

# Reactive Attachment Disorder

**RAD is the result of situations such as consistent physical abuse or neglect, inconsistent caregiving, or repeated moves—all of which do not allow the child to create close attachments with caregivers.**

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Children with Reactive Attachment Disorder (RAD) have problems with emotional attachment. They tend to be unresponsive to parents, caregivers, or other adults when they are upset and may not seek out nurturing or comfort from caregivers. Healthy attachments are formed when a child is able to “ask” for care from adults in the form of crying, talking, or other communication and when adults are able to provide care for a child. If a child is missing either of these components (lacks the ability to “ask” for care or adults are not providing appropriate care), the child may not be able to form healthy attachments and may have RAD.

There are two types of RAD:

- **EMOTIONALLY WITHDRAWN / INHIBITED TYPE:** A child has extremely emotionally inhibited behavior in social interactions with others. When distressed or upset, these children do not try to obtain comfort or nurturing and may resist offers of comfort.
- **INDISCRIMINATE / UNINHIBITED TYPE:** Children are very unselective when they choose caregivers or others to provide them comfort. They tend to lack a preference for primary caregivers and to lack an appropriate wariness of strangers. These children may wander from caregivers without checking back and often approach or seek nurturing from total strangers rather than from caregivers they know.

## SIGNS AND SYMPTOMS

Typical signs and symptoms of RAD include:

- Severe colic or feeding difficulties
- Failure to gain weight
- Detached and unresponsive behavior
- Difficult to comfort him or her
- Defiant behavior
- Appearing distracted
- Lack of response in social interactions
- History of physical or emotional abuse or neglect, repeated moves, or a traumatic event

## EVALUATION AND DIAGNOSIS

The emotional and social problems associated with RAD can continue to have an impact throughout childhood. RAD is usually diagnosed before age 5. If you think your child has RAD, your child may need a comprehensive psychiatric evaluation or psychotherapy evaluation. For more information, turn to **MENTAL HEALTH EVALUATIONS (p39)**. Diagnosis of RAD is based on an evaluation of both the caregiver and the child, as well as the interaction between the two.

## TYPICAL CO-EXISTING DIAGNOSES

Children with RAD are at greater risk for delays in development. Pediatricians should evaluate them regularly for appropriate development. Common mental health diagnoses that co-exist with RAD include:

- Post Traumatic Stress Disorder (PTSD) (p84)
- Speech and Language Disorders (p90)

## TREATMENT

A psychotherapist can treat RAD. For more information on mental health specialists, turn to page 106 in **MENTAL HEALTH SUPPORT**.

A key component of treatment of RAD includes making sure the child has safe, consistent, and familiar caregivers. Treatment focuses on creating appropriate and secure attachments with caregivers by working with the child and caregivers individually and as a group. Treatment options include parent–child interaction psychotherapy and skill building. For more information, turn to **MENTAL HEALTH TREATMENT (p147)**. If the child has been traumatized, this may also be something that needs to be addressed in treatment.

There are quite a few potentially dangerous RAD treatments that should be avoided. These include treatments that are designed to enhance attachment through physical restraint, coercion, or “reworking” of the trauma. These also include treatments that promote regression for reattachment. Although the names of the these treatments can vary, some names to watch out for include: Attachment Therapy, Holding Therapy, Rage Reduction Therapy, Re-Attachment Therapy, and Rebirthing Therapy. There is no scientific evidence that these treatments work. And worse, these treatments can be dangerous—they have been associated with deaths on multiple occasions. For appropriate treatment, talk to your child’s pediatrician and get a referral for a mental health specialist.

If RAD is affecting the child’s ability to learn, adjustments may need to be made in his or her education program. For more information on the school system, turn to page 118 in **MENTAL HEALTH SUPPORT**.

Parents should be very careful when researching information on RAD and considering providers and treatment options. There is a large amount of incorrect information on RAD on the Internet.

## RESOURCES

Casey Family Services  
Post Adoption Program  
401-781-3669,  
[www.caseyfamilyservices.org](http://www.caseyfamilyservices.org)  
(Offers support, social skills, and discussion groups for adoptive parents and children. These groups are not specifically for RAD, but program providers are aware of RAD and can work with families and refer them for treatment.)

*Handbook for Treatment of Attachment - Trauma Problems in Children (1994)*  
By Beverly James

New York University  
Child Study Center  
[www.aboutourkids.org](http://www.aboutourkids.org)