



Pediatric Pearl

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Oppositional Defiant Disorder, Conduct Disorder and ADHD:

How Can Attachment Theory Perspectives Help Children with Externalizing Behavioral Disorders?

The DSM V categorizes oppositional defiant disorder, conduct disorder and ADHD as "disruptive, externalizing behavioral disorders."

When families come to our offices seeking help for their child's behavioral problems, both caregivers and clinicians are often faced with stressful presentations. How many of us have had an exhausted caregiver arrive in our office with a child that is moving so fast, within five minutes you've become a comic book character with superpowers to see behind you and grab the scissors before the child is able to reach them? (I do not keep scissors, a stapler or tape dispenser in my office for this reason). Or furniture becomes a projectile and who wants to fill out an incident report at 3 pm on a Friday afternoon? When the caregivers offer guidance and direction, the response from the child can be an oppositional NO. Efforts to help can even escalate the behavior. The relationship can be tense, with caregivers at a loss of what to do.

The issue with ODD and CD diagnoses is that they do not always point toward etiology. The child with externalizing behaviors who does not follow directives presents an active dynamic that can be anxiety provoking for all involved. Without a deep insight into what is driving the behavior, it most likely will continue, leaving providers and caregivers feeling helpless.

Oppositional Defiant Disorder and Conduct Disorder, as well as untreated ADHD, can lead to sometimes extreme difficulties in adult social and emotional life. Behavioral control measures do help; medication, positive reinforcement plans, validation and relaxation strategies, will work to avert the educational disruptions, legal sanctions, and health issues, which come with severe forms of these childhood disorders. It is indeed important to find effective ways to quickly help the child regulate their behavior and emotions.

Interventions into the 'vegetative' signs of emotional stress are crucial and should be timely. Sleep schedule, health assessments, neurological consults, medications, nutrition, and safety, are all part of the protocol. Equally are educational, developmental and bullying assessments, with routine BH screenings, in forming the foundation of stabilizing the child's emotional health and behavior. The goal is for children to go on to complete their developmental milestones, stay connected to their families, make friends and thrive in all areas of learning. These behavioral control strategies can be a place to start. In the back of our minds, however, we also know that without a genuine emotional connection or insightful clinical empathy and attunement, often the family is suffering and feeling isolated - especially the child.

There are many theories underlying the root causes of disruptive behavioral disorders. These include PTSD, biological bases, unaddressed learning and developmental delays, emerging childhood onset emotional disorders and environmental factors. A full assessment of various contexts can include an important, but often an unexplored approach to understanding the etiology of severe disruptive behavioral disorders which is Attachment Based Therapy, which has its origins in Attachment Theory. (Theule, J., et al., 2016).

In short, if a child has secure attachments early in life, they can use these connections as a vehicle for self regulation emotionally. Secure attachments also help the child connect with others based on an assumption of trust and comfort. The child's first interaction with caregivers can offer a template of how they will respond to other adults in their lives, teachers, family, neighbors, etc. Working through and building stability when a child has insecure, anxious or avoidant attachments can sometimes (sometimes), get to the root of the anxiety and defensiveness that may be driving oppositional and externalizing behaviors.

What is Attachment-Based Therapy?

Attachment-based therapy that provides insight, assessment caregiver attunement, and looks to focus on the relationship between the caregivers and the child. Observing and highlighting the aspects of the caregiver-child bond is the first place to start in healing the child's internal pain and conflict. If there are traumatic experiences interfering with this process, EMDR and similar trauma processing therapies, as well as internal family systems theory, can help provide new pathways beyond the distrust and fears, which pave the way for a freer and more secure attachment to the main caregiver and others.

Attachment-Based Therapy works best when in conjunction with other therapies, as it is not as effective alone, but it can boost the response of other strategies by strengthening the relationship between the caregiver and the child and offer some healing if there is family trauma.

How do we help children diagnosed showing externalizing behaviors with Attachment Disorder approaches at VMG?

You, as a provider, can start to orient the child and family to attachment-based interventions immediately while in office. Remember, the child and family develop a relationship with you as the provider, that can model empathic attunement and provide a vehicle for caregiver healing:

1. Take note, without judgment, of the caregiver child relationship.
2. Observe how the child interacts with the caregiver in your office, this can be a window into their attachment style and the caregiver response.
3. Model empathic attunement while you are interacting with the child and reflect/reinforce the bond that you observe in the room with the caregiver and child, no matter how slight.
4. Say things that reflect the child's emotional state like:
 - "It's so nice to see you smiling!"
 - "You look very tired today, let's see what's going on so we can help you feel better."
 - "Ok, hard day, let's talk about it all ... "
5. Or when you interact with the child and caregiver note attachment cues:
 - "Look at how he smiles at you!"
 - "There is so much warmth here in the room today."

- “I see how much you care by bringing her to the doctor today.”
- “You were attuned to how he was feeling by making this appointment today.”
- “You must care a great deal about how much she is suffering by asking for help and this is what we are here for -”
- "So happy to be on Team (Child's Name)"
- “You’ve worked hard today, now go and do something fun together like play cards or walk in the snow ...”

Final Thoughts:

- Focusing on the relationship between the child and caregiver can put them on a path of healing and offer internal self regulation for the child.
- Helping the child and family bond with you, as the provider, can help them be more treatment compliant.
- "Small talk" to engage the child casually can be a building block of the therapeutic relationship. Are they a soccer fan? A Swiftie? A gamer?
- Your connection with the child and family can lead the way to helping the family have a more connected view of their child.
- Refer to BHI when you notice an attachment disorder as part of an overall plan of many therapies that can help the child and family.
- Consult with colleagues, caregivers, and behavioral health providers about what you’ve observed.
- Offer feedback to the caregivers about the bond that you’ve noticed and emphasize the importance of strengthening these relationships when an opportunity arises by reinforcing the observed connections.

