

**Tri-State (from p. 1)**

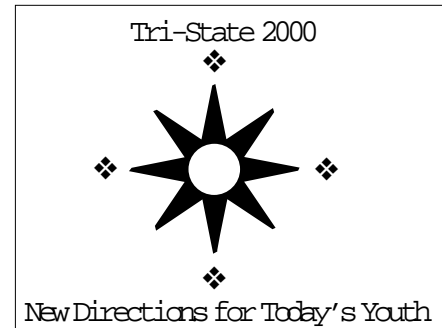
document their "exemplary programs" for a new edition of the book NASP published in 1997 and 1998, *Exemplary Mental Health Programs: School Psychologists as Mental Health Service Providers*.

Dwyer, who is a primary author (with David Osher) of *Early Warning, Timely Response, A Guide to Safe Schools*, will present an all-day workshop on assessment of children who may show the potential to be violent. *Early Warning, Timely Response* was requested by the President, and commissioned by Attorney General Janet Reno and Secretary of Education Richard Riley in the summer of 1998, after the shootings at Thurston High School. The guide was sent to all schools in the United States.

Dwyer is currently finishing work for the follow-up guide, called *Safeguarding Youth: An Action Guide for Implementing Early Warning, Timely Response*. Publication is projected for

early February. His workshop will cover material from *Safeguarding Youth*.

A second workshop will be offered by former NASP president Howie Knopf. Knopf, a nationally recognized and popular speaker, will address the issue of "School Psychology and Organizational Development: Strategic Planning



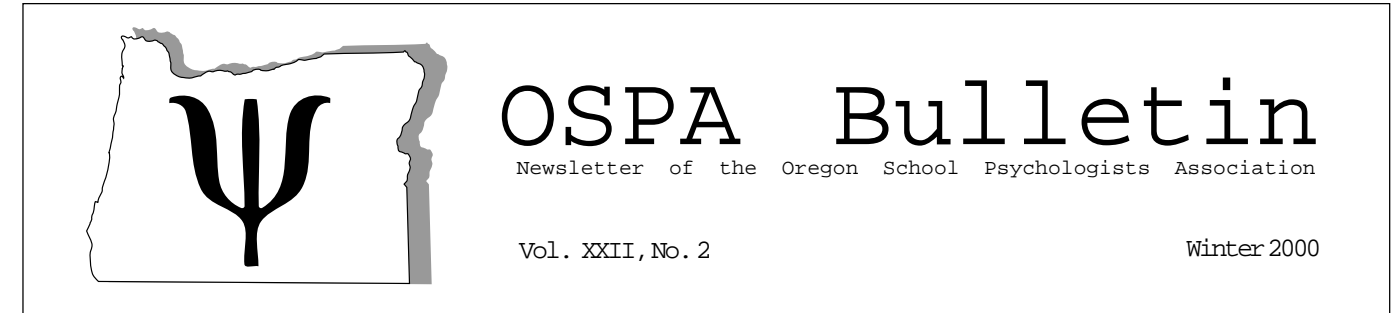
and the School Reform Process." He is a professor of school psychology at the University of Florida (Tampa), and is presently also co-director of the Institute for School Reform, and of Project ACHIEVE, a nationally-known school reform project.

The pre-conference workshops will

take place on Thursday, March 9. The regular conference will begin on Friday morning, March 10, and run until noon on Saturday, with three different sets of concurrent sessions and one set of roundtable discussions. A list of workshops and presenters is presently available on the Oregon School Psychologists Association website, at <users.aol.com/philip574/ospa.html>. There may be later additions to, or changes in, that list, but most presenters are confirmed.

Conference brochures and registration forms are in the process of being sent out from the Washington State Association's office. Early registration is both financially advantageous and helpful to the planning process.

Conference brochures should include hotel accommodation information. Room reservations should be made directly with the hotel. In this case, also, early registration is advantageous. Individuals who do not receive conference or hotel information can email David Streight at <streight@teleport.com>, or call 503.246.8715.



