

AFTER THE GATE

THE SHOEMAKER TIMING–SEVERITY HYPOTHESIS

SNAPPED · SHIFTED · SOLID

PLATE 00 · WORKING BRIEF

The Shoemaker Timing–Severity Hypothesis

Why attachment collapse after age five still counts — and why later rupture can run louder than the cutoff allowed

After the Gate · The Age Five Gate Trilogy is the research spine of this brief.

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The field drew a line at age five. Families have been paying for that line ever since.

That sentence is not poetry. It is the mismatch this brief exists to name. A manual line taught two generations of workers that attachment collapse “only counts” in early childhood. After that line, the same behaviors were recoded as opposition, attention, mood, autism-adjacent rigidity, or “teen drama.” The child did not become a different species at the fifth birthday. The file did.

The Shoemaker Timing–Severity Hypothesis is the named model that replaces the cutoff. It does not ask the field to invent a new diagnosis. It asks the field to stop treating timing as a footnote and severity as a mood. It says: when the rupture landed moves the outcome; caregiver-reported severity can be measured; later harm still moves that severity; and the adult in the room is inside the mechanism, not standing next to it.

This brief states the hypothesis in public form. It is not a DSM specifier. It is not a slogan. It is a working method with a 2016 dissertation core, a 2017 published summary, and two later volumes that refuse to close the file at the gate.

I. What the hypothesis is — and what it is not

The hypothesis can be said in one paragraph.

Among children already past early childhood, the timing of maltreatment and of primary-caregiver disruption is not a background detail. It is a variable associated with the *severity* of attachment difficulty as reported by the caregiving adult. A rupture that lands after safety has been built — after age five, after placement, after the child has finally used someone — is not automatically milder because the calendar says the sensitive period has closed. In the core sample, children whose maltreatment and/or caregiver disruptions occurred after age five showed *more substantial* attachment-difficulty scores than

children whose comparable events occurred by or before age five. Later harm still moves severity. The file does not close.

What the hypothesis is not:

It is not a claim that early harm is trivial.

Early rupture remains foundational. The hypothesis does not compete with infant attachment science. It refuses the inference that science is used to justify: that after five, attachment work is cosmetic.

It is not a new name for RAD.

Reactive attachment disorder and disinhibited social engagement disorder — ICD-10 F94.1 and F94.2 — have criteria, floors, and limits. The hypothesis does not replace those criteria. It names what the criteria leave on the table after the cutoff: severity that keeps moving, and caregivers who keep writing the code.

It is not a verdict on a child.

Predisposition may be discussed as vulnerability. It may not be discussed as destiny, folklore genetics, or an excuse to stop timing the next rupture.

It is not a license to treat an instrument as a finding it was not built to produce.

The 2017 published summary used the Attachment Disorder Assessment Scale–Revised (ADAS-R) as a caregiver-report measure of attachment-difficulty severity. Other instruments used outside their design produce numbers, not findings. SSI-MR is not a normed test. Do not treat it as one.

II. The four axioms

The hypothesis stands on four axioms. They are not decorations. If an argument violates one of them, it is no longer this model.

AXIOM	NAME	CLAIM
01	Timing is not a footnote	When the rupture landed is not demographic trivia. It is a variable that moves the outcome.
02	Severity is not a mood	Caregiver-reported severity is measurable, not a bad week that will pass by Thursday.
03	Predisposition is not an excuse	A named mark, a tissue, and a design may be discussed as vulnerability. Never as a verdict.
04	Caregivers are not extras	They are not background in the child's story. They are inside the mechanism.

Read Axiom 01 against the manual sentence. The cutoff treats age as a gate that ends the construct. The axiom treats age as a clock that keeps running. A second placement at seven, a bio-parent reappearance at nine, a family crisis at eleven — these are not late footnotes to an early story. They are events with their own timing, and timing moves outcome.

Read Axiom 02 against the Friday-afternoon case consult. “He’s having a week” is not a measurement. Caregiver-reported severity is a score with a rater, a window, and a ceiling. It can be wrong. It cannot be replaced by the worker’s optimism.

Read Axiom 03 against the sentence “trauma lives in the genes.” A named mark, a tissue, and a design may be discussed as vulnerability. Epigenetics is not a curse. Folklore genetics is how a file gets closed on a child who is still being ruptured.

