

TEACHING CHILDREN WITH REACTIVE ATTACHMENT DISORDER:
A REVIEW OF THE LITERATURE

Shawn Travis Arnold

Submitted in partial fulfillment of the requirements of the Master of Education in
Special Education degree at the University of Alaska Southeast

RECOMMENDED: Redacted for Privacy

Thomas Scott Duke, Ph.D., Committee Chair

Redacted for Privacy

Jill Burkert, Ph.D.

Redacted for Privacy

Jennifer Ward, M.L.I.Sc.

APPROVED: Redacted for Privacy

Dean, School of Education: Larry Harris, Ph.D.

7-14-09

Date

Abstract

Reactive Attachment Disorder (RAD) has been examined by the psychological community for many years, but only in recent years has it entered the realm of education and recognizing students with RAD has occurred. Disagreements continue to take place over what types of assessments or interventions may work for children with RAD. Often children with RAD are not diagnosis because the symptoms reflect other dysfunctional behaviors and teachers reject these students as unwilling to accept instruction. This paper is a literature review of professional articles available with bearing on teaching children with RAD. In addition, this article presents behaviors of RAD and describes recommendations in dealing with students with RAD that teachers may use. Lastly, the article briefly summarizes the content of several research articles.

Introduction

The Problem

Attachment can refer to an essential reciprocal bonding between individuals. Most research into attachment has focused on the bonding between an infant and a primary caregiver, particularly the mother. Attachment theory is concerned with the bond that develops between child and caretaker and the consequences this has for the child's emerging self-concept and developing view of the social world. In attachment theory psychology, attachment is a product of the activity of a number of behavioral systems that have proximity to a person (e.g. a mother) as a predictable outcome (Bowlby, 1999). The concept of there being an attachment behavior, stage, and process, to which a growing person remains in proximity to another was developed beginning in 1956 by British developmental psychologist John Bowlby. Bowlby's attachment theory uses a set of assumptions based on ten important concepts to connect observable human social behaviors. These concepts include: (a) adaptiveness; (b) critical period; (c) robustness of

development; (d) experience as essential factor in attachment; (e) monotropy; (f) social interactions as cause of attachment; (g) internal working model; (h) transactional processes; (i) consequences of disruption; and (j) developmental changes.

Adaptiveness. Common human attachment behaviors and emotions are adaptive. Evolution of human beings has involved selection for social behaviors that make individual or group survival more likely. For example, the commonly observed attachment behavior of toddlers includes staying near familiar people; this behaviour would have had safety advantages in the environment of early adaptation, and has such advantages today. Bowlby (1999) termed proximity-seeking to the attachment figure in the face of threat to be the “set-goal” of the attachment behavioral system. There is a survival advantage in the capacity to sense possibly dangerous conditions such as unfamiliarity, being alone or rapid approach and such conditions are likely to activate the attachment behavioral system causing the infant or child to seek proximity to the attachment figure (Prior & Glaser, 2006).

Critical period. Certain changes in attachment, such as the infant’s coming to prefer a familiar caregiver and avoid strangers, are most likely to occur within the period between the ages of about six months and two or three years (Bowlby, 1958). Bowlby’s sensitivity period has been modified to a less “all or nothing” approach. Although there is a sensitive period during which it is highly desirable that selective attachments develop, the time frame is probably broader and the effects not so fixed and irreversible. With further research, authors discussing attachment theory have come to appreciate that social development is affected by later as well as earlier relationships (Rutter, 1995).

Robustness of development. Attachment to and preferences for some familiar people are easily developed by most young humans, even under far less than ideal circumstances (Bowlby, 1958).

Experience as essential factor in attachment. Infants in their first months have no preference for their biological parents over strangers and are equally friendly to anyone who treats them kindly. Human beings develop preferences for particular people, and behaviors which solicit their attention and care, over a considerable period of time (Bowlby, 1958).

Monotropy. Early steps in attachment take place most easily if the infant has one caregiver, or the occasional care of a small number of other people (Bowlby, 1958). According to Bowlby, almost from the first many children have more than one figure towards which they direct attachment behavior; these figures are not treated alike and there is a strong bias for a child to direct attachment behavior mainly towards one particular person. Bowlby used the term monotropy to describe this bias to attach primarily to one figure (Bowlby, 1999). Researchers and theorists have effectively abandoned this concept insofar as it may be taken to mean that the relationship with the special figure differs *qualitatively* from that of other figures. Rather, current thinking postulates definite hierarchies of relationships (Main, 1999; Rutter, 1995).

Social interactions as cause of attachment. Feeding and relief of an infant's pain do not cause an infant to become attached to a caregiver. Infants become attached to adults who are sensitive and responsive in social interactions with the infant, and who remain as consistent caregivers for some time (Bowlby, 1958).

Internal working model. Early experiences with caregivers gradually give rise to a system of thoughts, memories, beliefs, expectations, emotions, and behaviors about the self and others. This system, called the internal working model of social relationships, continues to develop with

time and experience and enables the child to handle new types of social interactions. For example, a child's internal working model helps him or her to know that an infant should be treated differently from an older child, or to understand that interactions with a teacher can share some of the characteristics of an interaction with a parent. An adult's internal working model continues to develop and to help cope with friendships, marriage, and parenthood, all of which involve different behaviors and feelings (Bowlby, 1973; Mercer, 2006).

Transactional processes. As attachment behaviors change with age, they do so in ways shaped by relationships, not by individual experiences. A child's behavior when reunited with a caregiver after a separation is determined not only by how the caregiver has treated the child before, but on the history of effects the child has had on the caregiver in the past (Ainsworth, 1969; Bowlby, 1999).

Consequences of disruption. In spite of the robustness of attachment, significant separation from a familiar caregiver, or frequent changes of caregiver that prevent development of attachment, may result in psychopathology at some point in later life (Bowlby, 1958).

Developmental changes. Specific attachment behaviors begin with predictable, apparently innate, behavior in infancy, but change with age in ways that are partly determined by experiences and by situational factors. For example, a toddler is likely to cry when separated from his mother, but an eight-year-old is more likely to call out, "When are you coming back to pick me up?" or to turn away and begin the familiar school day (Bowlby, 1969).

