

Rebuilding the Broken Bond

by Nancy Thomas

Causes

Any of the following conditions occurring to a child under 36 months of age puts a child at high risk for developing RAD:

1. Maternal ambivalence toward pregnancy
2. In-utero trauma, drugs, alcohol exposure
3. Abuse (physical, emotional, sexual)
4. Neglect
5. Sudden separation from primary caregiver
6. Undiagnosed or painful illness such as colic or ear infections
7. Inconsistent or inadequate day care
8. Chronic maternal depression
9. Several moves and/or placements (foster care, failed adoptions)
10. Unprepared mothers with poor parenting skills

Attachment Disorder Symptoms in Children

1. Superficially engaging & charming
2. Lack of eye contact on parents' terms
3. Indiscriminately affectionate with strangers
4. Not affectionate on Parents' terms (not cuddly)
5. Destructive to self, others and material things (accident prone)
6. Cruelty to animals
7. Lying about the obvious (crazy lying)
8. Stealing
9. No impulse controls (frequently acts hyperactive)
10. Learning Lags
11. Lack of cause and effect thinking
12. Lack of conscience
13. Abnormal eating patterns
14. Poor peer relationships
15. Preoccupation with fire
16. Preoccupation with blood & gore
17. Persistent nonsense questions & chatter
18. Inappropriately demanding & clingy
19. Abnormal speech patterns
20. Triangulation of adults
21. False allegations of abuse
22. Presumptive entitlement issues
23. Parents appear hostile and angry

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Attachment Disorder Symptoms in Infants

1. Does not use crying appropriately to get someone to address needs
2. Often does not settle when needs are met by Mom (primary caregiver)
3. Overreacts or often startles to touch, sound and/or light
4. Listlessness with no medical reason (infant depression)
5. Limited holding onto or reaching for caregiver
6. Lack of appropriate stranger anxiety between 6 and 9 months of age
7. Shows minimal interest in interacting with people
8. Does not smile back or respond with activity to smiles or baby talk
9. Often does not follow human movement with their eyes
10. Avoids eye contact
11. Self abusive behavior (head banging- self biting- hair pulling)
12. Is resistant to cuddling (stiff)

Keys to Bonding High Risk Babies-Every minute you invest holding your child, smiling into their eyes is 1 HOUR less pain when they are teens

1. Breast feed if possible
2. Always hold bottle (NEVER prop it)
3. Carry the baby in a snugli or fabric carrier on the front, facing mom 4 to 6 hours daily
4. Massage baby 20 minutes each day while smiling and using high voice
5. Hold & rock infant with loving eye contact, smiles and singing or reading in happy "baby talk" each day
6. Feed sweet milk in Mom's arms with soft eye contact, touch (stroke baby's face, hold fingers) loving voice.
7. Baby should nap daily resting skin to skin on Dad's chest,
8. Baby sleeps with or near parents at night, Be careful to avoid falls
9. Do not allow baby to self feed
10. No "baby carrier," baby is in arms
11. No stroller facing away from Mom
12. No one feeds baby except Mom
13. No one holds baby except for Mom and Dad unless less than 5 min/d2
14. Baby must not be left to cry alone for longer than 3 minutes
15. Hold baby facing you-heart to heart
16. No exposure to tv for one full year
17. Delay painful medical procedures, if possible, until child is bonded
18. Play Mozart's music to soothe baby
19. Respond to baby's attempts to get your love and attention with joy!!

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Different Types of Attachment

From "The Development of Infant-Mother Attachment by Mary Ainsworth

Anxious Resistive Attachment - "The Victims of Life"

Approximately 18 Months of Age

1. Act pathetic - a product of neglectful, incompetent and inept care
2. Incessant crying and an inability to settle.
3. Squirm and kick when being held.
4. Angry ambivalence - respond negatively to being picked up and negatively to being put down.
5. Demonstrate very little initiative regarding proximity seeking and contact maintenance behavior.
6. Don't trust mother's accessibility and responsiveness.

