

Deprivation/Maltreatment Disorder of Infancy and Reactive Attachment Disorder

Early Childhood Mental Health Fact Sheet

About the Disorder

Deprivation or maltreatment disorder of infancy is characterized by disturbed and developmentally inappropriate attachment behaviors in which a child rarely or minimally turns to a specific attachment figure for comfort, support, protection, and nurturance. This disorder may develop when a child has a limited chance to form a primary attachment. Circumstances that can result in a child developing this disorder include frequent changes in caregivers, child abuse and neglect, or the unavailability of an attachment figure—for example, if the child is in an institution or if the attachment figure has a substance abuse problem or is experiencing severe depression.

A change or improvement in the caregiving situation will usually lead to some remission of the symptoms.

What You May See When

A young child with a deprivation, maltreatment, or attachment disorder will usually follow one of three patterns of behavior. At times a child's behavior may fit one of the patterns listed below, but the behavior may be due to a delay or disorder of relating and communicating rather than to deprivation or maltreatment.

• Emotionally withdrawn or inhibited pattern

A child with the emotionally withdrawn or inhibited type will rarely seek comfort when feeling stress. Whether the disorder becomes apparent in infancy or during the toddler years, these children will not respond to efforts made to comfort or reduce stress. The child may show excessive levels of irritability, sadness, or fear, and typically will not

participate in social and emotional turn-taking or sharing. The child may appear depressed or emotionally withdrawn.

• Indiscriminate or disinhibited pattern

The indiscriminate or disinhibited child will not form selective attachments but will seemingly attach to relative strangers. The child may behave in an overly familiar way with any adult. For toddlers and preschoolers, the absence of checking in with a caregiver when exploring unfamiliar play spaces and a willingness to go off with unfamiliar adults are both characteristic of this pattern.

• Combination of the two

This child will exhibit characteristics consistent with both the emotionally withdrawn/inhibited pattern and the indiscriminate or disinhibited pattern.

Symptoms

Note: A child may exhibit some but not all the symptoms listed here.

Emotionally Withdrawn or Inhibited—This may look like a depressive disorder and is difficult to distinguish, but remember the child will lack an attachment figure.

- Does not seek comfort when feeling stress
- Attachment behaviors, such as cooperation, showing affection, and reliance on others for help seem to be missing or very restricted
- Appears emotionally blunted
- Frozen watchfulness
- Avoids or fails to respond to social cues
- Does not initiate social interactions
- May resist comforting

Indiscriminate or Disinhibited

- Lacks the typical social shyness around unfamiliar adults that is typical of 2 to 4 year olds
- May resist comforting by primary caregiver
- May seek proximity and comfort indiscriminately, even with strangers
- Lacks the ability to protect themselves (willingness to go with strangers)

Mixed Deprivation/Maltreatment Disorder—This will have symptoms from both patterns of behavior.

IMPORTANT

This fact sheet is not intended to be used as a diagnostic tool. It is meant to be used only as a reference for your own understanding and to provide information about the different kinds of behaviors and mental health issues you may encounter.

While it is important to respect a child's need for confidentiality, if you work with children or families, you are legally required to report suspected child abuse or neglect. For more information, consult "Reporting Child Abuse and Neglect: A Resource Guide for Mandated Reporters," available from the Minnesota Department of Human Services.



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Strategies

- Make sure the child has a sense of security and receives consistent nurturing while they are in your care.
- Empathize with the child and understand the child's reluctance to form an attachment; try not to take it personally and continue to engage the child.
- Provide a secure and trusting relationship—for example, tell the child that you are there for them and that you care about them. And follow up your words with acts of caring. Take advantage of every opportunity to comfort the child when they are experiencing difficulty by being their ally when they are faced with stressful situations. Whenever possible, give the child loving attention—for example, read to them, tell them stories, or sing to them.
- Avoid distancing strategies—use “time with” or “time in” instead of “time out.”
- Show sensitive responses to the child's invitations for social interactions, no matter how small the invitation appears. Even though you may feel rejected by the child, continue to respond to any invitations by the child to engage you. If a baby coos, offer a verbal response as well as a warm smile. When an older child offers to show you their toy, take a keen interest and make sure the child sees how much you appreciate their effort to relate to you.
- Be emotionally available to the child—for example, respond to the child's expressions of emotion, no matter how small. When the child talks of something that frightened them or something that made them happy, let the child know that you understand their feelings—share in their joy and comfort them when they are frightened.

Child Abuse and Neglect

Abuse and/or neglect is characterized by a caregiver's persistent disregard for their child's basic physical needs, their emotional needs, and their need for comfort, stimulation, and affection. When a caregiver neglects or abuses a child in a physical or psychological way long enough to undermine their basic sense of security and attachment, the child may develop an attachment disorder. This neglect can essentially stop the emotional development of a young child. However, because all children have a unique temperament and internal resiliency, not every child who has been neglected or abused will experience this disorder.

Note: The presence of neglect or abuse alone does not create this diagnosis.

Documenting Your Concerns and Next Steps

When a caregiver does become concerned about a child's behavior, it is important to record in as much detail as possible the frequency and intensity of the behavioral difficulties so that there is a greater chance of understanding the problem and arriving at workable solutions. A caregiver may worry about the care a child is receiving. Often it helps to write out a list of concerns and keep a log of behavior concerns or behavior changes in the child.

If a child's behaviors are causing concern, you may want to suggest to the parents that they take their child to their primary care provider who may refer the parents to a mental health professional, an early childhood behavior specialist, or a developmental pediatrician. When discussing your concerns, focus on the child's behaviors and avoid drawing conclusions about whether the behaviors are indicative of a mental health problem.

For more information about early childhood mental health, see MACMH's *A Guide to Early Childhood Mental Health*, available for order at www.macmh.org.

Ready Resources

- Family Attachment Counseling Center at www.familyattachment.com
- Kami M. Talley Reading and Resource Center at the University of Minnesota offers a bibliography of resources at <http://education.umn.edu/ChildCareCenter/Kamihealingthroughbooks/>
- National Institute of Mental Health at www.nimh.nih.gov
- SAMHSA's National Mental Health Information Center at www.mentalhealth.samhsa.gov
- ZERO TO THREE at www.zerotothree.org

Information included in this fact sheet comes primarily from the DC:0-3R (*Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood: Revised Edition*).

Funding for the development and publication of this fact sheet was sponsored in part by a grant from the Minnesota Department of Education using federal dollars from CFDA 84.323A, Special Education - Program Improvement Grants.