Reactive Attachment Disorder

Attachment theory is primarily an evolutionary and ethological theory. In relation to infants, it primarily consists of *proximity seeking* to an *attachment figure* in the face of threat, for the purpose of survival (Bowlby, 1999). Although an attachment is a "tie"; it is not synonymous

with love and affection although they often go together and a healthy attachment is considered to be an important foundation of all subsequent relationships. Infants become attached to adults who are sensitive and responsive in social interactions with the infant, and who remain as consistent caregivers for some time. Parental responses lead to the development of patterns of attachment which in turn lead to *internal working models* which will guide the individual's feelings, thoughts and expectations in later relationships (Bretherton & Munholland, 1999).

In the clinical sense, a disorder is a condition requiring treatment as opposed to risk factors for subsequent disorders (Benson & Schoettle, 2005). There is a lack of consensus about the precise meaning of the term attachment disorder, although there is general agreement that such disorders only arise following early adverse caregiver experiences. *Reactive attachment disorder* (RAD) indicates the absence of either or both the main aspects of *proximity seeking* to an identified *attachment figure*. This can occur either in institutions, or with repeated changes of caregiver, or from extremely neglectful primary caregivers who show persistent disregard for the child's basic attachment needs after the age of 6 months.

RAD was first mentioned in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)*, and has since been included in the *DSM-IV* and the tenth revision of the *International Statistical Classification of Diseases (ICD-10)* (Zeanah, 1996). Children affected by RAD typically exhibit an inability to form normal relationships with other people as well as impaired social development and sociopathic behaviors due to the absence of secure attachment formation early in life (Wilson, 2001). This disorder may be caused by pathogenic care during infancy, including abuse and/or neglect, or it may be caused by frequent changes in a primary caregiver, as is often the case with children raised in institutions or foster care (Hall & Geher, 2003).

RAD is considered uncommon. However, there are no accurate statistics on how many babies and children have the condition. It can affect children of any race or either sex.

According to research at the Mayo Clinic (2008), factors that may increase the chance of developing RAD include:

- Living in an orphanage
- Institutional care
- Frequent changes in foster care or caregivers
- Inexperienced parents
- Prolonged hospitalization
- Extreme poverty
- Physical, sexual or emotional abuse
- Forced removal from a neglectful or abusive home
- Significant family trauma, such as death or divorce
- Postpartum depression in the baby's mother
- Parents who have a mental illness, anger management problems, or drug or alcohol abuse

There are two main subtypes of RAD described in the *DSM-IV*, the inhibited subtype and the disinhibited subtype (Wilson, 2001). Children with the inhibited form of RAD are emotionally withdrawn and rarely respond to or even seek out comfort. Children with the disinhibited form of RAD tend to be overly sociable, eliciting comfort and affection non-selectively, even from adults who are strangers (Zeanah, Smyke, & Dumitrescu, 2002).

Furthermore, while some RAD children have signs and symptoms of just one type, many children have both. According to the Mayo Clinic (2008), additional signs and symptoms of the *inhibited type* of RAD may include:

- Resisting affection from parents or caregivers
- Avoiding eye contact
- Difficulty being comforted

- Preferring to play alone
- Avoiding physical contact
- Failing to initiate contact with others
- Appearing to be always on guard or wary
- Engaging in self-soothing behavior

Additional signs and symptoms of the *disinhibited type* of RAD may include:

- Readily going to strangers, rather than showing stranger anxiety
- Seeking comfort from strangers
- Exaggerating needs for help doing tasks
- Inappropriately childish behavior
- Appearing anxious

Attachment disorder prospered during the 1980s and 1990s as a consequence of both the influx of older adopted orphans from Eastern European or developing countries and the inclusion of RAD in the *DSM-III* which attachment therapists adopted as an alternative name for their existing unvalidated diagnosis of attachment disorder (Crossman, 2008). Adoption advocates suggest most or at least a high proportion of adopted children are likely to suffer from a form of attachment disorder. Statistics on the prevalence of maltreatment have been wrongly used to estimate the prevalence of RAD. Complex or other less desirable behavior disorders are combined with attachment disorder. Children are labeled as “RADs,” “RAD-kids” or “RADishes” (Chaffin, et al, p. 79). They are seen as manipulative, dishonest, without conscience and dangerous. Some attachment therapy sites even predict that attachment-disordered children will grow up to become violent predators or psychopaths unless they receive the proper treatment.

It is important for Special Education teachers to understand RAD due to the dramatic impact RAD has on multiple areas of development. A key component of social and emotional

development is self-regulation, which is a critical variable in school readiness and is often impaired in children with RAD. Schools face the dilemma of how to educate these children. School personnel must attempt coincidentally to manage behavior and focus on academics. However, because children with reactive attachment disorder tend to “act out, bully, scare, and harm other children,” they may have trouble functioning both in general and special education classrooms (Hall & Geher, 2003, p. 20). There is also a tendency for these children to drift towards other antisocial children, establishing dangerous associations (Hall & Geher, 2003).

Author's Experiences and Beliefs

I began teaching eighth grade Science in a rural Alaskan middle school on the road system prior to a year spent in a remote Koyukon-Athabascan Native Alaskan village as the middle and high school English and History teacher. I am presently a high school special education self-contained intensive resource English and Reading teacher in the Matanuska-Susitna Borough School District. Like many schools, mine is no exception to children who are victims of recent trauma or have a life filled with trauma.

While in the village several of my students exhibited signs of inhibited reactive attachment disorder. Oftentimes, it was the family that was the primary source of trauma. These students often talked out loud in class, did not contribute fairly to group work, had limited organizational abilities, and argued to dominate and control groups. They had a sense of hypervigilance about them; they did not seem to possess a sense of personal space. They wanted to know about everyone else's business, but would never tell me anything about their own. There was also no sense of remorse for their actions, even if someone else was hurt. They often expressed offhand remarks, or even attempted to say “sorry” for their actions, but would then do the same thing again the next day.

At the school where I currently teach, I have a student who has inhibited reactive attachment disorder. She was adopted from a Romanian orphanage when she was still a small child, after growing up in very deprived conditions. Her early life has led to a grossly disturbed internal working model of relationships leading to interpersonal and behavioral difficulties. With the responsiveness and sensitivity of a new caregiver, while still exhibiting attachment disorder, her symptoms have decreased. She still avoids eye contact, seeks connections from others, but then turns them away, and prefers to be alone in almost all situations. It takes a tremendous amount of work to turn these kids around so that they can experience real feelings and learn to trust. I have found that parents like hers have embarked on a healing journey for this child and need support and consistency from other adults who interact with her.

