Attachment is an ongoing social process. Attachment occurs after one’s needs are met following a crisis (hunger, illness, pain). The more consistently needs are met by the same caregiver, the stronger the attachment. If needs are met inconsistently (neglect), attachment is weakened. If caregivers change frequently (moves from one placement to another), attachment may be interrupted, resulting in Attachment Disorder.
Attachment Styles

Secure Attachment
Believes and trusts that his needs will be met

Avoidant Attachment
Subconsciously believes that his needs probably won't be met

MOTHER
Quick Sensitive Consistant

CHILD
Secure Exploring Nappy

Distant Disengaged

CHILD
Not very explorative Emotionally distant

MOTHER
Depressed Passive Angry Non-responsive

Ambivalent Attachment
Cannot rely on his needs to be met

Disorganized Attachment
Severely confused with no strategy to have his needs met

MOTHER
Inconsistent Sometimes sensitive Sometimes neglectful

CHILD
Anxious Insecure Angry

Extreme Frightened Frightening Passive

www.AttachFromScratch.com
**EARLY ATTACHMENT AND LATER OUTCOMES**

The attachment bond—a child’s earliest relationship with his or her primary caregiver (usually mother)—affects relationships throughout life.

- **Secure** attachment occurs when the primary caregiver is attuned to the non-verbal messages sent by baby, when mother “reads” and responds appropriately to baby’s cries, joyfulness and fears.
- **Insecure** attachment results when caregiver is emotionally unavailable to infant for any reason: overly stressed, anxious or depressed, rejecting, abusive, abandoning, physically or mentally ill, alcoholic, or even unintentionally neglectful. Insecure attachment may also occur if a child is ill, hospitalized, or has a painful, undiagnosed medical problem.

The outcome of secure and insecure attachments is likely to be reflected as below.

To understand someone’s early life, look at the right hand (shaded) columns for some clues.

<table>
<thead>
<tr>
<th>ATTACHMENT STYLE</th>
<th>PARENTAL STYLE</th>
<th>LATER ADULT RELATIONSHIPS</th>
</tr>
</thead>
</table>
| **Secure**       | Aligned/attuned with child | • able to create meaningful, trusting, lasting relationships  
|                   |                | • empathetic; comfortable sharing feelings  
|                   |                | • recognizes and maintains appropriate boundaries  
|                   |                | • self-confident; good self-esteem; feels wanted  
|                   |                | • takes responsibility for actions  
|                   |                | • resilient; copes well with stress/anxiety  
|                   |                | • has conscience and remorse  
|                   |                | • seeks and maintains social support  
|                   |                | • tends to believe that romantic love is enduring  
|                   |                | • believes life is worth living  

| **Avoidant**     | Unavailable or rejecting; neglectful | • avoids closeness or emotional connection  
|                  |                | • unable or unwilling to share thoughts and feelings  
|                  |                | • shows little or no emotion or empathy  
|                  |                | • needy, yet distant; may be whiny or bullying  
|                  |                | • critical; rigid; intolerant; blaming; vengeful  
|                  |                | • feels unlovable; creates excuses to avoid intimacy  
|                  |                | • casual sex; fantasizes about others during sex  
|                  |                | • sees love as rare and temporary  
|                  |                | • little distress when relationship ends  
|                  |                | • may use alcohol to be in social situations  

| **Anxious/Ambivalent** | Inconsistent and sometimes intrusive parent communication; unavailable | • anxious and insecure; feels helpless  
|                       |                | • controlling; blaming  
|                       |                | • erratic, impulsive, unpredictable  
|                       |                | • superficially charming and engaging  
|                       |                | • falls in love often; clingy  
|                       |                | • manipulates to gain closeness; then sabotages to create distance  
|                       |                | • worries partner does not love them; frequent break-ups  
|                       |                | • distraught when relationship ends  
|                       |                | • often uses alcohol/drugs to reduce anxiety in relationship  

| **Disorganized**    | Ignores or doesn’t see child’s needs; behavior is frightening or traumatizing; may be adopted or in foster care | • chaotic; insensitive; explosive; abusive  
|                     |                | • untrusting even while craving security  
|                     |                | • feels worthless, unwanted and unlovable  
|                     |                | • depressed; anxious  
|                     |                | • erratic – may seek relationship, cut it off, and then try to re-establish it  
|                     |                | • underachieving; lies, steals or cheats  
|                     |                | • alcohol/drugs increase negative behaviors  

| **Reactive**        | Extremely unattached or dysregulated; abandonment; multiple caregivers; foster or adoptive homes | • cannot establish positive relationships  
|                     |                | • lacks eye contact  
|                     |                | • lacks guilt or remorse  
|                     |                | • lacks cause/effect thinking  
|                     |                | • often misdiagnosed as other conditions (ADHD, Conduct Disorder, Oppositional Defiant Disorder, Antisocial Personality Disorder, etc)  
|                     |                | • may become addicted to alcohol or other drugs  

