

## (D) Insecure Disorganised

The most worrying of children who have a disrupted and insecure attachment style are those children that present with the following:

(disorganised and disorientated behaviours in their world)

- The child is unable to employ cohesive strategies to engage in relationships which will all have experienced tension, through being idealised and then hated
- The child will be experienced in the extremes of 'good' and 'very difficult', the oscillation between these two states as undeterminable and erratic, 'what worked one day will not work the next'
- The child will be experienced as intimidating
- Adults will be left with a feeling of anxiety and at times fear of the child's capacity to hurt, verbally and physically
- These children will attempt at all times to control, either through parentifying/care giving behaviours or through refusal, derogatory remarks and or sophisticated commanding behaviours and requests.
- They lack the capacity of self regulation in any relationship
- As day time carers and support network you may be experienced by the child as a source of security and the child will approach as such however you will also represent a figure of fear that the child will seek to avoid.

The approach with these children revolves around communicating a message of consistency, in the face of their internal chaos and confusion. Often adults will feel the urge to punish these children and or be left feeling lost and ineffectual, a failure and useless. This the true struggle with these children –longevity.

They have the most complex of histories and will have experienced their home environment and main care giver as frightening and abusive. These children have not experienced a 'normative' upbringing with social constructs in place to protect them in their development.



- The child is frightened by situations that elicit attachment-seeking behaviour i.e. the child is fearful of making connections that feel real to anybody that child is interacting with because he has only ever experienced grief, confusion rejection, pain and loss.
- The aim of the behaviour is that it has no aim (unlike any other organised attachment insecure or secure)

The child's internal model speaks to him/her thus;

- My caregiver at times seems overwhelmed by me and at other times is seems VERY angry with me
- Others are abusive, either neglectfully, physically, emotionally or sexually.
- I am unable to get my needs met
- I don't know how to protect myself

Some helpful strategies to hold in mind;

- Get down on that child's level when in communication, do not back child 'into a corner'
- Provide the child with clear and simple instructions to aid the child understand what their task is and what you expect, keep consistent boundaries to tasks.
- Inform that child of how you experience that child in order to reframe how he understands himself from moment to moment, name what he is trying to let you know and that the behaviour helps you understand what he is trying to let you know, give clear instruction of what is next
- Identify that that behaviour is finished and you want to move on together
- Provide consistency of approach
- Always consider what the communication is about, the child is calling the adult in to ask- can you protect me? Are you predictable?
- Offer as solid and well sense of yourself as possible
- The child perceives threat in ALL of your actions, be deliberate in your approach (his world is violent)
- Remind the child that he/she is known to you, you can remember and see the child as, you are you, however difficult it feels for the child



### *Disorganised: Type D*

Highly vigilant, wary of mood & behaviour of others  
Denial and distortion of thoughts and perceptions  
Fear of close relationships  
Intense, chronic fears  
Lacking empathy or congruence  
Provokes rejection due to intense, chronic fears  
Easily swamped by emotions  
Submissive to parent while aggressive to others away from home  
Appears to have no remorse  
Appears unwilling or unable to change behaviour  
Superficially charming to strangers, while dismissing to carers/parents  
Extravagant, grandiose (though unrealistic) claims  
Restlessness, constantly seeking action likely to lead to anti-social outcome  
Dislike of being touched or held  
Lack of affectionate behaviour, bossy with carers  
Anger, blaming especially towards female carers  
High resentment  
Lack of playing  
Few smiles  
Crazy fabrication  
May be cruel to pets  
Ridicules, humiliates, belittles others (repeating what's been done to him/her)  
Accident prone - reckless with impunity (as a defence against anxiety)  
Denial of danger or fear  
Coercive, demanding  
Tendency to trash toys in temper  
Preoccupation with blood, gore, weapons, e.g. violent drawings etc  
Experiences the world as frightening and unpredictable  
Multiple moves and changes of care within short space of time  
Parents involved in serious drug, alcohol abuse and crime  
Parents suffering mental ill-health and affective disorders  
Parents who suffered abuse in childhood, that was never resolved  
Parental role inversion - compulsive care-giving  
Parents are frightening, exploitative, emotionally unavailable, hostile;  
Parents who suffered abuse in childhood, that was never resolved  
Children unable to acknowledge parent's failure to love or protect them  
Fear of abandonment  
Fear being destroyed by aggressive feelings  
Rhythmic rocking, head banging, self harm (self biting)  
Under duress, infants may thrash around, toddlers cover face with hands  
Hiding, fearfully (under tables, behind furniture etc)  
Unconsciously excludes perceptions, experience such as affectionate response  
Lacking coherent strategy to gain sufficient proximity to get needs met  
Apprehensive, fearful, often using contradictory approaches  
Trances (freezing); dissociating  
Constantly trapped in 'fight - flight - freeze' response to anticipated trauma  
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