Reactive Attachment Disorder

How to Help the Parents
Heal the Child
A Day with Julia...

What do you think?

What concerns do you have about her behavior?

Is the parent crazy?
A School Day with Bob

- Story of Bob

- What would you do if you were Bob’s teacher?

- What would you do if you were the GAL or CASA appointed to handle the case?

- How would you treat the parents?
What Mom Sees at Home

- Story of John

- Children’s Services obtains Temporary Custody of child and places him in a residential facility
- John’s behaviors at the facility
- Agency blames Mom and excludes her from involvement with John’s care and treatment

- What do you think?
Reactive Attachment Disorder

- A child with Reactive Attachment Disorder (RAD) was likely neglected, abused, or orphaned.
- RAD develops because the child’s basic needs for comfort, affection, and nurturing were not met and loving, caring attachments with others were never established.
- This may permanently change the child’s growing brain, hurting the ability to establish future relationships.
Components of RAD

- **Annihilation Anxiety**
  - Caregiver is viewed as protector **and threat**, creates split view of others
  - Child views themselves as frightening or repulsive to caregiver, thus causing withdrawal and rejection by caregiver
  - Child creates False Self to protect child from threats of outside world, internal world and to obtain care and resources from others
Components of RAD - continued

- **Abandonment Anxiety** - Fear loss of caregiver, believe they are totally alone
- **Omnipotence** - Belief they **must control** other people and situations to survive
- **Hypervigilence** – Directing of significant portion of their energy, attention, and thinking towards monitoring the external environment
- **Scarcity Model** – Belief that things will rarely, if ever, be available in adequate supply
- **Emotional Experience** – Need for control is aimed at managing outer world and inner world. Regulatory skills are minimal and **emotional overload** often occurs. Response of child is to be aggressive.
Components of RAD - continued

- **Dissociation** – Disconnect from own experiences
- **Eye Contact** – Erratic to absent, too emotionally arousing, disapproval or anger will be seen on caregiver’s face, fear desire for attachment being activated
- **Victimhood** – Responsible for nothing, but inwardly believe they are responsible for everything that has happened, overwhelming shame, reject love and adult caregiver
- **Temporal Experience** - Child focuses on the now, lack of learning from experience, lack of planning, future consequences or rewards are not factored into choices
- **Integration** - Lack integrated thinking, cannot connect things across time, everything just happens
- **Language** - Triggers distrust and expectation of exploitation, avoid involvement in conversation, verbal adeptness should not be confused with relating through words
Behaviors witnessed by parents

- Raging – often for no apparent reason
- Destructive towards self, others, animals and things
- Lack of conscience, remorse or empathy
- Constant attention seeking and nuisance behaviors
- Food issues – hides it, steals it, hordes it, eats excessively, refuses to eat
- Instantaneous shift in mood and personality
- Lies about everything, crazy, stupid lying
- Chronic stealing
- Aggressive and Defiant
Behaviors Witnessed by Others

- Charming and engaging
- Allegations of abuse and neglect by parents
- Homework never done, blames parents
- Huge ego, poor self esteem
- **Plays the victim**, blames others for everything
- Often bullied by others
- Does not do well in group settings
- Fascinated with violence, death, blood gore, weapons
- Poor ability for self control
Attachment Disorder Spectrum
Types of RAD

- Spectrum of Attachment disorders ranges from mild to severe
  - Anxious Attachment Disorder
  - Avoidant Attachment Disorder
  - Ambivalent Attachment Disorder
  - Neurologically Disorganized Attachment Disorder

- Most Adopted/Foster children have some attachment issues, however only a small percentage have RAD
Anxious Attachment Disorder

**Primary Emotion**
- Anxiety connected to abandonment
- Terrifying inner emptiness
- Sense of no existence of their own

**Primary Behavior**
- Work diligently to manage adults liking them
- Lie often, usually about feelings, never admit lying
- Rarely express own thoughts
- Substance abuse to medicate terror and anxiety
- Indifferent to or rejecting of interaction except when they seek closeness only to calm terror
Avoidant Attachment Disorder

**Primary Emotion**
- Sadness related to sense of emptiness/loneliness
- Go to **extreme lengths** to avoid expressing sadness
- Do not think they are sad because block it well
- Deflect anything that might activate their sadness

**Primary Behaviors**
- Passive-aggressive behavior
- Various behaviors designed to create nuisance and pollute family with tension to avoid sadness
- Tasks performed very slowly to create frustration
- Speech is mixed with unintelligible mumblings to create irritation and block sadness
- **Incessant chattering** when sadness is aroused
Ambivalent Attachment Disorder

- **Primary Emotion**
  - Anger and *Rage*
  - Openly angry attitudinally, verbally and behaviorally *much of the time*
  - Fascination with fire, gore, death
  - Least developed conscience and values

