 &amp; 1/2</b>	<b>Completely Safe</b>
<b>I know I'm Unsafe when</b>	<b>I know I'm Unsafe becoming Safe when</b>	<b>I know I'm Safe when</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Clients/Parents “To Do”List**

**Client Name:** \_\_\_\_\_

***Check with your pediatrician before beginning any supplements.***

- \_\_\_ Read *When Love Is Not Enough* by Nancy Thomas
- \_\_\_ Read *Holding Time* by Martha Welch
- \_\_\_ Read *Parenting with Love & Logic* by Foster Cline & Jim Fay
- \_\_\_ Read *Building the Bonds of Attachment* by Daniel Hughes
- \_\_\_ Read *Dandelion on My Pillow, Butcher Knife Underneath* by Nancy, Terena and Beth Thomas
- \_\_\_ Read handouts
- \_\_\_ Neurological Reorganization evaluation: Emily Beard-Johnson at 206-856-7940, Nina Jonio at 206-910-6088, or Susan Scott at 1-503-851-9728
- \_\_\_ Pursue IEP- Oregon Advocacy Center at (503)243-2081
- \_\_\_ Weekly individual treatment for child
- \_\_\_ Weekly individual treatment for parents
- \_\_\_ Family therapy with Sarah Kohlenberger, LPC, LMHC at 360-690-6910
- \_\_\_ Love & Logic parenting class with Esther Prelog, MA at 503-267-3206
- \_\_\_ Have atlas examined –NUCCA Chiropractic Drs. Illo or Thistle at (503) 624-7249, Dr. Fisher at 503-847-2225 or Dr. Dawson 503-620-6480
- \_\_\_ Psychiatric evaluation to rule out medications
- \_\_\_ Respite care with Kate Denney at 1-503-365-1988, Hannah Grady at 503-680-2478 or \_\_\_\_\_
- \_\_\_ Play daily with your child using a maximum of excitement and movement (swinging, hide & seek, bouncing on the bed, tag, dancing, etc.)
- \_\_\_ Jump to rules 3 times a day (I must \_\_\_\_\_, I am \_\_\_\_\_)
- \_\_\_ Cuddle/Bottle time daily (Consider rice or soy milk if dairy sensitivities)
- \_\_\_ Connect using child’s primary sensory modality (visual, auditory, kinesthetic)
- \_\_\_ Pharmaceutical grade fish oils such as Omega Bright. Carlson's or Nordic Naturals. Omega 3 decreases cortisol and depression.
- \_\_\_ **Attend** from Mr. Greengenes for attention issues (1-800-588-8139)
- \_\_\_ Rescue Remedy, Essential Oil of Lavender (800-371-2928) or Chamomile tea for sleep
- \_\_\_ Look at food sensitivities especially for Asian children.
- \_\_\_ Call a naturopath such as Dr. Milner at 503-232-1100 or Dr. Paravicini at 503-953-9003.
- \_\_\_ Check with your doctor about amino acid supplements and acidophilus.
- \_\_\_ Kidney check for melanine poisoning especially for Asian children.
- \_\_\_ Nutritional Consultation with Hannah Grady at neurogistics.com (Provider# F2095) or Maile (Molly) Pouls at advancenutritionalconsulting.com
- \_\_\_ Therapy Group for Mothers of Children with Reactive Attachment Disorder with Sarah Kohlenberger at 360-690-6910
- \_\_\_ Parent coaching with Kathryn Whithorn at 360-904-4734 or Hannah Grady at 503-680-2478
- \_\_\_ “Passenger” by Drs. Ron and Nancy Rockey. Contact: Audrey Woods at 503-252-2112
- \_\_\_ Attachment Camp with Nancy Thomas at attachment.org.
- \_\_\_ Double-session Sandtray Therapy for Mom. Check carefully for insurance coverage details.
- \_\_\_ Osteopathic Cranial Sacral Manipulation with Therese Scott, DO at 503-558-8918
- \_\_\_ Vision Therapy with Bruce Wojciechowski, OD, FCOVD at 530-657-0321
- \_\_\_ Rhythm: Rocking Chair; Mozart; rhythmic singing, chanting or clapping; reciting nursery rhymes; etc.
- \_\_\_ Other:

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# 11 “MYTHS” of Attachment Disordered Children (Self Talk)

1. I can fool anyone with enough time, using pleas, cries, and sympathy.
2. When I’m hurting another I’m not being hurt.
3. Love doesn’t exist for me and never will.
4. My past history doesn’t effect me. My childhood was as O.K. as anyone’s (and my mom really loved me).
5. My anger can kill everyone and destroy the world and is uncontrollable. I’m afraid and proud of it and need it for power.
6. My power over others will get me happiness.
7. The world of consequences does not make sense to me.
8. You must always get others before they get you.
9. I always deserve more of everything I want.
10. All adults are untrustworthy.
11. My survival depends on me being in control.