Read Axiom 04 against every plan that puts the child in three therapies and the adult in a parking lot. Caregivers write, repeat, and rewrite the attachment code. When the adult in the room is replaced by a feed, the code keeps running. It just stops being written by anyone accountable.

III. Split the constructs or fail the work

The most common way the field loses this argument is not disagreement. It is collapse. Four different things get pressed into one word — usually “RAD,” sometimes “attachment issues,” sometimes “behaviors.” The hypothesis forbids the collapse.

CONSTRUCT	QUESTION	WHY IT MUST STAY SPLIT
Attachment classification	<i>What the pattern is</i>	Secure, avoidant, ambivalent, disorganized — or a clinical analogue. Pattern is not loudness.
Caregiver-reported severity	<i>How loud the difficulty is</i>	A measurable report of intensity. This is the variable the 2017 study scored.
Compliance	<i>What the child performs</i>	School manners, chore completion, ‘fine at Grandma’s.’ Performance can hide or mimic safety.
Felt safety	<i>What the child experiences</i>	Whether the body will use the adult. Use and check-back are not the same as obedience.

A child can classify as organized and still present with high caregiver-reported severity. A child can comply at school and have no felt safety at 2 a.m. A child can seek indiscriminately and still be scored “fine” because the performance is charming. Collapse those facts and the chapter fails, even if the prose is moving.

This is why the hypothesis says *name severity, not RAD*. RAD is a construct with criteria. Severity is how loud the difficulty is in this house, with this adult, after this rupture. The 2017 study scored the second thing. Families live inside the second thing.

IV. The core study: 2016 defended, 2017 published

The research spine begins in a specific sample, not in a manifesto.

Shoemaker and Benuto (2017) recruited foster and adoptive parents caring for a child who had experienced child maltreatment and/or disruptions in a primary caregiver. The published sample was $N = 223$. Caregivers were grouped by timing: those whose child had the maltreatment and/or disruption history *by or before age five*, and those whose child had that history *after age five*. Attachment

difficulty was scored with the Attachment Disorder Assessment Scale–Revised. Two between-groups analyses of variance asked whether ADAS-R scores differed by the timing of maltreatment, and whether they differed by the timing of primary-caregiver disruption.

The result that launched the later volumes was not a modest tie. Children who were older than five when they experienced maltreatment and/or disruptions in a primary caregiver showed *more substantial attachment difficulty* than children who had those experiences by or before age five.

That sentence is easy to misuse. State the limits with the finding.

First, this is a caregiver-report study in a foster/adoptive sample. It measures severity as the adult in the home experiences and reports it. That is a feature of Axiom 02, not an accident. It is also a limit. Caregiver report can encode adult distress, adult history, and adult hope.

Second, the timing split is coarse. “Before/by five” versus “after five” is a gate test, not a month-by-month dose curve. The hypothesis does not pretend the gate is a biological cliff. It uses the field’s own cliff and asks what happens on the far side.

Third, “more substantial” is not a claim that every late rupture is worse than every early one in every child. It is a group contrast on a severity instrument. The theoretical reading — later trauma, deeper wounds — is developed in Volume II because a mean difference is not yet a mechanism. The study opens the file. It does not finish the mechanism.

Fourth, the study does not convert ADAS-R scores into a DSM-5 or ICD diagnosis. Plate 01 is explicit: later harm still moves severity, so the file does not close — and none of this is a DSM specifier.

What the study does destroy is the operational habit that follows the cutoff: if the child is older than five, attachment is no longer the organizing problem. In this sample, the opposite pattern appeared. After the gate, severity was not smaller. It was larger.

V. Why later can run louder

Volume II is titled *Later Trauma, Deeper Wounds* because the clinical picture after five is not a faded copy of the infant picture. A child who has built even a partial expectation — this adult returns, this house holds, this placement is the last one — has something that can be betrayed. Betrayal after use is not the same injury as never having been held.

The hypothesis does not need a mystical second sensitive period to say that. It needs three ordinary facts.

The child can now represent the rupture. After five, the child can narrate, compare, and keep a ledger. “You said this was home” is available as a sentence. The Fear Engine can run on broken promises, not only on raw absence.