Part of my teaching philosophy is to try and reach every student I have. However, I became captivated with the topic of attachment disorder after encountering children who seemed they could not be reached. When I first met students who were compulsive liars, who abused animals, other children, or themselves, and who had extremely inappropriate social relatedness, my thought was they may be a product of bad parenting or just simple adolescence. I found that these are just a few of the twenty-one symptoms of reactive attachment disorder or RAD. Many educators face students without the understanding necessary to enable children to access appropriate educational experiences. I wanted to research what works and does not work so that I can help children with attachment disorder. To fully understand what RAD is, one must understand the definition, the causes, why attachment is so important, and effective treatments for RAD. To understand RAD one must understand attachment.

Purpose

This review of the literature had multiple purposes. One purpose was to identify articles that examined issues related to attachment disorder. A second purpose was to classify these articles according to disciplinary perspective, intended audience, and publication type. A third purpose was to classify these articles according to publication type, by research design, and by emergent theme. My fourth purpose in conducting this review was to inspect the assessment instruments available to assist professionals with diagnosis and differentiation between sub-types and current diagnostic criteria for attachment disorders.

Methods

Selection Criteria

The 19 articles selected for this review: (a) explored issues related to attachment disorder; and/or (b) examined possible implications of reactive disorder within the classroom. These articles were published in professional journals related to the psychology, education, and care of young children between 1979 and 2008.

Search Procedures

I conducted a Boolean search in four databases that index literature related to the field of education. These databases included: (a) the Educational Research Information Center (ERIC) (Ebscohost); (b) Education Abstracts (OCLC FirstSearch); (c) Education Journals (Proquest); and (d) the Professional Development Collection (Ebscohost). I used the following search term to search each database: “attachment disorder”.

ERIC (Ebscohost). A Boolean search of the Educational Research Information Center (ERIC) (Ebscohost) was conducted using the keyword “attachment disorder”. Limited to journal articles, this search returned 78 results, 8 of which met my selection criteria and were included in

my review of the literature (Chapman, 2002; Main, 1996; Parker & Cooke, 1993; Schwartz & Davis, 2006; Shaw & Paez, 2007; Sheperis, Renfro-Michel, & Doggett, 2003; Slater, 2007; Tully & Brendtro, 1998).

Education Abstracts (OCLC). I conducted a Boolean search of Education Abstracts (OCLC FirstSearch) using the keyword “attachment disorder”. This search yielded 7 articles. Upon review of these 7 articles, 5 were found to meet my selection criteria. Three of those articles were repeated through previous database searches (Hayes, 1997; Parker & Cooke, 1993; Schwartz & Davis, 2006). After removing these pieces, only one article will be reviewed (Floyd, Hester, Griffin, Golden, & Canter, 2008).

Education Journals (Proquest). A Boolean search of Education Journals (Proquest) using the keyword “attachment disorder” was conducted. Limited to journal articles, this search returned 188 results, 9 of which met my selection criteria and were included in my review of the literature. Of those 9 articles, 1 was identified and included in earlier database searches (Shaw & Paez, 2007). The remaining 8 met the criteria to be included in this review of the literature (Buckner, Lopez, Dunkel, & Joiner, 2008; Edwards & Daire, 2006; Gajda, 2004; Hayes, 1997; Honig, 2003; Neuharth-Pritchett, 2006; Sileo, Stockhouse, & Sileo, 2000; Tirella, Chan, & Miller, 2006).

Professional Development Collection (Ebscohost). A Boolean search of the Professional Development Collection (Ebscohost) was conducted using the keyword “attachment disorder”. Limited to journal articles, this search returned 140 results, 8 of which met my selection criteria. Of those 8 articles, 6 were identified and included in earlier database searches (Chapman, 2002; Parker & Cooke, 1993; Schwartz & Davis, 2006; Shaw & Paez, 2007; Sheperis et al., 2003;

Slater, 2007). The remaining 2 met the criteria to be included in this review of the literature (Brokenleg & Van Bockern, 2003; Pfaller & Kiselica, 1996).

Coding Procedures

I developed a coding form to categorize the information presented in each of the 20 articles. This coding form was based on: (a) publication type; (b) research design; (c) emergent themes; (d) data sources; and (e) findings.

Publication Type

I evaluated and classified each article according to *publication type* (e.g., empirical study, descriptive article, position paper, guide, annotated bibliography). *Empirical studies* explicitly delineate the methods used to gather and analyze quantitative and/or qualitative data. *Descriptive articles* describe experiences and phenomena but do *not* explicitly delineate methods to gather and analyze data. *Position papers* explain (and *advocate* for) particular policy positions, philosophical perspectives, theoretical frameworks, and/or educational models. *Guides* recommend specific strategies and/or explain how practitioners might *implement* particular curricula, programs, or models.

Many of the articles included in this review had characteristics of two or more publication types. When this was the case, I attempted to determine the authors' primary purpose in writing the article and then classified the article accordingly. An article by Schwartz and Davis (2006), for example, had characteristics of both a descriptive article and guide. I decided that Schwartz and Davis's *primary purpose* in writing the article was to explain the negative impact of impaired or disrupted early relationships "characterized by extreme neglect, abuse, parental mental illness, domestic violence, and repeated changes in caregivers," (p. 1) on children entering the educational system. The *secondary purpose* of the Schwartz and Davis article was to

guide by highlighting topics in academic and school areas that may exacerbate attachment disturbances as well as ways in which teachers and other school professionals can encourage the development of more productive relationships.

An article by Shaw and Pàez (2007), to cite another example of an article with the characteristics of multiple publication types, had characteristics of a descriptive article and a guide. Shaw and Pàez present the indicators of students who have attachment issues, those who have been diagnosed with RAD, as well as the families affected by this disorder, and finally recommendations for school social workers taking care RAD students is described. However, I decided since Shaw and Pàez's *primary* purpose in writing their article was to provide school-based social workers recommendations for dealing with "RAD and the related issues, including discipline, behavior management, communicating with teachers, counseling approach, motivation training, social skills training liaison with foster parents, and educating parents and colleagues" (p. 71). Therefore I classified Shaw and Pàez's article as a guide.

Research Design

In the literature I classified and evaluated each empirical study according to its *research design* such as quantitative, qualitative, and mixed methods. *Quantitative* research is the systematic investigation of numerical data. *Qualitative* research involves analysis of data such as words (e.g., from interviews), pictures (e.g., video), or objects (e.g., an artifact). *Mixed methods* research blends different research strategies.