Healing High Risk Kids by Ken Magid

## Beneficial Treatment Messages

- ◆ “Can you say that louder?”
- ◆ “It’s hard to tell the truth about these things but if you tell the truth you can get better.”
- ◆ Touch, pull close, eye contact.
- ◆ “What do you think I think?”
- ◆ “A little bit of \_\_\_\_\_ or a lot of \_\_\_\_\_ (anger, hate, hurt etc)?”
- ◆ “The more you talk about it the more you what?” Change “Yes”
- ◆ Change voice frequently ( quiet, loud, soft, laughing.)
- ◆ “You’re so used to faking good that when you made one bad choice it ruined your whole day because you thought you were faking good all day.”
- ◆ “Thank you for the truth on that.”
- ◆ “If you hurt the dog it will hurt your heart, make it yucky.”
- ◆ Make kids answer your way.
- ◆ When a child lies say “Honey, you think I believe you?!” “You never believe me!” “That’s right! (hug) And why is that?” “Because I lie” “A little or a lot?”
- ◆ “Who’s your real mom?” Teach a real mom feeds and takes care of them. Teach that the more they love their foster mom the more love they’ll have for their biological mom.
- ◆ Have kids hold mom and pull them, “I’m gonna get you.”
- ◆ Remind kids and self “If you find yourself in a hole stop digging!”
- ◆ “Who in this room is known to lie?” when you can’t believe them.
- ◆ “Maybe you want to be more of an expert at what you do.”
- ◆ “That’s kept you miserable, but if so there’s the door.”
- ◆ “What do you think I think?” “Why would I think that?”
- ◆ “Tell me 3 ways you blew it.”
- ◆ “Do you want to work? No? That’s OK because your mom is really ready to work” and quickly move them to waiting room.
- ◆ “Look at your mom’s face. Mom, did you enjoy that?”
- ◆ Have children mimic your breathing, Simon says, sing or recite together, chores together, cook together, laugh together!



- ◆ Ask for loud repetitions.
- ◆ Have kids “pretend” to be angry.
- ◆ “Thank you for showing me how stuck you are. Lucky for you I’ll stay stuck with you. Lucky for you, you have parents that will stay stuck with you. If you want to stay stuck I might refer you to someone else because you’re the age kids start to change when they work with me.”
- ◆ “I’ll give you a quarter to have a great fit!”
- ◆ “Find and steal nine objects I’ve hidden.”
- ◆ Schedule arguing then disagree with everything! “No. I don’t think so.”
- ◆ “No. I don’t see it that way.”
- ◆ “Feel free to do it one time Mom’s way or five times your way.”
- ◆ Midnight parenting – wake them up between midnight and 2 AM. “You know, I noticed you didn’t quite get it right.”
- ◆ When making sad choices have children return to asking for routine activities including using the bathroom and getting a drink of water.
- ◆ Put an alarm on the child’s bedroom door.
- ◆ “You have made a withdrawal from my psychic bank accounts. Feel free to make a deposit or you can go to bed 30 minutes early and I’ll be kicking back.”
- ◆ Time in.
- ◆ Bottle time.
- ◆ “We accept who you were before you came to us.”

## Beneficial Parenting Messages

“Feel free to \_\_\_\_\_ when you/as long as \_\_\_\_\_.” (Examples: Feel free to be around me as long as my ears don’t hurt. Feel free to eat with the family as long as you’re fun to be around.)

“When you get scared and stiff it lets me know you haven’t had enough hugs. Lucky for you I’m a great hugger.”

“One good thing about you spending all day cleaning this floor is I know just where you are when I need a kid to hug.”

“Honey, you haven’t earned this but this is something I want to give to you/do for you.”

“Children are safe in this family.” “I can help you feel safe.”

“It will be nice for you when you don’t have to do that anymore.” (Said with a smile and a hug.)

“It’s my job to organize that. It’s your job to join in and have fun.”

“You have just three jobs: be respectful, responsible and fun to be around.”

