

The National Association of Social Workers, Utah Chapter

POSITION STATEMENT ON THE TREATMENT OF

REACTIVE ATTACHMENT DISORDER

Approved by the Executive Committee of the Board of Directors on December 3, 2002

Reactive Attachment Disorder is an uncommon childhood disorder characterized by difficulty in developing normal emotional relationships with caregivers. Children with this disorder may present as socially unresponsive and detached or, alternatively, inappropriately social or familiar. This disorder probably results from severe parental abuse or neglect or repeated changes in caretakers (e.g., multiple foster homes).

It is widely recognized that children with Reactive Attachment Disorder are particularly difficult to treat. However, there is evidence that these children can benefit, over time, from well-planned treatment at the hands of skilled, consistent therapists.

Some empirically supported strategies for treating children with Reactive Attachment Disorder, identified by Fahlberg and summarized in the *Field Guide to Child Welfare (Rycus & Hughes, 1998) pp. 696, Vol. IV*, a widely recognized text for child welfare workers, include the following: (1) recognizing the sometimes "subtle cues" that the child is distressed and responding appropriately to reduce the distress even in the face of efforts on the child's part to refuse assistance; (2) providing the child with emotional support including the opportunity to talk about his or her feelings immediately following an emotional outburst when the child is most open to supportive interaction; (3) engaging the child in pleasant social interaction such as play, reading, and singing, relatively nonthreatening methods for building trust; and (4) the use of "claiming behaviors" or verbal and behavioral responses by parents that communicate to the child and to others that the child is an important and valued part of the family. A skilled therapist can teach parents how to respond to their child in a way that promotes attachment.

Whereas there is scientific evidence that these noncoercive treatment strategies can be effective in the treatment of Reactive Attachment Disorder, there is no such evidence for coercive holding therapies - therapies that involve restraint or the purposeful infliction of pain on children as a means of evoking a strong emotional response. Coercive holding therapies cannot, in fact, be responsibly subjected to empirical research. No Institutional Review Board could approve research of this type without violating current federal guidelines for ethical research with human subjects. These guidelines were developed to insure that scientists did not continue to subject human beings to abusive practices and conditions.

Furthermore, there is mounting clinical evidence that coercive holding therapies may have harmful effects including physical and emotional injury and even death.

The National Association of Social Workers, Utah Chapter hereby asserts that coercive holding therapies constitute a violation of the primary responsibility of social workers to promote the well-being of clients as iterated in Section 1 of the NASW Code of Ethics. Furthermore, the Chapter recommends that the Division of Occupational and Professional Licensing impose penalties on social workers who are discovered using these therapies. And finally, **the Chapter urges the State legislature to make the use of coercive holding therapies illegal for the lay public and for mental health professionals alike.**