- **Primary Behavior**
  - Direct aggression
  - Oppositional
  - Demanding
  - If manipulation does not get them what they want, will become aggressive
  - *Will destroy property*
  - May harm animals and hurt other children
  - *Understand impact of behavior on others but simply don’t care*
  - *Verbally threatening to adults*, use of aggression depends on their chance of being hurt
Neurologically Disorganized Attachment Disorder

- **Primary Emotion**
  - Chaotic anxiety
  - Thinking may regress to psychotic levels
  - Associations are illogical
  - Speech is tangential
  - Distorted syntax unrecognized by child

- **Primary Behavior**
  - Unpredictable
  - Preservative
  - Bizarre
  - Unrelated to situation at hand
  - May feel remorse but doesn’t affect future change due to neurological fragility and chaotic anxiety
What does the child’s school behavior and interactions look like?
Characteristics

- **External vs. Internal**
  - School expects organization based on schedules, performance demands, rules, assignments
  - Child has an **overriding internal need for control** in order to feel safe

- **Group Activities**
  - Motivation for group activities rests on a desire to interact collaboratively with others to create learning. **But having to deal with multiple people simultaneously increases the chances of AD child’s anxiety** to increase which requires a behavior to regain a sense of control
- **Gratification** – most offered by the school are delayed, like grades, public recognition, approval from teacher and parents
- **AD child focuses on instant gratification and distrusts future gratifications and authority figures**
- Thus, most of the believability is gone, they tend to be **minimally motivated**
- **Omniscience** – **AD child believes they already know everything** so they have little or no interest in a place that presumes that their knowledge is incomplete
- **Projection** – Something true about the AD child is projected onto a peer, quite perceptive of other’s vulnerabilities, receiver is defensive
- **Dual Role of Teachers** – provide educational resources and set limits
  - Conflict with AD child’s personal priorities
  - No matter how many times the teacher has been an ally in the past the **AD child will see any attempts to block their desires as transforming the teacher into a persecutor**
  - **Authority which the AD child sees as unfair deserves no respect** – child will feel entitled to disrespect an untrustworthy authority figure
  - Rules established for the common good make little sense to the AD child
Behaviors Displayed

- **Aggressive Behaviors** – full blown temper outbursts
  - May include any or all of the following:
    - Screaming, shouting, throwing objects, use of obscene language, verbal threats, physical threats, physical aggression, running out of the classroom or building
• Repetitive Behaviors – frequently occurring minor infractions that disrupt the simplest daily interactions
• Such as: interrupting, noise making, excessive questions

• Serve dual purpose
  • Provide on-going reminders that the AD Child is not fully under the teacher’s control
  • Probes that the AD Child uses to acquire information about the situation to decide how they can handle themselves with that person or in that situation
Behaviors continued

- **Passive Aggressive Behaviors**
  - A compliant appearance with a defiant spirit
  - **Assignments** – doing parts but leaving others undone; doing some parts correctly and others incorrectly on purpose; doing the problems out of order; doing more or less problems than assigned
  - **Speaking** – transpose words or omit words to distort meaning and confuse listeners
  - **Rules** – when asked to sit the child will kneel or slide into a prone position or onto the floor
• **Behavior toward Peers** – deliberately provocative to demonstrate their power to control others

• **Response to instruction** – believe teacher assigns tasks as a way to control them

  • One day the AD Child will be focused but the next day the AD Child will be totally unworkable
    
    • Teacher will want to replicate the excellent performance thus getting hooked into a game they cannot win
    
    • Unworkable could be forgetfulness, distractibility, poor quality work, incomplete tasks, boredom, disinterest…
    
    • Task completion or incompletion are really a **form of emotional regulation caused by anxiety and anger**, thus the AD Child can keep the illusion of omniscience and being the smartest person in the classroom
• **Support and Praise** – one of four responses
  - Accept support without any reaction
  - Reject the support outright
  - Distrust the praise as an adult trick
  - Sabotage their performance to contradict the praise

• Creates appearance of being immune to praise or support to remain in control

• Rarely if ever express gratitude for support because that displays dependence, which is seen as dangerous to the AD Child
What do the Parents Look Like?

- Hostile – Why?
- Angry – Why?
- Overly Strict – Why?
What do you think?

