

# **A Parent’s Guide to Reactive Attachment Disorder**

**By Robin Sweitzer**

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## INTRODUCTION

Welcome to this guide on Reactive Attachment Disorder (RAD). My name is Robin Sweitzer, a graduate student at the University of Pittsburgh in the Applied Developmental Psychology Department, part of the School of Education. This project is part of a course in Emotional Disorders in Childhood. I chose to enroll in the class because I am looking forward to entering international orphanage work. As many vulnerable children in institutional care exhibit a variety of developmental delays and disorders, I took this class as an elective to gain a more comprehensive understanding of the disabilities they encounter. This class has given me the opportunity to delve deeper into some of the problems orphans display, as well as how to recognize their symptoms and access appropriate treatment for them.

Within this guide you will find a glossary of terms that are commonly used with Reactive Attachment Disorder and which are found throughout the text. The guide also includes a podcast script for the RAD podcast also located on this website. Finally, I have listed additional resources such as websites, support groups and books dealing with RAD.

Thank you for your interest in this guide to reactive attachment disorder. I hope the information provided will aid in your understanding of RAD. The information provided is available for educational purposes, but please inform the University of Pittsburgh for the use of its content.

## GLOSSARY

(Terms will be bolded throughout the text.)

**Attachment:** the deep and lasting connection between a child and caregiver which is established in the first few years of life.

**Attention Deficit Disorder (ADD):** a disorder characterized by difficulty paying attention, appearing sluggish, forgetful, preoccupied or lost in thought.

**Autism:** disorder in which individuals may have difficulty with social interactions and speech, overly acute senses (touch, smell, sound, sight, taste), and the need for routines, familiar objects and places, sometimes engaging in repetitive behaviors or tantrums if agitated.

**Conduct Disorder:** a childhood disorder involving chronic behavior problems, such as violence, criminal activity, drug or alcohol use, and defiant, impulsive or anti-social behavior.

**Depression:** feelings of sadness, hopelessness, worthlessness or loss of interest which last more than two weeks.

**Disinhibited:** type of reactive attachment disorder in which a child shows indiscriminate friendliness to strangers – not wary of strangers.

**Hypervigilance:** an extreme state of sensitivity or awareness designed to detect threats.

**Inhibited:** type of reactive attachment disorder in which a child is unwilling to engage or free or spontaneous activity.

**Oppositional Defiant Disorder:** a pattern of disobedient and hostile behavior toward authority.

**“Orphan salute”:** a reaction in which the child holds his hand in front of his face and flicks his finger repetitively in front of his eye while staring at a light – a self-stimulating behavior.

**Pervasive Developmental Disorder:** the category of disorders which show delays in basic functions such as socialization and communication. Sometimes used by clinicians if they cannot determine the specific disorder (such as autism or reactive attachment disorder).

**Post-institutionalized:** children who formerly lived in government orphanages or institutions.

**Post-traumatic Stress Disorder:** an anxiety disorder which appears after experiencing or witnessing an extremely stressful or traumatic event.

**Psychotherapy:** personal counseling with a mental health or behavioral therapist aimed at helping people with problems encountered in life.

**Reactive Attachment Disorder:** condition in which a person shows “markedly disturbed and developmentally inappropriate social relatedness in most contexts that begins before age five years” (DSM-IV TR, 2000).

**Sensory deprivation:** the removal or reduction of environmental effects which encourages a behavioral reaction from one or more senses.

**Social phobia:** a persistent and irrational fear of social situations which affects a person’s ability to function in groups.

