Reactive Attachment Disorder (RAD) in a nutshell

There are several different sub-types of Reactive Attachment Disorders.

The **ambivalent** sub-type can be described as an "in-your-face" child. This is the child who is angry, oppositional, and who can be violent.

The **anxious** sub-type is clingy, anxious, shows separation anxieties, among other symptoms.

The **avoidant** sub-type is often overlooked. This child is very compliant, agreeable, and superficially engaging. This child often has a lack of depth to his emotions and functions as an "as-if" child; meaning that he tries to do and say what you want, but is not genuine, authentic, or real in emotional engagement.

Finally, there is the **disorganized** subtype, this child often presents with bizarre symptoms.

The words 'attachment' and 'bonding' are now used interchangeably.

Children with Reactive Attachment Disorder exhibit many of the following symptoms:

IN INFANTS:

Weak Crying Response.
Rage.
Constant Whining.
Sensitivity to Touch/Cuddling.
Poor Sucking Response.
Poor Eye Contact.
No Reciprocal Smile Response.
Indifference to Others.

IN CHILDREN:

- Lack of Conscience Development.
- Superficially Charming.
- Lack of Eye Contact (except when lying).
- Inability to give and Receive Affection.
- Extreme Control Issues.
- Destructive to Self, Others, Animals and Property.
- No Impulse Control.
- Unusual Eating Patterns (hoarding, gorging, or refusal to eat).
- Unsuccessful Peer Relationships.
- Incessant Chatter in Order to Control.
- Very Demanding.

- Unusual speech patterns, mumbling, robotic speech, talking very softly except when raging.

Associated Features
Learning Delays and Disorders.
Depressed I.Q. scores.

Differential Diagnosis:

Some disorders have similar symptoms. The clinician, therefore, in his diagnostic attempt, has to differentiate against the following disorders which need to be ruled out to establish a precise diagnosis.
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It is extremely difficult for professionals to differentiate between symptoms for attachment difficulties and ADHD/autistic spectrum disorders. There is widespread speculation within adoption and fostering that children who have suffered early life trauma and neglect are very often misdiagnosed as ADHD, Aspergers etc when in fact this is not the case. ADHD is simple to diagnose. Attachment disorder is not.

Cause:
From conception through approximately the third year of life the child needs to bond in order to develop physical, psychological and emotional health. This early attachment is the foundation for the child's ability to feel empathy, compassion, trust and love.
Children with attachment issues and those with Reactive Attachment Disorder have experienced a break in this bonding cycle. This break can be the result of:

- Genetic Predisposition.
- Maternal Ambivalence Toward the Pregnancy.
  Traumatic Prenatal Experience.
- In-Utero Exposure to Alcohol and/or Drugs.
  Birth Trauma.
- Neglect.
- Abuse.
- Abandonment.
- Separation from Birth Parents.
- Inconsistent or Inadequate Day Care.
- Divorce.
- Multiple Moves and/or Placements.
- Institutionalization (e.g. children adopted from orphanages).
- Undiagnosed or Untreated painful illness (e.g. untreated ear infections).
- Medical Conditions which Prohibit Adequate Touch (e.g. child who is in an incubator or body cast).

Treatment:

Traditional 'talk' or 'play' therapies do not work with these children because such therapies depend upon the child's ability to develop a trusting relationship with the therapist. Children with Reactive Attachment Disorder are unable to form any genuine relationships.
Therefore parenting must be very structured and very nurturing. Natural consequences, not lectures work best. If the child does not want to eat and you've put a meal in front of them which they will not eat, If the child complains and begins to ruin the mealtime, remove them from the table. **The key is to not let such a child make everyone feel like she does**. Such children are very good at externalizing their feelings and getting everyone else to feel as miserable as the child does.
Counselling and Psychotherapy

Many therapeutic methods are employed: re-parenting, role-playing, modelling of behaviours, behavioural shaping, cognitive restructuring, Gestalt Therapy, family therapy and general psychotherapy.
Effective therapy requires a team approach which **must always include the child's parents/ Carers**