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DSM-5 Criteria for PTSD

In 2013, the American Psychiatric Association revised the PTSD diagnostic criteria in the fifth edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (1). The diagnostic criteria are specified below.

Note that DSM-5 introduced a preschool subtype of PTSD for children ages 6 years and younger. The criteria below are specific to adults, adolescents, and children older than 6 years.

Diagnostic criteria for PTSD include a history of exposure to a traumatic event that meets specific stipulations and symptoms from each of four symptom clusters: intrusion, avoidance, negative alterations in cognitions and mood, and alterations in arousal and reactivity. The sixth criterion concerns duration of symptoms; the seventh assesses functioning; and, the eighth criterion clarifies symptoms as not attributable to a substance or co-occurring medical condition.

Two specifications are noted including delayed expression and a dissociative subtype of PTSD, the latter of which is new to DSM-5. In both specifications, the full diagnostic criteria for PTSD must be met for application to be warranted.

Criterion A: stressor

The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows: (1 required)

1. Direct exposure.
2. Witnessing, in person.
3. Indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental.
4. Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse). This does not include indirect non-professional exposure through electronic media, television, movies, or pictures.

Criterion B: intrusion symptoms

The traumatic event is persistently re-experienced in the following way(s): (1 required)

1. Recurrent, involuntary, and intrusive memories. Note: Children older than 6 may express this symptom in repetitive play.
2. Traumatic nightmares. Note: Children may have frightening dreams without content related to the trauma(s).
3. Dissociative reactions (e.g., flashbacks) which may occur on a continuum from brief episodes to complete loss of consciousness. Note: Children may reenact the event in play.
4. Intense or prolonged distress after exposure to traumatic reminders.
5. Marked physiologic reactivity after exposure to trauma-related stimuli.
Criterion C: avoidance
Persistent effortful avoidance of distressing trauma-related stimuli after the event: (1 required)
1. Trauma-related thoughts or feelings.
2. Trauma-related external reminders (e.g., people, places, conversations, activities, objects, or situations).

Criterion D: negative alterations in cognitions and mood
Negative alterations in cognitions and mood that began or worsened after the traumatic event: (2 required)
1. Inability to recall key features of the traumatic event (usually dissociative amnesia; not due to head injury, alcohol or drugs).
2. Persistent (and often distorted) negative beliefs and expectations about oneself or the world (e.g., "I am bad," "The world is completely dangerous.").
3. Persistent distorted blame of self or others for causing the traumatic event or for resulting consequences.
4. Persistent negative trauma-related emotions (e.g., fear, horror, anger, guilt or shame).
5. Markedly diminished interest in (pre-traumatic) significant activities.
6. Feeling alienated from others (e.g., detachment or estrangement).
7. Constricted affect: persistent inability to experience positive emotions.

Criterion E: alterations in arousal and reactivity
Trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event: (2 required)
1. Irritable or aggressive behavior.
2. Self-destructive or reckless behavior.
3. Hypervigilance.
4. Exaggerated startle response.
5. Problems in concentration.

Criterion F: duration
Persistence of symptoms (in Criteria B, C, D and E) for more than one month.

Criterion G: functional significance
Significant symptom-related distress or functional impairment (e.g., social, occupational).

Criterion H: exclusion
Disturbance is not due to medication, substance use, or other illness.

Specify if: With dissociative symptoms.
In addition to meeting criteria for diagnosis, an individual experiences high levels of either of the following in reaction to trauma-related stimuli:
1. **Depersonalization**: experience of being an outside observer of or detached from oneself (e.g., feeling as if "this is not happening to me" or one were in a dream).

2. **Derealization**: experience of unreality, distance, or distortion (e.g., "things are not real").

**Specify if**: With delayed expression.

Full diagnosis is not met until at least 6 months after the trauma(s), although onset of symptoms may occur immediately.

**References**


Date Created: 06/10/2013 See last Reviewed/Updated Date below.

