ECHO IDAHO:
Behavioral Health in Primary Care

Reactive Attachment Disorder in Children

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Attachment Disorders

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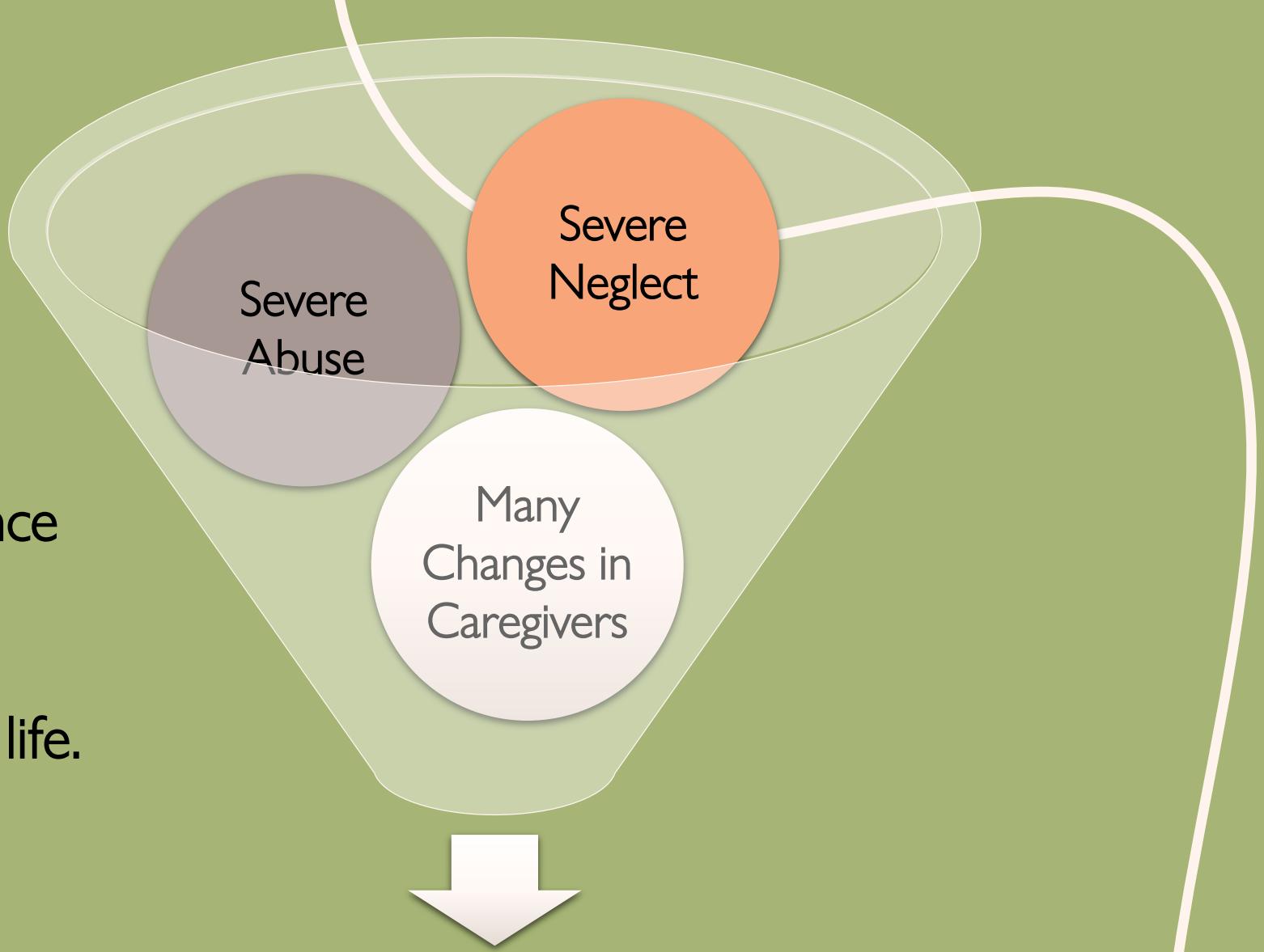
Learning Objectives

- Understand Attachment Disorders
- Distinguish them from other similar presenting disorders
- Understand its impact on family and individual health
- Understand the psychology behind the child's attachment issues and behaviors
- Learn about the team needed to promote attachment and family healing

