

Reactive Attachment Disorder of Infancy or Early Childhood

Description

Reactive Attachment Disorder (RAD) is a diagnostic label described in the DSM-5 and refers to a disorder usually first diagnosed in infancy or early childhood. As such, this disorder has specific diagnostic criteria. The disorder does not cover many of the behavioral concerns that may be observed when the attachment process is disrupted by separations, illnesses and disability on the part of the caretaker, or even by disturbed parenting practices. While these environmental conditions are often precursors to RAD, the diagnosis of RAD identifies criteria for both the behavioral characteristics and problematic environmental precursors necessary for making the diagnosis this diagnosis.

The DSM-5 recognizes two general types of behavioral manifestations of RAD. The **Inhibited Type** is characterized by a child who exhibits a "persistent failure to initiate or respond in a developmentally-appropriate fashion to most social interactions, as manifest by excessively inhibited, hyper vigilant, or highly ambivalent and contradictory responses (e.g., the child may respond to caregivers with a mixture of approach, avoidance, and resistance to comforting, or may exhibit frozen watchfulness)." Diagnostic criteria for the **Disinhibited Type** describe a child with "diffuse attachments as manifest by indiscriminate sociability with marked inability to exhibit appropriate selective attachments (e.g., excessive familiarity with relative strangers or lack of selectivity and choice of attachment figures)." (DSM-5) In either type, there must be evidence of "markedly disturbed and developmentally inappropriate social relatedness in most contexts, beginning before age five years," (DSM-5) It is important to note that the criteria for disturbed attachment includes the following:

- That the developmentally-inappropriate social relatedness is evident in most contexts;
- That the child exhibits the disturbances across settings and among different caretakers in most instances;
- That the disturbances in social relatedness are presumably the result of parenting or caregiver practices, or disturbances and disruptions in the living environment;
- That the developmental disturbances in social relatedness are not caused by developmental delays related to Mental Retardation or a Pervasive Developmental Disorder.

The DSM-5 states, "by definition, the condition is associated with grossly pathological care that may take the form of persistent disregard of the child's basic emotional needs for comfort, stimulation and affection; persistent disregard of the child's basic physical needs; or repeated changes of primary caregivers that prevent formation of stable attachments".

As children mature into adolescence, RAD can have many expressions. With the Disinhibited Type, the hallmark criteria include diffuse, indiscriminate sociability and difficulty making appropriate selective attachments. Interference with intimate social functioning is at the core of this disorder. Disturbances of conduct, oppositional behavior and diffuse manifestation of disinhibition or impulsive behaviors are **not** core symptoms according to the DSM-5.

Treatment

Attachment therapy is any therapy that attempts to repair damaged attachment as the result of trauma. It addresses relationship issues between the child and his parents.

In the past, attachment therapy included a variety of coercive methods to force the child to submit to the will of the parents, such as forcibly holding the child for long periods of time, and enforcing eye contact. These methods have since been discredited by several professional organizations (American Psychiatric Association, American Academy of Child and Adolescent Psychiatry, American Professional Society on the Abuse of Children).

The field of attachment therapy has moved away from these techniques, and now promotes the use of a variety of techniques to help parents become attuned to their children and to help children learn to regulate their emotions and behavior, and come to terms with trauma that may have occurred in their past. Appropriate treatment emphasizes short-term, specific counseling to provide stability and improve the quality of the parent-child relationship. The focus is on providing a stable environment for the child and taking a calm, sensitive, non-intrusive, non-threatening, patient, predictable and nurturing approach to parenting. This approach emphasizes teaching positive parenting skills, rather than the child's pathology. (Chaffin, 2006)

When referring children therapy for attachment problems, workers should clarify which strategies will be used. Furthermore, caseworkers should seek guidance from their supervisors if the therapist suggests using any coercive strategies.