The system can now mislabel the rupture. After five, schools, courts, and clinics have a thicker menu of other names. ADHD. ODD. Mood. Autism-adjacent rigidity. “She’s eleven; this is behavior.”

Each name can be locally true and still miss the timing variable. The mismatch is not the family’s imagination. The mismatch is the topic.

The adult can now be exhausted past repair capacity. After five, the caregiving adult has often already survived the first placement, the first evaluation, the first failed plan. Axiom 04 is not sentiment. An adult whose jaw is hot, whose feed answers first, and whose body no longer returns in twelve seconds is not “unskilled.” That adult is inside the mechanism, and the mechanism is running without a writer.

This is why the later examples in the spine are specific: the second placement change, the bio-parent reappearance, the move at seven, the crisis at eleven. They are not color. They are timed harms after a code had begun to be written.

VI. After the cutoff: predisposition, generation, and the unaccountable writer

Volume III — *Beyond the Age Five Gate* — takes the hypothesis past the original ANOVA. Three further claims belong to the model and must be stated at their actual strength.

F94.1 and F94.2 after the gate

The dissertation work sits under the problem of attachment difficulty after five, including the ICD constructs F94.1 and F94.2 as they continue to be invoked, denied, or quietly ignored once the birthday has passed. The hypothesis does not stretch those codes until they cover every explosion. It refuses the complementary error: that because the child is “too old for RAD,” the attachment file is empty.

Predisposition is vulnerability, not verdict

Some children arrive with a thinner buffer — prior placements, prior institutional care, a parent’s own unclosed file, a body that startles cheaper. The model will name that vulnerability. It will not let predisposition swallow timing. A vulnerable child who is ruptured again at nine is not “just how they are.” That is Axiom 03 violated in a sentence.

Algorithmic substitute caregivers

The pioneers could not score a caregiver that never sleeps, never repairs, and never attunes. The third volume can name the replacement. When the adult in the room is replaced by a feed, the attachment code keeps running — it just stops being written by anyone accountable. This is Axiom 04 under present conditions. It is not a detour into technology commentary. It is a statement about who is available for use and check-back.

A feed can soothe. A feed cannot return in twelve seconds as a person. A feed cannot be the one figure still there at six months. If Solid requires a held change with a human ceiling, then an algorithmic substitute is not a small upgrade to the babysitter. It is a writerless code.

VII. Plate 01 — the method in the order the work runs

The hypothesis is not only a finding. It is a sequence. Plate 01 states the working method in the order the work actually runs.

1	Split constructs	Do not collapse pattern, loudness, performance, and felt safety into one word.
2	Time the harm	Record when the rupture landed — before the gate, at the gate, and after the gate.
3	Name severity, not RAD	Score how loud the difficulty is. Do not use RAD as a mood, an insult, or a closed file.
4	Protect the adult	The caregiver is inside the mechanism. An exhausted adult cannot be treated as scenery.
5	Record the ceiling	What this child and this adult can hold now — not the poster version of recovery.
6	Keep the file open	Later harm still moves severity. None of this is a DSM specifier.

Two notes on step 4 and step 5, because they are the ones clinics skip.

Protect the adult does not mean excuse the adult. It means the adult's own unclosed file is part of the mechanism. A plan that never times the adult's return will keep measuring the child's noise and calling it character.

Record the ceiling does not mean lower the standard. It means stop grading a household against a poster. Staffing can still be short and the stage can still count. Six months of one figure still there is data. It is not a slogan for a mug.

VIII. Plate 02 — Snapped, Shifted, Solid

The hypothesis needs a path that can be observed without becoming a brand exercise. Plate 02 gives three panels. They are stages of work, not identities for a child.

SNAPPED	Name the code. Fear Engine running. Seeking gone or check-back gone. Adult jaw hot. The feed answers first.
SHIFTED	One job only. Limit if needed. Twelve-second return. Three-minute hinge. One observation line.
SOLID	Six months: one figure still there. Eighteen months: use or check-back holds. Staffing can still be short. Solid is a held change, not a poster.

Snapped is diagnostic in the ordinary sense: name what is running. If seeking is gone or check-back is gone, the Fear Engine is not a metaphor. If the feed answers first, Axiom 04 has already failed in the room.