Children over Two Years of Age

1. Excessively clingy. (Cling to parents legs as they try to walk)
2. Become overly upset when separated from mother. (Tantrums or crying spells if the parent tries to go to the bathroom alone)
3. Superficially compliant and seem eager to please until limit is set
4. Avoid demonstration of honest feelings. Pretending they are fine when enraged. Avoid closeness because they don't feel safe.
5. Often use physical complaints to change the subject.
6. Display passive-aggressive behaviors.
7. Nonstop talking about things that make little or no sense, don't fit into the conversation. Intrude on adult space verbally/physically.
8. Are very clingy in friendships demanding much attention.
9. They buy friends by giving gifts, often stolen items. Teenagers of use sex to hang onto boyfriends.
10. Very whiny when not given what they want. Often misdiagnosed as over-anxious disorder.
11. When demanding physical affection, they cause adult pain. If they initiate the closeness they will "allow" others to hold or hug them but not if the adult initiates it.
12. They make up stories they think adults want to hear. Admit to misbehaviors they did not do.
13. Primary emotion tends to be fear and sadness rather than rage.

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Anxious Avoidant Attachment — “The Future Abusers”

1. Avoidant attachment tends to be the result of abusive care.
2. Avoidant behavior is angry behavior, i.e. gaze aversion.
3. Approach-avoidance conflict (ambivalence) regarding close body contact with mother to avoid expected rejection
5. Displaced anger toward physical objects- destroying toys and property rather than direct expression of anger.
6. Flat affect - extremely controlling of emotions.
7. Concerns for control (perceived for survival) effect learning
8. Avoid contact, They fear what they want.
9. Don't soften and snuggle in when held.

Disorganized Attachment

1. Fear of caregiver who is unpredictable - (ex: parents with unresolved traumas, serious mood disorders, substance abuse or who are maltreating their children)
2. Display a variety of symptoms of the other types of attachment disorder at various times.
3. Changing moods quickly.

Secure Attachment - “The Winners”

1. Child uses mother as a secure base to explore the environment.
2. Expect Mom to be accessible and responsive to their signals.
3. Positive response to being held (sink in and active behaviors -bouncing, smiling, hugging).
4. Readily accept cessation of contact, contact is settling, comforting and satisfying.
5. Object permanency - Mom will be back.
6. Rarely angry, obedient and compliant.
7. Negative feelings don't interfere with their contact seeking behavior nor with the ability to settle.
8. Express needs directly and efficiently, and are persistent at getting what they want.
9. Better frustration tolerance and problem solving skills.

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What is Reactive Attachment Disorder?

RAD is a condition in which individuals have difficulty forming loving lasting relationships. They often have a nearly complete lack of ability to be genuinely affectionate with others. They typically fail to develop a conscience and do not learn to trust. They do not allow people to be in control of them due to this trust issue. They can be surface compliant for weeks if there is no loving relationship involved. With strangers they can be extremely charming and appear loving. Uneducated adults misinterpret this as the child trusting or caring for them. If they cannot trust and love their own family that loves them, they will not trust and love a casual acquaintance!! They do not think and feel like a -normal person. Some infamous people with RAD that did not get help in time: Hitler, Saddam Hussein, Edgar Allen Poe, Jeffrey Dahmer and Ted Bundy One famous person with Attachment Disorder who did get help in time (1887!), and became one of our greatest humanitarians, is Helen Keller.

Keys to Bonding

1. Eye contact - Warm, loving, and soft
2. Touch - holding, hugging, snuggling, massage
3. Movement - rocking, bouncing, dancing
4. Smiles - the smile in the eyes is the child's focus
5. Basic carbohydrates - lactose, sugar (ice cream, caramels)

Other Factors that Facilitate Bonding

1. Pizzazz
2. Parent interactions that encourage reciprocity on parent's terms:
 - singing together
 - reciting nursery rhymes together
 - imitating games where child follows
3. Child and parent working together
 - doing chores together in a fun way
 - activities that child completes on parents terms that enable a child give to the family
4. Strong Parents
 - use action not anger
 - prevent manipulation so the child can feel
5. Continuity with child's past - Real parents are forgiving and accepting of birth parents. If they are "trash or bad or evil" so is their offspring!