## OSPA Recognizes Two at Fall Conference

### Alex Granzin, Georgene Inaba voted Outstanding School Psychologists for 1999-2000

Every year OSPA honors an association member as Oregon's Outstanding School Psychologist of the Year. Nominations are submitted by professionals in the field of education and judged on standards of excellence in service to students, teachers, parents, community agencies and the profession of school psychology. This year the award was unusual in that two nominees were so outstanding that the votes resulted

in a tie. Georgene Inaba (Portland Public Schools) and Alex Granzin (Springfield Public Schools) were recognized at the 1999 OSPA Fall Conference in Wilsonville for their superior achievements in the field of school psychology.

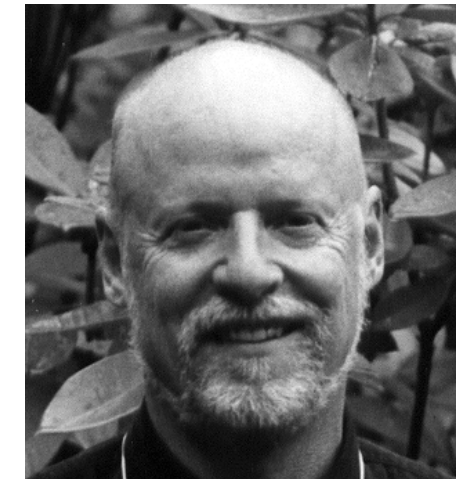
Georgene Inaba has worked as a school psychologist in Portland Public Schools for eleven years. She currently serves two highly impacted schools in North Portland. Inaba was described by one colleague as "one of the most hardworking and dedicated individuals I have ever met." She has become part of the community at both of her schools, and brings this to bear in all of her assessments. Inaba was referred to as a psychologist who "sets the standards," and is always "willing to go the extra mile." It is not unusual to see Georgene at a hospital staffing or providing student transportation to assessment or counseling. Inaba graduated from Northwestern School of Law, which has made her an excellent resource regarding legal process and changes. She is a mentor to both school psychology interns and a number of practicing school psychologists in her district.



Georgene Inaba

Dr. Alex Granzin has served as a school psychologist in Springfield Public Schools for the last nineteen years. Granzin is described by his colleagues as "simply outstanding." He is well respected, not only by his fellow mental health professionals, but also by administrators throughout the Springfield district. Colleagues refer to him as someone who goes "well above and beyond expectation" by working outside of schools, be this rock climbing with an

(continues on p. 2)



Alex Granzin

## Oregon, Washington, Idaho prepare for Tri-State

Time to mark the calendar if the dates aren't there already: March 9, 10, 11. The place is the Doubletree Hotel at the Lloyd Center, in Portland. The theme is "New Directions for Today's Youth." And the event: "Tri-State 2000."

In the mid-80s, state associations of school psychologists in Oregon, Washington, and Idaho decided to jointly organize a "big" spring conference: one with enough participants and, thus, fi-

nancial backing, that could allow wider diversity and greater expertise than our individual associations could muster for a single conference. This is the year, for "Tri-State 2000," with two full-day workshops on Thursday and a day and a half (Friday and Saturday) of concurrent half-day workshops where there will be six or seven choices at a time.

Highlighting the event will be the presence of NASP president Kevin P.

Dwyer. Dwyer will do the keynote speech for the conference on Friday morning. His theme is "celebrating our success," a theme that he has chosen to use as a national focus this year. Dwyer is convinced that school psychologists across the country are involved in exemplary programs that get too little recognition. To help fill that lacuna, he is encouraging school psychologists to

(continues on p. 10)

Oregon School Psychologists Association



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*The Oregon School Psychologists Association provides leadership in creating a brighter future for all Oregon children through professional affiliation, collaborative problem-solving, and promotion of practices that are both innovative and based on solid psychological and educational research.*

## presidential perspective

### private practice not a dead issue

In the hoopla last spring (and the preceding year or two) over the private practice issue, there was at least one thing that did not get said: private practice appears, still, to be very much open to school psychologists in Oregon.

Now that I've put that in print, I'll add this: I'm not a lawyer. I'm just a guy who is trying to read the law as it's written; and common sense tells me that some private practice, albeit limited, is still an option for school psychologists in this state.