## PODCAST SCRIPT

### Reactive Attachment Disorder

(Sound effect of door opening and shutting) I entered the orphanage in western Romania, only to be instantly surrounded by tiny children all reaching out for affection from me, a total stranger. “Mama! Mama!” some cried. One little boy, eager to win my attention, hit, scratched or bit any other child that got in his way. Against the wall, a little girl rocked back and forth, (sound effect: thumping) banging the back of her head against the wall. Another girl sat in the corner, flicking her finger in front of her eye while looking at the ceiling light – the “**orphan salute**”. She never makes eye contact with me – or with anyone else. I bend down to pick up two of the young orphans while others cling to me, grabbing on to my clothes, eager for any scrap of love or attention they can get from a total stranger....these are the signs of **reactive attachment disorder**.

**Attachment** is a developmental term defined as “the deep and enduring connection established between a child and caregiver in the first several years of life” (Levy, T.M. & Orlans, M., 1998). Infants usually attach to their primary caregiver - in most instances, a parent or parents. This relationship influences practically every area of development – mind, body, spirit, emotions, beliefs and relationships. **Attachment** allows children to feel safe, teaches trust, aids in the formation of identity and beliefs and “provides a defense against stress and trauma” (1998).

According to the Diagnostic Statistical Manual, **reactive attachment disorder**, or RAD for short, is a condition in which a child displays “markedly disturbed and developmentally

inappropriate social relatedness in most contexts that begins before age five years” (2000).

There are two types of **reactive attachment disorder** – **inhibited** and **disinhibited**. **Inhibited** RAD means the child is unwilling to engage in free or spontaneous activity. Other characteristics include conflicting attitudes to people or situations and **hypervigilance** – an exaggerated “radar” to detect threats. Observers often describe a “frozen watchfulness” and resistance to comfort. A child with *disinhibited* RAD displays indiscriminate friendliness – failing to show wariness toward strangers.

What causes **reactive attachment disorder**? In the simplest terms, it is the result of extreme neglect – a persistent, gross disregard for basic emotional and physical needs. The child may have had excessive changes in caregivers resulting in an inability to form stable **attachments**, which can lead to the development of RAD.

How can you tell if your child has **reactive attachment disorder**? Attachment specialists Keck and Kupecky tell us this. Children with RAD may not look at their parents. They may ask questions over and over or ask nonsense questions or chatter incessantly. They may be superficially “charming” with new adults. They may show random affection toward strangers although they resist affection or cuddling with their parents. On the other hand, these children may develop inappropriately demanding and clingy behavior designed to interfere w/ parents’ other activities. They may develop destructive behaviors to self, others and material things. Children may lie or steal, not realizing that other people have the ability to reason and determine the truth. Other symptoms include learning delays, abnormal speech patterns, abnormal eating patterns (such as hoarding, gorging or refusing to eat) and poor peer relationships. Because they did not experience nurture and parental correction at a young age, children with RAD often do not realize that there are consequences to their actions and lack

conscience. In more severe cases, children may exhibit cruelty to animals or a preoccupation with fire (1995).

**Reactive attachment disorder** is sometimes misdiagnosed. Disorders with similar symptoms to RAD include **autism, attention deficit disorder** or ADD, **social phobia, post-traumatic stress disorder, conduct disorder, oppositional defiant disorder** as well as other **pervasive developmental disorders**. It is common for a child to be diagnosed with one of these disorders and RAD, depending on the symptoms displayed. If you suspect your child may have RAD, speak with your family physician. A pediatrician should be able to refer your child to a developmental specialist with experience in disorders which may occur in childhood.

**Reactive attachment disorder** is very rare. However, it is most common in children who spent the first few months of their life in an orphanage or institution. It is also seen in young children who lived in several foster homes in the first few years of their lives. Due to the possible neglect experienced by orphans in institutions and the constant change of caregivers in the institutional environment, it is difficult for some infants and toddlers in this setting to form secure **attachments**. Sometimes referred to as “developmental attachment disorder”, RAD in **post-institutionalized** children is different from that seen in U.S. foster children (Bascom & McKelvey, 1997). Renowned adoption advocates Dr. Barbara Bascom and Carole McKelvey have observed that children from institutions who are diagnosed with RAD often have severe developmental delays which accompany attachment disorder. They may have severe **sensory deprivation** due to lack of holding, touching and caregiver interaction. As a result they develop repetitive habits to stimulate themselves such as rocking, head banging, or the “**orphan salute**” described in the introduction. They also typically are delayed in cognitive and motor functions (1997).

