RAD
Reactive Attachment Disorder

Medical and Mental Health Series

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Attachment & Development

Attachment:

- A bio-behavioral system, hard wired in human infants at birth,
- whose goal is to coordinate the balance between proximity with caregiver (external goal of safety),
- and exploration/autonomy of the child (internal goal of *felt* security).

Attachment & Development

Attachment Behavior:

- Behavior that promotes proximity with the mother/mother figure.
- Fully developed by 7-9 months of age.
- Strongest in toddlers.

Attachment & Development

Necessary Conditions for the Development of Attachment

- Sufficient interaction with mother.
- Ability of the infant to discriminate between mother and others(3-7months).
- Ability of the infant to conceive a permanent and independent existence of a person even in their absence(18-24months).

Attachment & Development

- Birth-2 months
  - Limited discrimination.
  - Primitive behaviors; sucking grasping.
  - Signaling behaviors; crying, smiling, rooting.
  - Orienting behaviors; visual tracking, listening etc.

Attachment & Development

- 2-7 months
  - Some discrimination.
  - Limited preference for primary caregiver.

Attachment & Development

- 7-12 months
  - Preferred attachment.
  - Separation protest.
  - Stranger anxiety.

Attachment & Development

- 12-18 months
  - Secure base for exploratory activities.
  - Proximity to caregiver promotes feeling of security in infant.

Attachment & Development

- Older than 18 months
  - Cooperation as well as conflict with caregiver
  - Goal is to balance autonomy with reliance on caregiver for help when needed.

Attachment & Development

- RAD reflects deviant patterns of attachment when compared with the normative development of attachment behaviors.

RAD-Diagnostic Criteria

DSM-IV-TR: Reactive Attachment Disorder of Infancy or Early Childhood

Beginning before age 5 and occurring in most situations, the patient's social relatedness is markedly disturbed and developmentally inappropriate.

RAD-Diagnostic Criteria cont.

- **This is shown by either of:**

Inhibition. In most social situations, the child doesn't interact in as socially appropriate way. This is shown by responses that are excessively inhibited, hyper-vigilant or ambivalent and contradictory.

For example, the child responds to caregivers with frozen watchfulness or mixed approach-avoidance and resistance to comforting.

Case study #1

- A 26-month old girl recently placed in foster care was referred by state protective services with her biological and foster families to assist with long-term case management. Her history included two admissions for failure to thrive in the first year of life and a third admission at 13 months of age that reveal retinal hemorrhage and a subdural hematoma from suspected shaken-baby syndrome. No perpetrator was conclusively identified. When seen with her biological mother in a comfortable, toy–filled room, she stood completely still and maintained little facial expression. She complied completely and in rote fashion with her mother's often angry instructions, maintaining no sustained eye contact with her mother or the examiner. When briefly separated from her mother, she showed little reaction, looking up briefly with an odd grimace when her mother returned to the room.

Case study #1 cont.

- Her mother confirmed that her behavior had been similar when she had lived in her home; the child spoke infrequently and rarely sought comfort when distressed. When seen with her foster mother of 3 months, she was markedly more animated, although frequently irritable. She engaged in play freely and referenced her foster mother and the examiner during play. She stopped playing and stared blankly when separated for her foster mother, although she actively re-engaged her foster mother on her return. The biological mother's parental rights were eventually terminated and although the child was placed in two more homes, she showed the capacity to engage with her new caregivers each time. The girl was diagnosed with reactive disorder, inhibited type.

RAD-Diagnostic Criteria cont.

<u>Dis-inhibition</u>. The child's attachments are diffuse, as shown by indiscriminate sociability with inability to form appropriate selective attachments.

For example, the child is overly familiar with strangers or lacks selectivity in choosing attachment figures.

Case Study #2

- A 6 year old boy was referred by his adoptive parents because of hyperactivity and disruptive behavior at school. He had been adopted at 5 years of age, after living most of this life in a Romanian orphanage in which he received care from a rotating shift of caregivers. Although he had been below the 5th percentile of height and weight on arrival, he quickly approached the 10th percentile in his new home. However, both of his adoptive parents were frustrated by their inability to "reach him." They had initially worried about a hearing disturbance, although testing and his capacity to engage many adults and children verbally suggested otherwise.

Case Study #2 cont.

- He showed interest in anyone and would often follow strangers willingly. He showed little empathy when others were hurt and blandly resisted redirection in school. He was frequently injured because of seemingly reckless behavior, although he had extremely high tolerance for pain. Intensive intervention focused on problem behaviors at home decreased his self-endangering behavior, although he remained oddly overfriendly and unempathic at home and in school. The boy was diagnosed with reactive attachment disorder, disinhibited type.

RAD-Diagnostic Criteria cont.

Also, this behavior is not explained solely by a developmental delay (such as Mental Retardation) and it does not fulfill criteria for Pervasive Developmental Disorder.

RAD-Diagnostic Criteria cont.

- **Evidence of persistent pathogenic care is shown by one or more of:**
  - **The caregiver neglects the child's basic emotional needs for affection, comfort and stimulation.**
  - **The caregiver neglects the child's basic physical needs.**

RAD-Diagnostic Criteria cont.

- **It appears that the pathogenic care just described has caused the disturbed behavior (for example, the behavior began after the pathogenic behavior).**
- **Stable attachments cannot form because of repeated changes of caregiver (such as frequent changes of foster care).**

RAD-Diagnostic Criteria cont.

Specific type is based on predominant clinical presentation:

Inhibited Type. **Failure to interact predominates.**

Dis-inhibited Type**. Indiscriminate sociability predominates.**

**American Psychiatric Association DSM-IV -TR

Associated clinical features

- Quasi-autistic features
- Hyperactivity and Inattention
- Failure to thrive
- Hoarding

Etiology

- Pathogenic care
- Maltreatment i.e. abuse and neglect
- Severe emotional and environmental deprivation

Etiology

RAD has never been reported in the absence of serious environmental adversity, yet outcomes for children raised in the same environment vary widely.

Epidemiology

- There is little systematically gathered epidemiological information on RAD.
- Evidence points to a cumulative, dose dependent effect of pathologic care on attachment behavior disturbance.

Epidemiology

- In the US, rates of RAD parallel the environmental risk of poor care giving.
- Children in foster care had the highest rate of RAD, followed by homeless children and then children in Head start.(1)

Treatment Recommendations

- Safety.
- Foster care.
- Attachment-based therapies.

Treatments Not Recommended

- “Holding” therapy.
- Coercive restraints-based therapies.
- Re-birthing.