

Best Practice Family Paper

Student's Name

Institution Affiliation

Abstract

Reactive attachment disorder is a condition where children are unable to establish healthy relationships and attachments with their caregivers. Reactive attachment disorder can persist into adulthood making it difficult for individuals to manage their emotions, connect with others, have trusting relationships, and have a sense of security. With a prevalence of 1.4%, reactive disorder is a serious problem that has negative and adverse impacts on individuals and should therefore be fully and properly addressed. Through this paper, a description of a typical family from the movie *Moonlight* that might present with reactive attachment disorder has been provided. Also, a comprehensive systematic review was carried out to examine the characteristics and scope of the disorder and situate it within research on family therapy, and in a family context. Cognitive behavioral therapy, family systems approach, and attachment theory strategies were established as effective and efficient approaches to resolving the problem. An extensive intervention plan, centered on the best practice approach, was then developed to address the problem.

Best Practice Family Paper

Family Description

A problem that a family might present with in therapy is reactive attachment disorder. Reactive attachment disorder (RAD) is a condition that occurs when children at a tender age have been subjected to abuse and neglect thereby leading to a situation where they fail to establish the necessary bonds and connections with their caregivers and others around them (Mirza, Mwimba, Pritchett, & Davidson, 2018). Reactive attachment disorders may continue affecting individuals into their adult years and cause them to be fearful, irritable, sad, and with difficulty interacting with others and establishing connections. For purpose of this study, the family that was selected is a fictitious family based on the movie *Moonlight*. The movie follows the life of 9-year old African American boy known as Chiron who experiences substantial bullying and neglect. Also known as little, Chiron is entangled in a dysfunctional relationship with her narcotic-addicted mother, Paula.

In addition to the looming presence of her mother, who made it very clear that she would have preferred never to have had him in the first place, Little finds warmth and solace in the hands of the Drug dealer Juan and his wife Teresa. Although a father figure to Chiron, Juan also happens to be the drug supplier to Chiron's mother. Chiron's only friend is Kevin whom he establishes a close connection despite their different demeanors and attitudes. He is exposed to intimate relationships in his adolescence which does nothing to affirm his sexuality and identity but only increase his sense of betrayal. As an adult, Chiron, now known as 'Black' becomes a drug dealer but continues to struggle with abandonment, identity, trusting relationships, and attachment. His mother, on the other hand, is at a drug treatment center but continues to struggle

with guilt over her inability to provide adequate emotional care to Chiron. Despite wanting to, both Chiron and his mother are unable to attach to others and so they present with RAD.

Literature Review

As a severe disorder of social functioning, reactive attachment disorder has two types, inhibited and disinhibited types. According to DSM-IV, the reactive subtype of reactive attachment disorder involves the persistent failure of individuals to initiate or respond to most social interactions in a manner that is developmentally appropriate, and is manifested by responses that are hyper-vigilant, contradictory, highly ambivalent, and excessively inhibited (Lehmann, Monette, Egger, Breivik, Young, Davidson, & Minnis, 2018). On the other hand, the disinhibited subtype of reactive attachment disorder is defined by the DSM-IV as the presence of diffuse attachments that are manifested by marked inability to exhibit appropriate elective attachments as well as a manifestation of indiscriminate sociability (Lehmann, Monette, Egger, Breivik, Young, Davidson, & Minnis, 2018).

Reactive attachment disorder has been widely associated with pathogenic caregiving, although it may also be caused by disturbances in parenting that are less severe (Sadock, Sadock, Kaplan, & Sadock, 2009). RAD may result in serious complications for children, adolescents, and adults including challenge in pragmatic language skills and social relatedness that are similar in severity with autism spectrum disorders (Pritchett, Pritchett, Marshall, Davidson, & Minnis, 2013). RAD has a wide scope as studies have also shown that RAD can lead to feeding difficulties, potential weight gains, and lack of impulse control and empathy thereby resulting in criminal tendencies and other unbecoming behaviors such as animal cruelty as the individual grows older (Pritchett, Pritchett, Marshall, Davidson, & Minnis, 2013). Also, Sadock, Sadock,

Kaplan, and Sadock (2009) pointed out that the disorder may also result in a feeling of failure to thrive thus impeding proper verbal and developmental motor milestones.