“\_\_\_\_\_ really needed that right now. When you need something I’ll take care of it because I’m a good mom.” (When they are jealous.)

“You didn’t know that one of the consequences of lying would be sometimes you’re not believed when you tell the truth.” “Of course I don’t believe you, sweetheart. That wouldn’t be wise and I’m a wise mom.” (If in doubt, assume the child is lying.)

“I want to keep you safe. How can I care for you and protect you if I don’t know where you are and what you’re doing?” (Say with a hug.)

Have them say: “I took it”, etc. after lies. “Try the truth on for size.”

“Don’t worry, by the time you’re 40 you probably won’t do that any more.” (Regarding bedwetting.)

“If I don’t win, we’ll both lose.”

“I guess you need a bathroom in your bedroom, but we can’t so let’s make the bathroom your bedroom.”

“You have to pass the sniff tests to sit on furniture, eat at the table, rise in front seat, etc.” (If kids urinate or defecate in their pants.)

“If you say so it must be true.” (When kids say something obnoxious.)

“No problem.” “Probably so.” “Not to worry.”

“Never reason with a drunk.” (When kids drunk on power.)

“Watch how I take good care of myself...(give consequences).” “If you ever have a kid you’ll want to take good care of yourself like this.”

“Oh! I almost let myself be hassled...”

“Thanks for sharing.”

“I better put a smile on my face pretty quick or you’re gonna be sad.”

“How sad not to know.” (When a child says: “I don’t know.”)

“You want to tell me about your day, but you’ve been not very fun to be around. What do you think you could do to make it better for me?”

“Mommy does it well.”

“This is the mother who keeps you safe!”

“I’m the dad who always comes back.”

“No good things happen until the jobs are done.” “Good things are for family members.”

“Looks like you’re not letting any love in. That’s OK, lucky for me I can have a good day anyways.”

“My! That was a rude thing for a girl to say to her mother. I wonder what would cause a girl to act like that?”  
Said LOUDLY in public.

“Well, let’s see. Should I have you do 10 minutes of chores or have you go to bed 10 minutes earlier so I can have a little rest.”

When a child gives a fake “I love you” say “Someday you will, honey.”

“That’s not an appropriate way to tell the world you have problem in that area.”

“Are you missing the bad old days?” “Are you trying to get someone to abuse you?”

“You’re welcome to \_\_\_\_\_ or \_\_\_\_\_.”

“Would you rather \_\_\_\_\_ or \_\_\_\_\_?”

“What would be best for you: \_\_\_\_\_ or \_\_\_\_\_?”

## ADHD, Bipolar Disorder, Reactive Attachment Disorder

Symptom	ADHD	Bipolar 1 Disorder	Reactive Attachment Disorder
<b>Age of onset</b>	Birth, 6, 13	2-3, 7, 13-35	Birth to 3
<b>Family history</b>	ADHD, academic difficulties, alcohol and substance abuse	Mood disorders, academic difficulties, alcohol and substance abuse, adoption, ADHD	Abuse and neglect, severe emotional and behavioral disorders, alcohol and substance abuse, abuse and neglect in parent's own early life
<b>Incidence</b>	Approximately 6% of general population	2-3% of general population	3-6% of general population
<b>Cause</b>	Genetic, exacerbated by stress	Genetic, exacerbated by stress and hormones	Psychological secondary to neglect, abuse, abandonment
<b>Duration</b>	Chronic and unremittingly continuous, tends toward improvement	May or may not show clear behavioral episodes and cyclicity, worsens over years with increased severe and dramatic symptoms	Dependent on life circumstances, including treatment and innate temperament; worsens over years without treatment, resulting in antisocial character disorders
<b>Attention span</b>	Short, leading to lack of productivity	Dependent on interest and motivation, distractible	Usually prolonged secondary to hypervigilance, under stress can shorten
<b>Impulsivity</b>	Secondary to inattention or oblivious, regret	Drive, "irresistible," grandiosity, thrill-seeking, counter-phobia, little regret	Usually deliberate actions: poor cause-and-effect thinking; no remorse
<b>Hyperactivity</b>	50% are hyperactive, disorganized	Wide ranges, with hyperactivity common in children	Common
<b>Self-esteem</b>	Low, rooted in ongoing performance difficulties	Low because of inherent unpredictability of mood	Low, rooted in abandonment, feel worthless and unlovable, masked by anger
<b>Attitude</b>	Friendly in a genuine manner	Highly unpredictable, dysphoric, moody, negativistic	Superficially charming, phony, distrusting, emotionally distant, nonintimate

