

WORKING WITH CHILDREN WITH ATTACHMENT ISSUES

A Handbook for Caregivers in Residential Care



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Second, corrected edition

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Illustrations:

All pictures are property of the author and do not necessarily depict children with attachment issues but are used to illustrate the topic.

Introduction

For over 20 years I have been working with children both in the West as well as in South Asia and in other countries. During all those years there was one particular group of children that grabbed my special attention, the children living in residential care¹. In some of the countries I have visited, these children suffered a lot and were often very neglected. Sometimes due to a lack of money or resources. But while visiting many children's Homes in different countries I was able to observe that this was, in many cases, mainly due to a lack of trained, understanding and loving personnel who never were taught about the real needs of the children and how to take care of them in an appropriate way.

I often had the impression that people believed that giving food, lodging and an education is all children need. Not once did I hear: 'The child is here to get enough love and care and to have all his needs met'. Many people are not really aware of all the needs a child has and so children grow up without experiencing that all their needs are met.

Already in the late 1930's early 40's John Bowlby and others² said: 'Children who's needs are not met at an early age will suffer from insecure or disordered attachment'. It is especially children living in children's Homes that are in danger of not being able to properly attach to a caregiver, and there are many who suffer from disordered attachment.

It is important for us to understand the children's needs, how to meet them and how to reach out to the child who has suffered so much in his³ early childhood that he is not able to accept love given to him later in life.

People who work in residential care have to know about the importance of attachment for the healthy development of a child, as well as the impact disordered attachment can have, in order to help the child. This manual is written to bring help and understanding to caregivers.

I did find that the most successful people in helping children with Attachment Disorder where Christians who believed, that God's love can help to heal children. These are the people who taught me and inspired me to write this manual. I hope, that you will be inspired too!

1. I use the terms residential care, orphanage or children's home interchangeably, always meaning a place where children live together as a group, away from their own parents with different caregivers.

2. John Bowlby, Mary Ainsworth etc – Karen, Robert. Becoming Attached, chapters 3,4 +10

3. In order to avoid having to always say his/her, when talking about a child I will always use the masculine form he/his, meaning of course all children, both boys and girls.

PART I

DEFINITION OF

ATTACHMENT AND

ATTACHMENT DISORDER

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The Origins of Attachment Disorder Theory

Before the 1950s it was believed that small children could not be emotionally damaged, that their emotions would only develop later⁴. So, it was thought to be good enough to keep children in big orphanages, in cots with a few caregivers who looked after their physical needs.

But in the 1930s a new branch of medical science came into being. The first child psychiatric wards and hospitals were started and psychiatrists started to describe children who seemed affectionless and unresponsive to love. In 1939 John Bowlby, a young English doctor published a paper where he had studied thirty-three young thieves, children between the age of 6 to 16, and found their early childhood experiences had led to psychological disorders⁵. He was also able to link the criminal behaviour of the children to the early deprivations by their mothers, an idea that “was regarded as mad at the time.”⁶ “But over time, when other researchers came alongside John Bowlby, they were able to prove him right and define a condition in children that we have come to know as Attachment Disorder. But to understand the Disorder we need to understand Attachment first.

What is Attachment?

“Attachment is the deep and enduring connection established between a child and caregiver in the first several years of life. It profoundly influences every component of the human condition – mind, body, emotions, relationships and values.”⁷

This deep connection that is normally established between the mother and the young child first, will later help the child to form good, trusting relationships with other people the child will get to know over time. Parent-Child attachment is not one sided but is a relationship build by both, the parent and the child. Attachment is not something parents are teaching their children, but it is something that they create together when reaching out to each other and by parents meeting a little child's basic needs such as food, hygiene, love and care; and in reciprocity the child is happy, contented, and smiling back at his parents. After initial attachment to the mother the child will attach to other people who are close to the child,

4. John L. Stoller, *Parenting other People's Children – Understanding and Repairing Reactive Attachment Disorder*. (New York: Vantage Press. 2006.) xii.

5. Robert Karen. PH.D. *Becoming Attached, First Relationships and how they shape our capacity to love*. (New York: Oxford University Press. 1998.) 26.

6. Ibid., 50.

7. Terry M. Levy and Michael Orlans. *Attachment, Trauma and Healing: Understanding and Treating Attachment Disorder in Children and Families*. (Washington DC: CWLA Press, 1998.) 33.

especially the father who plays an important role in the life of his child. While mothers are often the nurturers and comforters, the role of the fathers is to be the playmates for the children and absolutely necessary.⁸

Bowlby says about attachment: 'the attachment relationship [with the mother] is the blueprint for all future relationships.'⁹

It is important to know that even if a mother is absent or unable to care for the child, the child can still learn to attach if there is one caregiver willing to get involved in the life of the child. Because the child will attach to the one person who is responsive to all the child's needs and is meeting them reliably over a long period. Therefore, even if a child is insecurely attached to the mother, there is still hope for the child to heal if he has another caregiver to attach to. Some children will choose their father as the safe person to attach to if they feel insecure with their mother.

An infant who experiences secure attachment with his parents will, in most cases, continue to show the same kind of secure attachment as child, teen and adult.¹⁰

What secure attachment gives to a child

First of all secure attachment provides a child with safety and protection and out of this many other things are made possible for the child:

- A securely attached child will have the freedom to explore his surroundings as long as his mother is there as a secure base to return to, even in situations and places unknown to the child.¹¹
- Only a securely attached child is able to develop an identity of competency and self-worth.
- Through the example of parents, or primary caregivers, the child develops values like compassion, empathy and a conscience.
- Secure attachment helps a child to handle stress and become resilient in later life (See also second year cycle).
- Because the first secure attachment is a blueprint for future relationships, this child will be able to form good and healthy relationships and will promote secure attachment with their own children when they become parents.¹²

8. David R. Shaffer, *Social and Personality Development*, 5th Edition. (Belmont, CA: Thomson Wadsworth. 2005.) 148.

9. Bowlby 1975, available from <http://www.attachment.org> ; Internet; accessed Aug. 2010.

10. Shaffer, 150.

11. Levy and Orlans, 41.

12. List taken and adapted from Levy and Orlans, 3.

Factors that make secure attachment possible

There are several factors that need to be present in the life of a child for the child to learn to attach securely to his mother or primary caregiver. They are as follows:¹³

- Touch: Touch is one of our most important senses as it is something we feel all over our body, either in an agreeable or disagreeable way. Children have a need for touch, which is something mothers all through history provided for their babies by keeping and carrying them close to their bodies. Secure attachment involves a lot of caring and loving touch. Babies will suffer when touched in an abusive and hurtful way.
- Eye contact: Newborn babies are able to focus on objects close by, like the face of their mother breastfeeding them. This eye contact is extremely important in the development of secure attachment. Eye contact shows closeness to the person in whose eyes the child is looking.
- Smiles: Smiles mean joy, love, pleasure to the child, and will, in a securely attached child, generate a smile as response.
- Talking and singing: Even if the child might not understand the words spoken to him, he will understand the sound and listen to the music, in speech and song. Children know the voices of their mothers and fathers from before birth, and hearing them will give them security.
- Movement: Children from a very early age on love to move. They actually moved every time the mother moved when they were still in the womb. Movement helps the child develop and rocking a child is the best way to sooth a crying child. This is one need fathers can meet well in their children.
- Meeting all the needs: Feeding the baby, keeping him warm, clean and comfortable will make the baby feel secure and teach him to trust.

A securly attached child's view of the world

Bowlby was the first to describe what he called the 'internal working model'¹⁴ and he felt, that even children who had a negative working model, could change over time if the background of the children and the way they were cared for changed for the good of the children.

Children who are securely attached will have a positive look at life, themselves and

13. Ideas taken from Levy and Orlans and expanded, 2.

14. Karen, Chapter 15. Levy and Orlans, 47.

their caregivers. They would perceive:

- Themselves as: good, loved, having value and being competent
- Their caregivers (in most cases the parents) as: appropriately responsive to their needs, loving, caring and trustworthy.
- And the world they live in as: a safe place and life as worth living.

Children with insecure attachment will have a negative working model and see the world, themselves and the caregivers in a negative way. They would perceive:

- Themselves as: bad, unwanted, not lovable, helpless and without worth.
- Their caregivers (in most cases the parents) as: not responsive to their needs, insensitive, hurtful and not trustworthy.
- And the world they live in as: Not a safe place and life not worth living.¹⁵

Secure or insecure attachment is formed in the first few years of a child's life. Once a child is about 3 to 5 years old, the way he is attached is decided. After that it will be hard for a child to unlearn his old ways of seeing the world and relearn a new way, as we will see when looking at the brain and studying the behaviour of a child with insecure attachment.

Forming healthy Attachment – the two cycles¹⁶

The first year cycle of healthy attachment

The first year cycle of attachment shows how the baby, when in need, starts to cry, which at this moment, is the only way for a baby to communicate with the outside world that he has a need. The aroused and crying baby will alert the mother to needs like hunger, pain and discomfort, but also when he feels in danger or lonely. The mother will respond to the child by meeting the needs, the child is satisfied and goes back to being a happy baby. This cycle will repeat itself several times a day, hundreds of times in the first year of a child's life and will lead to secure attachment and trust.

15. Levy and Orlans, 47. Adapted by author.

16. Adapted from Levy and Orlans and several other sources. The two cycles of healthy attachment are widely accepted and used by people working with children with disordered attachment.

This first year cycle also teaches the child `cause and effect thinking` through the mechanism of crying because of a need – need met – satisfaction.

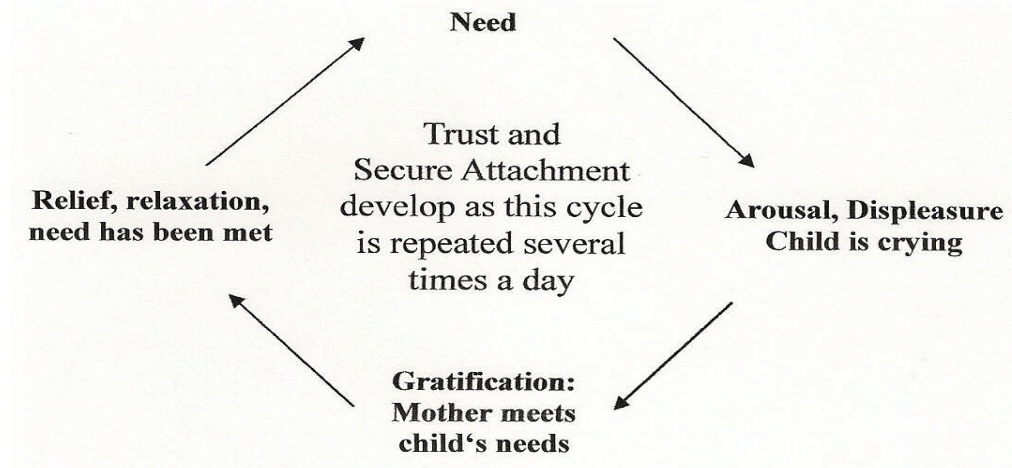


Illustration 1: Cycle 1 taken from Levy and Orlans, 35. adaptations by the author

If this cycle is disturbed by a mother who is absent, or does not react or reacts out of anger and causes pain to the child, the child will not be able to attach securely and instead of trust, mistrust and anger develop. The child will become very fearful and angry and will, later in life, react out of this pent up anger inside. This anger is coupled with a feeling of absolute helplessness. The only thing a baby is able to do is cry and when crying brings no result, no release, a feeling of helplessness and anger will build in the child.

The second year cycle of healthy attachment

In the second year a child has not only needs which still need to be met, now it also has `wants` and the child has to learn to distinguish between the two with the help of parents who are able to say a clear 'No' to inappropriate or untimely wants. A child who learns that not all his 'wants' need to be met will learn that his parents are there for him, caring, giving him what he needs but able to say no and to set limits.

It is during this time that a child learns to accept the limits in his life; learns to live with boundaries and rules given by the parents. The disapproval of the parents when the child insists on a 'want' create an unpleasant experience for the child, which will help the child to want to avoid the same behaviour in the future and teaches the child appropriate behaviour which leads to the development of a conscience. Through a certain level of stress and frustrations that the child experiences when having this unpleasant experiences the child will

learn to tolerate stress and frustration, will become more resilient to stressful moments later in life and will be able to handle them better.

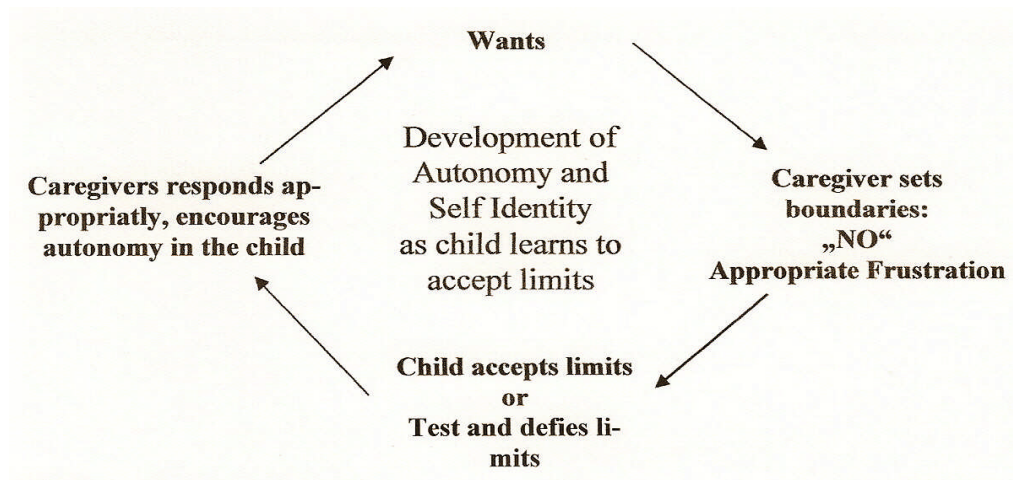


Illustration 2: Cycle 2 taken from Levy and Orlans, 42. adaptations by the author

By not having all his 'wants' met, the child learns that it is safe with his parents because they cannot be manipulated into always giving in to the child's demands. Parents who cannot be manipulated are strong parents, and that makes the child, who is still a toddler, feel safe, especially in times when he needs protection while exploring the world. The child continues to learn to trust in his parents and eventually in other people present in his life.