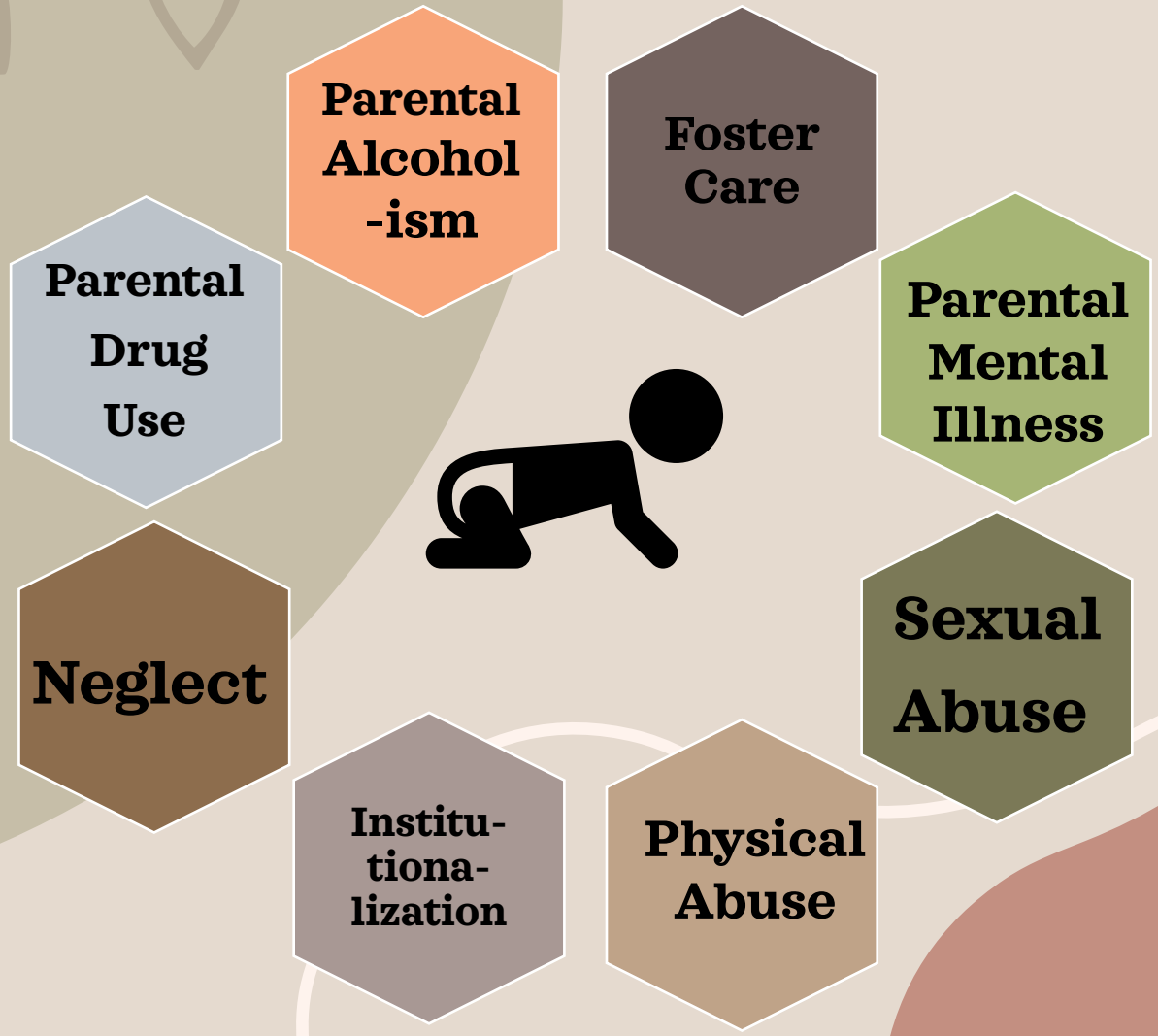
Etiology of Attachment Disorders



These experience usually happen during the first TWO years of life.

Attachment Disorder

Risk Factors



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RAD Case

- Adopted 8 year old female and her parents present to clinic for concern of behavioral issues.
- She is calm, timid, and respectful. She seems very appropriate.
- The parents describe a child who hoards food, wanders the house at night, smears stool on walls, and becomes extremely angry for the silliest things with her adoptive mother.
- The rages result in minor injuries to her mother.
- Parents are not able to help her calm.
- She seems to get along without difficulty with her father who works during the day.

DSM-5-TR Criteria for RAD

- All 7 criteria (A-G) need to be met

A. A consistent pattern of inhibited, emotionally withdrawn behavior toward adult caregivers, manifested by both of the following:

- The child rarely or minimally seeks comfort when distressed.
- The child rarely or minimally responds to comfort when distressed.

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DSM-V for RAD: Criteria B

B. A persistent social or emotional disturbance characterized by at **least two** of the following:

- Minimal social and emotional responsiveness to others
- Limited positive affect
- Episodes of unexplained irritability, sadness, or fearfulness that are evident even during nonthreatening interactions with adult caregivers.

