PARENT VS. THERAPIST ROLE

PARENT	THERAPIST
Parent participates in all therapy sessions.	Therapist includes parent in all therapy sessions.
Parent provides empathy and uses active listening skills in response to child's feelings.	Therapist provides empathy and uses active listening skills in response to child's feelings.
Parent addresses in the moment feelings of child in the home, and defers all others to the therapist.	Therapist addresses issues related to past history of abuse/neglect, memories, nightmares, resistance to care, etc...
Parent provides consistent structure within the home, utilizing assigned interventions including nurturance.	Therapist provides structure in therapy and involves the parent in nurturing the child during therapy.
Parent communicates all behavioral concerns to the therapist and treatment team.	Therapist assesses and explores behavioral difficulties and challenges those that may resist adult care.
Parent communicates the effectiveness of interventions that have been assigned by the therapist.	Therapist assigns the interventions to be used in the home by the parent.
Parent shares expertise with the therapist regarding the child and the child's behaviors in the home.	Therapist utilizes parent's expertise to familiarize self with the child and the child's behaviors.

Signs and Symptoms of Poor Attachment and Bonding

Client Name: ______________________
Date of Birth: ______________________
Date of Eval: ______________________
Evaluator: ______________________

	Mild	Mod	Severe
1) Superficially engaging and "charming"	____	____	____
2) Lack of eye contact on parental terms	____	____	____
3) Indiscriminate affection with strangers	____	____	____
4) Not affectionate on parent's terms	____	____	____
5) Destructive to self, others, and things	____	____	____
6) Cruel to animals	____	____	____
7) Stealing	____	____	____
8) Lying about the obvious	____	____	____
9) No impulse control (appears hyperactive)	____	____	____
10) Learning lags	____	____	____
11) Lack of cause and effect thinking	____	____	____
12) Lack of conscience	____	____	____
13) Abnormal eating patterns	____	____	____
14) Poor peer relationships	____	____	____
15) Preoccupied with fire, blood, and gore	____	____	____
16) Persistent nonsense questions	____	____	____
17) Incessant chatter	____	____	____
18) Abnormal speech patterns	____	____	____
19) False allegations of abuse	____	____	____
20) Lack of ability to give/receive love	____	____	____

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Reactive Attachment Disorder: Infant Attachment Checklist

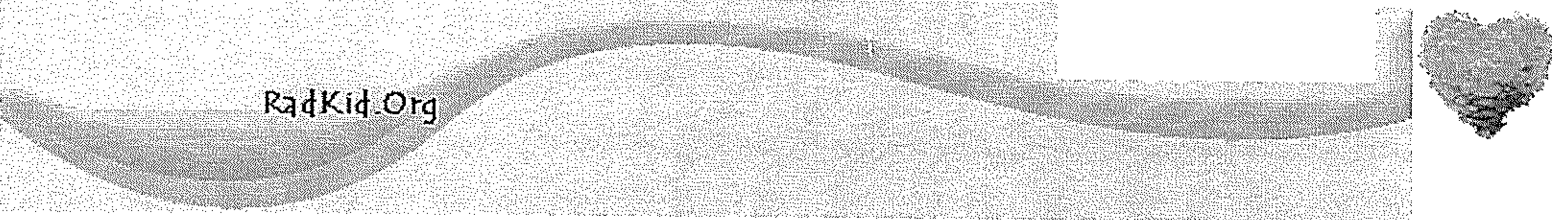
Infant Attachment Checklist
Copyright by Walter D. Buenning, Ph.D., 1999

