

Utah Counseling Association (UCA)
Utah Mental health Counselor's Association (UMHCA)

POSITION STATEMENT ON THE TREATMENT OF
REACTIVE ATTACHMENT DISORDER
AND THE USE OF COERCIVE RESTRAINT TECHNIQUES

There is an increasing trend in the mental health and child welfare community to address the attachment needs of children. This is especially true in the case of children and youth growing up in adverse situations and experiencing traumatic events. The DSM-IV TR provides some diagnostic categories to aid in assessing these children. The Reactive Attachment Disorder diagnosis is a very uncommon childhood disorder. The disorder is recognized in a child under the age of five with either a failure to demonstrate positive response to any adult caregiver; or to be overly familiar or social to a variety of adults that are not caregivers for the child. The assumption is made that this disorder results from severe trauma or pathogenic care in the child's early development. The diagnosis carries also the expectation that the relationship difficulties will continue into older childhood, adolescence, and potentially adulthood.

This condition is extremely difficult to treat and may also be exacerbated by other co-morbid childhood disorders. Diagnosis is exceptionally difficult and family history and the child history of relationships with caregivers is essential. Treatment requires both a family willing to assist in reparative life events and professional guidance to assist the family in developing the structure that allows for the positive growth of trusting relationships.

The diagnosis and treatment of the Reactive Attachment Disorder has been specified in Utah Public Mental Health System Preferred Practice Guidelines. The importance of a complete gathering of history for the diagnosis is stated. This history is especially true in the case for older children and adolescents where there is a question of possible RAD diagnosis. The current behavior patterns of limited empathy skills, impulsivity, inability to feel remorse, etc. are not sufficient for meeting the diagnostic criteria. Such limitations of skills in relationship are indicators that a thorough history is needed. The importance of addressing the other possible diagnosis is also stressed. The symptoms are also present in a number of other disorders of childhood.

The treatment indicated is assisting the child in developing the skills to form relationships. This implies a focus on the parent-child relationship. Most important is the development of the environment that will provide the safety, security, and structure requisite for the development of a trusting relationship.

Since the goal is the development of trust, the use of intrusive, punitive, or coercive techniques becomes a topic of great concern. While behaviors, especially those of aggressiveness leading to potential harm to self or others, must be contained; the goal should always be one of de-escalation. There is no support for techniques that use of physical restraint or force to induce rage or re-living a trauma. These techniques are not

guided by theory or evidence based study. Most of all, they violate the potential of the non-maleficence code of the counseling profession.

The Utah Counseling Association supports the proposal that use of coercive and restraint techniques by any mental health therapist is a violation of professional ethics. Furthermore, the use of such techniques by any counselor should be met with sanctions imposed by the Department of Professional Licensing. The acceptance of only valid techniques and use of restraint is well outlined in the MANDT guidelines. Such guidelines provide the basis of a standard for acceptable times of need for restraint and for the use of physical intervention. The code presently under consideration by the Utah State Legislature is a needed legal step in preventing the use of inappropriate therapies. The code reflects the specific times physical behaviors may be considered, but can allow the existing standards to proscribe the behaviors considered coercive. The Utah Counseling Association urges the acceptance of legislation in the code against coercive restraint therapies and techniques.

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