There is hope, though. The first step is to have your child assessed by a trained clinician or psychologist. If diagnosed with **reactive attachment disorder**, most children are able to form secure **attachments** over time with appropriate treatment and therapy.

What are some common treatments for children diagnosed with **reactive attachment disorder**? There are several treatment options available for RAD. The most common are traditional **psychotherapy** approaches, including talk, play and behavioral therapies. The emphasis is on helping parents and children build relationship and **attachment** with each other. It may be recommended to include siblings in family relational therapy as well, so the troubled child has the opportunity to build **attachments** with key members of their social circle.

There is evidence that parent attachment training is helpful in improving the symptoms of **reactive attachment disorder** in children (Dozier, et.al., 2009). Attachment specialists Levy and Orleans (1998) suggest the following strategies for parents who meet resistance from their children:

1. Remain proactive. Stick with therapy – don't give up.
2. Exhibit neutral emotional responses – do not allow your child's attitudes or behaviors "trigger" negative reactions from you.
3. Avoid control battles.
4. Teach choices and consequences – if the child makes a negative choice, talk to him about possible consequences to that choice.
5. Be committed and persevere. Sometimes the child will try to "wait you out" to get his way – give your child the message that you will persevere no matter how long it takes.



6. Identify underlying emotions. The child's behavior often belies hidden fears of abandonment, abuse or loss – acknowledge and show compassion for those fears.
7. Show empathy. This helps the child feel understood and validated and often reduces defensiveness.
8. Be positive. Encourage, empower and support your child to succeed in therapy goals.

Another treatment for RAD developed by specialists at the Attachment Treatment & Training Institute in Evergreen, Colorado is the “holding nurturing process” or “holding therapy”, in which the caregiver holds the child in an effort to provide a sense of safety and reassurance (Levy, T.M. & Orlans, M., 1998). Of course, a therapist must be present to help set limits so as to not traumatize the child further. This technique is controversial and has come under considerable scrutiny, but according to some research studies may be effective with children diagnosed with severe **reactive attachment disorder** for which traditional **psychotherapy** has failed to work (Welch, et.al., 2006; Wimmer, et.al., 2009). The key in any therapy is to enable the child to develop a sense of security and stability. Once a child begins to develop a dependency on their parent or caregiver, they may start to express emotions like anger and fear that they never did before. Parents must be taught how to allow their children to express themselves in a safe environment and how to react to their child's new feelings in an appropriate manner.

There are no medications for the treatment of **reactive attachment disorder**. However, a physician may recommend medicine if the child displays symptoms of other problems such as **ADD, depression, or post-traumatic stress disorder**.

How can parents take care of themselves in the midst of dealing with a child diagnosed with **reactive attachment disorder**? First, there are numerous support groups or social service agencies which can offer assistance in understanding how to help your child. Second, practice stress management techniques and make time for yourself to relax. Do something that you enjoy. Third, acknowledge that it is okay to feel frustrated or angry sometimes (Mayo Clinic Staff, 2009). By taking care of yourself, you will be in better condition to take care of your child.

For a list of **attachment** centers and therapists in your area specializing in **reactive attachment disorder**, contact the Association for Treatment and Training in the Attachment of Children, or ATTACH, at [www.attach.org](http://www.attach.org). Support groups such as the Attachment & Trauma Network at [www.radzebra.org](http://www.radzebra.org) or the Attachment Disorder Email Support Group at [www.attachmentdisorder.net](http://www.attachmentdisorder.net) not only provide support from families and professionals familiar with RAD, but are also a wonderful resource of books, websites and therapists which can help you navigate the path of the disorder.

