



"The Overdiagnosis & Misdiagnosis of Attachment Disorder" © by Planet Autism

"The Coventry Grid"

The Coventry Grid (on page 8 of the document "Autism Spectrum vs Attachment Problems Differences between the Autism Spectrum and attachment problems based upon clinical experience and observations" – link below) is an attempt to guide clinicians. This paper (which is described as a work in progress) by Heather Moran, CAMHS Consultant Child Clinical Psychologist in the West Midlands, was produced to help clinicians understand the differences between the two conditions. There can be some very **superficially** similar behaviours. Having said that, a competent clinician should not have any problem distinguishing the two! That a paper is needed at all, is testament to the increasing problem of children being misdiagnosed with attachment problems. If there is confusion between the two, it speaks to lack of training and awareness.

<http://www.aettraininghubs.org.uk/wp-content/uploads/2012/05/5.4-Moran-paper-attachment.pdf>

The problem is, attachment disorder results from an insecure attachment from a parent/caregiver as a result of neglect, abuse or trauma and therefore professionals diagnosing it willy-nilly, are accusing parents of failings at the very least. The 'parent blame game' is all too prevalent among professionals and it fails families, including the children. It is no small thing to diagnose attachment problems or disorder and to do so, clinicians must be very sure and have done an in-depth assessment to come to this conclusion with evidence to back it up. It can have very serious consequences and result in social services involvement with all the repercussions that brings, so this must only be diagnosed appropriately.

The other problem is, that it prevents a neurodevelopmental assessment being carried out and missed diagnosis of autism or ADHD, means the child will have no support or help for the condition they actually do have. This can have catastrophic consequences for the child and their family and cause long-lasting damage to the child.

In this Guardian article, "A quick guide to attachment theory - Tips for social workers and practitioners working with children and families" there is common sense at last.

"First, we tend to overuse the term attachment. So next time you are about to write something like: "I'm worried about the attachment between a parent and child", try using the word relationship, and see if fits the bill just as well. An attachment is a precise term: the notion of a safe haven which, when available, becomes a secure base from which to explore the world around us. Then when we are separated from our secure base we become anxious and quickly seek proximity.

So try to avoid imprecise jargon such as good attachment, strong attachment, attachment problems (and never use attachment disorders as it's a term restricted to qualified clinicians).

*You can only confidently say that a child is securely attached to a carer after a fair amount of training. And even then we can only begin to draw conclusions about an attachment when the child's attachment system has been activated – something happens to create the need for an attachment figure to help out. **Most casual observations of carer-child interaction are unreliable as indicators of attachment relationships.**"*

<http://www.theguardian.com/social-care-network/2016/feb/15/attachment-theory-social-work-child-protection>

Spheres of Expertise

The other issue is, it seems some non-clinical professionals take it upon themselves to 'diagnose' attachment problems, when it needs a qualified clinician to do so, because a differential assessment is needed to rule out or confirm **all** possibilities that affect the psychology and behaviour of the individual.

It seems teachers, social workers and others, are dipping their amateur toes into the psychological arena and passing judgements on parenting, when they may never have seen the parent's interactions with their child at anything other than a superficial level. This is very wrong. Professionals must never work outside their sphere of expertise!

Only someone with the correct training should be even considering making such a diagnosis and other professionals should only pay heed to it, when it is in fact clinically diagnosed, based on facts.

Reasons why professionals may overreact/misdiagnose

1. Unless a professional is trained in neurodevelopmental conditions such as autism and ADHD, they will not have the full skill-set to do a differential diagnosis, which is essential.
2. There is unfortunately a hysterical culture of over-zealous child protection, resulting in many professionals covering their backs and assuming the worst.
3. Children with "high-functioning" neurodevelopmental conditions often mask their difficulties in school. This is in fact well-known, but there is such a level of ignorance among teachers and social workers that they assume a child who behaves well at school and has challenging behaviour at home, means that the problem lies at home. (*See links below*).
4. Professionals such as teachers, may be annoyed with persistent parents who insist on supports for their child and sometimes, teachers get fed-up and become somewhat vengeful in response, reporting families to social services in spite. Yes, it does happen. All humans are fallible.
5. Parents of autistic or ADHD children may have autism themselves and may be misjudged or misrepresented by professionals due to atypical behaviours of the parent.

Links regarding the difference in behaviour between school and home

1. <http://www.autism.org.uk/about/behaviour/common-questions/school-home.aspx>
2. https://blogs.shu.ac.uk/autism/2014/11/18/good-behaviour-at-school-not-so-good-at-home/?doing_wp_cron=1438093006.5978510379791259765625
3. <https://planetautismblog.wordpress.com/2014/04/20/professionals-not-understanding-autistic-presentations-masking/>
4. <https://planetautismblog.wordpress.com/2015/07/28/the-hidden-difficulties-of-autistic-children-in-school/>

What the research actually says

<http://etheses.bham.ac.uk/4812/1/Kendall-Jones14ApEd.pdf>

"Confusing ASD and attachment difficulties has far-reaching implications in terms of access to services and interventions, family dynamics and life opportunities. A comparative analysis was conducted to evaluate current practice, assess the **scale of misdiagnosis**, and identify areas of differential presentation which may facilitate accurate diagnosis."