The rarity of reactive attachment disorders coupled with the continued lack of research in the area has led to situations where researchers have struggled to estimate its prevalence among the general population. However, although few data exist regarding the sex ratio, familial patterns, and prevalence of reactive attachment disorders in the United States, it is estimated that it occurs in about 1 percent of the population (Sadock, Sadock, Kaplan, & Sadock, 2009). These estimates are mirrored in research as a comprehensive epidemiological study conducted to determine the prevalence of reactive attachment disorder in the general population found a prevalence of 1.4% (Pritchett, Pritchett, Marshall, Davidson, & Minnis, 2013). Given this high prevalence of reactive attachment disorder in the general population, it is important that scholars and researchers fully comprehend the additional needs that individuals with RAD require and come up with appropriate measures, supports, and therapies for individuals and families with reactive attachment disorders.

Although there continues to be limited research concerning reactive attachment disorders, there are various studies that have examined RAD in the context of appropriate family therapy. Vasquez and Stensland (2015) conducted a comprehensive study to examine the family processes of adopted children with reactive attachment disorders. Families with adopted children that present with reactive attachment disorders face complex issues and potential challenges when it comes to providing adequate care and addressing problem areas. The study revealed that the severity and complexity of RAD behavior, as well as the lack of knowledge concerning reactive attachment disorder means that families face numerous barriers in effectively caring for these children and ensuring proper therapeutic progression. Therefore, to enhance the quality of

caregiving and help families address RAD problems, social workers should utilize more cognitive-based approaches (Vasquez, & Stensland, 2015).

In addition to the utilization of cognitive-based approaches, the treatment of reactive attachment disorder also entails the application of attachment-based therapies which are aimed at addressing the behavioral features of RAD (Buckner, Lopez, Dunkei, & Joiner (2009). Given the appropriateness of utilizing both cognitive and behavioral approaches in the treatment of reactive attachment disorders, and appropriate therapy that can be used to administer therapy for the family described above is cognitive behavioral therapy. Research has demonstrated that cognitive behavioral therapy provides effective and efficient evidence-based treatment for children, adolescents, and adults with emotional, attachment, and behavioral problems (Bosmans, 2016). Cognitive behavioral therapy can be used to help foster positive thoughts and emotions for individuals suffering from reactive attachment disorders.

Another important family therapy for families with reactive attachment disorders is family systems. Research indicates that the family systems approach can be utilized to great effectiveness and efficiency in ensuring issues related to reactive attachment disorders have been adequately and appropriately addressed. As pointed out by Drisko and Zilberstein (2009), treatments for individuals with reactive attachment disorders must begin with a solid and consistent foundation of family placement that allows for the participation of the entire family in the therapeutic process and the nurturing of sufficient social supports. The family systems approach treats families as whole units that are composed of subsystems (parent-children relationships, marital relationships, and sibling relationships) that are actively and dynamically interacting. Therefore, the quality of family attachment can be improved by incorporating all facets of the familial relationships and providing adequate supports and interventions.

Other evidence-based practices that can be used to administer family therapy regarding the issue of reactive attachment disorders have also been evaluated within the literature. Play therapy is one of the evidence-based practices that have been shown to be effective in the treatment of reactive attachment disorders among children and adolescents (Cranny, 2016). The treatment is more effective when clinicians and social workers incorporate a stable environment, parent-led activities, and a strong family component (Cranny, 2016). Other evidence-based approaches include attachment and bio-behavioral catch-up (ABC) intervention which helps parents to adopt nurturing behaviors and create stable environments, child-parent psychotherapy and child-parent interaction therapy to strengthen the child-parent relationships, and the circle of security intervention that teaches basic attachment and how to respond to the needs of individuals in a sensitive manner.

