Reactive Attachment Disorder

In Partial Fulfillment of the Requirements for the Degree of Master of Arts in Marriage and Family Therapy

Presented By: Renae Frederick
Facts about Reactive Attachment Disorder

• Attachment is a term used as a strong emotional bond that develops between children and their caregiver.

• Reactive Attachment Disorder otherwise known as (RAD) is a mental health disorder in which the child is unable to form healthy relationships, particularly with their primary caregiver.

• Many children with RAD have been physically or emotionally abused or neglected.

• RAD is commonly seen with children who have experienced a form of trauma before the age of 5.

(Hardy, 2007)
Facts about Reactive Attachment Disorder

• It is thought to result from a lack of consistent care and nurturing in early years.

• Maltreatment such as abuse or neglect may compromise development and cause social, cognitive, emotional, and behavioral problems as the child grows.
Reactive Attachment Disorder

• Some children with RAD have experienced inadequate care in an institutional setting, or other out-of-home placement such as residential programs, foster care or orphanages.

• Attachment Disorder may impact the way one views themselves and future relationships.

(Nichols, M., Lacher, D., & May, J. 2010)
DSM-IV-TR and Reactive Attachment Disorder

According to the DSM-IV-TR there are 2 different types of presentation to Reactive Attachment Disorder.

**Inhibited Type** – is characterized by a predominate failure to initiate and respond to most social interaction in a developmentally appropriate way for their age.

**Disinhibited Type** – is characterized by a pattern of diffuse attachment. The child shows indiscriminate sociability or lack of selectivity in their choices of attachment figure.
313.89 Reactive Attachment Disorder of Infancy or Early Childhood

Please see handout provided DSM Diagnostic Criteria
Characteristics of Inhibited Type RAD

Inhibited Type RAD is also referred to as **Ambivalent**. Children can present but are not limited to the following:

- Will push affection away to keep control
- Are angry, defiant and can be violent
- Destructive both with their own belongings and others
- Difficult children to parent because they sabotage or destroy almost everything positive that happens to them
- Manipulative
- When they want something they act very affectionate

(Hardy, 2007)
Additional Characteristics of Inhibited Type RAD

• Have few friends if any, although they will say they do, listing several acquaintances

• Lack the ability to give and receive love

• Lack empathy for others

• Poor impulse control

• Lying for no apparent reason

• Developmental /learning delays

• Problems with food; either hoarding or refusing to eat
Characteristics of Disinhibited Type of RAD

Children can present but are not limited to the following:

- Tend to be overly clingy, showing extreme separation anxiety when separated from their caretaker

- Appear to be eager to please and are superficially compliant

- Lack an understanding of social boundaries, often in others personal space

- Attention seeking

- Chronic anxious appearance

- Exaggeration of needs for assistance

- Can be perceived as shallow

(Hardy, 2007)
Characteristics of Disinhibited Type of RAD

• Are often passive aggressive. Constantly doing little things wrong, but never doing anything really bad.

• These children have a higher risk to go off with strangers because they fail to distinguish between people that want to help them and people that want to harm them.

• Poor Impulse control
Differential Diagnosis

It is important to distinguish RAD from other diagnosis with related symptoms because effective treatment for RAD and other disorders can be quite different.

• **Conduct Disorder (CD)** Some children with RAD and many with Conduct Disorder exhibit aggressive behavior, have frequent temper outbursts and are often rejected by peers and adults.

• **The difference between RAD and CD**- Children with CD are able to form some satisfying relationships with peers and adults. Children with RAD have a pervasive inability to developmentally form appropriate relationships with others.

(Alston, 2000; Wilson, 2001)
Differential Diagnosis

• **Depression** - Children with Inhibited type of RAD are often withdrawn in the same way that depressed children are.

• **The difference between RAD and Depression** - Depressed children are often able to form appropriate social relations with those who reach out to them, whereas children with RAD seldom have the ability.