Children who are not given consistent limits at this age will never know if their caregivers are protective and caring, or angry and hostile and rejecting them¹⁷. This leads to insecure attachment and anxiety in the child.

17. Levy and Orlans, 42.

Attachment from a biblical perspective

Can we find attachment in the bible? Is God attached to us, are we attached or attaching to a loving God?

There are many passages in the bible that talk about a love relationship between God and his people. What is often astonishing is God's enduring, eternal love for his people even after many disappointments and even rebellion by his people. We can see that very well in the story of the people of Israel in the wilderness. How many miracles He did where they were able to see, and still they were not satisfied. They had so many wants; meat, the garlic of Egypt¹⁸, etc. and still God responded caringly, gave them what they craved, and did not give up on them. In Psalm 136, which is a description of what God did for his people during this time, we can read 26 times: *God's love is eternal!* Never ending, unconditional! God attached himself to his people, not to give up and let them go after they misbehaved, but continued to love them with his eternal, unconditional love. This eternal love can be seen throughout the whole bible and finds its most important expression in Jesus, the son of God, sent to us by a loving father who wants us to understand who he is and how much he loves us. In order to do that, he sends Jesus in human form to make his love for us more tangible and real, in the signs and miracles Jesus performed, and in the way Jesus reached out to the most unlikely people, and become known as a friend of sinners and prostitutes¹⁹.

Other important passages concerning attachment are certainly those where God compares himself with a mother or calls himself father. Those passages clearly show the mother/father-child relationship we are looking at if we want to let a child know that he can be securely attached. God tells us that he is a mother who cares, keeps us safe and protected and will meet all our needs. God makes sure we know that he will never leave us, which is one of the great fears of children with insecure attachment. In the passage in Isaiah 49 God states that it is possible that mothers will abandon their children, even though it seems very unlikely, but even then, he will be there. Especially in Joshua 1.5 *I will always be with you; I will never abandon you.* He makes this fact very clear. He will never abandon us. What a relief for children who have the fear of being abandoned.



18. Numbers 11,4+5

19. Luke 7.34 / Matt 21.31

Below just a few more verses that show us God's motherly love and care.

Psa 27:10 Even if my father and mother should desert me, you will take care of me.

Psa 91:3-4 He will keep you safe from all hidden dangers and from all deadly diseases.

He will cover you with his wings; you will be safe in his care; his faithfulness will protect and defend you.

Psa 131:2 But I have learned to feel safe and satisfied, just like a young child on its mother's lap.

Isa 31:5 I, the LORD All-Powerful, will protect Jerusalem like a mother bird circling over her nest."

Isa 49:15 The LORD answered, "Could a mother forget a child who nurses at her breast? Could she fail to love an infant who came from her own body? Even if a mother could forget, I will never forget you.

Isa 66:13 I will comfort you there like a mother comforting her child."

God has attached himself to us, not because he had to, but because he wanted to! From the beginning²⁰ God created human beings in his likeness in order to have fellowship with them, and in the garden he provided everything they needed to live and have a good life. God is still longing for us to trust in him and his unfailing love and to attach ourselves to him, finding security in him.

This godly, unconditional, eternal love, and God's unending care has implications for us in the way we see ourselves and how we reach out to children with insecure attachment and attachment disorder.

20. Genesis 1 – 3, especially 1.26+27

Attachment Disorder

In order to help children effectively it is important to have a clear understanding of what Reactive Attachment Disorder (RAD), or also just called Attachment Disorder (AD), is. There are different levels of insecure attachment from anxious attachment to the most severe form of non-attachment which is often called Reactive Attachment Disorder (RAD). It is called 'Reactive' because the child will later react to the trauma experienced in early childhood. Even though it is often assumed that the child does not yet realize what is going on in his life and will later forget what happened to him.

Not all children who have experienced abuse and neglect early in life suffer to the same degree. It depends how resilient a child is and how much or how long the child has been abused. But for all non-attached or insecurely attached children the world is not a good place to live in, and they see themselves as unwanted and unlovable, having caregivers they cannot trust.

Because attachment happens in the first few years of a child's life, these years are crucial for his whole development and the pain experienced from neglect and abuse will have repercussion for the rest of a child's life.

The four levels of disordered Attachment

There are four levels of Attachment from secure to non-attached.²¹ It was Mary Ainsworth with her 'Strange Situation Test' who first defined these levels.²² In statistics about children with Attachment Disorder often only children with the most severe form, the completely non-attached are taken into consideration. There are not that many children who fall into that category, fortunately, and so some researchers still conclude that attachment disorder is a rare occurrence. It seems obvious, that such severely disturbed children need help, but also the children with lesser degrees of disordered attachment suffer and need understanding and help. Therefore it is important to understand the four levels.

Some of the descriptions of the four levels sound very drastic, but we will later see why children are like that and how we can help them.

- Secure Attachment: Children are very comfortable being close with others and trust them. They feel secure, know they can be vulnerable and have a positive working model about themselves and the world around them.

21. Levy and Orlans, 85+94.

22. Karen, 148+149.

- **Anxious Attachment:** These children have been able to form some sort of attachment with a primary caregiver, but are now constantly anxious about the availability of a relationship, both emotionally and physically. They are not sure if they should be comfortable with closeness and if people can be trusted. So they react either with rejection to the relationship or are very clingy, not letting the person they are attached to leave from their side. This makes them somewhat controlling and insecure. They have a negative working model.
- **Disorganized Attachment:** Children have been separated or have lost their attachment figure which caused great damage to them. They are very anxious, and unable to either trust or be close to somebody. If they have done something wrong they will have no remorse for it, are very aggressive and extremely controlling. Their working model is very negative, they see themselves as very bad people and because they are afraid to attach they seem very independent.
- **Non-Attached:** They have no attachment figure in their lives and are unable to form an emotional connection. They not only feel no remorse, these children have a complete lack of conscience. They are the children who are 'ready to do anything', like hurting and abusing other children, killing animals and even murder. Their working model is very negative. The world for them is a very bad place and they think they are very bad people! They are extremely selfish and controlling.

Causes for Attachment Disorder

Having looked at the different levels of disordered attachment it is time to ask the important question: What are the causes for such disordered attachment? What hinders a child from forming the attachment to his mother or primary caregiver?

Only by knowing what the causes of Attachment Disorder are, are we able to prevent it in the future, and suffering children can be removed from hurtful situations or caregivers.

The risk factors or causes for a child not to attach securely are:²³

1. The absence of a primary caregiver:

- Children put in orphanage care with many different, but often not enough caregivers who can care and reach out to the individual child. Many of the children being adopted from countries in Eastern Europe or Asia show signs of insecure or disordered attachment due to their early experiences.
- Frequent changes of caregivers due to children being moved from foster care to foster care; children in hospitals or day care, or failed adoptions.
- Absence of the primary caregiver(mother) due to hospitalization, imprisonment, or abandonment.
- Physical or psychological abandonment by the mother. Mothers who work and are not present for the child, or not interested in the child. Teenage mothers who do not understand the emotional needs their child has.
- Illness of the mother, especially depression, where the mother is physically present but emotionally absent for the child.
- War and natural disasters can lead to loss of parents and/or livelihood (secure place), which is traumatic especially for small children.

2. A caregiver who is there but causes pain, or does not protect the child from pain:

- Neglect and/or insensitive care, often due to a lack of understanding of the child's needs, because mothers are young or uneducated.
- Lack of outside support, missing father.
- Physical, sexual, or emotional abuse, either by the primary caregiver or somebody

23. List compiled from the following sources: Levy and Orleans, 65-78. Stoller, Preface. and Thomas, 6.

close to the primary caregiver and the child.

- Drug or Alcohol abuse by caregiver which will lead to neglect and abuse of the child.
- Marriage conflicts, violence in the marriage relationship.
- Extreme poverty often leads to one or several of the above mentioned causes.
- Painful or undetected illnesses of the child, physical or mental handicaps that in some way hinder the mother from attaching to the child and vice versa.
- Premature birth might lead to long hospitalization and separation from the mother.
- Parents who have suffered abuse and neglect and are therefore not securely attached themselves. The vicious cycle of insecure attachment continues!

Very often the above mentioned risk factors are not appearing alone, but several of them will be present at the same time. Drug and alcohol abuse often lead to abuse of the child; and so does extreme poverty, as I have seen among the street dwellers in India.

Some children have difficulty to attach even without any of the above mentioned risk factors simply because of their temperament which does not fit with the parent.



Symptoms of Attachment Disorder

We have already seen that there are different degrees of disordered attachment and so the following symptoms might not be present in all children, or not to the same degree. I am concentrating on attachment disorder symptoms in children, not infants because most of my readers will work with preschoolers or school age children. It is important to observe children in their daily life to recognize the more subtle symptoms, especially in children with a lesser degree of attachment disorder.

Following is the list of symptoms with an explanation.²⁴

- Unable to give or receive love. They have never learned that.
- Don't like to be touched. These children are like a piece of wood when you try to give them a hug, or shrug off a hand that tries to touch them.
- Low self esteem: Because of their negative working model they think they are bad and unlovable, and therefore think very lowly about themselves.
- Not in touch with their emotions, cannot feel sad or cry or feel really happy and laugh. They will laugh inappropriately about other people!
- Hyperactive, constantly on the move often very tense, like an animal on the run from the hunter!
- Sees himself as a constant victim. 'Its not my fault, its because of what others have done!' Not willing to be responsible for own shortcomings. e.g. "I was late for school because of you, you sent me too late!" Fact is: The child walked too slowly!
- Lack of eye contact. Eye contact is a sign of closeness; they cannot handle it. This can already be seen in infants.
- Superficially engaging and charming with strangers. Strangers are no danger to the child, they are not close to him and will leave soon. Because of this, outsiders will see the child in a different light from the daily caregiver and will often not understand the difficulty of the situation.
- Inappropriately needy or clingy, this can happen in new situations where the child feels afraid but also towards strangers if they hope to get their attention. e.g. Children in orphanages who will hug any person who enters the room.
- Destructive to self, property and others. They don't feel they deserve things and so

24. Compilation of list from: Levy and Orlans, 93-106. Thomas, 19-21.

destroy what they got (toys, cloth) to punish themselves or others.

- Aggressive to others, scream at them, try to hit them, and tell people who are close (caregivers) that they hate them or want to kill them.
- Cruel to animals, often as a way to control the animal or because of their intense anger. Non-attached children can kill animals.
- Stealing, sometimes out of fear of not having enough (e.g. food), or because of a need to control.
- Lying even if it is obvious they are lying, so called 'crazy lying'.
- Does not trust and cannot be trusted, is irresponsible
- Often very controlling and manipulative. At a very early age they came to believe that they had to be in control of their lives, and that letting other people control them would hurt. Now they are afraid of letting others control them and therefore will always try to be in control or to manipulate people into doing what they want.
- Intense displays of anger, no impulse control. Can lead to long tantrums where the child hits, bites and throws himself on the floor.
- Lack of Cause and Effect Thinking. They never learned that as babies. (See first year cycle)
- Accident prone with a high tolerance for pain. Accidents happen because the child lacks Cause and Effect thinking and cannot foresee what will happen next. They might not cry after an accident, even if it hurts very much, because of their high pain tolerance.
- Overreaction to minor injuries. They can make an elephant out of a mosquito and pretend that the injury is much worse than it really is.
- Food issues. Some children hoard food because of earlier starvation experiences or gorge food thinking that they have to eat as much as they can, there might be no food later. Others are very picky and might want to eat only a few chosen items or they eat very slowly.
- Poor hygiene. They often don't care how they look or smell and do not bath or change clothes. It is also a way to keep people away!
- Lack of remorse and conscience, they never learned that as small children and it was not modeled to them. They will never feel sorry about anything they have done. They don't care about right or wrong.

- Learning lags because of having missed school or because they are emotionally and intellectually (see chapter on the brain) unable to follow the class, and have difficulty trusting the teacher.
- Few friends because of being very bossy and controlling and unable to give love.
- Inappropriate sexual behaviour, sexually abusive to others. Many of these children have been sexually abused and are now acting out in a similar way, especially towards children younger than them.
- Persistent chattering, talking nonsense and asking nonsense questions
- Defies rules and is very oppositional. They don't like to obey orders because that is controlling them and they will do all they can, not to have to obey or accept the limits you are setting.
- Preoccupation with fire and blood. Don't trust this children with matchsticks, they might set fire to your house.²⁵
- Triangulation of adults. It is easier to control one adult than to have to deal with both parents or with a team, so they try through manipulation to split the adults, trying to have one of them taking his side.
- Have difficulty with anything new or with changes in their lives.
- Have no meaning in life, no values, no faith and do often identify with the devil. I am so bad!