What Senate Bill 918 did was make minor changes in previous law. The issue at hand is presently ORS 675.010, section 1 (4), which defines "practice of psychology" as "rendering or offering to render supervision, consultation, evaluation or therapy services to individuals, groups, or organizations for the purpose of diagnosing and treating behavioral, emotional or mental disorders."

That statement means that, unless certified by the State Board or Psychologist Examiners, a school psychologist cannot engage in the above. I have three observations about this wording.

The first entails the absence of "educational" as a qualifier for "disorders." Learning disorders are not always behavioral, emotional, or mental disorders. For example, I do not feel that anyone would consider difficulties with reading comprehension as a "mental disorder." If I am correct in my assumption, a school psychologist does have every right, under the law, to diagnose and treat reading comprehension and other learning disorders that do not spill over into the realm of behavioral, emotional, or mental disorders.

My second observation is that biting, for example, is a problem; but it is not, per se, a disorder. Not all problems are disorders. If kids have problems that are not disorders, there is no impediment, in this law, to our working with them.

The third observation is that the word "and" was chosen to stand between "diagnosing" and "treating." The language in a law is carefully chosen, first by the individual who drafts the bill, then by the legislative committee that prepares it, and it is usually scrutinized carefully by the legislators who pass the bill into law.

The way my reading comprehension works, if the word "or" were in this law, then I could not diagnose or treat in private practice a child with behavior disorder. The way my reading comprehension works, a school psychologist can do an assessment in private practice. But if the child in question appears to have a disorder, the state does not allow that school psychologist to treat the disorder. On the other hand, if the disorder has been diagnosed elsewhere, the law would appear to say that it can be treated by a school psychologist in private practice. (Remember, our state association, and NASP, have ethical standards that require us to practice only in the areas of our professional training and competence.)

OSPA members who studied the private practice issue wondered from the beginning if SB 918, which eventually became law, would really withstand a court case, provided school psychologists were practicing within their areas of expertise. That argument was based on a "restraint of trade" issue. And this is still a possibility.

My comments here, however, regard only what the present wording of the law says, as decoded by my reading comprehension skills. And the way I read it, lots of areas of private practice are legal for school psychologists. If you have concerns after you've done your own reading of the law, ask a lawyer. And the OSPA executive board would probably like me to remind you of the statement on page 3 of this Bulletin, that "the contents of this publication and the opinions expressed by its contributors [including the president] do not necessarily reflect the opinions or policy of OSPA or the National Association of School Psychologists (NASP) or their elected officials." So consider yourself reminded.

David Streight



### Outstanding School Psychologists (from p. 1)

ED identified student, providing inservice for professional development, or lending his expertise to research or community resources.

Granzin has taught a variety of courses at the University of Oregon, including courses on behavior management and instructional consultation.

Following the shootings at Thurston High in the spring of 1998, Granzin provided immediate counseling support and helped coordinate the services of over 200 counselors and mental health workers who donated their time to the crisis. Granzin also has a publication record that includes several articles in profes-

sional journals. He has authored one book, *Working Parents Can Raise Smart Kids* (Parkland Press, 1999).

OSPA members congratulate both Georgene Inaba and Alex Granzin, with thanks for setting the standards for practice as school psychologists.

Stephanie Schiavo

NASP 2000 Convention  
March 28-April 1, 2000  
Sheraton New Orleans  
New Orleans, Louisiana



Symptoms affecting emotionality include the lack of ability to give and receive affection, indiscriminate affection with strangers, inappropriate demands and a lack of empathy for others. The behavioral symptoms include marked control problems, extreme defiance and anger, lack of impulse control, hyperactivity and destructive tendencies. Developmentally, the attachment disorder child experiences learning delays, abnormal speech patterns and disorders and a lack of cause-and-effect thinking.

### Conclusion

Most people feel that lack of attachment is not a prevalent area of concern. What most people fail to know is how the number of identified unattached children continues to rise. The National Adoption Center reports that 52% of adoptable children have attachment disorder symptoms (Brill-Downey, 1994).


