

# 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 or problems
- 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 5 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 2 years of life, and most important, the first 9 months of life. When a caregiver fails to respond to a baby's emotional and physical needs, responds inconsistently, or is abusive, the child loses the ability to form meaningful relationships and the ability to trust.

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. Students may display "soothing behaviors" such as rocking and head banging, or biting, scratching, or cutting themselves. These symptoms will increase during times of stress or threat.

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## 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 light and 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 to help 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.

## Resources

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

95 West Grand Avenue, Suite 206  
Lake Villa, IL 60046  
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.

While it is important to respect a child's need for confidentiality, if you work with children or families, you are legally required to report suspected child abuse or neglect. For more information, consult "Reporting Child Abuse and Neglect: A Resource Guide for Mandated Reporters," available from the Minnesota Department of Human Services.

This fact sheet must not be used for the purpose of making a diagnosis. It is to be used only as a reference for your own understanding and to provide information about the different kinds of behaviors and mental health issues you may encounter in your classroom.