1	Cries, miserable all the time; chronically fussy	0	1 2 3	4 5 6 7	8 9 10
2	Resists comforting or nurturance	0	1 2 3	4 5 6 7	8 9 10
3	Resists or dislikes being held	0	1 2 3	4 5 6 7	8 9 10
4	Poor eye contact or avoids eye contact	0	1 2 3	4 5 6 7	8 9 10
5	Flat, lifeless affect (too quiet)	0	1 2 3	4 5 6 7	8 9 10
6	Likes playpen or crib more than being held	0	1 2 3	4 5 6 7	8 9 10
7	Rarely cries (overly good baby)	0	1 2 3	4 5 6 7	8 9 10
8	Angry or rageful when cries	0	1 2 3	4 5 6 7	8 9 10
9	Exceedingly demanding	0	1 2 3	4 5 6 7	8 9 10
10	Looks sad or empty-eyed	0	1 2 3	4 5 6 7	8 9 10
11	Wants to hold the bottle as soon as possible	0	1 2 3	4 5 6 7	8 9 10
12	Stiffens or becomes rigid when held	0	1 2 3	4 5 6 7	8 9 10
13	Prefers being held with back toward mother	0	1 2 3	4 5 6 7	8 9 10
14	Does not hold on when held (no reciprocal holding)	0	1 2 3	4 5 6 7	8 9 10
15	When held chest to chest, faces away	0	1 2 3	4 5 6 7	8 9 10
16	Does not return or reciprocate hugs	0	1 2 3	4 5 6 7	8 9 10
17	Generally unresponsive to parent	0	1 2 3	4 5 6 7	8 9 10
18	Cries or rages when held beyond his wishes	0	1 2 3	4 5 6 7	8 9 10
19	Overly independent play or makes no demands	0	1 2 3	4 5 6 7	8 9 10
20	Reaches for others to hold him rather than parent	0	1 2 3	4 5 6 7	8 9 10
21	Little or reduced verbal responsiveness	0	1 2 3	4 5 6 7	8 9 10
22	Does not return smiles	0	1 2 3	4 5 6 7	8 9 10

23	Shows very little imitative behavior	0	1 2 3	4 5 6 7	8 9 10
24	Prefers Dad to Mom	0	1 2 3	4 5 6 7	8 9 10
25	Gets in and out of parents lap frequently	0	1 2 3	4 5 6 7	8 9 10
26	Physically restless when sleeping	0	1 2 3	4 5 6 7	8 9 10
27	Does not react to pain (high pain tolerance)	0	1 2 3	4 5 6 7	8 9 10

Download .pdf version of Infant Attachment Checklist

Information used by permission of Dr. Walder D. Buenning, Ph.D.
Reactive Attachment Disorder (RAD) Treatment
Healing with Love and Limits: See Web site



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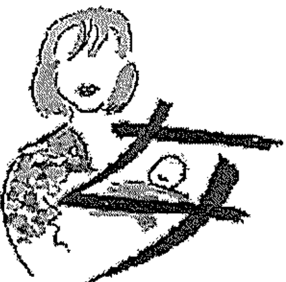
Reactive Attachment Disorder: Child Attachment Checklist

Child Attachment Checklist

	Symptoms	None	Mild	Moderate	Severe
1	Is unable to give and receive love	0	1 2 3	4 5 6 7	8 9 10
2	Is oppositional, argumentative, defiant	0	1 2 3	4 5 6 7	8 9 10
3	Is emotionally phony, hollow, or empty	0	1 2 3	4 5 6 7	8 9 10
4	Is manipulative or controlling	0	1 2 3	4 5 6 7	8 9 10
5	Has frequent or intense angry outbursts	0	1 2 3	4 5 6 7	8 9 10
6	Is an angry child inside	0	1 2 3	4 5 6 7	8 9 10
7	Unable to cry about something sad	0	1 2 3	4 5 6 7	8 9 10
8	Avoids or resists physical closeness and touch	0	1 2 3	4 5 6 7	8 9 10
9	Cannot be trusted	0	1 2 3	4 5 6 7	8 9 10
10	Has little or no conscience	0	1 2 3	4 5 6 7	8 9 10
11	Is superficially engaging and charming	0	1 2 3	4 5 6 7	8 9 10
12	Lack of eye contact on parental terms	0	1 2 3	4 5 6 7	8 9 10
13	Indiscriminately affectionate on parents' terms	0	1 2 3	4 5 6 7	8 9 10
14	Not affectionate on parents' terms	0	1 2 3	4 5 6 7	8 9 10
15	Destructive to self, others, and property	0	1 2 3	4 5 6 7	8 9 10
16	More disobedient toward mom than dad	0	1 2 3	4 5 6 7	8 9 10
17	Cruel to animals	0	1 2 3	4 5 6 7	8 9 10
18	Steals	0	1 2 3	4 5 6 7	8 9 10



