

REACTIVE ATTACHMENT DISORDER



WELCOME

- What we'll cover this morning
 - What is attachment?
 - How does secure attachment develop?
 - What are the types of attachment?
 - Difference between disordered attachment and Reactive Attachment Disorder (RAD)
 - RAD defined
 - What causes RAD and what does it look like?
 - What to do?

What is attachment?

- Bond between primary caregiver and child
- Develops in first year of life
- Basis for all other attachment relationships



Theories on attachment

- Bowlby believed that attachment is what allows children to develop a secure base from which they can explore the world
- Harlow demonstrated the importance of touch in attachment

Why is attachment important?

- Essential foundation for healthy personality and functioning in society
 - Influences:
 - Cognitive ability
 - Development of conscience
 - Coping skills (frustration and stress)
 - Relationship development
 - Ability to handle perceived threats
 - Ability to handle negative emotions

When does it happen?

- Attachment bonds are formed in the first year of life
- Can be secure or insecure
- Early development is critical for later development and functioning

How does it happen?

- How does healthy attachment develop?
 - Responsive parenting by stable caregiver
 - Eye contact, smiles, warmth
 - Encourage reciprocity
 - Touch
 - Movement
 - Doesn't have to be biological parent
 - Not always best attachment figure
 - Multiple attachments
 - Children can have multiple healthy attachments

Types of attachment

- Derived from Ainsworth and her work with the Strange Situation
 - Secure
 - Insecure
 - Avoidant-stranger same as mom
 - Ambivalent-resist mom leaving and contact
 - Disorganized-pathogenic care

So What is Reactive Attachment Disorder?

- RAD is not simply insecure attachment patterns
- RAD is a diagnosable condition that has as a defining feature disruptions in attachment

RAD defined by DSM-IV

- A. Markedly disturbed and developmentally inappropriate social relatedness in most contexts, beginning before age 5, evidenced by (1) or (2)
 - (1) persistent failure to initiate or respond in developmentally appropriate fashion to most social interactions, manifested by excessively inhibited, hyper vigilant, or highly ambivalent and contradictory responses

DSM-IV

- (2) diffuse attachments as manifested by indiscriminate sociability with marked inability to exhibit appropriate selective attachments
- Inhibited type is A1 dominant feature
- Disinhibited type is A2 dominant feature

DSM-IV

- B. The disturbance in Criterion A can't be accounted for by developmental delay (MR) or PDD
- C. Pathogenic care as evidenced by at least one of the following:
 - 1. persistent disregard of child's basic emotional needs
 - 2. persistent disregard of child's basic physical needs
 - 3. repeated changes of primary caregiver that prevent formation of stable attachment

DSM-IV

- D. There is a presumption that the care in Criterion C is responsible for the disturbed behavior in Criteria A
- In other words the behaviors did not begin until after the pathogenic care

What causes RAD?

- Several different factors or a combination of them put a child at high risk for the development of RAD
- Critical period is from conception to twenty six months of age
 - Frequent moves or placements (foster care failed adoptions)
 - Sudden separation from primary caregiver
 - Abuse (physical, emotional, sexual)

What causes RAD?

- Traumatic prenatal experience
- Maternal ambivalence toward pregnancy
- Neglect
- Undiagnosed and/or painful illness (ear infections)
- Inconsistent day care
- Unprepared mothers-poor parenting skills
- Birth trauma

High Risk Signs in Infants

- Weak crying response
- Extreme resistance to cuddling
- Poor sucking response
- No reciprocal smile response
- Failure to respond with recognition to primary caregiver
- Delay in developmental milestones

What RAD looks like

- Superficially engaging and charming
- Indiscriminately affectionate
- Destruction of self, others, or things
- Developmental lags
- No eye contact
- Cruel to animals or siblings
- Poor peer relationships
- Inappropriately demanding and clingy

What RAD looks like

- Stealing or lying
- No conscience
- Poor impulse control
- Persistent nonsense questions
- Hoarding or gorging on food
- Preoccupation with fire, blood, or gore
- Abnormal speech patterns

Can look like other things too

- RAD can look like Oppositional Defiant Disorder or Conduct Disorder
- Characterized by many of the same behaviors
- However, RAD is characterized by early disruptions in attachment
 - This is the distinguishing feature

What about placement of a child with RAD

- Placement is tough and often times disrupted
- Disrupted placements further exacerbate the issue
- RAD has an impact on the family that can't be ignored
- Training is important for these adoptive or foster families

Impact on Family

- Dreams of solving all the problems with love nurturing are quickly squashed
- Parents become frustrated as they try to receive reciprocal love
- School and family can become critical of family

Impact on Family

- Siblings are threatened and targeted
- Family pets are targeted
- Family becomes controlled by the child, often withdrawing family from normal social functions
- Automatic parenting won't work, no logic to how to deal with behavior

Can you form attachments with these children?

- Yes, with time and time and more time
- How:
 - Eye contact
 - Touch
 - Smile
 - Parenting encourages reciprocity on parent's terms
 - Working together in reciprocal way
 - Demonstrate affection regardless of response

More....

- Be tough!
- No control battles
- Listening actively to behavior (encourage feelings expression)
- Remove control from child
- Schedules and consistency are key
- These parents often times need a respite