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Attachment Therapy

- Why traditional therapies fail with RAD kids:
 - Establishing relationship with client not possible
 - Brain structure (Bessel van der Kolk MD)
 - con, manipulate, lie, control
- Must utilize mother as the change agent
 - Mother is an essential part of the bonding (not in the waiting room)
- Empower the mother with right techniques/skills. Parenting and therapy must go hand in hand
- Instant availability (commitment) the covert message “You are -important!
- Time is based on needs of child/family not on 50 minute hour
 - Session is over when child is calm never in mid-rage
- . Attachment therapists are highly trained and skilled in dealing rage-filled children. Heart surgeons don’t read a book then cut!
- Confrontive techniques are used to deal with issues. “Waiting until they are ready” does not work with this level of pathology
- Success is based on behavior in the home not in the therapists

For more information on training in
Attachment Therapy contact:

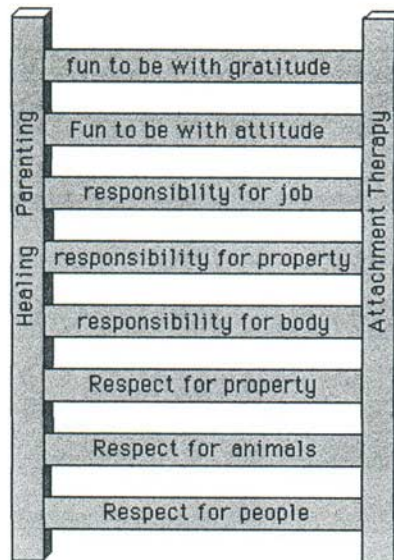
Bill Goble Ph.D. at The Resource Center
in North Carolina (828) 733-0202

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The Ladder of Success



Step 1. Shine the light

Step 2. Turn child toward ladder

Step 3. Remove distractions and obstacles

Step 4. Offer child steps of the ladder

Step 5. Slowly expand circle of privileges and choices

Step 6. Celebrate victory for them, not over them

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Support Ideas

1. Realize this is a very painful situation. If you are on the Mom's side, you are on the child's side. If you take the child's side against the Mom, they both lose.
 2. Listen with open ears and hearts, Not judging, not being critical. Condemning, criticizing or blaming Does Not Help! Lift the burden, don't load it down.
 5. Make short, loving phone calls (occasionally) to listen and encourage, not to advise, not to gather information or "check on them". Tell parents they can call whenever she needs an ear.
 4. Take Mom or Dad to lunch or dinner.
 5. Rent a funny movie and share it.
 6. Send flowers, chocolate or cards with love and a smile in it.
 7. Bring some dinner or baked goods.
 5. Hugs are always healing. Moms need 12 a day minimum.
 9. Do Not give unasked for advice.
 10. Take all information as confidential.
 11. Pray for them.
 12. It is very helpful to educate yourself about Attachment Disorder.
 15. Run errands to help lift the load.
 14. Take the kids somewhere for the afternoon. Be sure she knows it's because she deserves a break and not because she can't handle it.
 15. Give her a gift certificate for a massage, hair salon, restaurant.
 16. Give Mozart's music, which is very calming, or some other uplifting tunes.
 17. Give her a stuffed animal filled with love for her inner child.
 15. Give her one of the Chicken Soup for the Soul books.
 10. Scratch her back, pat her shoulder.
 20. Buy bubblebath and watch the kids for an hour or so while she soaks to music.
 21. Remind her of her special traits and talents.
 22. Tell the child often, in front of her, how lucky they are to have a mom like this.
 25. Absolutely, never show up without calling to check for an appropriate time.
 24. Ask if you can pick up groceries or dry cleaning while you're out.
 25. Never tell her to "Just love the child more". If you already have, beg forgiveness for not understanding.
- *****Do not say, "Let me know if I can help." Instead, just do it!