The National Center for PTSD does not provide direct clinical care, individual referrals or benefits information.

For help please see: | PTSD Information Voice Mail: (800) 246-3880 | Connect with Us
---|---|---
Where to Get Help for PTSD or Get Help with VA PTSD Care, Benefits, or Claims | Contact Us: ncptrau@va.gov | [Facebook](#) [Twitter](#) [LinkedIn](#)

*Links take you outside the VA website to a non government site. VA does not endorse and is not responsible for the content of these linked websites.*

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U.S. Department of Veterans Affairs · 810 Vermont Avenue, NW · Washington, DC 20420
Reviewed/Updated Date: August 19, 2013
<table>
<thead>
<tr>
<th>Trauma Type</th>
<th>Trauma Details</th>
<th>Role in Event</th>
<th>Age(s) Experienced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wiev/Political Violence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Violence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic Violence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect/Abandonment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

○ Learned about ○ Witness ○ Victim

○ Learned about ○ Witness ○ Victim

○ Learned about ○ Witness ○ Victim

○ Learned about ○ Witness ○ Victim

○ Learned about ○ Witness ○ Victim

○ Learned about ○ Witness ○ Victim

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

(clinician administered)
<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td></td>
<td>1. Did someone touch your private parts when you did not want them to? (Do not include illnesses.)</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>2. Were you beaten up, shot at, or threatened to be hurt badly in your school?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>3. Were you in an accident like a serious car accident or fall?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>4. Were you in a disaster like an earthquake, wildfire, hurricane, tornado, or flood?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>5. Were you hit, punched, or kicked very hard at home?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>6. Did you see a family member being hit, punched, or kicked very hard at home?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>7. Did you see someone who was beaten up, shot at, or threatened to be hurt badly in your neighborhood or town?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>8. Did you see someone who was beaten up, shot at, or threatened to be hurt badly in your school?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>9. Did you see a dead body (do not include illnesses)?</td>
</tr>
</tbody>
</table>

Below is a list of other scary or violent things that can happen. For each question check "Yes" if this has happened to you: check "No" if this did not happen to you.

I. Provide a brief description of what happened:

   1. Sometimes people have scary or violent things that happen to them. Some people could have been or was badly hurt or killed. Has anything like this ever happened to you?

   2. In interviewing the child/adolescent ask: Sometimes people have scary or violent things that happen to them. Some people could have been or was badly hurt or killed. Has anything like this ever happened to you?
### Clinical: Provide a brief description of what is most bothersome now (if different from #1 above):

---

**About how old were you when this bad thing happened?**

---

If the answer is "YES" to any ONE question in the above list (11 to #15), place the number of that question in this blank: 

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Did you see or hear about the violent death of a loved one or friend?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Did you have a painful or scary medical treatment when you were very sick or badly injured?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>13. Were you ever forced to have sex with someone against your will?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>14. Has anyone close to you died?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>15. Is anything else REALY SCARY OR DISTRESSING?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Item</td>
<td>None</td>
<td>Little</td>
</tr>
<tr>
<td>------</td>
<td>------</td>
<td>--------</td>
</tr>
<tr>
<td>Feel anxious or embarrassed over what happened.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Have trouble going to sleep, wake up, or have trouble getting back to sleep.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Feel like it’s my fault.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Feel that part of what happened was my fault.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Want to go alone.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Feel alone even when I am around other people.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Have persistent thoughts, pictures or sounds of what happened come into my mind when I don’t want them.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Feel thoughts like “I will never be able to trust other people.”</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Am mad when someone makes the bad things happen, not doing more to stop it, or to help after.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>In my head, I relive or re-enact the accident.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>When something reminds me of what happened, I have strong feelings in my body like my heart beats very fast or feel very upset, afraid, or sad.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I do not think about or have feelings about what happened.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Have trouble feeling happiness or love.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>When something reminds me of what happened I get very upset, afraid, or sad.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Have bad dreams about what happened, or other bad dreams.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Have thoughts like “the world is really dangerous.”</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Have trouble concentrating or having attention.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Don’t feel when doing things with my family or friends or other things that I liked to do.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Feel like what happened was sticking on me.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Feel like I am back at the time when the bad thing happened, the it’s happening all over again.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Feel upset about or feel a difference of physical things.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Feel away from people, places or things that remind me of what happened.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Have thoughts like “I am bad.”</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Put things in the place of what happened.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Have the idea for longer or things that I am afraid of when I sleep over my shoulder even when nothing is there.</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**UCLA PTSD Reaction Index for Children/Adolescents**