The current statistics on the number of cases of attachment disorder are not entirely accurate because many children suffer from the disorder but are never identified. Many practitioners feel that the DSM-IV's criteria for diagnosis limit diagnosis to only the most severe cases (Reber, 1996). Some practitioners feel that it would benefit children to broaden the scope for diagnosis. Proposals are currently being submitted to address this issue for the revision of the DSM-IV in the year 2000.

In the face of the current social changes in America's living styles, we must begin to consider radical alternative structures and programs to better meet the demands of our diverse student population. This can be accomplished by better utilizing the expertise of our school psychologists. A school psychologist has extensive training in social/emotional, cognitive and behavioral techniques. When this training is combined with the school psychologist's expertise in assessment and problem solving, we can begin to address better the educational and emotional needs of our students and make schools more accountable for the academic and social growth of America's youth. The role of the school psychologist should be expanded to in-

clude assisting schools in developing effective and suitable programs for the special needs of students. School psychologists are equipped to address the developmental, affective, and behavioral needs of our school children, and therefore, can assist in developing programs to better address the needs in all three of these areas.

It is important for school psychologists to have a healthy sense of who our children are and where they come from. As educational professionals, we are in the unique position to make a difference. Societal norms and practices will forever be in transformation; and, of course, children are affected. The time has come for us to first look at meeting the emotional needs of our young students. Without filling the emotional void in these children, there is no hope for cognitive growth. It is the educator who must play an integral role in meeting the emotional needs of America's children, so ultimately, learning can take place. It is time to step up and accept the needs of the whole child.

(References upon request.)

(This article was reprinted from *The School Psychologist*, a publication of the New York Association of School Psychologists Spring 1999) 

### Contest

#### fall conference 1/2 price

Visit the OSPA website between now and April 1. It's one of the best in the country. While there, find the link for "raffle." Send an email message to the OSPA board member designated on the site; all the message has to say is "raffle." Your name goes in the hat.

You can get your name in the hat a second time if you leave a message on the "dejanews" site between now and April 1, also. (Check the site for how to do that, also.) Two members' names will be drawn in April, with the prize of half-price for the fall conference registration next October 13.

[users.aol.com/philip574/ospa.html](mailto:users.aol.com/philip574/ospa.html)

### OSPA presidents make private donations

OSPA recently received thank you letters from representatives of the NASP Children's Fund and the NASP Education and Research Trust (ERT) Minority Scholarship Fund for donations made in December by past presidents of the our state association. Eight past presidents combined to send the two charitable "arms" of NASP a total of three hundred five dollars. The money, sent in the form of personal checks in a single envelope, was made as a "Christmas gift" to the Children's Fund and the Minority Scholarship Fund. At least one past president had made a private donation to the funds earlier in the year.

Susan Gorin, Executive Director of NASP, wrote about how donated Minority Scholarship funds "continue helping minority graduate students facing special financial challenges to continue their studies and enter the field of school psychology." This diversity "brings added strength," she added.

Children's Fund donations allow school psychologists to develop special programs for children that would not be possible without NASP aid.

This was the second year of the OSPA past presidents' "program"; in 1998 a total of two hundred forty dollars was sent.

### Birmingham, Warren join OSPA Board

Kileen Birmingham was elected OSPA treasurer in the fall elections. Birmingham was previously a student representative on the OSPA board. She is presently employed by Portland Public Schools, and works at Harriet Tubman and Fernwood schools.

Dawna Warren of Portland (employed in Hillsboro) recently accepted the newly (re)created OSPA position of Conference Planning Chair. In this position she will take some of the load off recent presidents and presidents-elect, by scouting out and contacting possible conference locations, by making conference arrangements, and by helping coordinate speakers. The spring issue of the *Bulletin* will say more about both Birmingham and Warren.

tance to comforting, or a frozen watchfulness. Hypervigilance, high ambivalence and contradictory responses characterize this child's behavior.

