

Appendix A

Answer Key for Case-Related Questions

1. The correct answer is: **c**
 - a. *Incorrect.* There is no research evidence favoring administration of growth hormone for purpose of improving self-esteem in children with growth retardation secondary to neglect, and even with evidence this would not be an initial intervention.
 - b. *Incorrect.* If norms for size are different in Guatemala, this does not mean that delay in growth is not a particular problem for Jorge, and there is no comparative information provided which would dismiss the importance of a pediatric consult.
 - c. *Correct.* Early pediatric or family medication evaluation is important based on the high rate of health concerns in international adoptees, which include delays of vaccinations, in addition to growth problems and other pediatric problems.
 - d. *Incorrect.* Postponing care on the basis of missing records aggravates and compounds the problem of past medical neglect.
 - e. *Incorrect.* Supporting a “wait-and-see” approach may reinforce a false optimism, and could result in missing an important medical problem.
2. The correct answer is: **c**
 - a. *Incorrect.* Collaborative treatment is essential for RAD, and Jorge will benefit from close liaison between specialties. Consent for shared discussion is a task often best completed at intake.
 - b. *Incorrect.* Exclusively restricting psychiatry to medication managements diminishes your usefulness to the treatment team.
 - c. *Correct.* Symptoms evolve over time in RAD, sometimes as new developmental tasks are encountered, or as a function of stress. A continuing membership on the team is helpful in meeting the variable challenges of treatment care. Ongoing availability also means that medication trials do not extend beyond their useful purpose.
 - d. *Incorrect.* You will not be accepted on the team with this approach.

- e. *Incorrect.* It is hazardous to recommend advanced treatments without knowing about the methods you will appear to have endorsed. Advanced methods such as forced holds and re-birthing have caused significant harm.
3. The correct answer is: **a**
- a. *Correct.* Gathering information about symptoms from two or more settings is a standard part of the evaluation for ADHD. This step does not necessarily lead to diagnosis or treatment, and it will be important to know if the symptoms are limited to specific contexts, supporting the therapist's view. If Jorge has ADHD symptoms in multiple settings, he may benefit from treatment of this comorbid condition.
- b. *Incorrect.* There is no evidence of paradoxical effect of medication treatment for ADHD in children with both RAD and ADHD.
- c. *Incorrect.* There is actually less reason to send Jorge to residential treatment at the point of suspecting that ADHD is a part of his symptom picture. His general adaptation may improve if ADHD is correctly diagnosed and treated.
- d. *Incorrect.* With the information provided, there is no rationale for either brain imaging or genetic testing at this point, and neither is standard of care in the initial assessment of ADHD symptoms.
- e. *Incorrect.* There is no evidence provided which suggests that Jorge has a limitation in language that affects therapy. Interrupting therapy also presents a risk for Jorge, who is gradually establishing a capacity for trust and selective relationship.
4. The correct answer is: **a**
- a. *Correct.* To address the problem behavior it is important to know what Jorge has learned about the touch behavior, what it means to him, and what he understands to be the effect on others. Cultural differences, if any, would also apply to evaluating the behavior, and comprehending the motivation of the behavior is a first step in addressing treatment.
- b. *Incorrect.* Simply assigning time in the corner does not help Jorge to clarify his own motivations, and this peremptory adult response is likely to reinforce his behavioral reactions to past emotional neglect.
- c. *Incorrect.* Simulating an incorrect social behavior is contraindicated, as it is likely to confuse a child like Jorge, and will interfere with the acquisition of social norms.
- d. *Incorrect.* Although lack of reinforcement could plausibly lead to extinction of a behavior, it will activate Jorge's envy of the other children and resentment which relates to unmet dependency need. Without interpreting the meaning of turning away, his teacher will likely see a rise in oppositional-defiant behavior.
- e. *Incorrect.* Not addressing the social cost of an inappropriate behavior is counterintuitive and will interfere with Jorge's acquisition of social norms. As he becomes self-conscious of the adult effort to avoid criticism, he is likely to internalize a negative self-image.