**How much of the time during the past month...**
<table>
<thead>
<tr>
<th>Item</th>
<th>DSM-5</th>
<th>UCLA PTSD Reaction Index for Children/Adolescents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>I feel like things around me are not real, like I am in a dream.</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>I feel like things around me look strange, different, or like I am in a fog.</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
<td>I feel not connected to my body, like I'm not really there inside.</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
<td>I feel like I am seeing myself or what I am doing from outside my body (like watching myself in a movie).</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
<td>I feel like I am seeing myself or what I am doing from outside my body (like watching myself in a movie).</td>
</tr>
</tbody>
</table>

**With Dissociative Symptoms (Dissociative subtype)**

<table>
<thead>
<tr>
<th>Item</th>
<th>DSM-5</th>
<th>UCLA PTSD Reaction Index for Children/Adolescents</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>2</td>
<td>I want to get back at someone for what happened.</td>
</tr>
<tr>
<td>7</td>
<td>3</td>
<td>I do things or unsafe things that could really hurt me or someone else.</td>
</tr>
<tr>
<td>8</td>
<td>4</td>
<td>I feel afraid, afraid, afraid.</td>
</tr>
<tr>
<td>9</td>
<td>2</td>
<td>I feel jump or startle easily. When I hear a loud noise or when something surprises me.</td>
</tr>
<tr>
<td>10</td>
<td>1</td>
<td>I have trouble remembering important parts of what happened.</td>
</tr>
</tbody>
</table>
The child has a developmental age of at least 9 months.
- The disturbance is evident before age 5 years.
- The criteria are not met for autism spectrum disorder.

Criterion A.
- Care in Criterion C is presumed to be responsible for the disturbed behavior in attachment.
- Rearing in unusual settings that severely limit opportunities to form selective attachments.
- Repeated changes of primary caregivers that limit opportunities to form stable attachment.
- Emotional needs for comfort, stimulation, and affection met by caregivers at other settings.
- Social neglect or deprivation in the form of persistent lack of having basic needs.
- Child has experienced pattern of extremes of insufficient, over-stimulated, or fearful, that are evident even during nonthreatening interactions with adult caregivers.
- Episodes of unexplained irritability, sadness, or fearfulness that are evident even minimal positive affect.
- Minimal social and emotional responsiveness to others.

Criterion B.
- Persistent social and emotional disturbance characterized by 2+ of the following:
  - The child rarely or minimally responds to comfort when distressed.
  - The child rarely or minimally seeks comfort when distressed.

Criterion C.
- A consistent pattern of inhibited, emotionally withdrawn behavior toward adult caregivers, manifested by both of the following:
  - A.
  - After
The child has a developmental age of at least 9 months.

Criterion A.
The care in Criterion C presumed to be responsible for disturbed behavior in attachments.
- Hearing in unusual settings that severely limit opportunities to form secure attachments.
- Repeated changes of primary caregivers that limit opportunities to form stable attachments.
- Needs for comfort, stimulation, and affection met by caregiving adults.
- Social neglect or deprivation in the form of persistent lack of having basic emotional needs for comfort, stimulation, and affection met by caregiving adults.

at least one of the following:

C. The child has experienced a pattern of extremes of insufficient care as evidenced by socially disturbed behavior.

B. The behaviors in Criterion A are not limited to impulsivity (as in ADHD) but include:
- Willingness to go off with an unfamiliar adult with minimal or no hesitation.
- In unfamiliar settings.
- Diminished or absent checking back with adult caregiver after venturing away even sanctioned and with age-appropriate social boundaries.
- Overly familiar verbal or physical behavior that is not consistent with culturally familiar adults.
- Reduced or absent resistance in approaching and interacting with unfamiliar adults.

unfamiliar adults and exhibits at least two of the following:
- A pattern of behavior in which a child actively approaches and interacts with

Disinhibited Social Engagement Disorder...
Exposure to extremes of insufficient care

- Behaviors not limited to impulsivity but include socially disinhibited behavior
- Reduced/absent reactivity when interacting with unfamiliar adults

Characterized by:

- More externalizing
- Even secure attachments

APA: Disinhibited social engagement disorder more closely resembles ADHD. It may occur in children who do not necessarily lack attachments and may have established or established social relationships.

**Disorder in DSM-5**

Changes to Disinhibited Social Engagement