The disinhibited type is characterized by the inability to exhibit appropriate selective attachments. This is the child who acts excessively familiarly with a person who is a perfect stranger (Reber, 1996). The essential feature in RAD is markedly disturbed and developmentally inappropriate social relatedness that begins before the age of five years and is directly associated with pathological care. A diagnosis of RAD requires a specific etiology responsible for the disorder. The causation must be related to a persistent disregard for the child's physical and emotional needs. This pathogenic care has a variety of descriptions, from a young, inexperienced mother to an abusive situation.

RAD differs from other Pervasive Developmental Disorders, such as Autism and ReK Syndrome. These disorders are neurobiologically based defects which exhibit actual structural changes and alterations in the brain. Children with RAD are often misdiagnosed with Attention Deficit Hyperactivity Disorder (ADHD) or Oppositional Defiant Disorder (ODD), due to the similar symptoms found within each disorder. Adults with RAD are often diagnosed with a Personality or Conduct Disorder.

There are many causes for the lack of attachment. Premature birth or birth complications can predispose an infant to problems with attachment during early infancy. With modern medical technology, we are able to give the medical attention these infants need in order for them to survive. This medical attention, however, is not addressing the emotional effects these early medical complications have on a newborn. Premature infants and other infants with severe medical complications (often suffering from the effects of prenatal drug or alcohol exposure), cannot be provided with the nurturing and tactile stimulation for a healthy attachment relationship to be forged.

We are currently able to address the physical complications these children face; yet, we are unable to accurately identify the affective developmental implications which occur with premature births and other infants with early health complications. If the emotional side effects go untreated, they will have lasting and irreversible effects on the child.

Neglect also plays a role in attachment disorders. Neglect can include not only purposeful, but also unintended neglect, often seen with young and inexperienced parents. Today we see more and more families where both parents are working to provide the basic needs for their family. These parents may have a difficult time meeting all the needs of their children. It is possible that they may not even be aware of their child's needs. A child can have all their physical needs met, while still suffering emotional neglect. A child who is neglected fails to develop a strong positive attachment with his/her caregiver (Attachment Center, 1997). Physical, sexual, and emotional abuse can contribute to a poor



NASP 2000 Convention  
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New Orleans, Louisiana

For more on New Orleans, see these websites:  
[www.insideneorleans.com](http://www.insideneorleans.com)  
[www.nolalive.com](http://www.nolalive.com)  
[www.travelneworleans.com](http://www.travelneworleans.com)  
[www.naspweb.org](http://www.naspweb.org)

and/or an absence of, attachment (Reber, 1996).

These different types of abuse cause children to fear trusting another individual, because another has violated their trust in the past. This fear of trust will prevent a child from opening him/herself up to experience bonding and attachment. Sudden separation from a caregiver, frequent foster placements and failed adoptions are all common factors found in attachment disorder children (McKevley & Stevens, 1994). Any of these scenarios places a break in the attachment cycle which can have detrimental and lasting effects on any attachment relationships that follow.

There are three specific problem areas surrounding attachment disorders (Richters, 1994). The first is the impairment in the capacity to attach. For the child who has attachment disorder, relationships are formed on a need basis only. The child will form relationships that s/he needs to survive. For this child, little regard is given for one caregiver over another. For the unattached or - inappropriately attached child, it makes no difference by whom or how needs are satisfied, as long as needs are met. The second problem area is developmental retardation. Even when environmental conditions are favorable, the unattached child's conceptual thinking will remain low and language skills never fully develop. Within the area of cognitive development, irreparable damage is done which can never be fully regained. The final problem area surrounding attachment disorder is poor impulse control, particularly aggression (Perry, 1995). Follow-up studies that have been conducted with children identified with attachment disorder, have revealed that they exhibit a lack of control over aggressive impulses controlled by the lower-level brain systems.

Symptoms of attachment disorder cross over four domains: social, emotional, behavioral and developmental (Attachment Center, 1997). Symptoms associated with social development include manipulation, superficially engaging and charming personalities, lack of eye contact and poor peer relationships.