In order to be sure if a child in your care has Attachment Disorder I would suggest that you discuss the above mentioned symptoms in your team and as everybody contributes his observations it will become clearer if the child is displaying some or all of the above symptoms. You can then reach out to the child in a different way if you understand his past and his background, and why he behaves the way he does.

25. Levy and Orleans, 106.

The influence of abuse on the developing brain

Is attachment disorder only a behavioural problem, or is the abuse, leading to the disorder, affecting the brain and can be seen in the brain? We need to have a closer look at the brain structure and the development of the brain.

The brain starts to develop at a very early stage while the baby is still in the womb. The first part that develops is the brain stem, from where all the physical processes, such as breathing or heart beat are controlled. This is also the centre of reflexes and instincts and of stress provoked behaviour. The second level being built is the limbic system from where our emotions, moods, behaviours and reactions to different situations are controlled. It is from here that relationships and attachment are formed. The limbic system has direct influence on the brain stem. The last part developed is the cerebral cortex. That is where we store experiences we had, and from there we think creatively, use language, plan and make decisions.²⁶

The two PET scan pictures show where most activity happens in a brain. The first one is a healthy brain with lots of activity in the temporal lobes (red means a lot of activity), which are part of the cerebral cortex. The second picture is the brain of a child from a

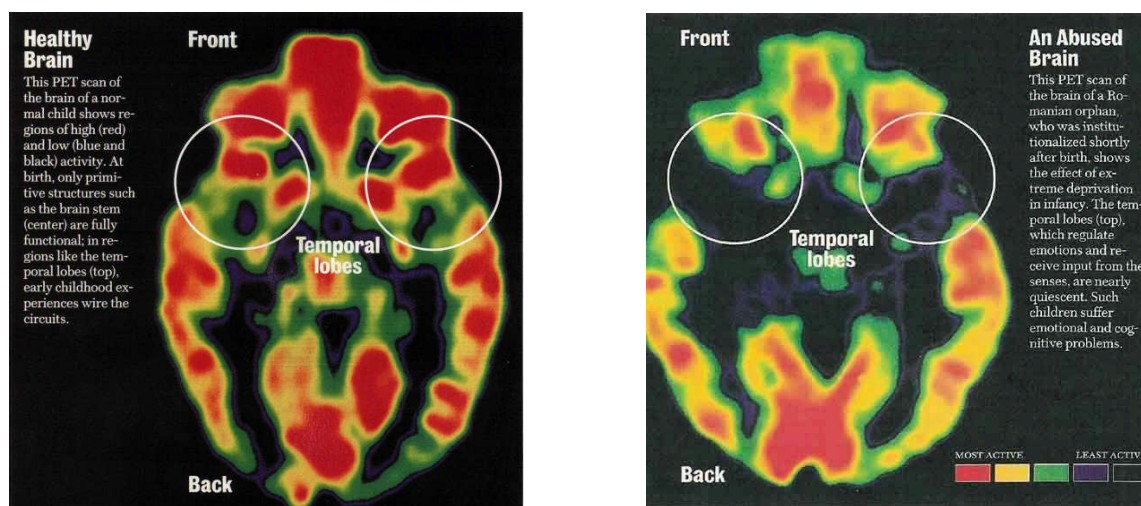


Illustration 3 +4: Source: PET SCAN pictures from Nancy Thomas Parenting, Family by Design.

Romanian orphanage, which shows almost no activity in the lobes but much in the brain stem. This child will most certainly show fight, flight or freeze reactions when scared, where the freeze reaction will be first and sometimes leading either to a flight (running away) or fight (attacking) reaction. The child has not learned anything else. Levy and Orlans call the brain

26. Gerald Hüther. *Brainwash – Einführung in die Neurobiologie für Therapeuten und Pädagogen* DVD Nr 792D (geist in bewegung, St. Gallen, March 2006).

stem the old brain and are saying: 'The old brain determines our basic survival reactions, while the new brain [the cerebral cortex] allows us to make choices and enables us to consider alternative actions.'²⁷

The brain of the unborn child is already influenced and shaped by his environment, by the way parents treat each other and their view of the unborn child. When the child grows the brain continues to mature and expand its capacity. The growth in the brain continues from bottom up, brain stem – limbic system – cerebral cortex. A child's brain is shaped by the child's experiences. If it gets enough healthy input from his caregivers all the areas of his brain will develop to full capacity. In children who experience early neglect and abuse, their brains will not develop properly. If the development of the brain stem and limbic system are hindered then the cortex does not develop to its full potential and a child's intellectual, social and emotional development is threatened. Because of the early experiences the child's brain is shaped into reacting fearful, anxious and hyper-vigilant, always afraid of threats.

Through experiences, good or bad neuronal connections are built. Through similar experiences, good or bad, a reaction to the experience is learned. In this way something like 'highways' are built in a person's brain and the reaction to certain experiences will always be the same. For children who had mainly bad experiences it will be very difficult to change and have different reactions.

During a recent teaching I asked the students what would happen if we would start walking through the forest, which was outside the classroom window, again and again, always taking the same, unseen path. A student from a village near the jungles immediately answered: "We would soon have a visible path!". And to my question: "What would happen if we stopped?" His answer was: "The path would still be visible after a long time!" That's exactly what is happening in the brain of children who suffered from early abuse. The behavioural path they learned is still visible after a long time, even if the abuse has stopped, the children will still react in the same way!

With all these facts in mind we have to understand that a child with attachment disorder has a brain that is not functioning well, and the child will often have great difficulties; not only in his behaviour, but also in his intellectual capacities, and will show severe learning lags in school. The child will mostly react from the brain stem with one of three possible reactions: Fight, flight or freeze. The child in stress will run away, will start a fight with the person who seems to threaten the child or will freeze, completely unable to react. The child is unable to think through a situation, understand his emotions and then act accordingly.

27. Levy and Orlans, 25.

Another threat to a child's brain are head injuries through physical abuse in early childhood, which damage the brain and will lead to problems with violence and an absence of empathy in later life.²⁸

Because we are not able to see into a child's brain we cannot see the damage done and so we expect the child to behave 'normally'. We would never expect a person with a broken leg to run a marathon. We cannot expect a child with a damaged brain to behave like a child from a healthy background, with caring parents and a well functioning brain.²⁹

The good news is: A child's brain is still very formable. It is still able to change with new and good experiences, especially if the experiences are repetitive, which they will be if the child lives in a home where he feels secure and relearns to trust.

28. Robin Karr-Morse and Meredith S. Wiley. *Ghosts from the Nursery - Tracing the Roots of Violence* (New York: The Atlantic Monthly Press, 1997.)

29. See illustration 3 +4

PART II

HELP FOR CHILDREN WITH ATTACHMENT DISORDER

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Help for Children with Attachment Disorder(AD)³⁰

If you have read this far you have come to understand why some of the children in your care act in the bizarre ways you might have seen. I hope that you have come to understand that these children are not bad children because they decided to be bad, nor because they decided to be disobedient, but they are this way because of the terrible things they have experienced while they were still very small.

You most probably were not around when those things happened. It probably happened when the child was still at home, with his parents or some other caregivers and now he is under your care in the children's home and you have to deal with his difficult behaviour. I hope that the following ideas and guidelines will help you and your team to better help those children and guide them towards healing.

The ideas and guidelines given are mostly from the books of John L. Stoller, Nancy Thomas, Levy and Orlans³¹ as well as from my own observations and involvement with AD children and staff in children's homes and families.

Some things to know before we start

Children with attachment disorder need to learn to attach, something they never learned when they were infants. Like an infant they cannot attach to many people at once, so they need one or two caregivers who are there for the child almost all the time. It would be ideal for these children if they could live in a family where they only had one or two caregivers, the parents. I know this is not always possible, therefore we need to aim for the best possible solution for the child in the situation of residential care.

To create a family is difficult in a home with many children and a group of caregivers, but there are some things we can do to create a family atmosphere, here some ideas, mainly from my own experience:

- Split up the big group of children in 'family groups' having the same children together for meals, homework, devotions, times of chores in the house, sharing bed rooms etc. Not more than 8 to 10 children in a group. If several children suffer from insecure attachment, which is anything other than secure attachment, the groups have to be even smaller.
- Have one, or better yet, two caregivers assigned as group parents, to be with the

30. In order to avoid having to write Attachment Disorder over and over I will use AD, meaning all levels of disordered attachment

31. See Bibliography for more information, more books, websites and manuals on the topic

group as often as possible, unless the person has a day off or holidays. This can be two women or two men or a couple.

- The children and their caregivers will form a little family and many little families will make up the big children's home family.
- The caregivers assigned to the group should be the ones who are disciplining the children in their group. If they misbehave with somebody else let the caregivers in charge know, same as you would do with a parent.
- Caregivers working with attachment disordered children need to have a long term commitment to these children. Remember, change is difficult for them!
- It is important to love the children unconditionally, but sometimes it will have to be a decision to love the children. As Nancy Thomas told me once: 'Love from the brain, not from the heart!' Make a decision to love the child, no matter how he will behave, don't expect always to have feelings of love.
- There are four basic things we want to teach the AD child, the four R's: Respect, Responsibility, Resourcefulness and Reciprocity (give and take).³²

32. Levy and Orlans, 200.

Starting with myself

You might find it strange to start with having to take a look at yourself, but let me explain:

I have been working with children in many different places and situations and one thing became very clear: Children challenged me! And children with attachment disorder are the most challenging. I know this from having worked with some of them in homes and foster care! But because of the challenges, I changed, I am different now. I know now where to get the love I need and I had to deal with my own hurts, my own frustrations in life. It was because the children challenged me that I changed. Are you ready for this too?

In order to reach out to children without hurting them, and yourself, all over again you need to understand where you are at in life; with God and others; and know where you can find help. If not, it is easy to burn out while trying to reach out to suffering children.

Relationship with God

The first thing we need to work on is our relationship with God. Working in residential care with children, one can become so busy that this will be one of the first things to forget. But how can we know that God is our father and friend and be sure of his love for us if we are not spending time with him? Only if we spend time with God alone, reading the bible, praying, bringing our day before him and staying close to him throughout the whole day will we have the strength we need for the work among the children.

He will also help us to get the love and patience we will need in order to help the children. Our love is an expression of the love that God has for every child. In spending time with God I will first get to know this love, and then be able to pass it on.

Reconciled with myself and my history

We need to know who we are in the eyes of the father, who made us³³ and loves us in a way nobody else can or will³⁴. God, in Jesus, is the one who knows all about us and will meet our deepest needs of love and acceptance. He made those needs! They are vital to our being human. Without it we would be like animals!

Before wanting to help children we need to accept his help in our lives. As I mentioned in Part I, many children who suffer from insecure attachment do so because their

33. Psalm 139, 13-16

34. Jeremiah 31,3

parents suffered abuse as children and so they did not know how to attach to their own children and abused and neglected them, too. We don't want to be like the parents, repeating the same experience, therefore we need to bring our own pain, our hurts that we might have, because of abuse and neglect we've suffered, to God and break the cycle of 'abused child becoming abusive adult'. If I am able to accept myself and my history with the help of God, even if it was painful, I will be able to help others to do the same and reach out with the love that is given to me. I will not try to reach out with my own insufficient love. God will help us to break the cycle and it is good to ask for help and prayer from a Pastor or a trusted friend or mentor. Together you can bring your own hurts to God to become ready to reach out to the hurt child.

These are some signs of insecure attachment in adults³⁵ that I have also observed while conducting trainings in India

- When asked about their past, people are not able to accurately remember their childhood, they do not want to think about their past and will just say they don't remember.
- Parents are idealized, true facts of abuse and neglect are denied. 'My parents where just wonderful!'

If you know that you have similar reactions then address it with somebody and get help. Somebody who has experienced the healing love of God personally, is ready to minister the same to the children he works with.

In this regard it is also important to deal with the question: Why am I working with children? Is it really God's call on my life? Or am I here because I have nothing else to do, because a leader told me to do it ...? For somebody who is not sure if the work among children is really the place for him to be, it will be difficult to stay in challenging situations and to continue to reach out in love.³⁶

I read the following questions in a book.³⁷ Can you answer them for yourself?

- How dare we think we can give anything to children if we are not willing to open ourselves to being transformed?
- How dare we contain and constrain God? As the song says, 'I have made you too small in my eyes, O Lord forgive me, ...'
- How dare we not dare to step out of our comfort zones and go and care and be with God's hurting people, ...?

35. Levy and Orlans, 261.

36. To read more see: Steve Bartel ed al. *Voice in the Streets – A handbook for multistage ministry* (a viva Network Handbook) Motivation, 15-18.

37. Glenn Miles and Josephine J.Wright. eds. *Celebrating Children* (Cumbria, UK: Paternoster Press, Carlisle, 2003.) 210.

Relationship with others

It is important to spend time with God but it is also important to have some trusted friends with whom we can share our burden, friends with whom we can spend meaningful but also fun times. Especially for single people it is important to have adult friends who understand us and our situation. If we have no friends we might expect everything from the children we work with, expecting them to meet our needs for love, acceptance and significance. The children, especially the children with insecure attachment cannot meet those needs.

Ask yourself why you are working with children, what you are expecting from your time with them. Are you working with the children to help them heal or are you hoping to receive love, acceptance, and significance from the children? If you do, you will always stumble and fall because they will not act the way you hoped they would. You will burn out long before that they respond to our love if you expect them to be your support group.

Have a sense of humour

If we can laugh about something it is not that bad any more! This means, that we can also laugh about ourselves and about mistakes we made. People who can do that are much more approachable than people who cannot. Only by finding wholeness in God people can learn to laugh about themselves, and not take themselves too serious!