5. The correct answer is: **d**

- a. *Incorrect.* An age-appropriate, developmental task for Jorge is to distinguish between having feelings of anger and behaving aggressively. Apologizing for the appearance of feeling angry will thwart him in his effort to cope with angry feelings within socially acceptable ways, such as explaining rather than “acting out” feelings.
- b. *Incorrect.* While unconditional affection plays an important role in early dyadic attachment, providing this in a broader social context would foster a false and unrealistic expectation of his relationship to school.
- c. *Incorrect.* Though the sanction of expulsion may be explained calmly this does not represent object constancy, as it is in fact retaliatory.
- d. *Correct.* Although object constancy originally applied to the maintenance of an internalized image of the parent independent of drive states, it now applies also to modeling of calm, predictable response to provocation by the responsible parent or adult figure. Here the therapist represents object constancy by calmly explaining rules that comprise a structure for social adaptation.
- e. *Incorrect.* Assigning all social correction to a parent is unrealistic, as social crises require resolution in the moment they occur. Hinting that forceful punishment is permissible outside the school is irresponsible.

6. The correct answer is: **b**

- a. *Incorrect.* Although weight gain may be an unfortunate side effect, a 2-week washout on the inpatient unit is costly, and may be unproductive. If effective, the current mood stabilizer may need to be continued while alternatives are considered, hopefully with a better side effect profile.
- b. *Correct.* Although you are not directing inpatient treatment and may not have all the facts, it is important to know whether there is any chance that the start of an antidepressant might have aggravated the current behavioral symptoms. It is not unusual for antidepressants to be started with the theory that external symptoms represent a masked depression: sometimes this is correct, and at other times discontinuing an antidepressant may significantly improve the level of symptoms.
- c. *Incorrect.* A portion of RAD children may worsen time in a structured setting, and within the close quarters of an inpatient milieu. The inpatient team is familiar with the current symptoms, and therefore has a better perspective as to whether residential treatment is required.
- d. *Incorrect.* Recommendation of removal from the home and transfer is hazardous, as it will likely impair or destroy your treatment alliance with the Smiths if they disagree. The inpatient team will then need to hunt for a new child psychiatrist.
- e. *Incorrect.* You cannot guide the inpatient medication plan since you are not the current treating physician.

7. The correct answer is: **d**
- a. *Incorrect.* Reactivation of trauma is a risk of therapy, and management of the affect aroused by recovered memory is a part of the skill set for therapists who work with childhood trauma.
 - b. *Incorrect.* Coercive treatments have a proven risk in the treatment of RAD.
 - c. *Incorrect.* Medication treatment options are not well defined for childhood PTSD, and the risk of discontinuing other treatments for such a medication trial is high relative to benefit. Of note, an off-label medication trial might be considered if trauma symptoms are chronically severe. At this point, the rise in symptoms is acute and evidently reactive to a single session of therapy.
 - d. *Correct.* Encouragement of the current therapy treatment alliance will help Jorge to become confident about managing negative emotions and will likely further his trust in how adults work together to manage problems. Checking with the therapist about treatment could be useful if this is a new colleague, so as to politely verify an understanding of the methods in use.
 - e. *Incorrect.* Nightmares are common in PTSD, and at this point there is no information to suggest a primary sleep disorder.
8. The correct answer is: **c**
- a. *Incorrect.* As described in the text, a minority of RAD children show persistence of quasi-autistic symptoms, that improve over time. In this case autistic symptoms are becoming increasingly severe.
 - b. *Incorrect.* It is rare to see autistic symptoms persist unchanged in the inhibited-withdrawn type of RAD, and this form of RAD is typically responsive to placement in a supportive environment.
 - c. *Correct.* As listed in the DSMIV, diagnosis is made for ASD when full criteria are met, even when attachment disorder affects the capacity for interpersonal relatedness.
 - d. *Incorrect.* It is the disinhibited form of RAD which shows greater persistence of symptoms, as manifest, for example, in excessive friendliness to strangers.
 - e. *Incorrect.* The rage behavior so far described relates to insistence on sameness, an autistic trait. Unless further history is provided about episodic mood changes, there is no present basis for diagnosis of bipolar disorder.
9. The correct answer is: **b**
- a. *Incorrect.* The extent and duration of tantrum behavior after reunion does not match with secure attachment.
 - b. *Correct.* Timmy is showing shifts between approach and withdrawal behavior, while maintaining the high emotional intensity characteristic of disorganized attachment.
 - c. *Incorrect.* Intense emotional display exclusively directed to the parent figure practically rules out RAD.