Thank you for providing great service to our child patients!

We can’t heal these families without you!

For more information on Attachment Disorders and Attachment-Based Therapy, see below:

Attachment-based therapy as described here should not be confused with unconventional, unproven, and potentially harmful treatments referred to as "attachment therapy" that involve physical manipulation, restraint, deprivation, boot camp–like activities, or physical discomfort of any kind. These so-called “attachment therapies” were developed in the 1970s as interventions for children with behavioral challenges, particularly those with autism; they have since been investigated and rejected by mainstream psychology and medicine. (Psychology Today, July, 2022).

What is Attachment Theory and How Does it Relate to Child Behavior?

Attachment refers to the tendency of humans to form strong, warm relational bonds with others. This theory suggests that the internal working models of relationships that children develop as a result of their attachment relationships provide the foundation for the development of self-regulation skills (Theule, J., et al., 2016).

"**Attachment theory** holds that attachment patterns are determined by a parent and child’s experience of a specific relationship (Theule, J., et al., 2016).

"It is based on the work of The 1960s work of British psychologist John Bowlby, who first proposed that strong early attachment to at least one primary caregiver is necessary for

children to have a sense of security and the supportive foundation they need to freely interact with their environment, to explore, to learn from new experiences, and to connect with others.”

(2022, July 28, *Attachment Based Therapy*, Psychology Today. Retrieved Jan 26, 2024, from <https://www.psychologytoday.com/us/therapy-types/attachment-based-therapy#:~:text=An%20attachment%2Dbased%20approach%20to,physical%20relationships%20as%20an%20adult.>)

Bowlby described four different attachment styles:

- secure attachment
- anxious attachment
- avoidant attachment
- disorganized attachment.

His work has sparked tremendous interest and exploration into attachment styles and how they may inform individuals' relationships in adulthood.

These categories are often referred to as “organized” attachments, as they result in children developing consistent, organized, or adaptive responses to attachment-activating situations, such as separation from the primary caregiver, unfamiliar situations, pain, illness, or presence of strangers (Theule, 2016).

More recently, a group of children has been designated “disorganized,” and this group has since been the one most highly associated with the later development of psychopathology and maladjustment, although insecure attachments are also associated with the development of later difficulties.

Insecure attachments are typically characterized by resistance to caregiver comfort or a constant need for it, without ever being soothed, while disorganized attachments are characterized by their lack of consistent (or organized) strategy, where a child will both seek and fear their caregiver.” (Theule, 2016).

There are many studies that link externalizing behaviors to a child's insecure attachment style. Ainsworth et al, (1978), Ward and Polan, (2006), Theule, (2012) .

Theule’s (2016) comprehensive meta-analysis on this matter notes the following:

“Carr’s (2014) wide-ranging review in [15] reported that family based interventions are effective for externalizing behavior problems.”

Marron (1998) [49] suggests specifically that attachment theory provides a sound theoretical framework for the development of CD/ODD in consideration of these intrafamilial social processes and familial risk factors. He further suggests that as insecure attachments produce deficits in affective functioning—precisely empathetic functioning and modulation of unpleasant emotional states—they create an ideal risk factor for the development of CD/ODD [49].

This viewpoint is supported by DeKlyen and Speltz (1998) [21]; however, they hold that attachment insecurity will not on its own lead to conduct disorder. Burke et al (2002), in their [13] review on ODD and CD reported that at that time, the findings on attachment and these disorders were equivocal and

more research was needed. They did, however, find a great deal of support for contributions of parenting to CD and ODD."

References

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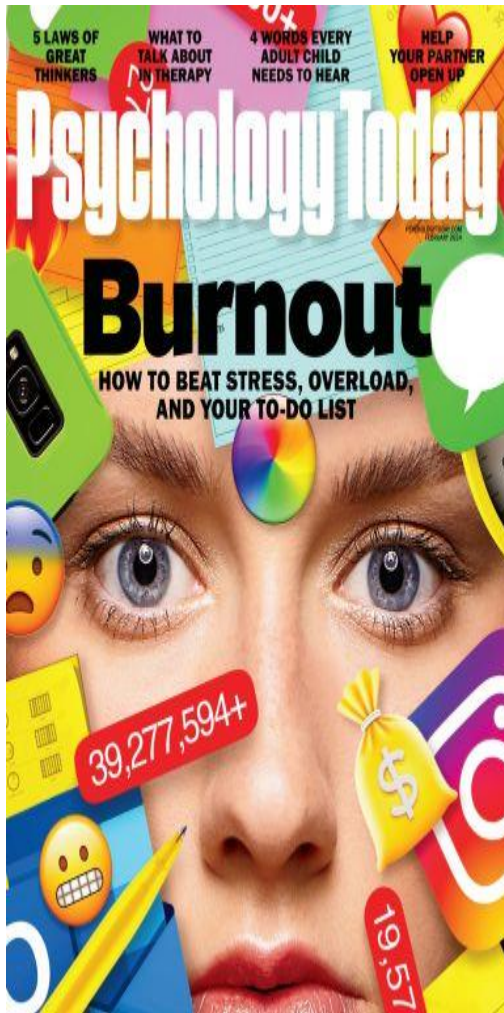
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[Attachment-Based Therapy](#)

Attachment-based therapy is a brief, process-oriented form of counseling. The client-therapist relationship is based on developing or rebuilding trust and centers on expressing emotions. An attachment-based approach to therapy looks at the connection between an infant's early attachment experiences with primary caregivers, usually with parents, and the infant's ability to develop normally and ultimately form healthy emotional and physical relationships as an adult.


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<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4872705/>



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