If you try, you can find fun in many situations, even in the worst ones. Humour helps to overcome difficult and challenging situations. If you can laugh about it, the child who expected you to get angry will be puzzled and might join in your laugh. Remember: Laughter is the best medicine, both, for you and the child.

Rest and relaxation³⁸

Working with children will not give you much rest, therefore it is important to have times where you can do something you like and where you can rest. An afternoon nap, reading a good book, watch a movie, go for a walk, have a cup of tea or coffee with a friend, do some physical exercise, jog, ride a bicycle, etc.

These times away where you can relax and think of something other than the problems are important to be refreshed in order to face the children with new power.

38. Even in the 10 commandments (Exodus 20) God tells his people to take a day, a Sabbath off from work, but also Thomas, 29.

Teamwork

One of the issues I often faced when visiting children's homes, is having difficulties in the team. This is what I have observed: In some Homes there is not much of a team, and too few people are trying to help too many children and they have no time whatsoever to plan and work together as a team. One young man told us that he was the only one present and able to supervise the homework of 50 children.

In other places the often absent team leader is giving orders but does not include the workers in the decision making. While in other Homes people might work as a team, but there is a lot of triangulation, where children with attachment disorder come in between the different team members, telling one teammember about the 'bad' things the other one did and making the person they are talking to the 'best friend'. This can happen especially where caregivers are still dealing with their own hurts and pains. If they are still insecure, searching for love, they will be unable to reach out to others in the team to be friends with them, but instead mistrust each other. In order to help the children we have to make sure that there is no triangulation between caregivers in the team, the team has to work together and find solutions together.

Healthy staff, secure in who they are in God will make a healthy team who will bring healing to the children they work with.

Different responsibilities, one team

Good teamwork means that each person in the team has a voice in decision making, and a good job description which does not need to be the same for all.

People who have worked in the facility longer might have more responsibility than the newcomers, some team members will be responsible for the kitchen, the house, or the accounting for the Home and some will be their replacements when they have a day off or are on holiday. To function well as a team and to avoid unnecessary frictions and problems, it is good to always hand over responsibility before somebody is on leave, be it for a short or a longer time. Team meetings are the place to do that, so everybody is aware of it.

The team leader is also the one representing the Home to the community and may be in charge of fund raising and finding sponsors.

If the team comes together, each one representing the part he is responsible for, planning for the future can happen and the whole team will profit, knowing the direction the team is going in order to bring change to the lives of the children.

Working together and having fun together

A good team does not only work together but has fun together, too. Birthdays can be celebrated and outings organized where team members can get to know each other better, away from the daily work and become friends and not just co-workers.

It is very important to meet as a team regularly, to talk about important matters, listen to each other, discuss things that are challenging and to make decisions together. During these times the team can talk about the children in the Home, about their difficulties and challenges, and find ways to deal with them in a unified way.

The manual will help you to find ways to deal with the difficulties children face. Once a decision is made as a team it is important that everybody sticks to it and does the same thing in order to really help the child.

Now lets look at the children and their needs!

The five most important needs children have

These concepts I got mostly from the book of Dr. Keith White³⁹ who, together with his wife, has been working and living in a children's Home for all his life, reaching out to many different children of all ages and backgrounds, many of them with insecure attachments. The five needs he is describing are needs we all have, and I want to give some understanding about them and give examples of how they can be implemented in the daily life of a children's Home.

Security

Everybody longs for a safe space, for security. Security and trust go hand in hand. If I trust somebody I feel secure. In a situation, or with a person, that I do not trust, I don't feel secure. For children, parents are those who are creating the safe space, who give security and through that they help a child to build trust⁴⁰. Many children with AD who come to the children's Homes have never experienced this and it is important to create a secure environment where children can relearn to trust.



We can do that by having long term, committed staff, who understand the security need of children, who understand the abuse they have suffered and will not repeat it when reaching out to children. It does mean to build a loving, caring relationship with the child, and win his trust through openness, being approachable and trustworthy for the child. Children who can come and talk to their caregivers about everything that troubles or interests them, seeing that the caregiver really cares for the well being of the child, will feel secure.

Significance

Significance means 'the quality of being important, having meaning.'⁴¹ For a child who has grown up hearing and experiencing over and over that it has no value or importance, and ends up in a children's home, it will take time and commitment from the

39. Dr. Keith White. *The Growth of Love* (Abingdon, UK: Barnabas, The Bible Reading Fellowship, 2008.)

40. First year cycle, see illustration 1

41. Meriam –Webster Online Dictionary, available from <http://www.merriam-webster.com/dictionary/significance>, Internet, accessed Aug.2010

caregivers that the child can relearn that it has significance with us and God. Dr. White says: 'Whatever system is used, we must not duck the critical issue of identifying a person who is unconditionally committed to each child.' and on talking about numbers he says: 'With how many other children can a child share the sense of being of special significance to a loved and loving adult?'⁴² The child needs to know, that there is a person who will be involved in his whole life and will always be there for the him. This does not necessarily mean the person has to be working in the home, but the child needs to be able to have a relationship with that one person who is committed to stay involved in the child's life. Such a person cannot be involved in the life of 50 or more children at the same time. Even Jesus had only 12 disciples and three of them were his close friends.

For an AD child the person who is giving significance to the child, will have to be the one who is the primary caregiver in the home, the one, who is responsible for the child. In the chapter on self-esteem, I will give some ideas on how to help a child to understand his significance.

At the same time it is important to introduce the child to the kingdom of God, the one place that never changes and the one person who is always there.⁴³ God is the one who made all of us, and in him we all have significance.

Boundaries

Gen 2:8 And Jehovah God planted a garden eastward in Eden. And there He put the man whom He had formed.

Right from the beginning, mankind lived with boundaries. God made the whole earth, but he gave Adam and Eve a garden to live in and take care of. God knew that giving boundaries to his creation would make them feel secure. He also gave them rules. There were trees to eat from and trees that were forbidden. In the same way children today need boundaries to feel secure, and it is our job to give it to them.

'Every growing child has a need for boundaries ... boundaries are a prerequisite for true freedom.'⁴⁴ Boundaries for a child must be: predictable, clear, consistent and lived.⁴⁵

Boundaries are important for all children to grow up healthy and to become responsible adults, but children with AD need boundaries in their lives, to be able to start healing. Only with clear, good boundaries that give them a sense of security, children can

42. White, 105.

43. Deut 31,8: He will not fail you nor forsake you. Do not fear; nor be dismayed.

44. White, 75.

45. Ibid., 85.

learn to trust again and start to hand over control to others, instead of holding on and being control freaks because life is so unstable and scary.

There are boundaries in our lives that are given by nature. Ex. Day and night, or the seasons. Others are given by society, by the way we live. e.g. Weekdays and Sundays, Festivals etc. We know about these societal boundaries from our experience, and know that all this will happen and it brings a certain structure into our life.

In families and children's Homes, it is the parents or the caregivers who will give the boundaries, in order to live together securely and in peace.

In the youth Home I was working we had clear boundaries and everyone living there



knew them. The teenage boys that lived in the home were difficult kids, many of them came from broken homes or had become delinquent. One day we had a visitor who later told me: 'I am amazed about the freedom the boys have in your Home, and the good atmosphere you have.' The clear, known and accepted boundaries gave freedom to those, who accepted to live inside them.

Boundaries who are moved by the caregivers all the time will make the child very insecure. e.g. One day a child is misbehaving and his behaviour is completely overlooked, nothing happens, the next day the same child misbehaves in a minor way and is punished severely.

It is important that everybody in a children's Home agrees on the set boundaries and is acting accordingly.

How to set boundaries:

- Day structure: Daily routines such as meal times, bedtimes, if possible with a little bedtime ritual (a story, a song, a prayer, time for a little chat etc.), workduty times etc. Make a day schedule and put it up somewhere, visible for all.
- Week, month and year structures: Off days, holidays, play times, celebrations together such as birthdays, Christmas etc. or other important days. E.g. Have a parent day where all the parents and relatives are invited into the home and the children prepare the day together.

- Have clear rules of what goes, and what does not when living together:
Consequences for misbehaviour have to be clear and consistent.
- Willingness of the caregiver to say NO to a child if a child desires something inappropriate or harmful. This is a continuation of the second year cycle. We would often prefer to say 'Yes' to a child to please him, instead of saying 'No', thinking that we might hurt the child, but it is important for a child's healthy development to hear us say 'No'⁴⁶ when it is appropriate.

- Respect for each other. If we want to teach respect we need to respect the children as persons even if they are not adults. We have to model respect. Respect shows in the way we speak to each other and how we treat each other. Talking down to a child or pushing the child don't show respect and will not teach respectful behaviour to the child.



- Chores are good to learn boundaries, It teaches the child to be part of a team that works together where everybody has something to give.
- Games: It is nearly impossible to play a game together without having rules for it. People who make their own rules, or cheat constantly are bad team players! In playing together, children can learn to accept rules and boundaries.
- Ownership for belongings and respecting the belongings of others. Children need to have their own toiletry, clothes, school material etc. in order to learn to be responsible for it, and at the same time learn to respect the belongings of others, and not to take them without asking first.

Boundaries are not always easy to set, several people have asked me, if a child would not get hurt by saying 'No' to something a child wants. It is important to see that clear boundaries, more than anything else will help children to grow up securely and learn to be responsible in life.

46. White, 83.

Community

'It takes a whole village to raise a child!'⁴⁷ The family, or the Home, is not enough to teach a child how to live life in today's world. Children need the wider community, where they will get a sense of belonging by learning about things, 'we, the community' does and things, 'we' are not doing! The child will learn that also a community has boundaries, which define, who is part of the community and who is not.

A close-knit community gives a sense of security and significance, it means to be part of something bigger than oneself. Communities in different countries, rural, or urban communities are looking different. The child who is exposed to the community and is part of it, learns the ways of his community early on and knows where he belongs.

Many children in Homes have been uprooted from their community of origin, some of them living far away from it, for example the children from Manipur in the North East of India, who are brought to children's Homes in South India. Once the children are grown up and leave the Home, it will be difficult for them, because they don't really belong to any community and have been removed from their community of origin.

From my own observations and from the sharing of friends I know that some children's Homes have a tendency to withdraw from the village or town community. I am sure for well meant reasons, and in order to protect the children. I heard from a girls Home, who is home for several hundred girls, that they are never allowed to leave the campus they live on. How will they later face life, if all they know is a 'family' of many hundred girls, female caregivers, no families, no shops where to buy things and where they could learn to handle money properly, and no places to go outside the Home, for example to a movie, or some other community activity?



Thinking of the future of the children we have to make sure that they are integrated not only in our Home community, but also in the wider community, which includes the school, the church as well as the shop owners, the vegetable vendor etc. I remember that when I first came to live in South Asia I lived in Kathmandu, Nepal and soon felt part of the community, because I got to know the shop owners, and when passing their shops they all called me, talked with me and made me feel welcomed in their community.

Once children with attachment disorder feel secure in their Home environment they

47. Probably African Proverb, source unsure

need to learn to live in the wider community again, and learn to trust people outside their little world.

Today there is also another community present in the lives of our children. The electronic or internet community. Many children spend a lot of their time online with their internet friends, people they might have never seen. Children can lose touch with the real world if they spend too much time in front of the computer, the video games or the TV. Children with AD need the real world, the real community in order to heal. You cannot learn trust or how to get attached from the TV, you can only do that with people of flesh and blood.

Creativity

Gen 1:1 In the beginning God created the heavens and the earth.

Creativity doesn't only mean playing or games, but through playing and games children express a big part of their creativity. Our best example for creativity is God the Creator, who created our world fun, diverse and colourful. If I only think of all the fish in the sea, or the differently shaped animals God created. He also made us, the human beings and he made us in his image, his likeness. We have the same creative power in us, and can be co-creators with him, creating new things and make the world a good place to live in. At a Sunday school teachers seminar the students were given paper and colour pencils during a worship time and were asked to express something about God and their relationship with him on paper. Afterwards, when I collected the pencils, I found the drawing of a mango, done by a grown up man in just the very same way he, and millions of Indian children, have learned to do it in their primary-school years. Clearly this person had not learned to be creative, he had only learned to copy. It saddened me and made me aware, how important it is to meet the need for creativity in children, to encourage them to create, and not to hinder them by forcing them to do things in a certain way.



Creativity can be expressed in many ways. A gardener planting a beautiful flower garden is creative. A dancer doing a new choreography, a singer with a new song, a child painting a picture with his new pencils, these are all expressions of creativity.

For children to be able to be creative, they will need unscheduled time, access to material like toys, games, paper and colours, clay, music instruments etc. as well as the freedom to express themselves creatively, not guided by a teacher or caretaker. If we let

them be creative we might be able to discover gifts in children we never knew they had. For children with AD who feel worthless it is important to be able to discover things they can do well. They might have difficulties in school, but are great artists or athletes, if they are allowed to express themselves in their own ways. Let's give the children enough such opportunities.

Issues we face with children with attachment disorder

When we start to reach out to a child with attachment disorder we need to be aware that we cannot “fix” the child, but that we can provide a healing environment for the child to change, learn new things and eventually heal. Helping a child with AD will take time and commitment. One of the girls with AD that I have known for the past 10 years has really only shown great improvement in the past one or two years. But every now and then she is still falling back into her old ways, throwing a tantrum, crying and screaming. She still needs the same patient love and care that she has needed for the past ten years.

If we are helping AD children to heal we will face the same issues over and over again, having to deal with the issues without getting impatient and without wanting to give up and quit, even if we sometimes might feel like it.

Following some of those issues and how we can handle them:

Who is in Control?