Data Analysis/ "Emergent Themes"

I used a version of the Stevick-Collaizi-Keen method of data analysis described by Creswell (2007) to analyze the data generated through my 19 articles and chapters researched that met my selection criteria. First, I identified "significant statements" within each article or

chapter. *Significant statements* are those statements that help to answer research questions or clarify research topics. For the purpose of this study, the significant statement that I used is any statement that explicitly describes issues related to the education of children with RAD. I then engaged in the following procedural steps to analyze my data by developing a list that organized data into word tables and developed written summaries that described: (a) significant statements within data sources; (b) word tables that visually represented significant statements; and (c) developed written descriptions of word tables to describe resulting trends.

Results

I located 19 articles that met my selection criteria. The publication type and research design of each article is delineated in Table 1.

Table 1

Author(s) & Year of Publication	Publication Type	Research Design
Brokenleg & Van Bockern, 2003	Position Paper	Not Applicable
Buckner, Lopez, Dunkel, & Joiner Jr., 2008	Position Paper	Not Applicable
Chapman, 2002	Position Paper	Not Applicable
Edwards & Daire, 2006	Guide	Not Applicable
Floyd, Hester, Griffin, Golden, & Canter, 2008	Empirical Study	Mixed Method
Gajda, 2004	Position Paper	Not Applicable
Hayes, 1997	Guide	Not Applicable
Honig, 2003	Descriptive Article	Not Applicable
Main, 1996	Descriptive Article	Not Applicable
Neuharth-Pritchett, 2006	Descriptive Article	Not Applicable
Parker & Cooke, 1993	Guide	Not Applicable

Author(s) & Year of Publication	Publication Type	Research Design
Pfaller & Kiselica, 1996	Position Paper	Not Applicable
Schwartz & Davis, 2006	Guide	Not Applicable
Shaw & Paez, 2007	Guide	Not Applicable
Sheperis, Renfro-Michel, & Doggett, 2003	Position Paper	Not Applicable
Sileo, Stockhouse, & Sileo, 2000	Guide	Not Applicable
Slater, 2007	Position Paper	Not Applicable
Tirella, Chan, & Miller, 2006	Empirical Study	Quantitative
Tully & Brendtro, 1998	Guide	Not Applicable

Publication Type

Guides. Seven (37%) of the 19 articles were guides. One article explained strategies for schools to become a team that helps identifies children with RAD (Parker & Cooke, 1993). Four of the guide articles described delineated strategies that school counselors, teachers, and other school professionals can use to support children with RAD, along with their family members (Edwards & Daire, 2006; Hayes, 1997; Shaw & Paez, 2007; Sileo, T., Sileo, J., & Stockhouse, 2000). Two guides presented research findings of strategies that were designed to create positive bonds between adults and children with RAD (Schwartz & Davis, 2006; Tully & Brendtro, 1998).

Empirical studies. Two (10%) of the 19 articles were empirical studies. One empirical study synthesized information and research on characteristics, diagnosis, and interventions currently in practice in working with children with RAD (Tirella, Chan, & Miller, 2006). One article assessed long-term developmental, neurobehavioral, and educational performance

outcomes in a group of adopted 8- to 12-year-old children from Eastern Europe (Floyd, Hester, Griffin, Golden, Canter, 2008).

Position papers. Seven (37%) of the 19 articles were position papers. Three of the position papers were case studies examining various treatment programs for children with RAD (Buckner, Lopez, Dunkel, & Joiner, 2008; Chapman, 2002; Sheperis, Renfro-Michel, & Doggett, 2003). Two position papers advised building foundations in positive youth development (Brokenleg & Van Bockern, 2003; Gajda, 2004). One position paper examined roles of the school counselor (Pfaller & Kiselica, 1996). One article researched contributions to educational psychology (Slater, 2007).

Descriptive articles. Three (16%) of the 19 articles were descriptive articles. Two descriptive articles presented an overview of attachment theory and insights that can offer to help teachers (Honig, 2003; Main, 1996). One descriptive article looked at educational performance of children who were adopted from Eastern European countries (Neuharth-Pritchett, 2006).

Research Design

Only two of the nineteen studies (10%) employed quantitative or mixed methods to collect and analyze data. One empirical study (5%) was a case study using quantitative methods to generate and analyze data. One of the empirical studies (5%) included in children with RAD research employed mixed methods approaches to gather and analyze data.

Emergent Themes

I used a phenomenological method of data analysis to develop “theme clusters” that represent the “essence” (or content) of this entire body of literature (Creswell, 2007). Five broad themes emerged from my analysis of the 19 articles included in this review. These theme clusters include: (a) resiliency of children with RAD; (b) behaviors of children with RAD; (c)

recommendations and strategies for dealing with children with RAD; (d) training programs for teachers who deal with children with RAD; and (e) research impacting children with RAD.

These five “theme clusters” and their associated “formulated meanings” are delineated in Table 2.

Table 2

Theme Clusters	Formulated Meanings
<p>Resiliency of Children with RAD</p>	<ul style="list-style-type: none"> • Adults bear direct responsibility for creating environments where positive growth and resilient outcomes can occur. • Resilient youth have opportunities for achievement, developing skills to cope with stress, resolve problems, and succeed in school and life. • When youth are not in an alliance with adults, they often use their considerable talents in adversarial and defiant behavior. • Children with RAD usually have basic literacy and limited numeracy skills due to a preoccupation with the fight for survival and will bear this legacy throughout their school career and on into adulthood. • School professionals can develop support groups for these family members. • Children may need assistance coping with the loss of their parents, the associated early childhood trauma, and difficulty establishing social networks. • Children entering school diagnosed with RAD may present schools with a myriad of behavioral, cognitive, and academic challenges and deficits. • Children with RAD need more specific and targeted interventions to improve their self-regulation because of persistent and serious interpersonal deficits. • Rigorous and focused efforts need to be concentrated on enhancing social competence. • Many students with attachment disorder leave school without recognizing their need for counseling. • Early intervention may support positive growth and prevent students from dropping out. • If young people are clever enough to sabotage our educational efforts, they are mature enough to be involved in building positive school communities.