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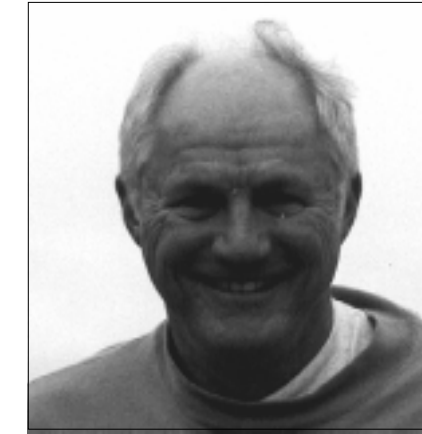
## OSPA News

### OSPA Taps Ashland for President-elect

OSPA members elected Ashland's Steve Haskell to the position of president in September's balloting. Haskell was introduced formally in his new position at the fall conference in Wilsonville. He will assume the role of OSPA president in July of this year.

Haskell is presently employed by Jackson County School District #6 in Central Point, north of Medford. He began in the district sixteen years ago as its only school psychologist. Haskell is presently Director of Student Services for the district, with primary duties including supervision of the special education programs; he also provides direct psychological services to several Central Point schools. Haskell's expertise is valuable to

the OSPA board already, as is his role as a board member from outside the Willamette Valley.



Steve Haskell

### Nominations Sought for Secretary, President-Elect

Nominations and Awards Chair Stephanie Schiavo is seeking nominations for OSPA president-elect and secretary. Elections for the position of president-elect were held during the fall of this past year; that was a later-than-normal time for the process, and holding them this spring will get OSPA back on track with its usual calendar.

President-elect is a three-year commitment; one as president-elect, one as president, and a third year as past president, in which the individual works primarily in an advisory capacity and as an OSPA PR representative. The time commitment of the position has been lightened considerably, relative to recent years, by the appointment this fall of a conference committee chair.

The office of secretary entails a two-year commitment. The primary duty of the secretary is to keep accurate minutes of executive board meetings and general business meetings. He or she also keeps records from past years.

Individuals with questions about OSPA board meetings or procedures are encouraged to contact any of the current board members (see box at right for some of those individuals). Specific questions regarding the position of secretary may

be referred to current secretary Amy Spitler Rowell at 503.916.5605. Questions regarding the presidency may be addressed to David Streight or Karen O'Brien (information in box to right).

OSPA members may nominate themselves (which is the normal course of events), or another individual. Further nomination information may be obtained from Stephanie Schiavo at 503-295-6954.

### Outstanding School Psychologist Nominations Solicited

It is now time to nominate candidates for the Outstanding School Psychologist Award for 2000. One psychologist will be selected from among those nominated and will be recognized during the statewide conference in the Fall. Nominees must be members of OSPA, and must have made exemplary contributions to the profession by providing direct services to students, parents, schools, and communities.

To receive a nomination packet, contact Nominations and Awards Committee chair Stephanie Schiavo at 503-295-6954. Nominations are due by May 15, 2000.



The *OSPA Bulletin*, the official publication of the Oregon School Psychologists Association, is published four times a year and distributed to members as a membership benefit. OSPA is a nonprofit, non-partisan, educational association of professional school psychologists. It is dedicated to providing for the educational and mental health needs of all children and to advocating for their achievement of independence, dignity, and purpose of life.

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<http://users.aol.com/philip574/ospa.html>

The contents of this publication and the opinions expressed by its contributors do not necessarily reflect the opinions or policy of OSPA or the National Association of School Psychologists (NASP) or their elected officials. Other newsletters for school psychologists may freely reprint from this bulletin. However, a reciprocal agreement is assumed. If this is not the case, please contact the editor in writing.

The *OSPA Bulletin* invites contributions. Professional issues and news, articles, questions, reviews, letters and graphic works should be sent to David Streight, 7735 SW 87th, Portland OR, 97223, or <streight@teleport.com>. Changes of address should be sent to Karen Apgar, Membership Chairperson, 2855 Gilham Road, Eugene, OR, 97408, or <apgar@4j.lane.edu>.

**Bulletin deadlines for future issues:**  
Spring, March 15, 2000  
Spring, June 1, 2000

# REACTIVE ATTACHMENT DISORDER

by Mary Crowover, Ed.S., and Julie Stevens, Ed.S.