During the first two years of their lives AD children have learned to be in control over their own lives, because of the abuse and neglect they experienced (first and second year cycle). They have learned: Letting other people be in control will only hurt. Therefore they are afraid of letting anybody else be in control. Even small things like saying: Put on your shoes we need to go to the store, could make them afraid and are a control issue. Children need time to make a decision to do what they are told, and at the same time have to know that you are in control, that you mean what you said to them. But the child needs to feel safe with you.

Talk about their fears, let them know that you are with them, that you are protecting them and to give them time to obey and do what you asked them to do.⁴⁸

Remember, don't take it personal, don't get angry when they disobey and are defiant.

Closeness and distance

I often observed in many families and in Homes, especially in South Asia, that as long as children were infants, they got a lot of touch from people. Everybody wanted to carry them around, touch them, pat their head or cheek and give hugs to the little ones. The older a child gets, the less it will be touched and once the child is a teenager he is hardly ever touched any more, except maybe by his mother.

48. Heather T. Forbers and Bryan D. Post, PhD. *Beyond Consequences, Logic and Control* (Boulder, CO: Beyond Consequences Institute, LLC, 7th Printing 2010.)76.

In the book 'The five love languages for children'⁴⁹ touch is described as one of the love languages human beings have. This means that some children feel especially loved when they are touched, receive hugs or a pat on the back etc. From my experience I can say that this is true for children from all cultures. Everywhere I found children who felt especially loved when touched and hugged, and they came to me to get that touch from me.

Hugs bring closeness to a relationship, but we need to be careful how we do that especially in situations where we deal with children, who have been abused. It is good to give hugs from women to girls, and from men to boys. With children who have been sexually abused we have to be careful to do that in public places, where we are not alone, but can be seen by others, so a child will not be able to accuse us of abuse.

Children with AD are easily overwhelmed with too many new things, so it is important to give them time where they can be alone and can have distance from all the new things. That can happen, if we give them time for quiet activities, like reading a book etc.

The issue of touch and how to relearn good touch

For some children to be touched will trigger bad memories, especially if they have been physically or sexually abused, or have often been beaten. Sometimes when travelling in India, I have met street children who came to beg. Normally I do reach out to them, either



trying to give them a pat on their shoulder or head, or to shake their hands. Many times I observed that when I did stretch my hand towards them, they flinched and ducked so I could not touch them. Once they realized, I did not want to hit them, they let me touch them and talk to them.

Touch is important, in fact Levy and Orlans say: 'Touching and being touched are fundamental to the human experience'.⁵⁰ For children who are afraid of touch and will shun it, in order to relearn touch, they need to be taught good, healthy touch, so they can see the difference between what they are afraid of, the bad touch and the new thing, the good touch.

These children need a lot of touch in order to heal, like a little baby who receives a lot of touch from his mother.

49. Gary Chapman and Ross Campbell. *The five love languages for kids* (Chicago: Northfield Publishing, 1997)

50. Levy and Orlans, 117.

For children afraid of being touched we need to find ways to reteach them. Our creativity is challenged! Games that involve some touch are a good start:

- Clapping games - Sit or stand across from another person and create a hand clapping game.
- Drawing or writing on each others back
- Tracing the body of the child on a big sheet of paper with a marker then colour it.
- Playing tag – catching each other e.g. Playing tag in pairs: Two children hold hands and catch two more who then become a new pair, tagging others.
- Blindfold the child, then have him touch somebodies face or hands and find out who it is.



Other ways to relearn touch:

Massage: One boy, living in a Home I worked, was shunning all touch, but was complaining about back pains. The doctor diagnosed growing pains and suggested massages for his back. After that the boy insisted to get a back rub every night, before going to bed. It was a creative way to teach him good, healthy touch. Tiffany Field, in her book 'touch', suggests that for children who dislike touch, massage is a good option because it is not random, like touch experienced in daily life, but is predictable, the child knows when and how it will happen.⁵¹

Skin and Hair care: Helping a child comb his hair, cut fingernails, or rub lotion on dry skin is a very natural way to teach good touch.

Give a soft toy, e.g. Teddy Bear: It might be easier to relearn touch with a toy before being touched by a person.

Play dough or clay: Touching something different, relearning to touch by forming things out of clay.

Hygiene – The need to keep clean

Children with a negative working model, who see themselves as bad and unwanted often have difficulties to keep themselves clean, taking showers, washing their hair, brushing

51. Tiffany Field. *Touch* (Cambridge, Massachusetts: MIT Press paperback edition, 2003.), 134.

their teeth and wear clean clothes. They don't understand why they should be clean and they also realize that you might not want them to be close to you, if they smell badly. But we can even love a child that is dirty, and give him a hug, so we will not make a big drama out of it, but still teach the child that it has to be clean.

There are some ways to make sure the child is clean:

- Do it together with the child, get your own toothbrush and brush your teeth, setting a good example for the child.
- Have a rule that everybody has to have clean hands, combed hair and smell OK when coming to the table for a meal.
- Have a rule that especially teenagers have to take a bath every day. In these way you can avoid daily battles – the child can even have a chart at the bathroom wall and every time he takes a bath put a sticker or a stamp. You give the responsibility for cleanliness to the child, especially if they are older.



Clothing

A girl, who was abused when very small, hates to wear real girls clothes. She is much more comfortable with loose T-shirts and baggy pants. There is nothing wrong with that and forcing her to wear real girls clothes would be a battle we don't need to fight. But it is important to help children dress appropriately. Some girls who have been sexually abused have a tendency to wear very revealing, 'sexy' clothes, which is an expression of how they feel inside. Clothes have to be clean and cover a child's body, but they don't have to be to our liking, or our preferred style; the child needs to feel comfortable in them.

Food issues

Meal times taken together can be good times of fellowship, of hearing how everybody is doing, but they can also be a challenge with an AD child.

Some children, when coming to live with you, might have gone hungry often before. When they sit at a table where there is enough food, they will try to eat as much as they can,

because they don't know yet that there will be another meal soon. Normally, after a while, children will stop doing that when they feel secure, knowing there is always enough food on the table during meal times. Some AD children have been taking food into their bedroom and hiding it somewhere, under the mattress, or behind the bed. They did it because they were afraid of starving, so they kept food that they could eat later. If a child in the Home does that we have to prevent him from hiding food who can spoil, e.g. meat or boiled veggies. To take away his fear of starving, and to show him we understand his fears, we can give things that don't spoil, like a packet of biscuits or some crackers.

If children decide not to eat during a meal let them know that there will be nothing else till the next meal time. If they don't like what is on the plate, don't cook special food for them, and don't force children to eat. Don't fill their plates high, expecting them to eat everything on it, even if they are not hungry. Do not fight over food, you will only loose because you can only force food into a child's mouth, but you cannot force a child to swallow it. Its a fight not worth fighting.

Some children decide to eat strange things. One caregiver from a home asked me: 'Is it normally if a child eats the soap?' Of course it's not, and when I asked more about the child who has done it, it turned out that the child had AD. Use your humour if something like that happens. Say something like: 'Oh, you found your snack already, so I don't have to give you one now.'



Lying

Don't be shocked or angry when the child is lying to you. This is a normal reaction from parents or caregivers, because we desire to have children who are honest, and we are afraid that they will grow up dishonest and will continue to lie. They often do lie out of fear, not knowing how to behave differently, and so they lie even if it is obvious that what they say is a lie.⁵²

Because the child is stressed you cannot talk with him about the lie at the moment he is lying. Give the child some time, let them know that you know they are lying, and later talk with them about the consequences for lying. Have consequences for lying, e.g. let them do some extra chores in the house.

52. Forbers and Post, 46.

Stealing

There might be a reason why the child steals, e.g. food because he is afraid to starve. Some AD children have developed a habit of stealing. They need to learn to make restitution for the things they have stolen by either working for it, or giving something from their own things. e.g. If they have stolen a child's pencil they have to give one of their own. If they stole from a shop they have to give it back with a written apology. You will have to go with them. Children who steal a lot from shops will not be allowed to go to shops any more.

Forgiveness

As Christians we believe that if a child has wronged somebody he will have to go and ask for forgiveness. Children with AD who have no compassion with others, who have no remorse if they have done something wrong, will not feel sorry and if we ask them to go and tell somebody that they are sorry and ask for forgiveness they do it, but will not mean it. They don't feel sorry. For them to learn that they have to do something, to right the wrong. They could for example cook or bake something together with you and give it to the person they have wronged, make a nice card to go with and write an apology on it etc.

Bed time issues

To have enough sleep is important for every child, but even more so for a child with AD because their brain, in order to heal, needs a break. But for children who have been sexually abused, night can be a scary time if the abuse has happened at night. They are afraid to go to bed. We can help them with a little night light (only for a time as light is not good during sleep), so they they don't have to lie in the dark, but also with assuring them that they are safe now, and that nobody will hurt them, because we are around and will not let anybody come into their room.

Children who have been sexually abused, could abuse others, especially younger children. It is important that they never sleep in a room with much younger, vulnerable children. It would be good for them to have their own room, but because in most children's Homes this will not be possible, it is better to have them share their room with children older than them, but who are not AD children themselves.

You can never force a child to sleep, only to go to bed, some children don't need much sleep. But once children are in bed, they have to know that they are to stay there and to be quiet and not to disturb the others.

In the morning, children have to learn to be up on time, dressed and have their beds made. Give them an alarm clock so they can be responsible for getting up themselves. Children who are late for breakfast or not properly dressed and clean, might have to go to bed earlier the next evening as a consequence for getting up late.

Bed wetting and wetting pants during the day

At age four children normally are dry during the night and the day, using the toilet for urinating. If a child has been sexually abused or has experienced some other kind of psychological trauma, it can start to wet his bed again, or even wet his pants during the day. They urinate out their anger, they might urinate in the corner or their room instead of using the toilet, or are urinating on the floor. Do not shame the child when this happens. Simply tell him to clean up the mess, get the dirty bedsheets and soak them in soap-water, clean the floor and wash every thing else that got dirty. Don't punish them for what happened, having to clean up everything is a natural consequence and will help them to learn not to do it.

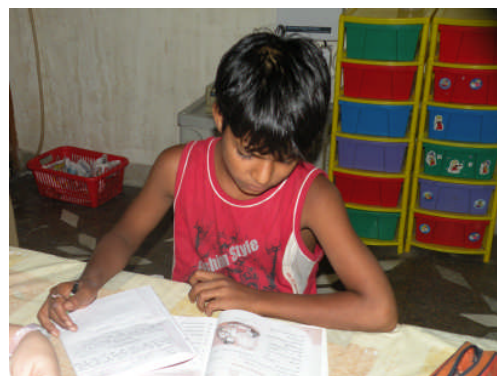
Some children will even make their big business, their feces, into their pants or a corner of the room. These are mostly children who have been severely sexually abused.⁵³ Do the same thing as above, let them clean it up and otherwise help them with the trauma they have experienced.

School issues

The AD child might have great difficulties in school with his behaviour and not learn well. One thing could be that he is afraid of the new situation, the teacher, all the new things he has to learn and that he is not able to concentrate. Stress and fear causes his brain to malfunction⁵⁴, he will not remember what he has learned and do badly at school, then the teacher might punish him which causes even more stress and fear and again less proper learning.

Remember, the child and his healing are more important than education. Some ideas how to help:

- Let a new child stay at home and teach him at



53. Thomas, 43.

54. Hüther on DVD: Hüther says that fear is like a cap pulled over the brain, paralysing a brain and hindering it from functioning properly

home for some time, till he is secure with you and the Home he is living in.

- Talk with the teacher, let him know the child's situation, his fears and stress, so that the teacher will not put unnecessary pressure on the child.
- RAD children are often hyperactive. Let the child do some exercises before school, to help him to sit still during school hours. Let the teacher know about it, so that he does not punish the child with standing in a corner or sitting still, but letting him do exercises.

Activities versus TV time

I was once teaching a class where the plan of many students was, to start their own children's Home. They had to write a project and include a budget. Almost all of them had a TV and even a DVD player as part of their budget, hardly anyone had planned to buy toys, neither for indoors nor for outdoors, such as balls, cricket bats, rackets, jump ropes or others like building blocks, dolls or board games. It seems to be much easier to switch on the TV than to interest children in playing games.

Many children with disordered attachment are hyperactive.⁵⁵ Sitting in front of the TV, after having to sit in school for many hours, only makes this children more hyperactive and



more aggressive. TV time for AD children should be limited to a few hours a week, and then it would be best to watch a good movie together as a family event.

Children should have time to play every day.⁵⁶ They should be able to run around outside, play with balls, jump ropes, play hide and seek or tag around the house, use elements like water and mud, or whatever they like to play with, as long as it is appropriate and not dangerous. If children are given the opportunity to play, they will soon come up with some game ideas and find their own toys to play with, using things they find in nature.

If they cannot play outside, it is good to have some things like jigsaw puzzles, board games or building blocks for the children. Playing together teaches children many important social skills.⁵⁷

55. Levy and Orlans, 96.

56. Andreas Weber, "Lasst sie raus," *GEO Magazine*, August 2010. 91-108.

57. Shaffer, 426 -429.

Doing chores (Work duties) together

Part of the structures we set up in a Home, are the chores the children have to do. It doesn't matter if you are working in a big children's Home or a small family type Home, doing chores together is very important. Chores are all the things that need to be done: Cooking, chopping veggies, cleaning dishes, cleaning the house, doing laundry, gardening, maybe carpentry or doing some crafts for fund-raising. Involving children everyday for 30 minutes to one hour is not child labour, but will teach children skills they will need later, when they are running their own household. From my observations I know that especially for children living in Home situations this is sometimes forgotten or overlooked.

