

Reactive Attachment Disorder Annotated Bibliography of Resources

Reactive Attachment Disorder (RAD) is defined by the DSM-IV as markedly disturbed and developmentally inappropriate social relatedness in most contexts, beginning before age five, as evidenced by either:

Inhibited Type: persistent failure to initiate or respond in a developmentally appropriate fashion to most social interactions, as manifested by excessively inhibited, hypervigilant, or highly ambivalent and contradictory responses (ex. responds to caregivers with approach, avoidance, and resistance to comforting) or

Disinhibited Type: diffuse attachments as manifested by indiscriminate sociability with marked inability to exhibit appropriate selective attachments (ex. excessive familiarity with relative strangers or lack of selectability of attachment figures)

The following resources have been identified as useful to practitioners working with students diagnosed with Reactive Attachment Disorder (RAD).

1. Attachment Disorders: Review and Current Status. By: Wilson, Samantha L.. Journal of Psychology, Jan2001, Vol. 135 Issue 1, p37, 15p.

Abstract: Developmental research on attachment has flourished in the past 15 years (C. H. Zeanah, 1996). However, there has been relatively scant empirical investigation of disorders in attachment. In this article, the pertinent developmental research on the attachment cycle is delineated and the current status of disordered attachment is examined. A particular focus is given to the conceptualization of the most severe form of disordered attachment, reactive attachment disorder.

2. Behavioral and Personality Characteristics of Children with Reactive Attachment Disorder. By: Hall, Sara Elizabeth Kay; Geher, Glenn. Journal of Psychology, Mar2003, Vol. 137 Issue 2, p145, 18p.

Abstract: The authors compared behavioral and personality characteristics of children with reactive attachment disorder (RAD) with non-RAD children. Participants included parents of children with RAD (n = 21), parents of non-RAD children (n = 21), and some of the children (n = 20). The parents completed questionnaires regarding behavioral and personality characteristics of their children. Parents were also given the option of asking their children to participate in the study by completing self-report measures. Several significant findings were obtained. Children with RAD scored lower on empathy but higher on self-monitoring than non-RAD children. These differences were especially pronounced based on parent ratings and suggest that children with RAD may systematically report their personality traits in overly positive ways. Their scores also indicated considerably more behavioral problems than scores of the control children.

Previous research has been generally qualitative in nature. The current research represents some of the first quantitative, empirical work documenting specific behaviors associated with the diagnosis of RAD. The findings of this study have implications for better understanding and dealing with reactive attachment disorder.

3. Clinical Characteristics and Treatment Responses in Cases Diagnosed as Reactive Attachment Disorder. By: Mukaddes, Nahit Motavalli; Bilge, Sumru; Alyanak, Behiye; Kora, Meltem Eröcal. *Child Psychiatry & Human Development*, Summer2000, Vol. 30 Issue 4, p273-287, 15p, 7 charts; (AN 14053732)

Abstract: The aim of our study is to report the relation between pathological care and impairment in social interaction, communication, language development, and stereotypical behaviors. Fifteen cases (9 boys, 6 girls) who have the symptoms listed above and who were misdiagnosed with pervasive developmental disorder (PDD), were referred to our clinic for evaluation and treatment. After the cases were evaluated by a semi-structured interview, symptoms related to pathological care were fortified; maternal depressive symptoms associated with child neglect and overexposure to television viewing. The cases and the mothers/primary caretakers were treated in a standardized psycho-educational program of 3 months. After this period improvements were observed in all of the symptom clusters. Twelve cases (80%) had improvements in eye contact. Eleven cases (73.3%) began to engage in reciprocal play and ten cases (66.6%) showed social imitative behaviors. Six cases (40%) began to form sentences. Stereotypic behaviors diminished in six cases (40%) and disappeared in nine cases (60%). According to our findings, although the symptoms of PDD and reactive attachment disorder (RAD) resemble each other, presence of pathological care and good response to treatment in RAD can be important for the differential diagnosis with PDD.

4. The Development of an Assessment Protocol for Reactive Attachment Disorder. By: Sheperis, Carl J.; Doggett, R. Anthony; Hoda, Nicholas E.; Blanchard, Tracy; Renfro-Michel, Edina L.; Holdiness, Sacky H.; Schlagheck, Robyn. *Journal of Mental Health Counseling*, Oct2003, Vol. 25 Issue 4, p291, 20p, 2 charts.

Abstract: Attachment is a critical issue among children in foster and adoptive settings. It is essential for mental health counselors who work with these children to develop appropriate appraisal skills for diagnosing Reactive Attachment Disorder (RAD), a syndrome associated with extreme attachment problems. However, there is no comprehensive procedure to assess a child for RAD. Thus, we propose a battery of semi-structured interviews, global assessment scales, attachment-specific scales, and behavioral observations to help mental health counselors identify the disorder. We provide a case example to illustrate the utility of each assessment process.

5. Family unification with Reactive Attachment Disorder children: A brief overview.

By: Taylor, Raymond J.. Contemporary Family Therapy: An International Journal, Sep2002, Vol. 24 Issue 3, p475-481, 7p, 2 cartoons;

Abstract: This is a case study of a family with a child (age eight) with reactive attachment disorder and the subsequent individual and family therapy. Treatment of choice for the child was Eye Movement Desensitization and Reprocessing (EMDR) and supportive educational counseling for the parents and family. Qualitative evaluation of the process demonstrated that the parents observed an instant change in the child's attitude. The child reported that she felt better about family, school, and truthfulness, and stated about the therapy: "It opened a window for me." A 12-month evaluation demonstrated continued positive effects.