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It Takes a Team to Heal a Hurting Child

Part II

Presented by Nancy Thomas

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#1 Take good care of yourself!

A+ sleep, nutrition, quiet time, home preparation (including alarm)

Laughter has been clocked at 70 MPH! Use it to blow your problems away! Contact other parents for support try the web! www.debrahage.com/pwp www.syix.com/adsg
www.attachmentdisorder.net/private.htm www.attach.org

Identify your ancient water tortures and prepare!

#2 Use personal power to establish respect

The child will internalize the parent of perceived power, if there is none they will internalize their own rage and not learn to trust.

#3 Create and maintain a heart to heart connection

Eye contact+ touch+ movement± smiles+ lactose=
bonding and trust

Appreciation builds bonds!!

Snuggle time is a time to share feelings and laughter with each other! Try singing lullabies, telling fairy tales, doing the itsy bitsy spider.(all with eye contact, touch, smiles, movement, and sugar!!!) Slip them a caramel for the milk sugar! The chewiness keeps them p quiet longer and simulates the same sucking and jaw motion as a nursing infant!

#4 Teach self control

Basic compliance = Come, Go, No, Sit, Stay (should be learned by 18 months of age)

#5 Set limits and help child accept limits

Respectful, Responsible and Fun To Be Around = LOVABLE Lego limit includes only Legos, art, reading, mini-tramp
set only two limits on each activity to start

Behavior receiving the most pizzazz is the one the child will repeat!

#6 Supercharge your expectations of responsibility

Chores should be done- fast & snappy and right the first time.

The chore is not as important as the child!

#7 Be sure child makes restitution for damage

child must earn the money and pay back double to learn from it

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#8 Remove barriers between you and your child

Don't let material things get between you and your relationship Turn off the TV

#9 Avoid the wrong control battles and win the war against rage

NO WARNINGS

NO SECOND CHANCES

NO FOOD OR BATHROOM ISSUES

NO CLOTHING, HAIR DOS, OR FRIENDS HASSLES

NO ANGER (THEY FEED ON IT)

NO UN-ASKED FOR ADVICE (covert message:

you can't think for yourself!)

#10 Teach child to think for him/herself

Natural consequences

Super natural consequences

Always given with empathy (no anger)

Planned to turn child's thoughts to the inside rather than the outside

#11 Help child to process feelings

(these can be discussed or written by the child)

* WHAT HAPPENED?

* WHAT WAS I FEELING?

* HOW DID I HANDLE IT?

* HOW DID IT WORK OUT FOR ME?

* HOW AM I GOING TO HANDLE IT IN THE FUTURE?

Some parents yell so loud the child can't hear his inner voice. (Talk less)

#12 Build self esteem

We attract the same level of self esteem in friends
that we have.

Use **conditional** positives to build self esteem

5 POSITIVES = 1 NEGATIVE (Just to balance it out!!)

Your eyes, photos, videos, life book build it

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Providing respite/relief/child care for families with special needs children with emotional disorders such as RAD

Regular Respite

To allow parents to have a life and maintain adult relationship

- Parents can have a break
- Child is “normal”
- Child can play with other kids
- Child can join in family activities
- Regularly scheduled to maintain emotional health of parents

This should be provided by an approved friend or family member.

Therapeutic Respite

To lift parents burden and help child continue toward healing

- Parents need a break or to maintain emotional health of parents
- Child is emotionally disturbed (RAD)
- No bonding activities (eye contact, hugs, smiles, hugs, sugar)
- Tight structure
- Child does not play or interact with other children or pets
- Absolutely no television, nintendo, or computer
- Parents are supported and encouraged-never blamed or question

This should be provided by a well trained adult.

Therapeutic Motivational Respite

To motivate child to appreciate and reach toward real parents (attitude adjustment)

- Not more than 10 days away from family
- Should be prescribed by therapist
- Emotionally disturbed child is blowing out or stuck in bad behavior
- Non-punitive and not “mean” or cruel
- Child works on life with chores/writing papers/apology letters etc.
- No bonding activities -no play time
- Maintain tight structure
- Soup kitchen meals three times daily

This should be provided by a well trained, experienced therapeutic parent.