Best Practice Approach

Reactive attachment disorder is a complex and multifaceted problem that cannot be addressed by any one single intervention of therapy. Instead, RAD requires a combination of evidence-based therapies and interventions to ensure that it is properly managed and effectively addressed. As identified within the literature review, there are a variety of family therapies that are effective at resolving the problem that was presented by the aforementioned family. The best approach for helping Chiron and his mother address the issue of reactive attachment disorder include cognitive-behavioral therapy, attachment therapy, and family systems interventions. Cognitive behavioral therapy is an appropriate intervention for reactive attachment disorder as it provides a platform that enables individuals to process and express complex feelings that they may have concerning their previous neglect and abandonment and inform the development of

effective and efficient coping mechanisms that foster positive outcomes and the ability to develop healthy relationships.

Cognitive-based therapy is an evidence-based approach. Cook, Shwartz, & Kaslow (2017) pointed out that the majority of evidence-based approaches utilize the cognitive behavioral approach and techniques. On the other hand, family systems and attachment approach also have beneficial impacts on the treatment and management of reactive attachment disorders. Attachment approaches are vital as they will enable the family to develop a secure base for the attainment of trust, security, and safety thereby providing a corrective attachment experience. Cognitive-behavioral therapy is also an attachment facilitative technique. The family system approaches, on the other hand, will help in the promotion of appropriate best practices that promote effective family functioning.

Intervention Plan

As earlier noted, reactive attachment disorder is an important psychological and sociological problem that adversely impacts on the life outcomes of individuals. It is a recent diagnosis that emanates from pathogenic care at a tender age. Through proper care and management, children may outgrow the disorder. However, some fail to outgrow RAD leading to the persistence of the disorder into adulthood. A clinical diagnostic of Chiron's life in the film *Moonlight*, coupled with a description of his relationship with his mother as well as with other people point to the presence of RAD. Although Chiron is a survivor, he never really thrives and he is unable to attach to others even when he really wants to like when he met Juan and Teresa. Reactive attachment disorder is mostly common among adopted individuals, but it can also occur to anyone who was inconsistently raised. Chiron was essentially abandoned and neglected during from a tender age.

Implementation and Application Plan

The treatment plan for Chiron and his mother will entail a combination of family systems approaches, cognitive-behavioral techniques, and attachment strategies. Although there exists a variety of perspectives regarding the treatment of individuals with reactive attachment disorders, a majority of the available treatments emphasize parent and family counselling rather than the administering of treatment to individuals alone. The first step of the intervention plan will entail the application of the family systems approach to help Chiron develop secure attachments with his mother and gradually build trust towards other people in his life. The utilization of the family systems approach aims at helping develop secure and stable environments and situations that promotes secure attachment and allows the patients to reconnect with family and others. The family systems approach will be helpful in ensuring that both Chiron and his mother have better control and are able to sufficiently cope.

The family systems approach will be applied to therapy by ensuring that the therapy sessions are not only targeted to an individual, but focus on the entire family, in this case both Chiron and his mother. Arrangements will be made to facilitate both individual and cooperative sessions where both of them express their thoughts and feelings concerning how they are affected and are then afforded ample and sufficient opportunities to work together. These cooperative sessions will be specifically targeted at enabling them to work together to find ways through which they can relieve the current family strain, explore their individuals roles within the family unit and learn ways of supporting each other to restore and rebuild a healthy family unit. Attachment approaches will be utilized to arm the patients with proper skills on how to deal with attachment issues and establish positive relationships.