Theme Clusters	Formulated Meanings
Behaviors of Children with RAD	<ul style="list-style-type: none"> • Children with RAD tend to be more aggressive, anti-social, and harm other children at school due to a manifestation of the child’s poor social competence. • They are mainly concerned with internal issues of safety, security, and trust. • Fight, flight, or freeze can be misinterpreted as insolence, lying and defiance. • A seemingly trivial triggering of shame might assume enormous importance to the child and lead to the manifestation of their earlier self-protecting strategies manifested in the tantrum-like behavior of a toddler. • They employ sophisticated strategies to attack, avoid, or outwit authority figures. • Children with RAD consistently exhibit more teacher-attention seeking behaviors, over dependence upon a teacher, significantly more emotional dependency, and are more likely to engage in proximity-seeking behaviors. • Without well-developed interventions in the school setting, children with RAD may have increasingly serious problems relating to others including teachers and peers. • Children with RAD are typically noticed in schools because of significant antisocial or violent behaviors. • They are disrespectful, argumentative toward authority figures, appear to have no empathy, lack academic motivation, have severe attention problems, have violent emotional outbursts, do not bond with teachers or form close attachments with friends, typically do not respond well to counseling, and have behaviors that seem resistant to the best behavior management programs. • These children seem to not fit into the regular or special education classroom.
Recommendations and strategies for dealing with Children with RAD	<ul style="list-style-type: none"> • Children with RAD behavior can be confusing and often challenging and they rarely respond to the successful behavior management techniques used with other children. • Offer reassurance to the “toddler” inside the RAD child rather than assume that the “teenager” instinctively knows that this is not a life or death situation. • Use very fixed routines for entry to the classroom and an immediate, simple, achievable task to focus such children away from possible

Theme Clusters	Formulated Meanings
	<p>triggers to their insecurities.</p> <ul style="list-style-type: none"> • Arrange group teaching area so you can remain close and retain eye contact with certain children without interrupting the flow of teaching to one group, also offer a nod, smile or touch, reassuring them that they were safe. • To attract attention without interrupting teaching have them stand or sit beside the teacher's chair. • Drawing out explicitly the connection between physical sensation and emotional response by looking at story characters can give a vocabulary to the child who has not yet made that connection, thus providing an "early warning system" and enabling the beginning of self-discipline as an alternative to inappropriate reaction. • Teach children to recognize the body language of other people with whom they would interact. • Initial homework assignments may be only to take note of the reactions of individuals they engage in conversation. • Children need substantial stability in their schooling and counselors should work to place these children with the same teachers and classmates in consecutive years. • Children with RAD should be offered the assistance of a peer, adult mentor, or school professional that could provide help with homework completion. • Interventions for children with RAD should include, but would not be limited to: a) nurturing the child; b) understanding behaviors before punishing; c) interacting with children based on emotional age; d) being consistent, predictable, and repetitive; e) modeling and teach appropriate play and social behaviors; f) maintaining realistic expectations; g) being patient with child and self; and using resources. • Outcome measures should correspond with the basic goals of attachment - proximity, security, safety, and self-regulation, as well as helping reframe the child's behavior, keeping in mind the child's basic need of compensation for unmet needs of attachment. • When they are at their worst these children need to experience calming behaviors (e.g., "We won't give up on you") rather than threats of being expelled or suspended. • Co-curricular activities, cooperative learning, peer-tutoring, and peer-mediation, as well as community-service activities, afford youngsters occasions to experience acceptance and belonging and also provide them with opportunities to give back to the community; make

Theme Clusters	Formulated Meanings
	<p>appropriate choices and decisions about their lives, and discuss their experiences, beliefs, attitudes, and feelings about important social issues.</p> <ul style="list-style-type: none"> • Strategies include creating safe environments, exploring the bases of children’s emotions, relieving responsibility for the misdeeds in their lives, and enhancing their self-worth. • High performance expectations, positive beliefs in students, and well balanced, realistic social guidelines help youngsters to assume responsibility for and monitor their academic and social behaviors. • A child who is insecurely attached avoidant and shows antisocial and fighting behaviors may be referred through parents to clinical services outside of school that specialize in working with disruptive children and their families. • When addressing self-regulation as a factor in school readiness, it is critical to attend to and focus on multiple developmental and transactional patterns and processes. • IEP plans should be generated proactively to address antisocial behaviors. • The initial phase of a plan may include the following: ensuring the child’s safety; increasing feelings of trust for the child and family; stabilizing immediate crises as they arise (for example, child’s violent behavior, parental rehabilitation setbacks); establishing and maintaining boundaries; cohesive home-school actions and reactions; providing caregiver education and practice with behavior management; and building school and community supports. • Create goals for success that are defined with clear, attainable, and measurable short-term objectives such as ones to modulate behaviors when there is evidence of tendencies to invade others personal space. • School officials may discuss the option of placement in an alternative school setting; if option is written into IEP.
<p>Training Programs for Teachers who Work with Children with RAD</p>	<ul style="list-style-type: none"> • Behavior Management Training (BMT) is designed to provide caregivers with psychoeducation about childhood misbehavior as well to instruct caregivers on parenting skills they can use to increase compliance, decrease disruptive behavior, establish proper disciplinary systems, and improve school behavior with a home-based reward system. • Caregivers are taught to work with teachers to create daily report cards the teacher can send home with the child to report on the child’s school behaviors so that caregivers can modify school behaviors using BMT

Theme Clusters	Formulated Meanings
	<p>techniques.</p> <ul style="list-style-type: none"> • BMT was designed to modify problematic behaviors by teaching caregivers skills that can increase children’s compliance with structure and predictability both at home and in environments outside the home such as school. • When children with RAD are within the school setting, it is imperative for the school psychologist to take an active role in educating the teachers and staff of the critical role they each will play in the child’s success or failure at school. • When teachers understand more about RAD, they were more likely to demonstrate a willingness to support the child as well as assisting in helping to reframe the child’s unmet attachment needs. • Given the history of maltreatment and distrust children with RAD have with adults, it is imperative that those entrusted with developing the intervention plans are well versed in attachment theory and development in order to create a plan of benefit and not detriment to the child. • A teacher that holds misconceived and prejudicial stereotypes about adoptees may make that student’s adoptive status the sole reason for the problems and thereby avoid a sense of responsibility for that child’s academic and personal success. • It is essential that teachers, and all of us concerned with the health and well-being of children in school, understand the social context of adoption, deconstruct societal stereotypes, revisit our use of language, and cultivate a sense of belonging in the classroom. • For teachers, counselors, and other helping professionals, knowledge of students’ or clients’ early experiences in their biological or adopted families is a way to understand aspects of their interpersonal behaviors. • School personnel could be alert to indicators of attachment disorder and develop in-school support networks, especially at the elementary school level. • Educators who do not understand how to work effectively with youngsters of adoption and their parents can inadvertently increase their risk for inappropriate behaviors. • A common mistake made by professionals working with children and adolescents with RAD believes prematurely that a relationship has formed. • The school social worker must be prepared to address the specific

