Reactive Attachment Disorder (RAD)

Knowledge is the Key to Understanding

Jo-El E. Thompson, Ph.D.
Heritage Centers
Learning Objectives

- Understand a working definition of attachment
- Distinguish between two subtypes of Reactive Attachment Disorder (RAD)
- Recognize four common symptoms of RAD
- Identify three possible strategies staff can implement in the IRA to assist the individual with RAD
What is Reactive Attachment Disorder?

- RAD is a complex psychiatric disorder in which individuals have difficulty forming lasting, loving and intimate relationships.

- Markedly disturbed and developmentally inappropriate social relatedness in most contexts that begins before the age of five and is associated with grossly pathological care. (DSM-IV-TR, 2000)
Glossary

- **Psychiatric disorder** - occurs in an individual and is usually associated with distress or disability that is not expected as part of normal development or culture ([http://en.wikipedia.org](http://en.wikipedia.org), 2007)

- **Markedly disturbed** - showing extreme symptoms of emotional illness or mental disorder ([http://medical.merriam-webster.com](http://medical.merriam-webster.com), 2007)

- **Social relatedness** - a person’s ability to associate and interact with society and its members (e.g. A child with RAD does not possess appropriate social relatedness as seen in excessive familiarity with strangers.) ([http://en.wikipedia.org](http://en.wikipedia.org), 2007)
Grossly Pathological Care:

Grossly pathological care is defined by:

a. A persistent disregard for the individual’s emotional needs for comfort, stimulation, and affection
b. Persistent disregard for the individual’s physical needs
c. Repeated changes of primary caregivers

(Schwartz & Davis, 2006)
Medical Conditions Associated with Grossly Pathological Care and RAD:

Include: malnutrition, growth delay, evidence of physical abuse, vitamin deficiencies, or infectious diseases.

(DSM-IV-TR, 2000)
Two Subtypes of RAD

- **Inhibited**: Refers to individuals who continually fail to initiate and respond to social interactions in a developmentally appropriate way.

  - Interactions are often met with a variety of approaches, avoidance and resisting to comforting, often hypervigilant or highly ambivalent.

**Example**: A individual that does not seek comfort from a parent or caregiver during times of threat, alarm or distress.
Two Subtypes of RAD

- **Disinhibited** - Refers to an individual who has an inability to display appropriate selective attachments (DSM-IV-TR, 2000)
  - More enduring over time than the inhibited type

Example: A individual who displays excessive familiarity with strangers.
Why is Attachment important?

Attachment is essential for the formation of a healthy personality which includes:

- Development of a conscience
- Ability to become self-reliant
- Ability to think logically
- Ability to cope with frustration and stress
- Ability to handle fear or a threat to self
- Development of relationships
Symptoms displayed by individuals with RAD

- Lack of self-control / impulsive
- Speech and language delays
- Lack of conscience / shows no remorse
- Indiscriminately affectionate with strangers
- Avoids physical contact
- Hyperactive
Symptoms of RAD, Cont’d

- Aggressive
- Destructive towards self, property and others
- Food issues: hordes, gorges, refuses to eat, hides food
- Often on guard, anxious, wary
- Prefers to play alone
- Inhibition or hesitancy in social interactions
Potential Causes of RAD

- Frequent changes in primary caregiver
- Extended separation from the parent/primary caregiver
- Frequent moves and/or placements in foster care or institutions
- Traumatic experiences
- Undiagnosed, painful illness such as chonic, ear infections, etc.
- Young or inexperienced mother with poor parenting skills
- Neglect
- Abuse
Prevalence

The prevalence of RAD has been estimated at 1% of all children under the age of five. Children orphaned at a young age have an increased likelihood of this disorder. However, since the onset can be detected as early as two months of age, considerable improvement or remission is possible if the child experiences an appropriately supportive environment.

(DSM-IV-TR, 2000)
Effective Treatments

- **Family therapy** - helps the parents or caregivers and other children in the family understand symptoms of the disorder and effective interventions.
- **Individual therapy** - helps the individual directly with monitoring emotions and behavior.
- **Play therapy** - helps the individual learn appropriate skills for interacting with peers and other social situations.
Other possible treatment options

- **Medication** - for symptoms of the disorder (for example, anxiety and hyperactivity)

- **BSP** - specifically designed behavioral program that can help the individual learn skills required for work and social success, while addressing behavioral and emotional difficulties.
What can I do as a Staff?

- Get information on attachment and helping your individual form a healthy bonds. (references that follow include helpful websites)
- If you don’t have much experience in caring for an individual with RAD, take classes or try to volunteer with children with RAD to increase your knowledge and empathy.
- Be active with your individual through making eye contact, talking with, smiling at, sharing mealtimes.
IRA Implications

- Individuals with reactive attachment disorder have difficulties self-regulating emotions and behaviors.
- These individuals struggle to form typical, reciprocal relationships with peers and adults.
- Self-regulatory and social skills are important prerequisites for work readiness and social success.
How can Staff help a Individual with RAD reach Social and Work Success?

- Be consistent, predictable, and repetitive
- Set clear, concise expectations
- Set a routine
- Model and teach appropriate social behaviors
- Maintain realistic expectations
- Ignore “junk” behaviors - that is behaviors that are not harmful to the individual, others or property
- FOLLOW THE BSP!
More Techniques for Staff

- Be patient with the individual (and yourself)
- Understand behaviors before acting
- Utilize other resources (Psychologist, Behavior Support Specialist, Internet) to gain needed information to understand the effects of Reactive Attachment disorder on the individual's behavior and emotions
- Help the individual learn how to regulate his or her feelings and actions
References

References cont’d

  [http://www.helpguide.org/mental/parenting_bonding_reactive_attachment_disord](http://www.helpguide.org/mental/parenting_bonding_reactive_attachment_disord)
- Reactive attachment disorder and detachment issues. (2007).
  [http://www.radkid.org](http://www.radkid.org)