

REACTIVE ATTACHMENT DISORDER (RAD)

SYMPTOMS OR BEHAVIORS

- Destructive to self and others
- Absence of guilt or remorse
- Refusal to answer simple questions
- Denial of accountability—always blaming others
- Poor eye contact
- Extreme defiance and control issues
- Stealing
- Lack of cause and effect thinking
- Mood swings
- False abuse allegations
- Sexual acting out
- Inappropriately demanding or clingy
- Poor peer relationships
- Abnormal eating patterns
- Preoccupied with gore, fire
- Toileting issues
- No impulse control
- Chronic nonsensical lying
- Unusual speech patterns
- Bossy—needs to be in control
- Manipulative—superficially charming and engaging

ABOUT THE DISORDER

The essential feature of reactive attachment disorder (RAD) is a markedly disturbed and developmentally inappropriate social relatedness with peers and adults in most contexts. RAD begins before age five and is associated with grossly inadequate or pathological care that disregards the child's basic emotional and physical needs. In some cases, it is associated with repeated changes of a primary caregiver.

The term "attachment" is used to describe the process of bonding that takes place between infants and caregivers in the first two years of life, and most important, the first nine months of life. When a caregiver fails to respond to a baby's emotional and physical needs, responds inconsistently, or is abusive, the child may lose the ability to form meaningful relationships and the ability to trust.

Children with RAD haven't bonded and are unable to trust. They have learned that the adults in their lives are untrustworthy. They have developed a protective shell around their emotions, isolating themselves from dependency on adult caregivers. In the first few years of life they have learned that the world is a scary place, and that they cannot rely on anyone else to protect them.

Conventional parenting techniques do not work with these children, neither do traditional therapies, especially since most therapies are based on the child's ability to form a trusting relationship with the therapist. Natural consequences seem to work better than behavioral methods such as lectures or charts. Structure is important, but only when combined with nurturing.

The *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* describes two types of RAD: "inhibited" and "disinhibited." Inhibited RAD is the persistent failure to initiate and respond to most social interactions in a developmentally appropriate way. Disinhibited RAD is the display of indiscriminate sociability or a lack of selectivity in the choice of attachment figures (excessive familiarity with relative strangers by making requests and displaying affection).

Aggression, either related to a lack of empathy or poor impulse control, is a serious problem with these students. They have difficulty understanding how their behavior affects others. They often feel compelled to lash out and hurt others, including animals, smaller children, peers, and siblings. This aggression is frequently accompanied by a lack of emotion or remorse.

Children with RAD may show a wide range of emotional problems such as depressive and anxiety symptoms or safety-seeking behaviors. To feel safe these children may seek any attachments—they may hug virtual strangers, telling them, "I love you." At the same time, they have an inability to be genuinely affectionate with others or develop deep emotional bonds. Younger students may display "soothing behaviors" such as rocking and head banging, or biting, scratching, or cutting themselves. Older students may be superficially charming and engaging, shallow, manipulative, grandiose, jealous, and oversensitive to rejection. Teachers may also notice signs of self injury and risk-taking behaviors. These symptoms will increase during times of stress or threat.

EDUCATIONAL IMPLICATIONS

Many of these students will have developmental delays in several domains. The caregiver-child relationship provides the vehicle for developing physically, emotionally, and cognitively. In this relationship, the child learns language, social behaviors, and other important behaviors and skills. The lack of these experiences can result in delays in motor, language, social, and cognitive development.

The student may have difficulty completing homework. They often fail to remember assignments and/or have difficulty understanding assignments with multiple steps. They may have problems with comprehension, especially long passages of text. Fluctuations in energy and motivation may be evident, and they may often have difficulty concentrating.

The student with RAD often feels a need to be in control and may exhibit bossy, argumentative, and/or defiant behavior, which may result in frequent classroom disruptions and power struggles with teachers.

INSTRUCTIONAL STRATEGIES AND CLASSROOM ACCOMMODATIONS

- Consider a Functional Behavioral Assessment (FBA). Understanding the purpose or function of the student's behaviors will help you respond with effective interventions. For example, a punitive approach or punishment may increase the student's sense of insecurity and distress and consequently increase the undesired behavior.
- Be predictable, consistent, and repetitive. Students with RAD are very sensitive to changes in schedules, transitions, surprises, and chaotic social situations. Being predictable and consistent will help the student to feel safe and secure, which in turn will reduce anxiety and fear.
- Model and teach appropriate social behaviors. One of the best ways to teach these students social skills is to model the behavior and then narrate for the child what you are doing and why.
- Avoid power struggles. When intervening, present yourself in a matter-of-fact style. This reduces the student's desire to control the situation. When possible use humor. If students can get an emotional response from you, they will feel as though they have hooked you into the struggle for power and they are winning.
- Address comprehension difficulties by breaking assigned reading into manageable segments. Monitor progress by periodically checking if the student is understanding the material.
- Break assignments into manageable steps; this helps to clarify complex, multi-step directions.
- Identify a place for the student to go to regain composure during times of frustration and anxiety. Do this only if the student is capable of using this technique and there is an appropriate supervised location.

For additional suggestions on classroom strategies and modifications, see An Educator's Guide to Children's Mental Health pages 18–24.

RESOURCES

Association for Treatment and Training in the Attachment of Children (ATTACH)

PO Box 533
40 Cleveland
Lake Villa, IL 60046
866-453-8224 • www.attach.org
International coalition of professionals and families concerned with RAD

Families by Design/ Nancy Thomas Parenting

PO Box 2812
Glenwood Springs, CO 81602
970-984-2222
www.attachment.org
Articles, referrals, training, publications on holding therapy, therapeutic parenting, and more

www.RADKID.org

Online resource center for RAD and related mental health issues

Publications

Attachment, Trauma, and Healing: Understanding and Treating Attachment Disorder in Children and Families, by Terry M. Levy and Michael Orlans, The Child Welfare League of America, 1998.

Children Who Shock and Surprise: A Guide to Attachment Disorders, by Elizabeth Randolph, Tapestry Books, 1999.

Parenting the Hurt Child: Helping Adoptive Families Heal and Grow, by Gregory Keck and Regina M. Kupecky, Pinon Press, 2002.