(Alston, 2000; Wilson, 2001)
Obstacles in Recognizing Reactive Attachment Disorder

• General lack of familiarity with disorder by clinicians

• Relatively new diagnosis

• Misunderstood by clinicians

• RAD shares many symptoms with disorders that are common among children.

• The existence of co-occurring disorders is likely to increase the complexity required for effective treatment.

(Alston, 2000; Wilson, 2001)
**Assessment**

Currently there is no specific validated tool for diagnosing Reactive Attachment Disorder.

Diagnosis is made on the basis of the following:

- Diagnostic Interview

- History and Behavioral Observations

- Medical and Psychiatric examinations - Rule out physical causes or differential mental and medical illness diagnoses

- Interview the child’s caregiver - **obtain history of maltreatment and attachment disordered behaviors.**

(Boekamp, 2008)
Treatment Modalities for Children & Caregivers

• There are two common approaches to treating families with attachment problems. The first is psycho educational treatment focused on increasing the caregivers knowledge on development, self-care and relationship building.

• The second is psychotherapy with the caregiver and child, focusing specifically on the attachment relationship and dysfunctional internal representation.

• It is recommended that the clinician take on the role of a coach to the caregiver. Not modeling but simply teaching practical information then helping the caregiver implement it.
Treatment Modalities for Children & Caregivers

• Loving and capable caregivers provide the core of what is needed to help children with Reactive Attachment Disorder.

• It is necessary for affected children to recover by being offered plentiful opportunities for recovery.
For years play therapy has been a well-established and popular mode of child treatment in clinical practice.

• **Play Therapy** is a method of psychotherapy in which the therapist uses the child’s fantasies and symbolic meaning of his or her play as a medium for understanding and communication.

• One reason Play Therapy has proven to be a particularly useful approach with children is that they have not yet developed abstract reasoning abilities and verbal skills needed to adequately articulate their feelings, thoughts and behavior.

• **For children toys are their words and play is their conversation.**

• Reaching children through play is entering the child’s world by relating to their unique perspective and forming safe and empowering relationships.

(Norton & Norton 1997)
• The objective surrounding Play Therapy is to decrease the behavioral and emotional disturbances that interfere with the child’s standard functioning.

• Play Therapy allows the therapist an understanding of the child’s inner working model and an understanding of cognitive and emotional development.

• This form of therapy is commonly used with children that have experienced complex trauma.

(Chethik, 2000)
Play Therapy Goals

Play reflects issues which are important to the child and typically relevant to their difficulties.

• Improved verbal expression

• Ability for self-observation

• Improved impulse control

• Adaptive ways of coping with anxiety and frustration

• Improved capacity to trust and relate to others

• Enhance communication and understanding between the child and their caregiver
Filial Therapy

Filial Therapy is an approach in which the parents are included together with their children in the process of learning and changing.

• Caregivers learn how to conduct client-centered play therapy sessions with their children and then proceed to have weekly home play therapy sessions.

• Caregivers are taught a variety of basic skills, such as reflective responding, limit setting and choice giving.

• Filial Therapy addresses the emotional needs of children the same as play therapy but uses caregivers as the therapeutic agents of change.

• When the entire family feels involved in the process this brings cohesiveness to the family as a whole.

(Ginsberg, 1991)
Developmental Repair

Developmental Repair is an intervention program developed here in Minnesota by Anne Gearing and her team at Washburn Center for Children.

• This program has been implemented for very high risk youth ages 3 to 3\textsuperscript{rd} grade.

• Washburn Center for Children provides early intervention services for aggressive and disruptive behavior to prevent children from harming themselves and others.

• Intervention services assist children with making developmental transitions from home to larger community participation.

• Instead of assuming these children intend to be aggressive or disruptive, clinicians see how their early development has been compromised by persistent trauma.

• Interventions help children acquire developmental skills that are age appropriate such as self regulation.

• Developmental Repair shifts how these children are perceived.