"5.3.1

Common Phenomenology

That there is no discernible difference in the behavioural presentation of children with ASD and children with attachment difficulties, is consistent with the evidence reviewed in Section 2.4 (e.g. Denis et al., 2009; Hoksbergen et al., 2005; Rutter et al., 1999; Sadiq et al., 2012). It is possible that the conditions share a common phenomenology, **albeit with different aetiologies.**"

"5.3.2

Concurrent Difficulties

There is some evidence to support the contention that children with ASD commonly have concurrent difficulties with attachment, **not attributable to the way they were parented.** The research found that the children who went on to be diagnosed with ASD exhibited more disorganised attachment and less involvement than those who did not. However, the parents of these children were found to be equally sensitive as the parents of children who did not subsequently receive a diagnosis. Hence, later impairments in the attachment behaviours of these children could not be attributed to poorly attuned parenting.

This pattern was not found in the group without ASD, in which the sensitivity of parents positively correlated with the security of their children. In addition, the research found that the level of severity of autistic symptoms displayed in the social domain predicted attachment security, with more severe symptoms predicting less attachment security. The authors contended that these findings called attachment theory's validity into question, challenging the purported link between attachment security and parenting (Ainsworth et al., 1978).

Further, they suggest that **children with ASD may have a biologically limited ability to form secure attachments** (Van Ijzendoorn et al., 2007). If attachment difficulties are, as this study suggests, a feature of ASD, this has implications for the diagnostic process.

Differential diagnosis **employing a measure designed to assess whether a child's behavioural presentation is more in line with one or the other difficulty would not be valid.**"

"5.3.5

Validity of the Measure - Dimensionality

As discussed in Section 5.5.1, one implication of the results of the principal components analysis is that ASD and attachment behaviours comprise overlapping phenomenology which renders problematic their conceptualisation as two discrete constructs. However, given the evidence suggesting differential prognoses, this is not the most credible explanation. Instead, it may be that the behaviours attributed to ASD and attachment difficulties are a shared subset of the dysfunction, or impairments, experienced by children with ASD and attachment difficulties.

The hypothesis that the behaviours ascribed by the scale to characterising children with ASD or attachment, are a shared subset of the dysfunction, or impairments, that are displayed by both groups is supported by the extensive evidence, reviewed in Chapter Two.

The Coventry Grid (Moran, 2010), from which the measure employed was developed, and closely resembles, was developed through a collaborative and critical process, involving a wide range of professionals involved in diagnosis. **If they were not able to sufficiently delineate the differences, this raises important questions as to the ability of professionals in general to differentiate between ASD and attachment difficulties through behavioural observation. Further, it makes the routine use of teachers, who have not received any ASD or diagnostic training, as the main source of such information highly questionable. This has important implications for the diagnostic process.**

However, Given that the mode of data collection, behavioural ratings given by teachers, closely mirrored the diagnostic process in Noname LA, **the study raises important questions about its capacity to provide adequate differential diagnosis, particularly with regards the professionals involved and the data collected."**

Basically, the study says that teachers are not qualified to give opinions supporting the case of the difficulties and most especially if they have not had autism training.

There has to be a basic level of common sense too. Autistics take things literally, misunderstand humour, low danger awareness etc. none of which AD children will have. The lack of common sense among professionals is further evidenced by this paragraph:

"Future research including ratings of behaviour within the home may reveal important information. It is possible that the domains of home-related functioning included the original Coventry Grid (Moran, 2010), but omitted from the measure developed for this study, would reveal greater differences in the behavioural presentations of attachment difficulties. The identification of areas of observable significant difference would be a significant benefit for those involved in the diagnostic process."

So they are assessing children and researching WITHOUT parental input on their behaviour at home or outside of school! Total tick-box testing – and how a child presents in clinic is not their usual behaviour! And it says within that paper that a single assessment tool is not sufficient.

*"The implication of this finding is the need for **very careful differential diagnosis**, based on information from a variety of sources, **including family history** and possibly change over time; something which is not routinely conducted in Noname Local Authority. Further, **it calls into question the ability of those completing diagnostic rating scales to accurately differentiate between the two conditions**. Educational psychologists are ideally placed to provide the holistic assessment and synthesis of information required, and this study supports their routine involvement."*

There are very obvious traits that differentiate autism, but professionals are so caught up in their bias, personal opinions and tick-box forms that they are not trusting parents as experts in their own children and are not taking parental evidence into account or giving it the respect and weighting it deserves. Do they seriously believe that amount of parents are abusing and neglecting their children! Let's have some common sense folks.