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NORMAL STAGES OF INTERNALIZATION

From Understanding and Treating the Severely Disturbed Child by Foster Cline MD

STAGE 1

"I'll take it"
(1-3 years old)

Represents causative thinking although primitive. (even this is not present in severely unattached) they steal unless parent is in sight. (outside lid on id)

STAGE 2

"I would like to take it, but dad (mom) would kill me!" Parents seem as all powerful in size, power and mental ability.
(2-5 years)

They show playful causative thinking.

STAGE 3

"I would take it but my parents might find out."
(still fearful, 5-7 years)

The child is "playing the odds".
(partial lid on id)

STAGE 4

"I would take it, but if mom found out, she'd be upset." (wistful, 6-9 years)

-Shows solid beginning of internalization of object (Lid on id)

STAGE 5

"I would take it, but I don't feel good about doing things like that." (7-11 years)
-Represents primary process thinking.
(no lid on the id)

-Internalization is complete and the child's own moral values are in place.

(superego complete)

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Privilege Schedule

Privileges **MUST** be earned or the child will blow it to let you know they can not handle so much.

Children with RAD do not handle activities well, Too much, too soon, sets them up for failure. Examples of possible requirements are: being respectful, responsible, and fun to be around. An example of being respectful would be saying “yes, Mom” or “yes, Dad” with eye contact. An example of being responsible would be doing chores fast and snappy and right the first time, making their bed daily, remembering to take medications with no reminder. Examples of being fun to be around would be: no unscheduled tantrums, being considerate to siblings, being willing to help, an attitude of gratitude. Tie in something pertaining to the goal, as not interacting with the pets in order to earn their petting privilege.

The plan is written out and reviewed with child. The goals are selected and set steps to achieve goals are reviewed. The steps to achieve each goal must be attainable! Written plan is posted on the fridge. The goals are cumulative. The plan is to give rather than continually take away privileges!

Goal setting is a very important skill for the child to learn.

Children need to have playtime everyday!

Daily Fun activities that should not require earning:

Reading (book is selected by parent)

Legos, Lincoln logs, toy farm sets, erector sets, etc.

Drawing/coloring (washable crayons only)

Jumping on a mini tramp (with adult present)

GOAL WORKSHEET		
PRIVILEGE TO EARN	PARENT EXPECTATIONS	LENGTH OF TIME
EXAMPLE:		
BUNGIE CORD JUMPING	MONEY EARNED FOR LIFE INSURANCE/DEBTS PAID! WILL WRITTEN	TWO MONTHS

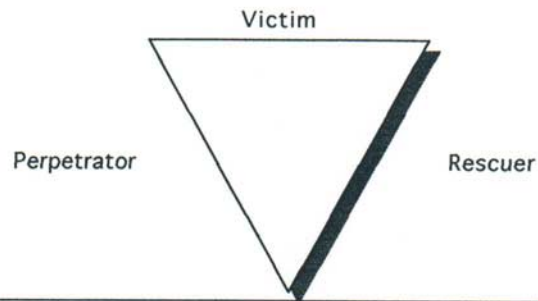
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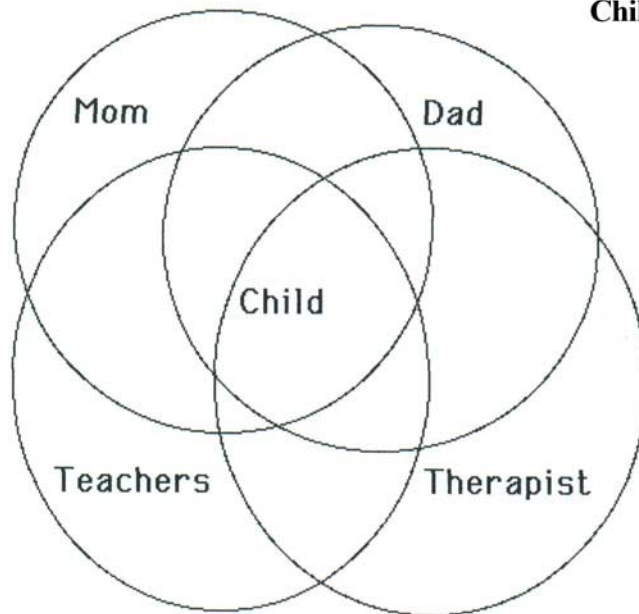
Lighting the Fires of Learning with RAD & ADD