- Is the child fine?
- Are the parents, usually only the mother, crazy?
- Are the parents to blame?
- Do you really know what the child is like based upon talking to them or seeing them during a visit?
## Child Attachment Checklist

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
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<tbody>
<tr>
<td>1. Is unable to give and receive love</td>
<td>0</td>
<td>1 2</td>
<td>3 4 5 6 7</td>
<td>8 9 10</td>
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<tr>
<td>2. Is oppositional, argumentative, defiant</td>
<td>0</td>
<td>1 2</td>
<td>3 4 5 6 7</td>
<td>8 9 10</td>
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<tr>
<td>3. Is emotionally phony, hollow or empty</td>
<td>0</td>
<td>1 2</td>
<td>3 4 5 6 7</td>
<td>8 9 10</td>
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<td>4. Is manipulative or controlling</td>
<td>0</td>
<td>1 2</td>
<td>3 4 5 6 7</td>
<td>8 9 10</td>
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<tr>
<td>5. Has frequent or intense angry outbursts</td>
<td>0</td>
<td>1 2</td>
<td>3 4 5 6 7</td>
<td>8 9 10</td>
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<tr>
<td>6. Is an angry child inside</td>
<td>0</td>
<td>1 2</td>
<td>3 4 5 6 7</td>
<td>8 9 10</td>
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<td>7. Unable to cry about something sad</td>
<td>0</td>
<td>1 2</td>
<td>3 4 5 6 7</td>
<td>8 9 10</td>
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<tr>
<td>8. Avoids or resists physical closeness and touch</td>
<td>0</td>
<td>1 2</td>
<td>3 4 5 6 7</td>
<td>8 9 10</td>
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<tr>
<td>9. Cannot be trusted</td>
<td>0</td>
<td></td>
<td>1 2 3 4 5 6 7</td>
<td>8 9 10</td>
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<tr>
<td>10. Has little or no conscience</td>
<td>0</td>
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<td>3 4 5 6 7</td>
<td>8 9 10</td>
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<tr>
<td>11. Is superficially engaging and charming</td>
<td>0</td>
<td>1 2</td>
<td>3 4 5 6 7</td>
<td>8 9 10</td>
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<tr>
<td>12. Lack of eye contact on parental terms</td>
<td>0</td>
<td>1 2</td>
<td>3 4 5 6 7</td>
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<tr>
<td>13. Indiscriminate affection with strangers</td>
<td>0</td>
<td>1 2</td>
<td>3 4 5 6 7</td>
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<td>14. Not affectionate on parents’ terms</td>
<td>0</td>
<td>1 2</td>
<td>3 4 5 6 7</td>
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<tr>
<td>15. Destructive to self, others, and property</td>
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<td>1 2</td>
<td>3 4 5 6 7</td>
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<tr>
<td>16. More disobedient toward mom than dad</td>
<td>0</td>
<td>1 2</td>
<td>3 4 5 6 7</td>
<td>8 9 10</td>
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<tr>
<td>17. Cruel to animals</td>
<td>0</td>
<td>1 2</td>
<td>3 4 5 6 7</td>
<td>8 9 10</td>
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<tr>
<td>18. Steals</td>
<td>0</td>
<td>1 2</td>
<td>3 4 5 6 7</td>
<td>8 9 10</td>
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<tr>
<td>19. Lies about the obvious (crazy lying)</td>
<td>0</td>
<td>1 2</td>
<td>3 4 5 6 7</td>
<td>8 9 10</td>
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<tr>
<td>20. Is impulsive or hyperactive</td>
<td>0</td>
<td>1 2</td>
<td>3 4 5 6 7</td>
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<tr>
<td>21. Lacks cause and effect thinking</td>
<td>0</td>
<td>1 2</td>
<td>3 4 5 6 7</td>
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<td>22. Gorges or hoards food</td>
<td>0</td>
<td>1 2</td>
<td>3 4 5 6 7</td>
<td>8 9 10</td>
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<tr>
<td>23. Has poor peer relationships</td>
<td>0</td>
<td>1 2</td>
<td>3 4 5 6 7</td>
<td>8 9 10</td>
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<tr>
<td>24. Preoccupation with fire, blood, or violence</td>
<td>0 1 2</td>
<td>3 4 5 6 7</td>
<td>8 9 10</td>
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<tr>
<td>25. Persistent nonsense questions or incessant chatter</td>
<td>0 1 2</td>
<td>3 4 5 6 7</td>
<td>8 9 10</td>
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<tr>
<td>26. Inappropriately demanding and clinging</td>
<td>0</td>
<td>1 2</td>
<td>3 4 5 6 7</td>
<td>8 9 10</td>
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<tr>
<td>27. Sexual acting out</td>
<td>0</td>
<td>1 2</td>
<td>3 4 5 6 7</td>
<td>8 9 10</td>
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<tr>
<td>28. Bossy with peers</td>
<td>0</td>
<td>1 2</td>
<td>3 4 5 6 7</td>
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<tr>
<td>Overlapping Characteristics &amp; Mental Health Diagnoses</td>
<td>FASD</td>
<td>ADD/ADHD</td>
<td>Sensory Processing</td>
<td>Autism</td>
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<tr>
<td>Ecology mismatch by administrators, classroom...</td>
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<tr>
<td>Developmental Disregard</td>
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<tr>
<td>Feel Different from other people</td>
<td>X</td>
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<tr>
<td>Often does not follow through on instructions</td>
<td>X</td>
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<tr>
<td>Often interacts in a manner devaluing others</td>
<td>X</td>
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<tr>
<td>Often engages in activities without considering</td>
<td>X</td>
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<tr>
<td>Often has difficulty organizing tasks at school</td>
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<tr>
<td>Difficulty with transitions</td>
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<tr>
<td>No impulse control, inappropriate</td>
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<td>Sleep disturbance</td>
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<td>Inconsistently affective feelings with others</td>
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<tr>
<td>Lack of social contract</td>
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<tr>
<td>Nervousness</td>
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<tr>
<td>Lying about their problems</td>
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<td>Learning hypothesis: Won't learn, some can learn</td>
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<td>Inconsistently uses or abnormally uses</td>
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<td>Increased startle response</td>
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<td>Emotionally volatile, off center, wide</td>
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<td>Depression develops, often in teen years</td>
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<tr>
<td>Problems with social interactions</td>
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<td>Deficit in speech and language delays</td>
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<td>Overactivity responsive to stimuli</td>
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<td>Persistence, irritability</td>
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<td>Fatigue in response to stress</td>
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<td>Poor problem solving</td>
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<tr>
<td>Difficulty seeing cause &amp; effect</td>
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<td>Exceptional abilities in one area</td>
<td>X</td>
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<td>Guilt/what &quot;normal&quot; is</td>
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<td>Use of violence in social setting</td>
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<td>Difficulty remembering, following through</td>
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<td>Difficulty with relationships</td>
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<td>Manage time poorly/lack of completion of time</td>
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<td>Information processing disabilities</td>
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<td>Speech/language comprehension, oral-reading disability</td>
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<tr>
<td>Often loses temper</td>
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<td>Often talks with adults</td>
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<td>Often talks loudly or refuses to complete</td>
<td>X</td>
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<td>Often blames others for life or her mistakes</td>
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<tr>
<td>Involves money in family or friends</td>
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<tr>
<td>Involves and resentful</td>
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</table>
RESOURCES