I hope the information provided today will help your understanding of **reactive attachment disorder**. If you would like to learn more about RAD, I recommend that you read the study guide also on this website for additional resources. The study guide also contains a copy of this podcast script including sources used in today's recording. Thank you for listening.

## References

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- Dozier, M., Lindhiem, O., Lewis, E., Bick, J., Bernard, K. & Peloso, E. (2009). Effects of a foster parent training program on young children's attachment behaviors: Preliminary evidence from a randomized clinical trial. *Child and Adolescent Social Work Journal*, 26(4), 321-332.
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Wimmer, J.S., Vonk, M.E., Bordnick, P. (2009). A preliminary investigation of the effectiveness of attachment therapy for adopted children with Reactive Attachment Disorder. *Child & Adolescent Social Work Journal*, 26(4), 351-360.

## ADDITIONAL RESOURCES

### Websites:

1. ATTACH, Association for Treatment and Training in the Attachment of Children

[www.attach.org](http://www.attach.org)

866-453-8224

\*List of mental health providers, attachment centers and therapists

2. Attachment & Trauma Network

[www.radzebra.org](http://www.radzebra.org)

\*Support group for parents of children diagnosed with RAD

3. Attachment Disorder Email Support Group

[www.attachmentdisorder.net](http://www.attachmentdisorder.net)

4. Attachment Disorder Support Group

<http://adsg.syix.com/adsg/index.htm>

\*Online support group and information regarding RAD

5. Eastern European Adoption Coalition, Inc.

[www.eeadopt.org](http://www.eeadopt.org)

\*Online resource for parents who have adopted from eastern Europe and Russia, contains a bookstore of resources for different issues regarding international adoption, including attachment disorders

6. Mayo Clinic

[www.mayoclinic.com/health/reactive-attachment-disorder/DS00988](http://www.mayoclinic.com/health/reactive-attachment-disorder/DS00988)

\*An easy-to-understand site on RAD, its symptoms and treatment options.

7.

Tapestry Books

[www.tapestrybooks.com](http://www.tapestrybooks.com)

\*Online bookstore with abundant books, DVDs and CDs on adoption and disorders related to adoption.

#### Books:

##### *Attachment books:*

Hughes, D.A. (1999). *Building the bonds of attachment: Awakening love in deeply troubled children*. Lanham, MD: Rowman & Littlefield Publishers.

Levy, T.M. (Ed.). (2000). *Handbook of attachment interventions*. San Diego, CA: Academic Press.

Keck, G.C. & Kupecky, R.M. (2002). *Parenting the hurt child*. Colorado Springs, CO: Pinon Press.

Purvis, K.B., Cross, D.R. & Sunshine, W.L. (2007). *The connected child: bring hope and healing to your adoptive family*. New York, NY: McGraw-Hill.

Ryan, J. (2002). *Broken spirits, lost souls: Loving children with attachment and bonding difficulties*. Lincoln, NE: iUniverse, Inc.

Thomas, N.L. (1997). *When love is not enough: A guide to parenting children with reactive attachment disorder – RAD*. Glenwood Springs, CO: Families by Design.

##### *Adoption books:*

Bascom, B.B. & McKelvey, C.A. (1997). *The complete guide to foreign adoption: What to expect and how to prepare for your new child*. New York, NY: Pocket Books.

Davenport, D. (2006). *The complete book of international adoption: A step by step guide to finding your child*. Random House.

Eldridge, S. (1999). *Twenty things adopted kids wish their adoptive parents knew*. Random House.

Gray, D.D. (2002). *Attaching in adoption: Practical tools for today's parents*. Indianapolis, IN: Perspectives Press.

Keck, G.C. & Kupecky, R.M. (2009). *Adopting the hurt child: Hope for families with special-needs kids – a guide for parents and professionals* (3<sup>rd</sup> ed.). Colorado Springs, CO: NavPress.