Theme Clusters	Formulated Meanings
	<p>manifestations of RAD and the related issues, including discipline, behavior management, communicating with teachers, counseling approach, motivation training, social skills training, liaison with foster parents, and educating parents and colleagues.</p> <ul style="list-style-type: none"> • As teachers experience positive changes in students with RAD, enthusiasm about their training may spread from teacher to teacher, thereby making previously disinterested teachers receptive to the idea of participating in attachment training. • When working with families, caregivers, and school personnel responsible for the child with RAD, several adult characteristics needed to be considered, including stress management skills, affective regulation (that is, how they express their own feelings), problem-solving skills, communication skills, self-confidence, and interpersonal trust.
<p>Research Impacting Children with RAD</p>	<ul style="list-style-type: none"> • There is limited research to review of programs serving children with RAD within the school setting, but much of what is available presents very similarly to that of other maltreated children. • The teacher-student relationship, and by extension other relationships both in school and outside school, are inextricably tied to a child's internal working model of a parent-child relationship, and that the teacher-child relationship may be the most influential factor and strongest predictor of school success. • Schools can become triggers of increased anxiety and possible rejection for students with RAD given the conflicting requests brought about by the natural consequences of delayed gratification, coupled with their inability to regulate emotions. • Research on lack of success or difficulty in learning has long been associated with such issues as school dropout and risky behaviors. • It was found that children with RAD characteristics tend to be more highly rejected by peers and receive less positive feedback from teachers. • Studies found that children who had been maltreated were significantly more likely to engage in proximity-seeking behaviors with their teachers and to evidence significantly more emotional involvement with their teachers as compared to nonabused children. • With much of the maladaptive functioning displayed by maltreated children, the most salient include physiological and affect dysregulation, the development of insecure attachment relationships with a primary caregiver, poor peer relationships, and unsuccessful

Theme Clusters	Formulated Meanings
	<p>adaption to the school environment.</p> <ul style="list-style-type: none"> • The teacher-student relationship, and by extension other relationships both in school (e.g., peers, school psychologists, counselors) and outside school (e.g., peers, neighbors), are inextricably tied to a child's internal working model of the parent-child relationship. • Teachers rate social-emotional characteristics as more important while parents tended to focus on pre-academic skills (e.g., pencil grip) as critical for school readiness. • Specific therapeutic interventions for children diagnosed with RAD have not been well validated in peer-reviewed journals; however, if RAD is linked to maltreatment (by fulfilling the criteria for grossly pathogenic care), then interventions that have been used with children who have been maltreated may offer guidelines for interventions with children with RAD. • Rejection probably produces the most violent, angry, and dysfunctional responses of all, particularly in children subjected to repeated threats of being sent away, which is troubling because threats of exclusion or expulsion are common behavior-control methods in programs for RAD students.

Discussion

In this section, I will summarize the major themes that emerged from my analysis of the 19 articles included in this review of the literature; I connect the “emergent themes” to my role as a special education teacher and reflect on recommendations to help teachers and other school personnel assist with children who have RAD.

Theme 1: Resiliency of Children with RAD

Many longitudinal studies have shown children who are firmly attached have a greater ability to recover quickly from setbacks. However, children who lack secure attachments are usually incapable of establishing constructive foundations with teachers. As a consequence of this, many teachers of students with RAD may become easily angry, frustrated or distressed working with them. Problems with attachment limit a child's ability to be emotionally present,

flexible and able to communicate in ways that build satisfying and meaningful relationships. The earlier attachment disruptions are caught, the better, although it is never too late to treat and repair attachment difficulties. Teachers can create environments where positive growth and resilient outcomes can occur. Children with RAD need more specific and targeted interventions to improve their self-regulation because of persistent and serious interpersonal deficits. They will also need immense assistance establishing productive social networks. The earlier the interventions the greater chances are children with RAD will not drop out of school.

There was a time as an early teacher I may have disciplined or rejected any student who had shown the signs and symptoms of having RAD. I know now that with the proper environment at school and showing myself as a caring teacher, serving as an almost surrogate attachment figure, children may develop appropriate connections. These connections could give them a purpose. Conversely, these connections may remain artificial. The child with RAD may also begin to show a sweet side at school that they do not show at home or just the opposite. As children with RAD live in the moment, I need to help remind them of past events that can help maintain more perspective on the present. Since beginning this research my attitude towards children with RAD, who had been reported from previous teachers as unbearable, has changed. I know not to blame anyone for the child's dysfunction because this puts the child at greater risk of never getting healthy. Additionally, I now know that any child with RAD can prevail over negative behaviors. The student I have who had been adopted from an Eastern European orphanage still exhibits many signs of the RAD child, but with a positive, reinforcing environment at both home and school she is a productive student and on her way to being a successful adult.

Theme 2: Behaviors of Children with RAD

Children with RAD often feel no remorse, have no conscience and see no relation between their actions and what happens as a result because they never connected with or relied upon other most of their lives. A teacher who first sees a child with RAD will be surprised. They may be charming, even seeking to hold a hand, climbing into laps, and smiling. A few months later this same child may become openly defiant, moody, angry and difficult to handle with no way to predict what will happen from day to the next. The child with RAD eats as if they have not been properly fed and is usually the one suspected of stealing other children's snacks or lunch items. They are able to play one-on-one for short period, but do not seem to make or keep friends and cannot really function well in groups. These are the children who are often a bully on the playground. Although students with RAD on average have above average intelligence, they often do not perform well in school due to lack of problem solving and analytical thinking skills; they often test poorly – often deliberately.

As a teacher I need to educate myself further with recognizing behaviors when dealing with these children. I know there is not a single set of negative behaviors that may identify the RAD child, but a range of behaviors may associate a child with having RAD. Although as a classroom teacher, I have to leave it up to other professionals to make an official diagnosis. The student with RAD may have to be recommended to receive professional treatment. It may also take me extra creativity and diligence to help the RAD student express needs safely and appropriately. Therapists can help a teacher learn how their child communicates through play, for example, which allows many children to express feelings and desires they cannot verbalize.