<b>Control issues</b>	Tend to desire to seek approval; get into trouble by inability to complete tasks	Intermittent desire to please (based on mood), tend to push limits and relish power struggles	Controlled and controlling, only for self-gain, underhanded, covert and punitive
<b>Oppositional/defiant</b>	Argumentative, but will relent with some show of authority, redirectable	Usually overtly and prominently defiant, often not relenting to authority	Covertly or overtly defiant, passive aggressive
<b>Blaming</b>	Self-protective mechanism to avoid adverse consequences	Disbelief/denial they caused something to go wrong	Rejecting of responsibility, lack of empathy
<b>Lying</b>	Avoid adverse consequences	Enjoys "getting away with it"	"Crazy lying," self-centered "primary process" distortions, remain in control
<b>Fire setting</b>	Play with matches out of curiosity, nonmalicious	Play with matches/fire setting	Revenge motivated, malicious; danger seeking secondary to despair
<b>Anger, irritability, temper, rag</b>	Situational, in response to over stimulation, low frustration tolerance and need for immediate gratification; rage reaction is usually short lived	Secondary to limit setting or attempts by authority figures to control their excessive behavior, can last for extended periods of time; overt, assaultive	Chronic, revenge oriented; eternal "victim" position, with rationalizations for destructive retaliation, hurtful to innocent others and pets
<b>Entitlement</b>	Overwhelming need for immediate gratification	Feel entitled to get what they want, grandiose	Compensation for abandonment and deprivation
<b>Conscience</b>	Capable of demonstrating remorse when calmed down	Limited conscience development, less cruel than RAD	Very "street smart," good survival skills, con artists, calculating, lack of remorse
<b>Sensitivity</b>	Oblivious to their circumstance, inappropriateness show as result	Acutely aware of circumstances and are "hot reactors"	Hypervigilant, compensating for past helplessness; limited emotional repertoire, insensitive
<b>Perception</b>	Flooded by sensory overestimation, hyperactive, distractible, shuts down	Self-absorbed, preoccupied with internal need fulfillment, narcissistic	Self-centered, primary process, primitive distortions
<b>Peer relationship</b>	Makes friends easily, but not able to keep them	Can be charismatic or depressed, depending on mood; conflicts are	Very poor, controlling and manipulative; not able to maintain

		the rule	relationship
<b>Sleep disturbances</b>	Overstimulated, once asleep "sleeps like a rock"	Inability to relax because of racing mind; nightmare common	Hypervigilance creates light sleepers; tend to need little sleep, arise early in a.m.
<b>Motivation</b>	Less resourceful, more adult dependent, OK starters, poor finishers	Grandiose; believe they are resourceful, gifted, creative; self-direct, variable energy and enthusiasm	Consistently poor initiative, limited industriousness, intentional inefficiency
<b>Learning difficulties</b>	Commonly have auditory perceptual difficulties, lack fine motor coordination	Nonsequential, nonlinear learners, verbally articulate	Brain maturational delays secondary to maternal drug/alcohol effect, early life abuse/neglect can create diverse learning problems
<b>Anxiety</b>	Uncommon, unless performance related	Emotionally wired and have high potential for anxiety, fears and phobias. Somatic symptoms common, needle phobic	Appears invulnerable; poor recognition, awareness or admission of fears
<b>Sexuality</b>	Emotionally immature and sexually naive	Sexual hyperawareness, pseudomaturity, and high activity level	Uses sex as a means of power, control or infliction of pain sadistic
<b>Substance abuse</b>	Strong tendencies, more out of coping mechanism for low self-esteem	Strong tendencies in attempt to medically treat either hypomanic/depressive moods	Sporadic/uncommon, need to maintain control
<b>Optimal environment</b>	Low stimulation and stress, support and structure	Clear and assertive, limits, encouragement	Balance of security and stability, limits and clear expectations, nurturance and encouragement
<b>Psychopharmacology</b>	Medications very helpful: Ritalin, Dexedrine, Cylert, Wellbutrin, Clonidine, Imipramine and Nortriptyline useful as adjunctive treatment	Medications helpful to stabilize mood: Lithium, Carbamazepine, Valproic Acid, Verpamil, Risperdal	Antidepressants, Clonidine may help decrease hypervigilance, does not help characterological traits.

From "Attachment, Trauma, & Healing; Understanding and Treating Attachment Disorder in Children and Families" by Terry M. Levy & Michael Orlans