The new generation of young students looks a bit different today than the last generation. The children entering America's classrooms bring more challenges to the classroom teacher than at anytime in history. More children are living in homes below the poverty level, in single-parent homes and in homes where both the mother and father work to provide the basic needs for their young children. In addition to the changes in America's lifestyles, the number of children living in alternative family settings and foster homes continues to increase. Our current National Education Readiness Goal states that all children will come to school ready to learn. With this goal in mind, we must turn our attention to the primary and most fundamental needs of all young children: emotional development.

Research on cognitive development suggests that emotions increase the infant's information processing capabilities (Greenspan, S. & Greenspan, 1985). Emotion is essential for memory and provides the context and/or meaning for all learning. Without the connection to affective components, information learned has little or no chance to be generalized and retained (Shaffer, 1988). Emotions allow an infant to be more aware of his/her environment and provide the foundation for later language development and communication. There is no evidence to suggest that there is a direct relationship between affect and task performance (Kohn, 1993). Research suggests that positive affect increases the rate of learning, while negative affect decreases the rate.

Early psychoanalytic and developmental psychology perspectives have always proposed an important link between the first few years of life and the development of attachment relationships. Now, modern technology has provided us with the early infant brain research evidence proving the importance of early experiences and wiring of the infant brain. Early attachment affects the development of social competence in later childhood (Collins & Kuczaj, 1991). Developmental features linked to attachment include flexibility and resilience in social interactions, acquisition of problem solving skills and emotional adjustment. Therefore, the positive affects experienced within the earliest mother-infant interactions contribute to the child's sense of well-being, social, emotional and cognitive development.

With this evidence to support the vital importance of positive emotional development to subsequent learning, we can no longer ignore the need to promote positive emotional development in the school. With the current state of the nation's family structures, attachment and the issues surrounding it are of paramount importance in the mental health and education fields. We must turn our efforts to

address the needs of the whole child. We must meet the emotional needs before intellectual growth can begin.

## Theory of Attachment

Attachment begins before birth on a neurological and emotional level. Neurochemicals and hormones, the expectant mother's attitudes about her child and whether or not she uses substances during pregnancy greatly affect the neurological and emotional development of her child. Specific interactions necessary in the development of the caregiver-child bond include eye contact, skin-to-skin contact, rocking, the provisions of lactose, and vocalizations (Reber, 1996). Without these critical interactions, infants can lose interest in the world, become "insecure" or "anxiously attached," or even die.

John Bowlby was the first to propose an ethologically based theory of attachment. Originally, Bowlby (1969) defined attachment as a "lasting psychological connectedness between human beings." After years of attachment research, Bowlby (1989) describes attachment as a strong emotional bond that is forged with another, who is perceived as better able to cope with the world. In this description of attachment, one can surmise that attachment serves a purpose for the young and virtually helpless newborn. Developmental psychologists define attachment as the affectionate ties between intimate companions (Collins & Kuczaj, 1991). In the case of infants, this companion is their primary caregiver, usually the mother. Psychoanalytic theories suggest that personal identification is the result of attachment. Social learning theories state that attachment is learned and gained through the mutual responsiveness of a mother and her infant. In other words, there is a reciprocal and interdependent bond created between infant and caregiver.

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touch... is the foundation  
for the development of identity

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## The Sense of Touch Embodiment

This refers to the body relationship a child forms with other bodies (Jennings, 1993). This usually occurs within the first year of life, but can be reexperienced as late as adulthood. Embodiment is obtained mostly through the sense of touch, although other senses are involved. It is the sense of touch which is the foundation for the development of identity in all human beings (Jennings, 1993). The early relationship established between the infant's body and others helps the infant recognize itself as "one" while forming a sense of "we" with

*continues on p. 7*

## Reactive Attachment Disorder (from p. 4)

those with [whom] the infant interacts. The creation of the bodily self allows for the development of a complete body image. Related attachment theories suggest that a child who experiences being touched develops a sense of self (Mitchum, 1987). Therefore, it is the act of touching that allows a child to see him/herself.