19	Lies about the obvious (crazy lying)	0	1 2 3	4 5 6 7	8 9 10
20	Is impulsive or hyperactive	0	1 2 3	4 5 6 7	8 9 10
21	Lacks cause and effect thinking	0	1 2 3	4 5 6 7	8 9 10
22	Gorges or hoards food	0	1 2 3	4 5 6 7	8 9 10
23	Has poor peer relationships	0	1 2 3	4 5 6 7	8 9 10
24	Preoccupation with fire, blood, or violence	0	1 2 3	4 5 6 7	8 9 10
25	Persistent nonsense questions or incessant chatter	0	1 2 3	4 5 6 7	8 9 10
26	Inappropriately demanding or clingy	0	1 2 3	4 5 6 7	8 9 10
27	Sexual acting out	0	1 2 3	4 5 6 7	8 9 10
28	Bossy with peers	0	1 2 3	4 5 6 7	8 9 10
Download .pdf version of Child Attachment Checklist					

Reactions to Divorce:

Normal Responses (Expected changes in relation to the process of adaptation and healing):

1) **ANGER**- towards parents, self, and siblings…you are likely to see an increase in sibling arguments and possible instigation.

2) **DENIAL**- pretending the divorce is not happening, or acting as if they are not affected by the loss…you will see attempts to reunite the parental unit.

3) **FEAR**- Children worry about their safety and security…they may appear clingy and attention seeking.

4) **GUILT/SELF-BLAME**- Reassurance seeking and guilty appearing…they may appear to be "asking for it," seeking punishment.

5) **HEALTH AND SLEEP CHANGES**- Minor health complaints, such as appetite changes, sleep disturbance, nightmares, and an unwillingness to sleep alone.

6) **INSECURITY**- Refusing to go to school, possessiveness of people and pets, testing boundaries, an seeking substitute parental figures…they may say "I want to stay with you" to both parents.

7) **PROTECTION OF PARENTS**- Acting like little adults, and hiding their own grief to care for their parents.

8) **REGRESSION**- Returning to an earlier level of functioning, but usually subsides with reassurance and nurturing by parents…they may bed wet, suck their thumb, or seek a formerly comforting possession (i.e. blanket or stuffed animal)

9) **SADNESS**- Saddened constantly, crying spells, fatigue, and social withdrawal.

☙ These signs are generally consistent with the Kubler-Ross stages of grief.

Abnormal Responses to Divorce:

1) An exaggeration in the normal responses, or persistence for longer then 8 months.
2) Verbalized despair or suicidal ideations
3) Accident prone
4) Giving away their possessions
5) Complete isolation
6) More than 15% weight loss or gain over a 6 month period of time
7) Frequent (nightly) nightmares
8) Preoccupation with their own or other's illness and physical well-being
9) Significant changes in academic performance or peer interactions at school
10) Lying
11) Destroying their own or others' property
12) Self-mutilation
13) A significant personality change
14) Refusing to stay with formerly trusted adults
15) Explosive or rage-filled behaviors directed towards themselves and others
16) Stealing
17) Running away from home
18) Health complaints and/or legitimate health concerns (i.e. diarrhea, vomiting, headaches, and rashes)
19) Rigidity of routine or placement of objects
20) Intense and unrealistic fears

HOLLOW SPOTS

At each stage of development, we require some positive qualities (nurturing experiences) that fill us emotionally, and complete us. Many of us create hollow areas when we do not experience reciprocal bonding experiences= HOLLOW SPOTS.

1) Unless a hollow spot is filled or healed in that stage of development, we carry it as a liability into the next stage of our development (Not unlike the Freudian concept of "fixation").

2) Following the law of imprinting in the animal world (Konrad Lorenz), we follow and identify with what we have been exposed to.

3) We replicate in our adult lives what was imprinted on our childhood (i.e Replica Emotions).

4) If one can identify their replica emotions, then one can pinpoint hollow spots ripe for the healing in treatment.

5) Hollow spots siphon and redirect healthy energy into unhealthy places (i.e. unfinished attitudes, emotions, and behaviors).