Theme 3: Recommendations and Strategies for Dealing with Children with RAD

In the interest of encouraging learning, teachers can make efforts to avoid increasing student anxiety by creating a highly structured environment. When the student knows what is expected of them, they may be more successful. Teachers should avoid being overly friendly or affectionate to students with RAD because they may see this as a threat. The student will begin to feel vulnerable as they do not control what is happening to them. This is when they revert to negative behaviors and may deliberately provocative peers or teachers to regain their power to control others. Peers will need support and suggestions from teachers to learn how to minimize their response to the provocations. It is best for teachers to maintain a neutral relationship with the student. The more neutral teachers remain, the more the RAD student can focus on required work task. The teacher should not become unfeeling to the student; however they should support the student with frequent contact and an air of self-confidence. The onset of behavioral difficulties with a RAD child in the classroom can be very rapid and often without any apparent trigger. A trigger exists even if it cannot be seen. Finding what the trigger takes close observation. The more a teacher figures out about a RAD student's triggers the more effectively that teacher will be able to work with that student. One of the ways a teacher can be successful when working with a student with RAD is to become a good observer of their nonverbal responses (facial expressions, body position and movements, eyes, voice tone, etc.). This is why it is important to always require the student with RAD to maintain eye contact with you. These are the most accurate ways of knowing what is going on inside the child. If you only listen to what they say, communication will go nowhere. Reinforce the concept of choice so the student can come out of their victim role and become empowered to take responsibility for their behavior or for asking for help. Teachers will not successfully convince them to be nice or build their self-

esteem. There usually is no self-esteem to build on and this may increase their anxiety and focus at school. A student with RAD should only be praised when they display pride in something they have done. Then you will be confirming the experience for them.

Incorporating the recommendations for dealing with RAD children is the most difficult area for me as a teacher. Part of my teaching philosophy is to first get to know each student individually; this builds a relationship that can expedite learning. Once respect is established than learning leads to deeper understandings. I know that a student with RAD has barriers in place that prevents me for getting to fully know who they are. It is frustrating dealing these students, however when you have breakthroughs with them it will be rewarding. I know the student with RAD I work with will always seem disinterested or withdrawn, even at the times they are fully engaged in a learning activity. When working with students with RAD, teacher's have to adjust prejudices, bias, expectations, beliefs, and referral decisions.

Theme 4: Training Programs for Teachers Who Work with Children with RAD

One of the most encouraging training for teachers to deal with children with RAD is Behavior Management Training (BMT). BMT is designed to provide caregivers with the typical background of children with RAD and skills they can use to increase compliance, decrease disruptive behavior, establish proper disciplinary systems, and improve school behavior with a home-based reward system. The heart of BMT is to create consistent communication between the classroom and home. This communication allows home caregivers to work on behavior that is reported from school so they can caregivers can reinforce and modify school behaviors. This training helps provide the skills that can increase children's compliance with structure and predictability both at home and in environments outside the home such as school.

Essential to school training programs for teachers of children with RAD is educating the teachers and staff of the critical role they each will play in the child's success or failure at school. Teachers who encounter RAD children need to be trained in working with the disability so they become more likely to demonstrate a willingness to support the child as well as assisting in helping to reframe the child's unmet attachment needs. Training of teachers should be done by qualified therapists and school personnel. In addition, guidance in teacher collaboration and assistance in setting up school support networks is highly recommended.

Most teachers in Alaska may encounter several students with RAD over the course of their career and should know how to work with them. Designing training for those who have little understanding of attachment issues as well as those who work daily with this disorder is vital. Including training for teachers is just part of the framework to create a structured environment for children with RAD to function. Training may help participants explore their own feelings and basis towards attachment issues and the individuals/families they serve that have this disorder. Training should include signs and symptoms of attachment issues, along with skills and interventions to assist in the treatment of the most frustrating and challenging cases. This is training that is currently not present in my school district that I hope to integrate into professional development.

Theme 5: Research Impacting Children with RAD

The crucial thing to know about research that impacts children with RAD is that there is limited research regarding teaching children with RAD. The brunt of the research on students with RAD comes from studies of children raised in institutions. Much of what is available relates to the way maltreated children are handled. Studies also have shown that the teacher-student relationship, and by extension other relationships both in school and outside school, are

inextricably tied to a child's internal working model of a parent-child relationship, and that the teacher-child relationship may be the most influential factor and strongest predictor of school success. This highlights the importance of teacher-student relationships and importance of creating a safe school environment. School environment is important because it may trigger increased anxiety and possible rejection for students with RAD. Findings have shown these rejections lead students with RAD to a higher high school dropout rates and increase in risky behaviors.

Due to the lack of adequate research on reactive attachment disorder the help for students with RAD is not complete. Research still is needed in order to improve assessment, diagnostic, and treatment of children with RAD. I will have to remain alert to new investigates that may help me gain greater understanding of the disorder so in the future I may adapt instructional techniques.

Conclusion

In the world of education the understanding of RAD is just now beginning to enter the interpretation phase. After being progressively introduced by educational psychological 10 years ago into education there is a critical need for further long-term research on RAD. This includes examinations on the impact of stable educational environments and how they may impact students with RAD and lead them to thrive academically. Many of the articles I reviewed made clear the reason why having RAD often condemns student with RAD to a life with no hope at constructive learning styles. Nevertheless, consequences varied depending where the children with RAD were located on the scale of attachment disorders. For example, most students with RAD often have diminished study skills and concentration. However, there are a number of reported cases of students with RAD who had been successful.

If teachers are dealing with students with RAD, they need to retrieve all resources available to them. Not many school professionals have experience with providing assistance for children with this diagnosis. These children are inventive, manipulative and very much in need of everything you can offer to help them get healthy. It is important to remember and respect that most students with RAD in secondary school are also working through therapy. Teachers can play a helping role with constant communication to the parents or guardians. Teachers need to always keep in mind that it takes time and patience when working with children with RAD and any transformation will not be overnight. One of the best analogies I came across in readings on RAD is that what you see in school may be only the tip of the iceberg. What the parents or guardians may have to deal with may be mind-blowing to uninformed adults. Blaming them for failing to communicate adds to the dysfunction and puts the child at greater risk of never getting healthy. The contributions as teacher cannot be underestimated or undervalued on the road to helping the child to heal.

Creating a safe environment for the child with RAD is an imperative requirement. Modifying the child's educational environment will help them develop the skills to deal with emotionally stressful situations. As they continue to function in the least restrictive environment created for them, they should develop a tolerance to function with increasing external pressures. School experiences usually are valuable learning opportunities. Regrettably for children with RAD, school may have create very negative experience that only serve to keep them in a state of arrested emotional development. Take the time to assess the history of each student with RAD and make the appropriate modifications to their school learning experience, always considering progress will be gradual.