The sense of touch is the most critical component in a child's early years of growth and development (Nash, 1977). Many people think that if you are not careful, you can spoil newborns by granting their desires. The fact is that newborn infants are beginning to learn how to regulate and soothe themselves. This is learned best when adults soothe them by responding to their distress. If you deprive an infant of touch, his/her body will literally stop growing. It has been found that children who are rarely touched develop brains twenty to thirty percent smaller than normal for children their age.

Many research studies have been conducted addressing touch through infant massage therapy and its effects. Studies conducted on babies in intensive care units have shown that massaged infants tend to gain weight more quickly, have lower levels of stress hormones, cry less and are soothed more easily than infants who are not massaged on a routine basis.

Some children are not touched in a positive manner. Jenning (1993) describes the over-held, under-held and distortedly held child. The over-held child is not provided with a sense of autonomy or efficient motivation to explore his environment and the bodies of others. The under-held child lacks a sense of security, while the distortedly held child is often a victim of physical and/or sexual abuse or some other form of some other form of body trauma. These children lack appropriate attachment with a significant caregiver (Brody, 1933). They will not thrive developmentally, are often severely impaired and lack the formation of the bodily self (Jennings, 1993).

## The Effects of Stress and Trauma

Positive early life experiences, where healthy brain stimulation takes place, create a healthy cortical-to-brain stem/midbrain ratio. This healthy ratio develops when the child experiences a positive variety of developmental experiences, [affecting] emotional, behavioral, cognitive and social domains. The ratio between higher level brain functions the cortical and limbic systems and the brain stem and midbrain functions, should be two to one. This ratio allows the higher-level brain functions to possess the power to control the more reactive and reflexive brain stem and midbrain. Although the lower brain is the first to develop, with healthy positive developmental experiences, it is later shaped and modified by the higher brain cortex.

These early life experiences create the internal model for the young child. These are often referred to as interpersonal motivations or working models (Bowlby, 1973). Working models have both affective and cognitive components. According to Bowlby, working models are flexible, adaptable representations of the characteristics and behaviors of attach-

ment figures. The infant uses these models to assess and plan behavioral responses. Working models also influence emotions, attention, memory and cognitions. By having set models, an infant increases his/her efficiency by not having to construct new working models with every new situation and setting. The foundations for working models or interpersonal motivations are laid within the first year of life. Because the models are created by lower level brain functions, Bowlby states that these representations are resistant to change, due to their automatic and unconscious nature.

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The infant-mother relationship  
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beginning of psychopathology

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The infant-mother relationship has the power to promote mental health or to serve as the beginning of psychopathology. Stress and trauma play a role in healthy brain development (Perry, 1995). Stress and trauma have several negative effects on brain development. Stress depletes the store of neurotransmitters in the brain, which in turn creates an overdevelopment of the midbrain and brain stem. This can result in anxiety, impulsivity, emotional immaturity, and hyperactivity in the child. Stress and trauma also cause an underdevelopment of the limbic and cortical functions. This can [affect] empathy and problem solving, creating a behaviorally reactive young child predisposed to violence and aggression.

If a child is raised in an unpredictable, chaotic, violent environment, s/he is highly likely to adapt by having a hyperactive arousal system. If violence, neglect and unreliability characterize primary relationships, then a future of maladaptive relationships will result. When a young child is frequently assaulted, s/he develops a high sensorimotor response system from visual cues. The young child adapts to over- interpreting nonverbal cues, to quickly react on impulses and to strike out or withdraw before being struck. Therefore, the abused and neglected child's internal working model will reflect abuse. The child will develop defense mechanisms, which reflect either a flight or fight response from the hypothalamus. This results in a disassociation and psychologically disengaging child or in the over- aggressive, impulsive tendencies displayed in attachment disorder children.

## Reactive Attachment Disorder

Reactive Attachment Disorder (RAD) is a disorder listed in the DSM-IV, under Pervasive Developmental Disorders in Young Children. The DSM-IV refers to two types of reactive attachment disorder. These are the inhibited type and the disinhibited type. The inhibited type is characterized by a persistent failure to initiate or respond in a developmentally appropriate way to most social interactions. This is the child who responds to his/her caregiver with avoidance, a resis-

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