The treatment plan will also entail the utilization of cognitive behavioral therapy. While the family system approaches will be aimed at rebuilding and restoring positive family relationships, the cognitive-behavioral interventions will be applied to help the patient adjust their thoughts and behaviors and adopt new and better ones that will help do away with the disorder. CBT combines cognition and behaviorism to help people learn behavior and think about and interpret their lives in ways that foster better outcomes for themselves and others. In applying CBT to the current patients, the therapy sessions will focus on examining the clients' thoughts and behaviors, how they impact their lives, how to build on the positive behaviors, and how to do away with negative behaviors and challenge unrealistic thinking.

The specific objectives for the cognitive behavioral interventions will be:

1. To set realistic expectations for the patients and teach them how to solve problems and be more socially engaging
2. Identify critical events and situations that are often avoided and feared and encourage the clients to positively embrace such behaviors and situations
3. Identify and dispel challenging negative thoughts, and find ways to make it easy to adjust thoughts and behaviors

Treatment Goals

1. Promote the safety of the family by ensuring the creation of safe, nurturing, stable, and loving family environments and relationships, encouraging ongoing risk assessment and regular screening for unsafe behaviors, and teaching proper interaction skills
2. Assess and improve the quality of the parent-child relationships and interactions by identifying and dispelling negative attitudes, building proper communication channels,

providing adequate supports for the family, modelling appropriate behavior, and encouraging responsiveness and empathy

3. Help the patients to adapt to the situation and impart knowledge and teach new skills to enhance behavioral and cognitive coping, address any developmental delays, and enhance the patients' comprehension of social cues, emotions, and interpersonal situations
4. Engage with the patients to identify and overcome any negative psychological and sociological impacts including trauma, stress, or depression
5. Design proper and appropriate strategies and interventions that are focused, goal-directed, and both short-term and long-term

Techniques, Examples, and Treatment Evaluation

The utilization of structural therapy to strengthen the family system. This technique will involve the therapist joining the family so as to observe, learn, and enhance the ability of the family members to strengthen their relationships and be less emotionally reactive. An example of the application of this technique would be to let the family members interact, then observe and evaluate the relationship problems that may present, and finally guide them to replace such problematic relational issues with healthier ones. Another important technique that will be utilized in the therapy session thought recording so as to validate the accuracy of thoughts and pleasant activity scheduling. An example of pleasant activity scheduling is creating a timetable of activities that the clients find enjoyable, for instance reading or playing football, so they can engage with them on a regular basis to produce more positive emotions and do away with narrow, self-focused, and negative thoughts and feelings. Situation exposure will also be used as a CBT technique to help the clients embrace new skills, thoughts, and behaviors.

One of the most important steps in the therapy process is assessment and evaluation. The evaluation of the treatment effectiveness is vital as it will help determine whether the clients are making the necessary progress. Evaluation helps determine whether everything is progressing as desired and helps identify areas of weakness which should be improved upon. It also informs the adjusting of treatment options if one is not working properly. The evaluation of the effectiveness of the treatment process should be based on the goals and expectations of the treatment as well as on the desired outcomes which were explicitly stated at the beginning of the treatment process. To evaluate the effectiveness of the treatment process, the progress of the clients will be monitored on a weekly basis through an examination of various indicators of effectiveness and efficiency. These include;

- a. Evaluating the various signs and symptoms that are indicative of reactive attachment disorders
- b. The occurrence of particular specific target behaviors will be measured and assessed
- c. An evaluation of the progress that the clients are making towards the set goals and objectives
- d. The outcomes rating scale will be completed by the clients to measure the progress that they are making

Termination with the Family

The therapeutic process must eventually come to an end. One way or another, when the circumstances are ideal, the therapist should terminate the therapeutic relationship. The criteria that determines termination varies widely from one dyad to another but is usually when the client has shown sufficient improvement that therapy and treatment is no longer deemed necessary. It is important for the therapists to ensure that premature termination does not occur and that all

therapeutic goals and objectives have been attained. The termination process is very important and should never be skipped. Once I am satisfied that the purpose of the therapeutic process has been achieved, I will terminate the process. I will hold an honest and candid discussion with the client and explain to the family that I believe the goals and expectations of the therapy process have been met and the disorder has been fully addressed. Once we come to a mutual consensus, the therapeutic process will be terminated.