- **When Love Is Not Enough — A Guide to Parenting Children with RAD - Reactive Attachment Disorder**: Nancy L. Thomas
- **Parenting the Hurt Child — Helping Adoptive Families Heal and Grow**: Gregory C. Keck Ph.D. and Regina M. Kupecky, L.S.W.
- **Rescuing Julia, Twice** — Tina Traster
- **AttachmentDisorderMaryland.com**
- **The ChildTrauma Academy**, [ChildTrauma.org](http://ChildTrauma.org)
- **Neurosequential Model of Therapeutics — NMT used at Buckeye Ranch and The Village Network**, both inpatient and outpatient
Where to Find Help

- **Therapist experienced with RAD**

  *Parents have not reported success when their children were in individual or group therapy. I use family therapy exclusively. The parents are always present when I work with their child. This gives me access to the truth. Without the facts, help is impossible.*

  *The goal of therapy for a RAD child is not to directly reduce his anger or to change his behaviors. The ultimate goal is to attach or bond the child to his parents. The goal is not to develop a good relationship between the child and therapist, but between the child and his parents. As such the therapy is most accurately called Attachment Therapy. When your child becomes bonded, changes will take place spontaneously. Changes in emotions, behaviors, attitudes, and thinking will happen automatically.*

  *This point is critical to understanding RAD treatment. We do not treat anger and behavior in order to create a bond. We create a parental bond which in and of itself changes the anger and behavior.*

  Walter D. Buenning, Ph.D. & Assoc. Palo Alto, CA, Licensed Psychologist, Colorado #1424, 650-269-3727
Finding Help - continued

- **Support the Parents**
  - They are not the cause of the child’s issues
  - Provide Respite services
  - Help them locate summer activities
  - Understand the stress they endure and provide real help that strengthens the family
  - Residential Facilities are largely ineffective except to give parents a break – none have a specialized RAD program. All use approaches that work with most kids, just not RAD kids. If you use a facility demand they involve the parents in all therapy and disclose everything being used to help the child
Finding Help - continued

- Locate programs that use QEEG or brain mapping technology to locate the areas of the brain that are not working well and then develop a treatment plan to address the deficiencies
- Locate a home based therapist that works with parents and the child at home on attachment
- Engage child in community activities for social and emotional development and to provide breaks for parents
- Parenting a RAD child is exhausting, the parents need support and breaks to maintain the child