6. Psychoeducational Treatment of Children with Autism and Reactive Attachment Disorder. By: Mukaddes, Nahit Motavalli; Kaynak, F. Nimet; Kinali, Gulsevrim. Autism The International Journal of Research and Practice, v8 n1 p101-109 Mar 2004.

Abstract: The aim of the study was to evaluate and compare the efficacy of short-term psychoeducational treatment in children with autism and reactive attachment disorder (RAD). Ten boys with autism aged 24-66 months and 11 children with RAD (nine boys and two girls) aged 30-70 months were included in the study. The Ankara Developmental Screening Inventory was used to monitor progress following a 14-session psychoeducational programme. This focused on establishing a reciprocal-dyadic interaction between children and their caregivers and it also provided an educational programme for emotional, social, and language development. Although both groups showed significant changes on all scales of the ADSI, the children with RAD showed greater improvement than the autism group in their total development score, on the language-cognitive subscale, and in social/self-care abilities.

7. Recognizing and Treating Uncommon Behavioral and Emotional Disorders in Children and Adolescents Who Have Been Severely Maltreated: Reactive Attachment Disorder. Haugaard, Jeffrey J.; Hazan, Cindy; Child Maltreatment, Vol 9(2), May 2004. pp. 154-160.

Abstract: This article explores reactive attachment disorder, a disorder that has been linked to severe and chronic maltreatment. The fundamental concepts of attachment theory are reviewed briefly, and the two types of behaviors associated with reactive attachment disorder in children and adolescents are discussed. Treatment strategies are explored, including the controversial holding or rebirthing strategies.

8. Reactive attachment disorder: Implications for school readiness and school functioning. By: Schwartz, Eric; Davis, Andrew S.. Psychology in the Schools, Apr2006, Vol. 43 Issue 4, p471-479, 9p; DOI: 10.1002/pits.20161.

Abstract: School readiness and functioning in children diagnosed with Reactive Attachment Disorder (RAD) are important issues due to the dramatic impact RAD has on multiple areas of development. The negative impact of impaired or disrupted early relationships, characterized by extreme neglect, abuse, parental mental illness, domestic violence, and repeated changes in caregivers is examined. A key component of social and emotional development is self-regulation, which is a critical variable in school readiness and is often impaired in children with RAD. Highlighted topics include the academic and school areas which may exacerbate attachment disturbances as well as ways in which teachers and other school professionals can encourage the development of more productive relationships. Interventions are provided which lead to greater success in school for these children. © 2006 Wiley Periodicals, Inc. *Psychol Schs* 43: 471–479, 2006.

9. Reactive attachment disorder of infancy or early childhood. Richters, Margot Moser; Volkmar, Fred R.; *Journal of the American Academy of Child & Adolescent Psychiatry*, Vol 33(3), Mar-Apr 1994. pp. 328-332.

Abstract: Describes the pattern of disturbances demonstrated by some children who meet Diagnostic and Statistical Manual of Mental Disorders-III-Revised (DSM-III-R) criteria for reactive attachment disorder. It is suggested that the sensitivity and specificity of the diagnostic concept may be enhanced by including criteria detailing the developmental problems exhibited by these children. The etiological requirement should be discarded given the difficulties inherent in obtaining complete histories for these children, as well as its inconsistency with the ICD-10. The authors also suggest that diagnosis is not a disorder of attachment but rather a syndrome of atypical development. Four cases are presented of children (aged 4-8 yrs) who meet current criteria for reactive attachment disorder.

10. Reactive attachment disorder: What we know about the disorder and implications for treatment. Hanson, Rochelle F.; Spratt, Eve G.; *Child Maltreatment*, Vol 5(2), May 2000. pp. 137-145.

Abstract: Reviews and synthesizes what is known about Reactive Attachment Disorder (RAD) and attachment disorders and discusses implications for treatment. In recent years, there has been an increase in the number of children diagnosed with RAD. There is considerable disagreement about what this entity actually entails and, in particular, what types of assessments and interventions to use with these children and families. Children with a history of maltreatment (i. e., physical, sexual, emotional abuse, and/or severe neglect) are particularly likely to receive this diagnosis, because the behavior problems often seen in these children are presumed to stem from the maladaptive relationships they have had with abusive caregivers. However, many children are receiving this diagnosis because of behavior problems that clearly extend beyond the Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) criteria for RAD. Perhaps the most

concerning consequence of the RAD diagnosis is the emergence of novel treatments (e.g., rage reduction therapy) that lack a sound theoretical basis or empirical support, and may potentially be traumatizing and dangerous to the child. It is suggested that it is possible to use treatments that have worked among populations with similar symptom profiles and behavior problems.

Online Resources:

<http://www.center4familydevelop.com/helpteachrad.htm>

http://www.macmh.org/publications/fact_sheets/RAD.pdf

<http://olderchildadoption.com/rad/iep.htm>

<http://www.universalclass.com/i/crn/2522.htm> (online course)

<http://www.attachmentdisordermaryland.com/intervent.htm> (strategies)

<http://www.radkid.org/index.html>

<http://www.attachmentdisordermaryland.com/intervent.htm>

<http://www.attachmentdisorder.net/helpforteachers.htm>

www.attachmentdisorder.net/

<http://www.nlm.nih.gov/medlineplus/ency/article/001547.htm>

These will help with school interventions and IEP suggestions, etc:

<http://www.attachmentdisordermaryland.com/intervent.htm>

<http://www.attachmentdisorder.net/helpforteachers.htm>