Conclusion

Reactive attachment disorder is a sociological and psychological condition that is found in children who may have been grossly neglected or abandoned at a tender age resulting in a situation where such individuals are not able to properly establish healthy emotional attachments with their caregivers. Reactive attachment disorder in children may go away on its own as they grow, or it may persist into adolescence and even to adulthood. Such an absence of comfort and emotional warmth among individuals in early childhood can be very detrimental as it may negatively affect such persons for their entire lives leading to poor outcomes and poor quality of life. Chiron's family in the movie *Moonlight* present with reactive attachment disorder. Chiron was neglected by his narcotic-addicted mother when he was very young and as a result developed reactive attachment disorder which followed him his entire life. All through adolescence and now as an adult, Chiron is unable to establish positive and productive emotional attachments with other people even when he wants to.

This paper has provided a comprehensive systematic review of the literature regarding reactive attachment disorders. In particular, a review of the literature was conducted to identify the prevalence and scope of the problem and evaluate its characteristics. In addition, a review of research on family therapy and the selected problem was conducted. Furthermore, the

effectiveness and efficiency of the various therapy options to address the problem were evaluated and the best practice approach selected. An extensive intervention and treatment plan was then developed to facilitate the application and implementation of the best practice approaches to the family situation.

References

- Bosmans, G. (2016). Cognitive Behavior Therapy for Children and Adolescents: Can Attachment Theory Contribute to Its Efficacy? *Clinical Child and Family Psychology Review, 19*(4), 10-27. DOI: 10.1007/s10567-016-0212-3
- Buckner, J. D., Lopez, C., Dunkel, S., & Joiner, T. E. (2009). Behavior management training for the treatment of reactive attachment disorder. *Child maltreatment, 13*(3), 289-97.
- Cook, S. C., Shwartz, A. C., & Kaslow, N. J. (2017). Evidence-Based Psychotherapy: Advantages and Challenges. *Neurotherapeutics: the journal of the American Society for Experimental Neuro Therapeutics, 14*(3), 537-545.
- Cranny, K. M. (2016). The Effectiveness of Play Therapy and Reactive Attachment Disorder: A Systematic Literature Review. *School of Social Work*. Retrieved from: https://sophia.stkate.edu/msw_papers/57
- Lehmann, S., Monette, S., Egger, H., Breivik, K., Young, D., Davidson, C., & Minnis, H. (2018). Development and Examination of the Reactive Attachment Disorder and Disinhibited Social Engagement Disorder Assessment Interview. *Assessment*. <https://doi.org/10.1177/1073191118797422>
- Mirza, K., Mwimba, G., Pritchett, R., & Davidson, C. (2016). Association between Reactive Attachment Disorder/Disinhibited Social Engagement Disorder and Emerging Personality Disorder: A Feasibility Study. *The Scientific World Journal, 2016*, 5730104.
- Pritchett, R., Pritchett, J., Marshall, E., Davidson, C., & Minnis, H. (2013). Reactive Attachment Disorder in the General Population: A Hidden ESSENCE Disorder. *The Scientific World Journal, 2013*(6). <https://doi.org/10.1155/2013/818157>.

Sadock, B. J., Sadock, V. A., Kaplan, H. I., & Sadock, B. J. (2009). *Kaplan & Sadock's concise textbook of child and adolescent psychiatry*. Philadelphia: Wolters Kluwer

Health/Lippincott Williams & Wilkins.

Vasquez, M., & Stensland, M. (2015). Adopted Children with Reactive Attachment Disorder: A Qualitative Study on Family Processes. *Clinical Social Work Journal*, 44(3). 90-112.

10.1007/s10615-015-0560-3.

Appendix A – Family Genogram