Besides, chores teach children many more things:

- Chores teach a child responsibility for what they are doing.
- Chores well done will give the child self esteem. I can do it, I am not worthless or too weak. I can feel good about myself. I am part of the family.
- The child learns not only to receive but also to give.
- It helps to overcome a servant -master mindset. Everybody serves each other by doing chores in the house.
- Chores are a good balance to long sitting in school and during homework
- Chores done together provide opportunities for closeness and time to talk. I had many good, deep talks with children in different situations in Homes while working with them in the kitchen or doing laundry.

Teaching responsibility

Blaming others for everything that is happening in their lives and seeing themselves as victims is very common for AD children.⁵⁸ They will not want to take responsibility for their own lives, expecting others to do everything for them.

Children need to learn to be accountable for the choices they make and to be responsible members of the Home family.

A good way to teach responsibility is by bringing structure in a child's life, making a schedule of all he has to do during a day. e.g:

- Getting up on time
- Having breakfast
- Going to school

⁵⁸. Levy and Orlans, 101.

- Coming home, doing homework
- Doing daily chores
- Time to play alone or with others
- Dinner
- Bed time

If the child knows clearly that this is what he has to do, it is his choice to do everything well and to have play time. He is responsible to be on time and to have everything done.

Chores and also keeping his bedroom clean are part of the child's responsibilities. When a child is responsible for the choices he makes, it also teaches him to think for himself.

Bad language and inappropriate talking

Children with AD will often use bad language, sometimes because that's what they have learned in their family and community they come from, but often because they know they can shock you with using these words. Don't act shocked, simply tell the child that it is inappropriate and will have consequences.

Don't let them come and tattle (talk badly) about other children to you. If they can tell you what others did wrong, blame others about things they have done, they feel better in themselves. Tell them that you are not interested to know, that you are more interested to know what the child which is tattling to you, did and why he feels like telling you those things.

Whatever issue you are facing with the AD child, understand where the child comes from, understand his background, his hurts and the need he has, to be in control, because he is afraid of what might happen if he gives up control.

Once the child is learning to trust you he will learn to hand over control to you. Helping an AD child to heal requires a lot of creativity in the way we deal with the child, the kind of consequences we will give and the way we speak to the child. It is good if we can include humour, laugh together and have fun.

Healing of the Emotions

Recently I went for a walk with an eleven year old boy. He told me the fantastic story of animals waiting in a hole, hidden in the sand and if a person slips while climbing up the sand hill, the animal would come and attack the person. At first I thought that he was telling me something from a movie he had watched, but then realized that he was really talking about some really small animals, bugs we call 'ant lions', who attack ants in that way. In his imagination the animals had grown and were able to devour people. He was really afraid of them. He did show similar behaviours in other incidents.

Another time while out walking we met a woman who behaved a little silly. Very loudly he exclaimed: "Wow, look at the woman, she is funny!" When I told him that he was not to say something like that because it was not polite or appropriate, he had no understanding for it. This typical thinking and behaviour of a three year old, together with emotions of fear, are not normal in an eleven year old.⁵⁹ So why would an eleven year old tell me such a story, and also not know how to be polite?

These boy has experienced severe neglect and abuse till the age of three and is emotionally stuck at the time when the abuse has happened. This is something we will see often in children with attachment issues. They are emotional toddlers in the body of much older children. Because attachment disorder cannot be seen, people who are around these children, will expect them to behave their real age, not understanding that they are unable to do so.⁶⁰ Emotionally they have a lot of catching up to do, and we have to help them to do it, and lead them through the process of discovering their emotions.

Emotional Memory

When we think about our past we can hardly remember things that happened at an age before we were about two to four years old. Because of that, our conclusion would be that children do not remember what happened to them in their early childhood. Levine in his book talks about the 'myth' of believing that babies do not remember and tells us to bury that myth!⁶¹ In fact he says: 'Because their motor skills are not developed yet, they cannot run away and are even more exposed to trauma and completely depended from the caregivers.'⁶² Small children do not learn cognitively (with their intellect), but learn through

59. Shaffer, 115-121.

60. Levy and Orlans, 44.

61. Levine, Peter A. and Maggie Kline. *It won't hurt forever. Recognizing, Responding To and Preventing Childhood Trauma* (4th ed. German, München: Kösel Verlag, 2008.),

62. Ibid.

their experiences and their emotions. We do call that the emotional memory.

When working with children with Attachment Disorder we realize that this is true, that they remember well the trauma that happened at an early age without being able to really talk about it. From studies done it became clear that especially memories that involved strong emotions, such as abuse, will remain with us and influence our lives for a very long time or forever. Some children will show that they remember what happened to them, either in drawings, in their play, or the way they act it out with other children.⁶³ It is because of this deep emotional memories that children with attachment disorder sometimes become so angry even if there seems to be no good reason for it.

Not in touch with emotions

Because of the stress and trauma the child with attachment disorder has experienced, his emotions did not develop in a healthy way, he is emotionally stuck at the time when the abuse and neglect happened. The child was never able to move from being self-centred, the baby stage, to being outwardly centred. He is still afraid that his needs are not met, which is that reason that makes him so self-centred.⁶⁴ I was able to observe this in the boy mentioned at the beginning of this chapter. His behaviour and emotions are immature, like those of an infant.

An AD child does not know how to express his emotions and might smile while you are angry with him, or tell you he is sad, but does not look sad. He does not want to make you angry with such a behaviour, he just does not know how to express his feelings. He is also unable to read your facial expressions, and does not know if you are happy or angry with him. You need to tell him if you are angry, sad or happy about him.

How to bring healing to a child's emotions

With all the following activities we can teach children that feelings are OK, that there are different kinds of feelings, and that we all have to learn to handle them well.

Many of these children who feel unloved and unwanted never had their feelings validated, in fact people might have told them that their feelings were wrong, that they did not count.

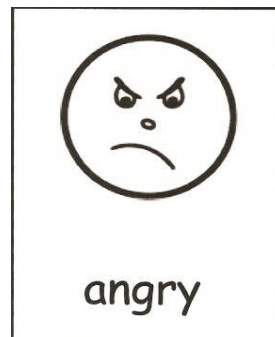
Let me give you an example. You too might have heard the sentence as a child, when

63. Karr-Morse, 40 – 42.

64. Stoller, 75.

you were sad and crying: “Shut up and stop crying or I will give you something to cry about!” and the person who said it had his hand extended, ready to hit you. Your emotions at that moment were not validated.

- Help a child to identify his emotions. You can do that with a little chart with Smilies with different expressions. - see Appendix 2. Ask the child how he feels, especially about his anger level. Give him ways to express how angry he feels – as big as ..., as long as ...
- Be approachable for the child, he needs to know he can come to you and speak to you at any time.
- If a child had a bout of anger and acted it out, maybe throwing himself on the floor, hitting and kicking, wait and once the child is quiet again, talk about it. Don't be angry, be calm and make eye contact, keeping the child close to you so he will feel safe. Put an arm around the child if he lets you do it. Ask him why he got so angry and teach him to talk about his anger, not to act it out – destroying property, hitting others or hurting himself are not acceptable ways. Let the child find an answer, a different reaction to his anger. It is very important not to lecture the child but praise him for his efforts of wanting to change and handle anger differently. e.g. Next time I will run around the house three times when I feel so angry!
- If a child is really angry and you realize it, let him do some physical activity to work it off. Work in the garden, help with house cleaning, something that involves physical strength.
- For older children who are able to write, let them keep a feeling diary where they can write down how they felt and why. It is good for them to see progress.
- Be always honest with the child. Do not praise the child for something he has not done or give generalized praise. Do not say things like: you are always nice, you always work hard ... The child knows that this is not true and feels that you are lying to him. Be specific in praise. Say things like: Today you were a great household helper, thank you so much. Today your room is really clean, you did a great job.



Once I did some artwork with some girls to beautify the living room in a Home in India. At the end I thanked them all for doing a great job. One of the girls who had not been involved at all and I knew from the leader that she had AD told me clearly: “Why are you praising me, I didn't help at all!”

When you are helping the child to get in touch with his emotions you also help him to build his self esteem and to understand who he really is.

Building self esteem

A few ideas how we can help a child build self esteem and find worth in himself:

- Praise a child for things he has done well or for things he did not do that day. e.g. I saw that you did not get angry and hit the other kids today, well done!
- Praise the child for who he is. e.g. You have beautiful eyes, your hair looks pretty today etc. Maybe the child has never heard that before!
- Take nice photos of the child, have a board where you display photos but also make a little album for the child where he can keep his photos. Make sure to take photos when the child achieves something, like a sports rally, being good in school, a song performance in church etc. It will remind the child that he is able to do good things.
- If the child draws pictures, create a space on the wall to display them.
- Celebrate the child's birthday, it might be a new experience for the child. Celebrating a birthday is acknowledging the child and his existence. It does not have to be a big affair, a cake, maybe a little gift, a birthday song and a prayer are enough. Children with Attachment Disorder can often not handle big celebrations for several reasons: There are too many people around and that's scares them, they feel they don't deserve it, because of their negative working model – I am bad, I don't deserve anything nice. So, they try to spoil the fun for themselves, and for all the others. Therefore, a small celebration is the best thing for them.⁶⁵
- Accept the birth parents. From my observations I can see that there is a tendency to see the birth parents of the child as 'bad'. That's why the child was removed from them! We need to accept the birth parents of a child. They gave birth to the child, and they are always his birth parents, the only one the child has! If we talk badly about



65. Hughes, 188 -202.

them we talk badly about the child too, because it was 'made by them'.⁶⁶ I have heard children from very difficult backgrounds speak highly about their parents. Children are attached to them, no matter how they have treated the child.

- Let the past be the past! In the home I was working, many of our boys had been moved from Home to Home, had a rap sheet with the police, because of criminal behaviour, were kicked out of school etc. When they arrived at our Home they were told that we did not want to know about their past, that they had a chance to start anew with us, on a blank page.

AD children will need opportunities to build self-esteem every day. Yesterday is past, today you have a new chance at learning and behaving well.

The issue of Trust

As explained in the 'First year cycle', children learn to trust people at a very early age, or they don't learn to trust at all. Now, trust is not an emotion but very clearly linked with our emotions. If we don't trust somebody or a situation we are in, for example if we walk down a narrow alley at night in the darkness and see people moving in and out, we will feel anxious, nervous and very uneasy. We will make sure to get out of that situation and into our own home as fast as possible, we will lock the door and feel safe again. We are again in a situation and with people we know we can trust!

The child with attachment issues, who has never learned to trust, cannot move from a situation where it does not trust, to a situation and people, where it trusts and feels safe. It does not trust anybody. John Stoller in his book calls the trust we have in people transferal trust, we feel safe in what ever situation we are in because we trust the person we are with, we have transferred our trust to him. That should be true for us in regard with God too. We know, that we can feel safe with him in any situation.⁶⁷

One of the most important things to learn for children with AD is this transferal trust, to trust the caregivers. For this to happen the child needs to understand that the caregivers will always be there to meet his needs, there will always be enough food, a bed to sleep in, no bad people to sexually abuse the child at night, no beating and hitting and no broken promises and lies. These are all things the child in your care might have experienced, and is now afraid of and therefore cannot trust.

66. Thomas, 122.

67. Example: Psalm 23

The child has to relearn trust in two ways: One way is the daily life, where the child, through the experience of living with you in the Home, sees that all his needs are met and that he is not abused any more. The other way is to verbally express to the child that he can trust you and that you are there for the child.

Say things like: You are safe with us. I am here to protect you. Nobody will be allowed to harm you at night. etc.

It will take time for the child to learn this and you will have to say it over and over again, for the child to really understand it in a deep and meaningful way.

For the child to learn to trust you, always keep the promises you made. If you promise the child something, e.g. going out together, having an ice cream etc. stick to it! If you are not keeping your promises you are violating the child's trust and the child cannot learn to trust you fully.

Part III

More Helpful Things

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Discipline and consequences versus punishment?

What do you do if a child does not do what he is told, if he disobeys you or does something that is wrong, breaks the rules and needs discipline?

First we need to understand why we have to discipline a the child. Sometimes when I listen to caregivers talking about children and the way they did punish them, I get the impression they are talking about an enemy, and not about children who are in need of correction and discipline.

In the manual on positive discipline from Save the Children four building blocks are established:⁶⁸

- Identifying long-term goals – we want to bring correction not just for the present situation but we want to see the child healed.
- Providing warmth and structure – we love the child and show it to him but we also have clear structures in our Homes. A balance between the two.
- Understanding the child, how he thinks or feels, his developmental stages – this manual is helping you to understand the child with AD.
- Problem solving – trying to find out why the child did what he did and why we think he needs discipline.

Why not the stick?

From my observations and talks with caregivers in South Asia and Africa, I know that many use a stick, sometimes only as a threat, some to beat the child in order to bring discipline. I want to give some reasons why we cannot use a stick or beat children with AD.

- Children are vulnerable and an adult is stronger then a child in every aspect. He should not use this power he has over the child, and beat a child neither with his hand nor with a stick. It is a sign of helplessness if he does and often done without thinking and out of anger. We never discipline a child out of anger!
- The Convention of the Rights of the Child (CRC) says in Article 19 that children should be protected from all harm, physical or mental violence.⁶⁹ Beating a child with

68. Joan E. Durrant, *Positive Discipline – What it is and how to do it* (Save the Children Sweden, South East Asia and Pacific, 2007.) 8.