6) Filling these spots with corrective and functional emotions, cognitions, and behaviors can erase the hollow spots, and allow energy to be focused on the development of healthy attachments and bonds in the adult world.

Andrew Jamison, "Hollow Spots"

LAP TIME

Lap time is a fun time that adults can share with their child. The adult holds the child in his/her lap in cradle position. Lap time gives children the opportunity to accept nurturance from adult caregivers in a healthy manner, something they may have missed as an infant. It teaches children how to receive appropriate touch from adults.

LAP TIME ACTIVITIES MAY INCLUDE: Rocking, listening to soft music, singing silly songs together, telling jokes, making funny faces, sharing dreams or memories, sharing sweets, etc...

GUIDELINES FOR LAP TIME:

- Child is expected to maintain good eye contact with the parent during this special time.
- Parents are in control of the time and place that lap time occurs.
- The time may vary to avoid power struggles.
- Treatment Team may be involved to determine the frequency of lap time.
- Children with sexual issues need to be held in order to learn safe and appropriate touch.
- During lap time with a sexually reactive child, a pillow may be placed between the parent and the child.
- Lap time with a sexually reactive child should take place with another adult present.
- Theraplay activities may be assigned by the therapist.
- If the child refuses to do lap time, discuss this with members of the Treatment Team. The Team will help you develop a strategy for introducing touch.

SITTING SPOT

Parents need to select a sitting spot(s) for the child in their home taking into account visibility, convenience, safety, distractions, and destructibility. The sitting spots should be on the floor near a blank wall. Parents may want to provide a square piece of rug or a mat to further define the physical boundary for the child. Attachment Disordered children need clear physical boundaries in order to feel safe.

Children should sit in the sitting spot with their legs folded, hands on their knees or in their lap, back straight, and head straight, taking into consideration the reasonable limits of the child's age and any physical limitations that the child may have.

- By sitting straight, the blood and oxygen can freely circulate and the child becomes better focused.
- When the chest is open, the heart and lungs function more freely.
- Sitting is not a punishment, it is used to give children time to think about their behavior, to regain control of themselves or merely to slow down and become more centered.

WHEN TO USE THE SITTING SPOT:

- To practice basic skills
- To practice self-control
- To give child time to re-group
- To provide a place for the child to return to following a task or chore
- To provide a place for the child in times of transition

- To disrupt negative behaviors, the child may be asked to "Go to your sitting spot." This should occur in the child's designated sitting spot.

BASIC GUIDELINES FOR SITTING:

- Children should not be asked to sit for more than 15 minutes at a time.
- Non-compliant children are not sent to their room. When they are agitated or upset, Attachment Disordered children frequently prefer isolation in order to avoid interactions with adult caregivers.
- If the child is unable to meet expectations of sitting, the child may be given the choice to "sit my way for a few minutes or as long as you need to your way." Sitting begins when the child is sitting appropriately.
- Child should be instructed to sit frequently upon arrival in the home in order to practice basic skills.

Sitting is not an isolating activity. The parent should be monitoring the child and acknowledging or engaging the child regularly, even if it is just to say, "Wow! You're doing a great job." Adults direct children to sit in a matter-of-fact tone of voice and from a place of empathy, not with anger, disgust or in a punitive manner.

PIZZAZZ

Attachment Disordered children often repeat the behaviors which receive the most emotional response from the adult. This is why adults redirect negative behaviors in a matter-of-fact manner using a neutral tone of voice - almost as if the adult is not affected by the negative behavior one way or another. We expect our children to be provocative with us, and it is important for us to provide unflappable care.

Adults save the Pizzazz for the behaviors they want to see repeated.

PIZZAZZ is when the adult responds to the child with:

- Wide-eyed wonder
- An excited tone of voice
- An animated expression on their face
- Exaggerated body gestures
- Shocked disbelief
- Gleeful surprise
- All of the above at the same time

Children crave emotional responses from adults and will bond to an adult who is overflowing with pizzazz. Pizzazz is meant to be playful, joyful and fun - never sarcastic or demeaning.

PIZZAZZ is used when children:

- Are demonstrating respectful behavior
- Are demonstrating responsible behavior
- Are fun to be around
- Complete their chores
- Make positive changes (of any kind) in negative patterns of behavior