References

- Ainsworth, M. D. (1969). Object relations, dependency, and attachment: A theoretical review of the infant-mother relationship. *Child Development, 40*(4): 969-1025.
- Bowlby, J. (1958). The nature of the child's tie to his mother. *International Journal of Psychoanalysis, 39*(5): 350-73.
- Bowlby, J. (1973). *Separation: Anger and anxiety, attachment and loss Vol. II*. London: Hogarth.
- Bowlby, J. (1999). *Attachment and loss: Vol I, 2nd ed*. New York: Basic Books.
- Bretherton, I. and Munholland, K.A. (1999). Internal working models in attachment relationships: A construct revisited. In Cassidy, J. and P.R. Shaver (Eds.) *Handbook of Attachment: Theory, research and clinical applications*, pp. 89-111. New York: Guilford Press.
- Brokenleg, M., & Van Bockern, S. (2003). The science of raising courageous kids. *Reclaiming Children & Youth, 12*(1), 22-26.
- Buckner, J., Lopez, C., Dunkel, S., & Joiner, T., Jr. (2008). Behavior management training for the treatment of Reactive Attachment Disorder. *Child Maltreatment, 13*(3), 289.
- Chaffin, M., Hanson, R., Saunders, B.E., Nichols, T., Barnett, D., Zeanah, C., Berliner, L., Egeland, B., Newman, E., Lyon, T., Letourneau, E., & Miller-Perrin, C. (2006). Report of the APSAC task force on attachment therapy, reactive attachment disorder, and attachment problems. *Child Maltreatment, 11*(1): 76-89.
- Chapman, S. (2002). Reactive Attachment Disorder. *British Journal of Special Education, 29*(2), 91.

- Creswell, J. (2007). *Qualitative inquiry and research design: Choosing among five approaches*. (2nd ed.). Thousand Oaks, CA: Sage.
- Crossman, P. (2008). *The etiology of a social epidemic*. Skeptic Report. Retrieved October 4, 2008, <http://www.skepticreport.com/pseudoscience/attachmenttherapy.htm>
- Edwards, O., & Daire, A. (2006). School-age children raised by their grandparents: Problems and solutions. *Journal of Instructional Psychology*, 33(2), 113-119.
- Floyd, K., Hester, P., Griffin, H., Golden, J., & Canter, L. (2008). Reactive Attachment Disorder: Challenges for early identification and interventions within the schools. *International Journal of Special Education*, 23(2), 47-55.
- Gajda, R. (2004). Responding to the needs of the adopted child. *Kappa Delta Pi Record*, 40(4), 160-164.
- Hall, S.E. K., & Geher, G. (2003). Behavioral and personality characteristics of children with Reactive Attachment Disorder. *Journal of Psychology: Interdisciplinary and Applied*, 137, 145-162.
- Hayes, S. (1997). Reactive Attachment Disorder: Recommendations for school counselors. *The School Counselor*, 44(5), 353.
- Honig, A. (2003). What we need to know about attachment. *Montessori Life*, 15(4), 22-27.
- Main, M. (1996). Introduction to the special section on attachment and psychopathology: 2. Overview of the field of Attachment. *Journal of Consulting and Clinical Psychology*, 64(2), 237-43.
- Main, M. (1999). Epilogue: Attachment theory: Eighteen points with suggestions for future studies. *Handbook of Attachment: Theory, Research and Clinical Applications*. Ed. Cassidy J, Shaver PR. New York: Guilford Press: 845-887.

- Mayo Clinic. (2008). *Reactive Attachment Disorder: Risk Factors*. Retrieved October 4, 2008, <http://www.mayoclinic.com/health/reactive-attachment-disorder/DS00988/DSECTION=risk-factors>
- Mayo Clinic. (2008). *Reactive Attachment Disorder: Symptoms*. Retrieved October 4, 2008, <http://www.mayoclinic.com/health/reactive-attachment-disorder/DS00988/DSECTION=risk-factors>
- Mercer, J. (2006). *Understanding Attachment: Parenting, child care, and emotional development*. Westport, CT: Praeger Publishers.
- Neuharth-Pritchett, S. (2006). Research into practice: Meeting the needs of all children and beginning teacher development. *Journal of Research in Childhood Education, 20*(4), 351-357.
- Parker, K., & Cooke, F. (1993). Attachment Disorder: An emerging concern for school counselors. *Elementary School Guidance and Counseling, 27*(3), pages?.
- Pfaller, J., & Kiselica, M. (1996). Implications of attachment theory for the role of school... *School Counselor, 43*(3), 208.
- Prior, V., & Glaser, D. (2006). *Understanding Attachment and Attachment Disorders: Theory, Evidence and Practice*. London: Jessica Kingsley Publishers.
- Rutter, M. (1995). Clinical implications of Attachment concepts: Retrospect and prospect. *Journal of Psychology & Psychiatry, 36*: 549-571.
- Schwartz, E., & Davis, A. (2006). Reactive Attachment Disorder: Implications for School Readiness and School Functioning. *Psychology in the Schools, 43*(4): 471-479.
- Shaw, S.R. & D. Paez. (2007). Reactive Attachment Disorder: Recognition, action, and considerations for school social workers. *Children & Schools, 29*(2): 69-74.

- Sheperis, C., Renfro-Michel, E., & Doggett, R. (2003). In-home treatment of Reactive Attachment Disorder in a therapeutic foster care system. *Journal of Mental Health Counseling, 25*(1), 76-88.
- Sileo, T., Stockhouse, J., & Sileo, J. (2000). Heightening educators' and counselors' awareness about adoption: Are some children and youth at risk for educational failure? *Counseling and Human Development, 32*(9), 1.
- Slater, R. (2007). Attachment: Theoretical development and critique. *Educational Psychology in Practice, 23*(3), 205-219.
- Tirella, L., Chan, W., & Miller, L. (2006). Educational outcomes of children adopted from Eastern Europe, now ages 8-12. *Journal of Research in Childhood Education, 20*(4), 245-254.
- Tully, F., & Brendtro, L. (1998). Reaching angry and unattached kids. *Reclaiming Children and Youth: Journal of Emotional and Behavioral Problems, 7*(3), 147-54.
- Wilson, S. L. (2001). Attachment disorders: Review and current status. *Journal of Psychology: Interdisciplinary and Applied, 135*, 37-51.
- Zeanah, C. H. (1996). Beyond insecurity: A reconceptualization of attachment disorders of infancy. *Journal of Consulting and Clinical Psychology, 64*, 42-52.
- Zeanah, C. H., Smyke, A. T., & Dumitrescu, A. (2002). Attachment disturbances in young Children II: Indiscriminate behavior and institutional care. *Journal of the American Academy of Child and Adolescent Psychiatry, 41*, 983-989.