69. *Convention on the rights of the child* (CRC) UNICEF, November 1989.

a stick is physical violence. In several countries⁷⁰ there are laws against corporal punishment. For example in India, corporal punishment by teachers in schools is punishable by law. I believe that as Christians we lead by example and if we still use a stick, we should stop using it before we are forced to do so because of the law.

- Children who have AD have most probably been exposed to much violence and beatings and we don't want to repeat this, but instead bring healing to the child.
- It is my understanding that the bible, when talking about the rod in Proverbs 13, 24, is talking about guidance we have to give to a child. The same word for rod is used in Psalms 23, where the writer of the Psalm says that the rod of the shepherd comforts him. A rod that hits creates fear not comfort! With the rod and the staff the shepherd gives guidance to his sheep. Knowing that the person who cares, in this case the shepherd, will give guidance is very comforting. That's what we need to give children, and we give guidance by introducing boundaries, structures and rules in the Home and the life of the child.

What else does not work?

Besides not using the stick or beat the child, there are several more things that do not work with AD children.

- Do not lecture! Long sermons about the things the child has done wrong will not work. The child will not listen and you will get angry because he is not listening.
- Do not threaten the child, do not say things like: If you misbehave, I will ...
- Do not promise something if he behaves well. e.g. If you do this every day you will get something at the end of the week. The AD child will behave well for a week and get the promised thing and then go back to his old behaviour.

What does work?

If you have clear rules and boundaries in your Home, it will also be very obvious when they are broken and the child disobeys. Then you can act and discipline the child.

In order to discipline the child it is better to give consequences instead of punishment. There are two kinds of consequences, natural consequences and imposed consequences.

70. Mainly Western countries, but others will follow.

Natural consequences are, for example: It is cold outside, but even though you tell the child to put on a jacket, he is not listening. He will feel the natural consequence of being cold. Next time he will take his jacket with him and you don't have to say anything. An other would be: The child does not like the food on the table for lunch, he is complaining and wants to eat something else. Tell the child there is nothing else, and if he is not eating it, the next time he gets food is the next meal. No child will starve from one meal to the next, if it is the child's own choice. Do not withdraw food from the child as a disciplinary measure.

Imposed consequences: If you don't finish your chores, there will be no TV for you tonight! If you don't get up on time in the morning you will have to go to bed early because you seem to be tired. Sometimes it is good to have certain consequences for certain misbehaviours. When you decide on the rules for your Home you can also decide on the consequences for disobeying the rules.

Here an example from a Home I worked in: Some of the boys were used to smoking before they came to live with us. They wanted to continue smoking, but were not allowed to do so. If they were caught smoking, they had to go for a two hour walk, to do something good for their lungs they had damaged, while smoking.

If children destroy something, e.g. dishes, furniture etc. they have to help to replace it by working for a few hours, not outside the Home but in the Home, maybe by helping in the kitchen, the garden or wherever needed, to work off their debts. They will not be given money but they will learn that everything has a price. Consequences can be good times of relationship between the caregiver and the child, if the child has to help with chores around the house. It does not have to be a harsh time of punishment but it is a time of learning.

You might not always know what the consequences for bad behaviour should be, but you can tell that to the child. Tell him that what he did was wrong and that there will be consequences, but that you need to think about it first and talk it through with your co-workers.

If a child has done something wrong the child needs time to think about it and if you are angry about it you need time too. In a moment like this it is good to let the child sit quietly in a corner for some minutes to think it over. During this time you can also think of a consequence for the child's behaviour. Don't let the child sit in front of other children, it will shame the child. On the other hand a child might love to have an audience and will behave silly while sitting in front of all the other children and that's also not what you want.

When it comes to discipline a child your creativity is challenged and it is good to share with the rest of the team to find ways to discipline the child so that they will benefit from it.

Resilience – How can we strengthen it in a child?

Many children have experienced a traumatic past, but some seem to do quite well, and are able to live a decent life, doing good at school as well as later in life, able to hold a job, get married and have children. Others with the same experience are unable to do so. What are possible reasons for that?

I believe that resilience plays a big role in that. Resilience is an ability to recover from, or adjust easily from misfortune or change.⁷¹ Resilience helps children to be able to face difficult situations in life better, and overcome them without too much damage. Resilience can be strengthened in children in different ways.

Let me give you an example: Raju, an Indian boy, now about twelve years old has grown up under a bridge in one of India's mega-cities.⁷² When he was eight years old, both his parents died the same year. He was moved into a small, family based, Christian children's Home where he started to go to school. Raju is well liked, has friends both at home and in school, tops his class and is a friendly and sensitive kid.

I believe that my early involvement in Raju's life has made a difference and strengthened his resilience. I knew Raju from the age of about one year onwards. Every time I visited the children under the bridge Raju came, played with me or did sit on my arm and was content. Sometimes I didn't see him for months, but he knew I would always come back. Especially during the time his parents died I was there for him, I brought him to the children's Home and am still visiting him whenever I am in India. I was his substitute mother for a while and am still his aunty.

Several factors that strengthen a child's resilience can be seen in Raju's life, and when working with children from difficult backgrounds and with insecure attachment, we have to work towards bringing this factors into the child's live, strengthening and preparing the child for the future.

Factors that strengthen a child's resilience:

- A support network: Children who are resilient have at least one person who is close to them, and believes in them and their ability to face life and to master it. This person will not take away all adversities, but help the child through it. It is through difficult experiences that the child learns to be more resilient.

71. *Meriam –Webster Online Dictionary*, available from <http://www.merriam-webster.com/dictionary/resilience>; Internet; accessed August 2010.

72. Name changed.

It also helps children, if they know, they are not alone but have a set of friends and relatives around them they can rely on and get help if needed.

- Finding meaning for life: Children who have a religious belief will find a meaning for their life in it, and will be much stronger to face adversities, than children who don't believe anything.
- The ability to contribute and have success: Children who are given responsibilities are more resilient, again because life has a meaning, they contribute to the household by earning money, or they are doing well in school and know that there is a future ahead for them. Overprotection and not giving any responsibility to children will not help them to develop resilience.

The children are experiencing that their own efforts are making a difference in life.

- Developing a sense of humour: This is not about being sarcastic over the bad things that are happening. It's about the ability to see something that is fun and the ability to laugh about it, even in difficult situations, and the ability to take oneself not too seriously.

A future and a hope for every child

Some people say that the older a child gets the more hopeless the situation will be. An example I experienced, is the case of a mother with an adopted teenager who shared with me.⁷³ It also seems obvious in the fact that almost all literature written about AD children is just that, it's about children only.

Is it true then that some children and most teenagers are beyond hope? In my opinion this view leaves out one important factor – God.

*Jer 29:11 For I know the thoughts that I think toward you, saith the LORD, thoughts of peace, and not of evil, to give you a future and a hope.*⁷⁴

God has a plan, he has a future and a hope for everyone. Without that knowledge it would sometimes be hard to continue working with AD children, experiencing setbacks and disappointments. But we can put our trust in God, who has enough love for the most difficult child and has a plan for each one of them.

Maybe we made plans for the children, plans for them to have a higher education, to

73. This is also obvious in the fact that I only found one book about teenagers with RAD

74. Jewish Publication Society Bible

become doctors and lawyers, but if the damage the children have experienced early on is too big, if his mental abilities have suffered, this will never happen. Are we disappointed about it, or can we turn to God in prayer for the child, understanding that God has not given up and that he has a plan for the child, which is different from ours?

Because of our belief that every person on this earth is important and loved by God, not because of what the person is or did, but because of what God did for us⁷⁵, we can reach out to the children and love them with the love we have from God. In Psalm 127:3 we can read *'Children are a gift from the LORD; they are a real blessing'*.

No matter where the child is from or what his background is, all children are a gift from God. Can we see the children in our homes as gifts from God and precious in his eyes?

It is our job when working with AD children, to introduce them to God, the loving father who made them and loves them, no matter what they do, because he made them and knows them perfectly.

Keep the joy in your life

The Bible tells us: The joy of the Lord is your strength.⁷⁶ There are many more verses that talk about joy and how much joy God wants to give us. His salvation is joy.

If his joy is our strength then we need to keep God's joys in our lives, realizing it is our strength, asking him for his joy and contemplating on what he has done for us, given us and what he can do for our children. If we do that, then our joy will remain and we can invite children to share the same joy with us.

75. 1 John 4 / Psalm 139, 13-16

76. Nehemiah 8,10

We need a team – what about the people around us?

This is a question that will arise sooner or later. How much are we telling the people around us, those we work with, about the condition of the child?

We don't want to expose the child to gossip, and have people being afraid of the child, so we will not tell too much about the child and his condition. But there are people who need to know and have to be part of our team, to bring help and healing to the child.

The first person to know of the condition of the child is certainly the teacher. He needs to know why the child is behaving differently than the other children, and he needs to know how he can help the child. Take time to talk with the teacher, share with him what you have learned about Attachment Disorder, and what that means for the child. He does not need to know everything about the child's past. It will be enough to tell him that the child had a difficult past and that this is the reason for the child to be with you in the Home. Let the teacher know that you are willing to meet with him and listen to what he has to say about the child at any time. Only if you are a team who includes the teacher, the child can heal, because it will spend long hours at school.

If you are a church member it is good to involve the Sunday school teacher of the child as well. Again, he does not need the whole story, but ask him to pray with you for the child and his healing.

Supporters, relatives or volunteers in the home also need to know, but only as much as necessary for them to understand the child and to be supportive. They need to understand that they are NOT the primary caregivers of the child, and have therefore at best only a secondary role to play, but can be of great help if they understand the child and his problems and can come alongside the primary caregivers, instead of working against them because they don't understand the situation.

Remember, AD children are charming with strangers and try to triangulate caregivers. People who are not involved in caring for the child and don't understand what is happening could turn against you, thinking that you are too harsh and do not love the child. So be open with them and invite them to become your prayer partners for the healing of the child.

Final Word

I am sure that training of caregivers can bring change to the lives of children and raise the awareness of caregivers, and hopefully also parents, to the importance of attachment.

While working on the handbook I felt the need to start an online helpline for people who have read the handbook and have questions about certain issues, they encounter in their Homes. I am very much aware that I cannot solve all the problems people face, but am also sure that by being available for people, both children and caregivers will receive help, and caregivers can share their ideas and experiences.

My greatest hope and desire for this manual is that many caregivers will be encouraged and will reach out to children with renewed hope for a future for each child.

Because this is only the first draft of the manual and no helpline in place yet, if you have questions or comments please write to me: barbara.ruegger@gmail.com. Some people have done it already and received help and better understanding for their own situation with an AD child. Please do not hesitate to write.

*Jer 29:11 For I know the thoughts that I think toward you, saith the LORD,
thoughts of peace, and not of evil, to give you a future and a hope.*

Part IV

Resources

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Appendix 1

An Interview with a foster mother

This interview is supporting the findings that many children ending up in some form of residential care suffer from AD. The mother I interviewed, even though during her training she was not prepared to work with AD children, has acquired experience and adequate training while working with the children. Her experiences are very helpful for others who work with AD children in residential care, which is why she is quoted here. The interview has been translated from German by the author.

Regula E. together with her husband Thomas has been fostering children for the past 13 years. Before that she has worked in Homes and foster families, all together for over 20 years. The children placed in the care of the couple are staying there long term, until they are grown up. Right now they are caring for 4 foster children, the oldest 14, the youngest 6 plus two of their own, 12 and 10 as well as part time taking care of their 'grandchild', the daughter of a former foster son. In this interview Regula is sharing about her training and her experiences with children in her care.

What is your background and training?

I have grown up in a family with four children in a small town and grew up from an early age without a father, who died in an accident. I am a trained social worker, specialized to work with children in residential care.

Have you seen children with AD during all those years, how many?

I have seen many children with more or less severely disordered attachment, both in the foster families as well as in Homes. From my experience I would say it is common for such children.

Did your training prepare you to work with children who have disordered attachment?

Attachment and disorder attachment was not a topic during my training. 20 years ago the knowledge about Attachment Disorder was not really spread widely. We only learned about children with difficult behaviour, and the reason for the behaviour was always thought to be at the level of the child and not with the parents, or the relationship the child had with the parent.

I was not prepared for such severely attachment disordered children, and I believe that there are more such children today than when I trained 20 years ago.

How can you find out if a child is poorly attached?

Some of the things I have noticed from my observations of them include:
. They have a very low tolerance for frustrations, they also have difficulties in learning to speak. I believe, that if there is no relationship between mother and child, it is very difficult for a child to learn to speak properly. I see a missing acceptance of self – it is as if the Self is not existent. Some of the

children I know either overreact to pain or have a very high pain tolerance. They are also afraid of all new things and of change. They are very fast overwhelmed with new situations.

For example two of the boys in our program, when they had to learn to swim, they were very afraid, they even thought it was a punishment for them to learn it, but both of them, once they learned to swim, loved it and were in the water whenever possible, and did not want to leave the water.

We have seen our children go from being very 'sticky', nearly glued to us to go to the other extreme of being unwilling to be close to any of us.

How are the children in your care expressing their emotional neediness?

Some are constantly glued to us and talk, talk, talk, others are very provocative, wanting things all the time: Something to drink, playing a game, help with homework, a change of clothes etc. and the more I give and do something to one child, the more demanding the other child becomes. One of our boys is destroying things, his toys, his clothes etc. if he is angry with a situation or a person.

E.g. I went to the Zoo with all the children, spending the whole day with them, eating out, and in the evening one child demanded that I played a game with him, because I had not been spending time with him the whole day!

How are you dealing with their emotional needs?