- d. *Incorrect.* Although play behavior may have helpfully distracted Timmy from his separation anxiety, the severity and duration of rage after reunion does not match with secure attachment.
 - e. *Incorrect.* Timmy is rather persistent and tenacious in his expression of anger, which therefore does not seem like an impulsive mistake. The reunion behavior is in any case not a proof for ADHD, which therefore cannot be invoked to explain the intense, ambivalent display of anger toward his mother.
10. The correct answer is: **c**
- a. *Incorrect.* A substituted gesture, following Winnicott, would not take account of the child's motivation or would oppose the direction of an intention.
 - b. *Incorrect.* Pseudomaturity refers to the assumption of a false or artificial level of independence and precocious manner.
 - c. *Correct.* By helping to overcome an obstacle and furthering an original intention, there is recognition of the child's aims and an empathic identification with the child's sense of agency.
 - d. *Incorrect.* After providing helpful assistance, this parent allows the child to independently further their original goal.
 - e. *Incorrect.* The parent is evidently aware that her child is startled by the mishap. Though it is understandable that other adults in the waiting area might be irked, the mother's attunement inclines her to show that the accident is a problem that can be fixed.

Appendix B

Answer Key for Theory Questions

1. The correct answer is: **a**
 - a. Crying is an attachment behavior, and selective attachment is suggested by the worsening of behavior when a stranger urges the child to desist.
 - b. A warm smile and a hug by an unaccompanied 5-year-old just meeting you suggest a potential problem of attachment, and in any case the behaviors do not represent normal attachment.
 - c. The strong interest in a stranger is not biological attachment as described by Bowlby; further context is needed to clarify the meaning of the behavior.
 - d. Posting on the internet to strangers is almost the opposite of attachment.
 - e. The meaning is unclear, but the cessation of crying at the sight of an officer is not an attachment behavior.
2. The correct answer is: **b**

For choices a–d, the most persistent RAD symptom is indiscriminate friendliness (b). Sexualized behavior in childhood PTSD has variable persistence, but is not specifically part of RAD criteria.
3. The correct answer is: **b**

Main and Weston continued the work of Ainsworth and confirmed many of the original findings, but disputed the observation that avoidance of engagement at point of reunion necessarily reveals insecure attachment; brief avoidance of eye contact, for example, also occurs in some children who are securely attached.
4. The correct answer is: **e**
 - a. The behaviors show rapid shifts between conflicting intentions, suggesting disorganized attachment.
 - b. Avoidance and anxiety is depicted, rather than displacement of arousal into an apparently unrelated activity.
 - c. The child's behavior corresponds closely to the represented goal of preserving access to the parent.
 - d. Indiscriminate friendliness is represented.

- e. This displacement activity allows time for dissipation of a portion of highly charged emotions, and after a brief moment the child may be able to reengage without showing negative affect.
5. The correct answer is: **b**
While multiple authors have theorized that early deficits in attachment impair the development of limbic networks, only Joseph compares early deprivation to actual ablation experiments in animals.
- 6–10. The correct answers are:
- 6. **a**
Julie interprets Gail's state of mind based on shared experience, as well as an appreciation of Gail's individual perspective.
 - 7. **e**
Tom redirects to a topic which he estimates Jay will share, thus extending the opportunity for interaction.
 - 8. **c**
This official reflects on the motivations of his staff and uses the information from his human study to advance a personal agenda.
 - 9. **d**
This pre-adolescent appears to be repeating what he has been told about his own state of mind, rather than revealing emotion.
 - 10. **b**
The teenager displays a nondiscriminate social drive and neglects to consider the other passenger's possible objection to interaction in the crowded setting.

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About the Author

Daniel Shreeve grew up in a family of writers and in a community of laboratory scientists and their families that filled up and, eventually, transformed the small Long Island village of Bellport. He recalls a carefree and often barefoot childhood during a period when the fields and forests between home and the Great South Bay were open and accessible. His father—a pioneer in nuclear medicine—brought the family to Sweden for a sabbatical, where the author completed high school at Viggbyholmsskolan International School, near Stockholm.

Dr. Shreeve spent his sophomore year abroad at Durham University in England; he graduated Phi Beta Kappa from Washington University in 1971. His doctoral work in ethology included a year of field research at the remote Aleutian island of Adak. As Assistant Professor at Northeast Missouri State University (now Truman University), he taught in his specialty of ethology, but also acquired responsibility for the premedical curriculum in histology and other subjects. This in turn inspired the ambition to study medicine, and subsequently the early interest in ethology found application in the subspecialty of child/adolescent psychiatry.

Dr. Shreeve has served in the US Air Force as Chief of Child/Adolescent Psychiatry at Lackland AFB, and subsequently has provided clinical care in a variety of community and hospital settings. Now that his three sons are grown and independent, he and his wife have moved to Bavaria, Germany, where he provides child/adolescent psychiatric care to US personnel stationed overseas.