The Unhealthy Triad



The Circle of Life for the Emotionally Disturbed Child



Winners work together!

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Attachment Disorder Symptoms

Child's name _____ Date _____

Symptoms	Never	Some	Severe
1. Superficially engaging & charming	_____	_____	_____
2. Lack of eye contact on parents terms	_____	_____	_____
3. Indiscriminately affectionate with strangers	_____	_____	_____
4. Not affectionate on Parents' terms (not cuddly)	_____	_____	_____
5. Destructive to self, others and material things (accident-prone)	_____	_____	_____
6. Cruelty to animals	_____	_____	_____
7. Lying about the obvious (crazy lying)	_____	_____	_____
8. Stealing	_____	_____	_____
9. No impulse controls (frequently acts hyperactive)	_____	_____	_____
10. Learning Lags	_____	_____	_____
11. Lack of cause and effect thinking	_____	_____	_____
12. Lack of conscience	_____	_____	_____
13. Abnormal eating patterns	_____	_____	_____
14. Poor peer relationships	_____	_____	_____
15. Preoccupation with fire	_____	_____	_____
16. Preoccupation with blood & gore	_____	_____	_____
17. Persistent nonsense questions & chatter	_____	_____	_____
18. Inappropriately demanding & clingy	_____	_____	_____
19. Abnormal speech patterns	_____	_____	_____
20. Triangulation of adults	_____	_____	_____
21. False allegations of abuse	_____	_____	_____
22. Presumptive entitlement issues	_____	_____	_____
23. Parents appear hostile and angry	_____	_____	_____

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Depression Symptoms

Name _____ Date _____

Symptoms	Never	Some	Severe
1. Persistent feelings of sadness	_____	_____	_____
2. Discouragement about the future	_____	_____	_____
3. Limited ability to problem solve	_____	_____	_____
4. Feelings of failure	_____	_____	_____
5. Lack of satisfaction over things that used to satisfy	_____	_____	_____
6. Feelings of guilt	_____	_____	_____
7. Feeling like you are being punished	_____	_____	_____
8. Disappointment in self or performance	_____	_____	_____
9. Being critical of yourself for mistakes or weaknesses	_____	_____	_____
10. Having thoughts or plans of suicide	_____	_____	_____
11. Not feeling hopeful about the future	_____	_____	_____
12. Inability to make decision	_____	_____	_____
13. Lack of concentration	_____	_____	_____
14. Feelings of looking unattractive or old	_____	_____	_____
15. Profuse tears or inability to cry	_____	_____	_____
16. More easily annoyed or irritated	_____	_____	_____
17. Loss of interest in other people	_____	_____	_____
18. Difficulty getting started on project	_____	_____	_____
19. Inability to sleep restfully	_____	_____	_____
20. Less energy/easily tired	_____	_____	_____
21. Change in appetite, increase or decrease	_____	_____	_____
22. Rapid weight loss or weight gain	_____	_____	_____
23. Concern about physical problems, aches, pains	_____	_____	_____
24. Loss of interest in sex	_____	_____	_____

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Post Traumatic Stress Disorder (PTSD)