Shifted is deliberately small. One job. A limit if needed. A twelve-second return. A three-minute hinge. One observation line. The model refuses the twenty-goal treatment plan that lets everyone hide. Shift is a change in the writer of the code, not a change in the child's label.

Solid has clocks. Six months: one figure still there. Eighteen months: use or check-back holds. Those clocks are how the hypothesis keeps severity from being a mood. If the figure is gone in week seven, the household is not Solid because someone used the word in a meeting.

The kid-facing line in the spine is reserved and conditional: “You are not broken. You are a Code Breaker.” It is used only in work with the child, and never as a substitute for adult recovery. The brief keeps that line off the masthead for the same reason the publication is faceless. The object is the gate. The adult still has to return.

IX. What the hypothesis asks the field to stop doing

Stop treating the age-five sentence as a statute. Criteria are a floor, not a religion.

Stop closing attachment files because the child has a later label. A later label can be accurate and still leave timing unmeasured.

Stop using RAD as a slur, a destiny, or a funding code that expires at kindergarten.

Stop collapsing compliance into safety. A quiet classroom is not felt safety.

Stop writing plans that leave the caregiver outside the mechanism and then blaming the caregiver for the result.

Stop speaking about genes as if they were a closed court. Vulnerability is not verdict.

Stop scoring instruments outside their design and calling the printout a finding.

X. What the hypothesis asks the field to start doing

Time the harm. Write the dates. Before the gate, at the gate, after the gate. Second placement. Return of a biological parent. Move. Crisis. Feed replacing the adult. Each is a timed event.

Measure severity as severity. Use an instrument inside its design. Name the rater. Name the window. Name the ceiling.

Keep the four constructs split in every note, IEP conversation, and court letter.

Put the adult back inside the mechanism. Return is a clinical event. Twelve seconds is not cute. It is a unit.

Leave the file open. Later harm still moves severity. That is the whole brief in seven words.

XI. One argument across three volumes

The Age Five Gate Trilogy is one argument in three movements.

Volume I — Breaking the Attachment Code. The 2016 dissertation in published form. Maltreatment and caregiver-reported severity in children ages five and older. Facts. Focus. Fire. The numbers that refuse the cutoff.

Volume II — Later Trauma, Deeper Wounds. The results the system did not want. When safety is built and then ripped away after five, the wound is not milder. It is deeper, more violent, and more resistant than the cutoff predicted.

Volume III — Beyond the Age Five Gate. Predispositional and generational trauma. F94.1 and F94.2 after the cutoff. Algorithmic substitute caregivers. What happens when the code keeps running, and who is running it.

The publication that carries this brief is called After the Gate because that is the only honest location of the work. The gate was never closed. Families have been paying for the pretense that it was.

Sources and precision notes

Shoemaker, F. E., & Benuto, L. T. (2017). Examining the relationship between child maltreatment and severity of attachment difficulties among children five years of age and older. *Children and Youth Services Review*, 75, 35–41. <https://doi.org/10.1016/j.childyouth.2017.02.018>

Shoemaker, F. E., & Sharrett-Shoemaker, T. A. The Age Five Gate Trilogy — Breaking the Attachment Code; Later Trauma, Deeper Wounds; Beyond the Age Five Gate. Research spine: <https://theresearchspine.netlify.app>

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Precision notes. Credential: PhD in psychology plus LMHC-QS; not a Florida psychologist license. The 2017 instrument in the published summary is the ADAS-R. SSI-MR is not a normed test. This brief does not treat epigenetics as a curse. This brief is not a DSM specifier and is not a treatment protocol. Kid-facing language is reserved for work with the child and is not a substitute for adult recovery.

Facts. Focus. Fire. Snapped · Shifted · Solid

The file does not close.

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RAD, F94.1, and F94.2 appear as names of constructs. No diagnostic criteria sets were copied. Condition: do not paste DSM-5-TR or ICD criteria blocks.

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Other authors write about AI companions as attachment figures. That literature was not quoted. The brief’s phrase “algorithmic substitute caregivers” remains the house line. Condition: if a later issue reviews De Freitas or similar, cite and paraphrase. Do not lift their abstracts.

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