It is important that I know my own limits, because this children will 'suck you dry' if you don't know how to set limits. You have to be aware that you can never fulfil all their needs, however much you give to them. At the same time you have to give all you can, but have to know your own limits and tell the child when you need a break. I can do that, if I am able to leave the situation, leaving the children in the care of somebody else. Our foster children spend time regularly with either their parents, grandparents or other families who know them and are willing to help them and us, and give us a welcome break. When I was working in the children's Home, there were enough team members, so everyone had the possibility to get away from the children for some time. During the break we do something fun or spend time with friends. I feel it is important not to be available, to switch off my mobile phone and to let go of the children for a while! Then I can come back rested and available for the child and his needs again.

In your opinion, what is most helpful for the children who live with you?

Clear structures are a key – e.g. knowing that there is lunch when they are coming home from school, so they know they don't need to go hungry. Clear limits/boundaries – If I give a time limit to come home from visiting a friend they have to be there, and not five minutes later. Eating at the table we wait for each other and start the meal together, and also tell the children when they can leave the table. With clear limits things don't have to be discussed over and over, our children know the rules as well as their chores in the house and I don't have to remind them about it. Sometimes I make them aware that they have expectations on me, that I do my part, e.g. cooking and doing their laundry etc. So I let them know that in living together, I have expectations on them too, to do their part of the family chores.

It is also very important that they have the same caregivers over a long period of time, that's why we decided to foster and keep the children from a very young age till they are grown up. We know that our family is the place they call home.

It also helps them that I stick to what I am saying, so they know they can count on it.

How about celebrations and birthday?

We have a birthday party for each child and we have little rituals like a special birthday cup that only a birthday child can use, special candles and a birthday garland that we always use to decorate the dining area for every birthday. Children can choose the meal and invite friends. Birthday parties should not be overwhelmingly big, the child is special, the day is special because it's the day the child was born, but we don't overwhelm children with presents or huge parties.

Christmas is an important day in the year and we always celebrate it all together. We have our own rituals for it and the children will ask many months before if this year will be the same as last year, if the food will be the same etc. It gives them an identity, a sense of belonging to the family.

We also do special things with all the children like going for a barbecue or to the Zoo.

How are you disciplining your children? Are you using a stick?

Disciplining must be a logical consequence of the misbehaviour of the child, it has a lot to do with making restitution. For example if a child has broken a window, first thing is that he has to come and tell us about it without having to be afraid of being punished. They need to know that everybody can make a mistake. First we will listen to the child. Then it has to clean up the mess properly. Next we will ask the question: Who is repairing it and who will pay? The child has to help to find a solution and find a way to pay for it. If a child is having a foul mouth, using bad language or shouting, it has to either go to his room for some time or sit in a chair quietly to calm down. To send a child to his room sometimes helps to provide some distance between me and the child, so that I don't have to hit the child in anger. I will tell the child to leave for a while and when we are both quiet we can talk about what happened. If a child is angry at us, shouting and using bad language against me I will tell the child to do something for me that is good for me and helps me. One of our children had to go and pick up stones in the garden for me to make gardening easier because she called me names. It really helped and that particular child is doing much better.

Using a stick is humiliating the child and only spoils the relationship between the child and the adult. The child is afraid and will not be honest with me because of fear. He does not learn anything through using the stick. I am often aware that I too make mistakes in life but God is not using the stick if that happens.

Do you have issues with food with your children?

Children are not allowed to say that something is disgusting, because no food on the table is disgusting. They have to try everything and if they don't want to eat something on the table we will not give extra food, but let them know that the next time they will get food is the next meal.

If they eat slowly we let them do it, the others can leave the table and the slow child has to

finish alone. Most times they will finish fast because they don't like to be alone. If they are older and have to help in the kitchen afterwards and they are still eating, we will not do the cleaning up for them but let the dirty dishes sit in the kitchen. Our children have to go back to school after lunch, so if they have to clean the dishes they have to do it when they come home from school. It is a natural consequence for eating slowly.

What about lying and stealing?

For some of our children lying is like a family pattern. Neither the parents nor the grandparents have been telling the truth. But if we realize that child is telling a lie, we will confront her and tell her that we know its a lie. One of our foster daughters has been with us since she is 6 month old, and she is the worst in telling us fantastic stories that are obviously not true.

For me it is important to model honesty in what I am saying to the child, for the child to learn that he can count on what I am saying, I will not lie to the child.

If a child has a tendency to steal and we know it, we will make sure we put the money in a safe place not to tempt the child. One of our daughters sometimes has things in her room that we know are not hers. We point them out and ask her, how it came to be in her room and ask her to bring it back to the child the item belongs to. It is also important to respect a child's belongings and not to take it away from them. I believe that a child only learns to understand what stealing is, if he has things that belong to him. Only if the child understands what is "mine" he can learn to understand what is "yours" and for a child with AD this is often difficult.

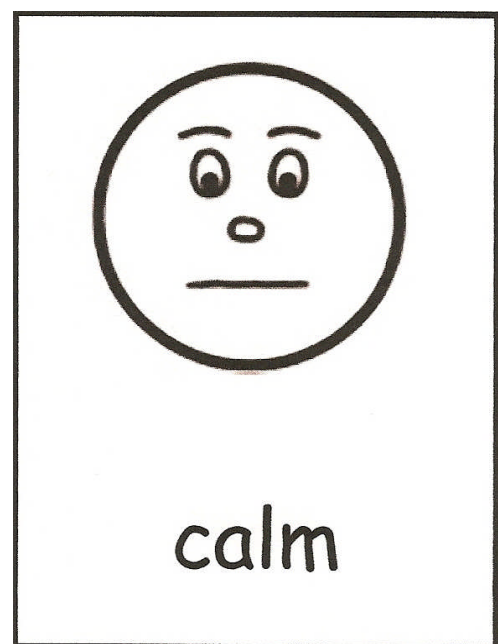
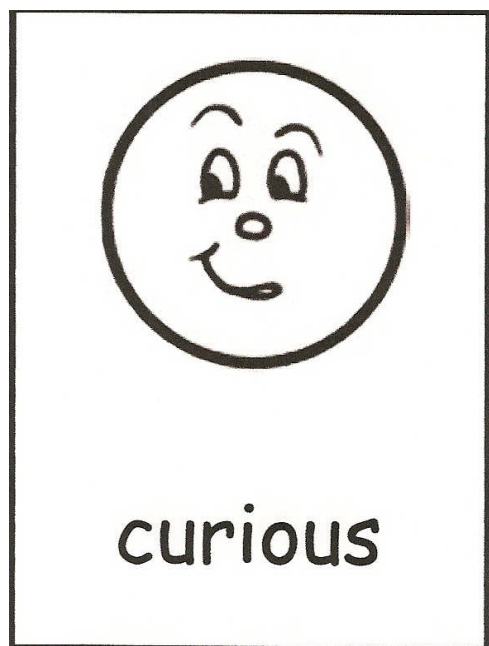
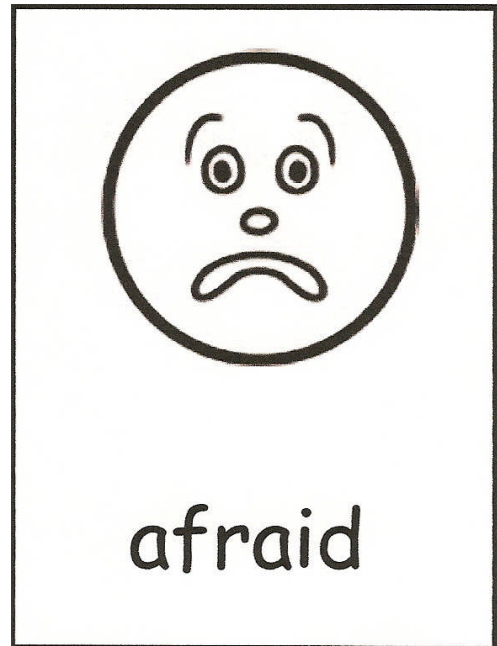
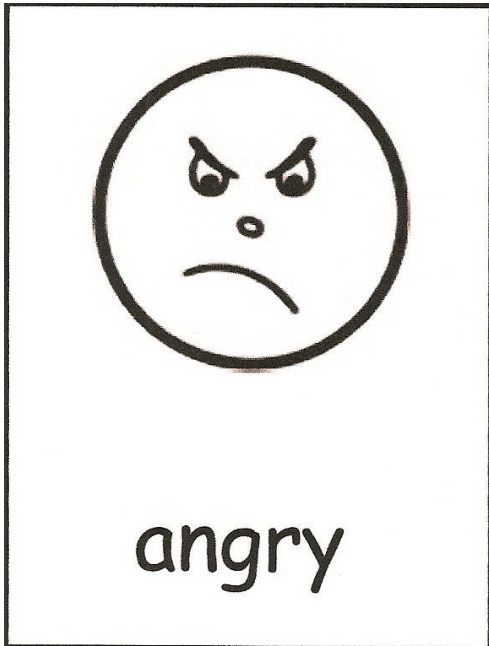
As a couple we feel it is important not to make too big a deal out of lying and stealing, we don't have to be afraid that the child will grow up a liar, once he has learned to handle his other issues he will not need to lie and steal any more. Especially as Christians we sometimes feel that a child who lies and steals is really bad and we tend to punish children who do it, but we need to relax and focus on the healing. We need to help children to heal in other areas first, before we can really help them not to steal and lie!

Thank you very much for the informative interview and for giving us insights into your work with the children in your house!

Appendix 2

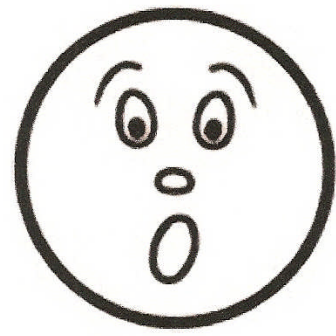
The Smiley Chart of Emotions - Flashcards of all Expressions

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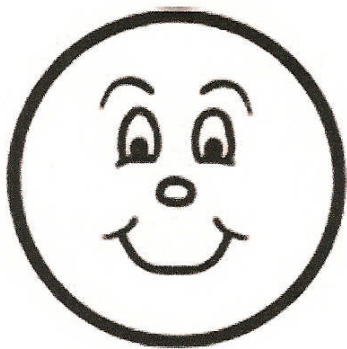




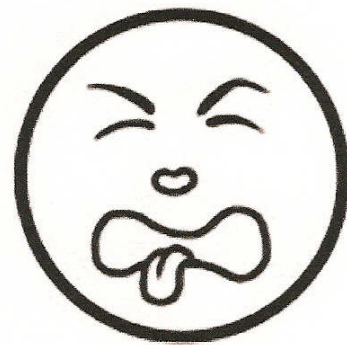
sad



surprised



happy



disgusted

Helpful Books

- Bartel, Steve et al. *Voice in the Streets – A handbook for multi stage ministry to street children*, a viva Network Handbook
- Chapman, Gary. Campbell, Ross. *The five love languages for children*, Northfield Publishing, Chicago, 1997
- Cloud, Henry. Townsend. *Boundaries with Kids*, Zondervan, Grand Rapids, Paperback Edition 2001
- Durrant, Joan E. Ph.D. *Positive Discipline – What it is and how to do it*, Save the Children Sweden Southeast Asia and the Pacific, 2007 (This very valuable manual can be downloaded from this website:
http://seap.savethechildren.se/South_East_Asia/Publications/ChildProtection/)
- Hughes, Daniel A. *Building the Bonds of Attachment, Awakening love in deeply troubled Children*, Aronson, Northvale NJ, 1998
- Karen, Robert. PH.D. *Becoming Attached, First Relationships and how they shape our capacity to love*, Oxford University Press, New York, Oxford, 1998
- Levy, Terry M. and Orlans, Michael. *Attachment, Trauma and Healing: Understanding and Treating Attachment Disorder in Children and Families*, CWLA Press, Washington DC, 1998
- Miles, Glenn and Wright, Josephine J. ed. *Celebrating Children*, Paternoster Press, Carlisle, Cumbria, UK, 2003
- Stoller, John L. *Parenting other People's Children – Understanding and Repairing Reactive Attachment Disorder*, Vantage Press, New York, 2006
- Thomas, Nancy. Thomas Terena, Thomas Beth. *Dandelion on my pillow, butcher knife beneath*, Family by Design, Glenwood Springs, CO, 2004
- Thomas, Nancy. *When Love is not enough*, Family by Design, Glenwood Springs, CO, 1997, Updated and Expanded 2005
- UNICEF, Convention on the Rights of the Child, November 1989
- White, Keith. *The Growth of Love*, Barnabas, The Bible reading Fellowship, Abingdon UK, 2008

Helpful Websites

- Attach China International: Parenting children with RAD and PTSD
www.attach-china.org
- Attachment Disorder Site, different Articles
<http://www.attachmentdisorder.net>
- Families by Design, Nancy Thomas Parenting, Articles in Attachment Disorder
www.attachment.org_

Helpguide, Attachment Disorders, *Insecure Attachment and Reactive Attachment Disorder*
www.helpguide.org/mental/parenting_bonding_reactive_attachment_disorder.htm

More Books

Field, Tiffany. *Touch*, MIT Press paperback edition, Cambridge, Massachusetts, 2003

Forbes, Heather T. & Post, Bryan B., PhD, *Beyond Consequences, Logic and Control*,
Beyond Consequences Institute, 2010

Karr-Morse, Robin. Wiley, Meredith S. *Ghosts from the Nursery, Tracing the Roots of
Violence*, The Atlantic Monthly Press, New York, 1997

Shaffer, David R. *Social and Personality Development*, 5th Edition, Thomson Wadsworth,
Belmont CA, 2005