(Gearity, 2009)
Narrative Therapy

Family Attachment Narrative Therapy was developed to heal the experience of early child maltreatment

- Gentle, soothing, non-provocative and nonintrusive narratives told by caregivers provide an alternative restorative experience designed to shift and change the child’s destructive internal working model.

- Family Attachment Narrative Therapy is guided by the belief that parents are the primary healing agents for children, and builds on parent knowledge about the child's internal motivations.

- Therapists train parents to create narratives that increase feelings of security, address issues in the child's history and help the child reach new conclusions about his or her life experiences.

Family Attachment Narrative Therapy

Parents, along with the therapists, create four types of attachment narratives, unique to the child.

• **Claiming** - Used to communicate that from the beginning the child deserved love and care. Also used to impart family traditions and history.

• **Developmental** - Helps the child to progress properly through necessary stages of development. Facilitates cognitive development, enhances emotional regulation.

(May, 2005)
Family Attachment Narrative Therapy

- **Trauma** - Addresses trauma history and helps the child gain a new understanding of life events. Heals pain of trauma, creates empathy and fosters understanding.

- **Successful child** - Teaches positive core standards for behavior. Teaches values, reinforces cause and effect thinking, presents alternative behavior and explains basics of “How to Do” life.
Dialectical Behavioral Therapy (DBT) was founded by Marsha Linehan in 1993

• DBT combines cognitive and behavioral therapy, incorporating methodologies from various practices including Eastern mindfulness techniques.

• The four main DBT skills are- Mindfulness, Distress Tolerance, Emotion Regulation, and Interpersonal Effectiveness.

• DBT teaches clients how to use mindfulness practices and assists clients in learning to be in the here and now.

• Mindfulness is also about manifesting awareness while staying present in the moment to minimize interpretations, assumptions, abstractions and judgments.

• With DBT’s mindfulness skills clients learn to be nonjudgmental toward themselves and others.

(Linehan, 1993)
There are two major philosophical points to DBT

1.) Clients are doing the best they can and need better skills to be more effective.

2.) Clients have not caused all their problems but they have to solve them anyway.

- DBT skills provide mental space for compassion, validation, growth and understanding.
- These skills can be applied in individual sessions by a trained clinician and are also offered throughout the community in group settings for adults.

(Moonshine, 2008)
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<thead>
<tr>
<th>Individual Psychology</th>
<th>Attachment Theory</th>
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<tbody>
<tr>
<td>• The crucial function of social interest for the well-being and survival of human beings.</td>
<td>• The caregiver-infant bond is crucial for the basis of security and mental health. The attachment is necessary to survive.</td>
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<tr>
<td>• We internally develop private logic on how we intend to think and believe about any given relationship or incident.</td>
<td>• Working models of self and others become our guide as to how to plan for future interactions and experiences.</td>
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<tr>
<td>• We use safeguarding to shield ourselves from experiences of inferiority as well as damage to our self-worth and self-esteem.</td>
<td>• Defensive distortions are created to protect us from relational pain, anxiety and inner turmoil.</td>
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(Ansbacher & Ansbacher 1964)  
(Weber, 2003)
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<td>- Family-of-origin and experiences with birth order are the basic foundation to an individual’s lifestyle.</td>
<td>- Security with attachment figures teaches a child social skills.</td>
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<td>- Children and adults behave with a purpose to create a place to belong.</td>
<td>- Proximity seeking behavior allows the child to reach for what they want internally.</td>
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<td>- Humans struggle with striving for superiority. Family-of-origin greatly affects our own feeling of empowerment. Family experiences contribute to whether we pursue a humble or selfish kind of success.</td>
<td>- Without a proper secure upbringing, a child often grows to feel second-rate and lacking worth and ability to love.</td>
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"If you want to change something, change the story".

Deepak Chopra

Thank you for taking the time to join me this evening. Your support is greatly appreciated. I wish you all continued success.
References


References