Name_____ Date_____

Symptoms	Never	Some	Severe
1. exposure to event(s) involving trauma ,threats or serious injury	_____	_____	_____
2. exposure to event(s) involving intense fear, helplessness or horror	_____	_____	_____
3. recurrent memories of traumatic event(s)	_____	_____	_____
4. recurrent distressing dreams of traumatic event(s)	_____	_____	_____
5. feelings of the trauma recurring	_____	_____	_____
6. intense distress at exposure to cues that symbolize part of the event	_____	_____	_____
7. physical response on exposure to cues symbolizing event	_____	_____	_____
8. efforts to avoid thoughts, feelings, or discussion of trauma	_____	_____	_____
9. efforts to avoid activities, places, or people that arouse memories	_____	_____	_____
10. inability to recall an important aspect of the trauma	_____	_____	_____
11. markedly diminished interest or participation in significant activities	_____	_____	_____
12. feelings of detachment or estrangement from others	_____	_____	_____
13. restricted range of facial expressions (affect)	_____	_____	_____
14. sense of hopelessness about the future	_____	_____	_____
15. difficulty falling or staying asleep	_____	_____	_____
16. irritability or outbursts of anger	_____	_____	_____
17. difficulty concentrating	_____	_____	_____
18. hypervigilance	_____	_____	_____
19. exaggerated startle response	_____	_____	_____
20. duration of the disturbance more than 1 month	_____	_____	_____

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PTSD Secondary Trauma

Name _____ Date _____

Symptoms	Never	Some	Severe
1. Realization that things between you and others have changed	_____	_____	_____
2. You're no longer the same person as you were before	_____	_____	_____
3. Inability to enjoy yourself with others in the same way	_____	_____	_____
4. Feeling that you're unlike other people	_____	_____	_____
5. Feeling disconnected from other people	_____	_____	_____
6. Loneliness and alienation	_____	_____	_____
7. Damaged sense of self worth/lowered self esteem	_____	_____	_____
8. Feeling out of control emotionally	_____	_____	_____
9. Development of physical problems	_____	_____	_____
10. Excessive immersion in work	_____	_____	_____
11. View of yourself and place in the world changes	_____	_____	_____
12. Development of selective perception	_____	_____	_____
13. More attuned to dangers	_____	_____	_____
14. Loss of illusions of security	_____	_____	_____
15. Loss of meaning in your existence	_____	_____	_____
16. Loss of feeling of control	_____	_____	_____
17. Development of victim identity	_____	_____	_____
18. Fatigue and depression	_____	_____	_____
19. Denial	_____	_____	_____
20. Alternate between trying harder and giving up	_____	_____	_____
21. Decrease in sex drive	_____	_____	_____
22. Stress on significant relationships(marriage, etc)	_____	_____	_____
23. Helplessness, hopelessness, and anger = rage	_____	_____	_____

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RECOMMENDED READING for Attachment Disorder

Parenting the Hurt Child, Gregory Keck, Ph.D. & Kupecky
Adopting the Hurt Child, Gregory Keck, Ph.D. & Kupecky, Pinon press '95
Holding Time, by Martha Welch M.D. Simon and Schuster 1988
The Miracle Worker, by William Gibson Bantam Books/Perma 1962
The Secret Life of The Unborn Child, by Thomas Verny M.D. Dell publishing a division of Bantam 1981
Can this Child be Saved?, by Foster Cline, M.D. & Kathy Holding
Ghosts from the Nursery by Robin Karr-Morse
Primal Wound by Nancy Verrier, Gateway Press, 1994
Therapeutic Parenting: It's an Attitude, by Deborah Hage
Touching (the Human Significance of the skin), by Ashley Montagu
Harper and Row publishers
Facilitating Developmental Attachment, by Hughes, D.A, Northvak
NJ: Jason Aronson Inc., 1997
The Family Virtues Guide by Linda Kavelin Popov, Penguin Books
Attachment Trauma and Healing by Levy, and Orlans, 98, CWLA Pub.
Becoming Attached, by Karen, 94, Oxford, NY: Oxford University Press
Parenting with Love and Logic by Jim Fay and Foster Cline
The Handbook of Attachment Interventions Edited by Levy, Academic Press 1999
When Love is Not Enough, by Nancy Thomas, 1997, Families by Design
P.O. Box 2812, Glenwood Springs, CO 81602 970 984 2222
99 Ways to Drive Your Child Sane by Brita St. Clair at above address