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DSM-V for RAD: Criteria C

C. The child has experienced a pattern of extremes of insufficient care as evidenced by at **least one** of the following:

- Social neglect or deprivation in the form of persistent **lack of having basic emotional needs for comfort, stimulation, and affection** met by caring adults (i.e. meth or other drug use by caretakers)
- **Repeated changes of primary caregivers** that limit opportunities to form stable attachments (e.g., frequent changes in foster care)
- Rearing in unusual settings that severely limit opportunities to form selective attachments (e.g., **institutions** with high child to caregiver ratios)

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DSM-V for RAD: Criteria D-G

D. The care in Criterion C is presumed to be responsible for the disturbed behavior in Criterion A (e.g., the disturbances in Criterion A began following the lack of adequate care in Criterion C).

E. The criteria are not met for autism spectrum disorder.

F. The disturbance is evident before age 5 years.

G. The child has a developmental age of at least nine months.

Is it Reactive Attachment Disorder?

RAD	Autism	FASD
• Doesn't seek comfort • Doesn't respond to comfort • Limited positive affect • Episodes of unexplained irritability, sadness, or fearfulness • Evident before 5 years of age	• Doesn't seek comfort • Doesn't respond to comfort • Limited positive affect • Episodes of unexplained irritability, sadness, or fearfulness • Evident from before 2-7 years	• Does seek comfort often excessively as young child • Does respond to comfort/ or only briefly • Positive & negative affect • Episodes of unexplained irritability, sadness, or fearfulness • Not evident before age 5

DSED Case

- A new patient, a 5 year old male and his adopted parents present to clinic for concern of behavioral issues.
- The child is well behaved and engages with you easily even giving you a high five and a great smile while maintaining eye contact. He then gives you a hug. He sits near his adoptive parents but closer to you than them. He smiles when you interact and talks to you easily. You wonder if he is older than stated.
- When he first came home at age 2, his parents noted he would go to anyone, even reporting a stranger trying to take him 1 year after placement in which he willingly reached for the stranger.
- While examining him, you notice he has never looked at his parents during the visit and seems very comfortable having you exam and touch him.

DSM-5-TR Criteria Disinhibited Social Engagement Disorder (DSED)

A. A pattern of behavior in which a child actively approaches and interacts with unfamiliar adults and exhibits at least **two** of the following:
   1. Reduced or absent reticence in approaching and interacting with unfamiliar adults.
   2. Overly familiar verbal or physical behavior (that is not consistent with culturally sanctioned and with age-appropriate social boundaries.)
   3. Diminished or absent checking back with adult caregiver after venturing away, even in unfamiliar settings.
   4. Willingness to go off with an unfamiliar adult with minimal or no hesitation.

B. The behaviors in Criterion A are not limited to impulsivity (as in attention deficit /hyperactivity disorder) but include socially disinhibited behavior.

DSM-5-TR Criteria Disinhibited Social Engagement Disorder (DSED)

C. The child has experienced a pattern of extremes of insufficient care as evidenced by at least one of the following:
   1. Social neglect or deprivation in the form of persistent lack of having basic emotional needs for comfort, stimulation, and affection met by caregiving adults.
   2. Repeated changes of primary caregivers that limit opportunities to form selective attachments (e.g. frequent changes in foster care.)
   3. Rearing in unusual settings that severely limit opportunities to form selective attachments (e.g., institutions with high child-to-caregiver ratios).

D. The care in Criterion C is resumed to be responsible for the disturbed behavior in Criteria A .

E. The child has a developmental age of at least 9 months.

Is it DSED?

RAD	DSED	FASD
• Doesn't seek comfort • Doesn't respond to comfort • Limited positive affect • Episodes of unexplained irritability, sadness, or fearfulness • Evident before 5 years of age	• Does seek comfort often excessively from everyone • Does respond to comfort • Positive affect • Episodes of unexplained irritability, sadness, or fearfulness • Overly familiar verbally and physically • Lack parent check-ins • Goes off with strangers without hesitation	• Does seek comfort often excessively as young child • Does respond to comfort • Positive or negative affect • Episodes of unexplained irritability, sadness, or fearfulness • Overly familiar verbally and physically • Does parent check-ins • Goes off with strangers with some hesitation (less than usual)

Evidence Based Outcomes:

RAD	DSED
• Obesity • Tobacco use • Substance use & Abuse • Depression • Anxiety • Chronic Pain • Cardiovascular Disease • Inflammatory Disease • Difficulty Trusting Anyone & social loneliness	• Obesity • Tobacco use • Substance use & Abuse • Depression • Anxiety • Chronic Pain • Cardiovascular Disease • Inflammatory Disease • Trust Indiscriminately • Sexual Abuse from others • Emotional Harm from others

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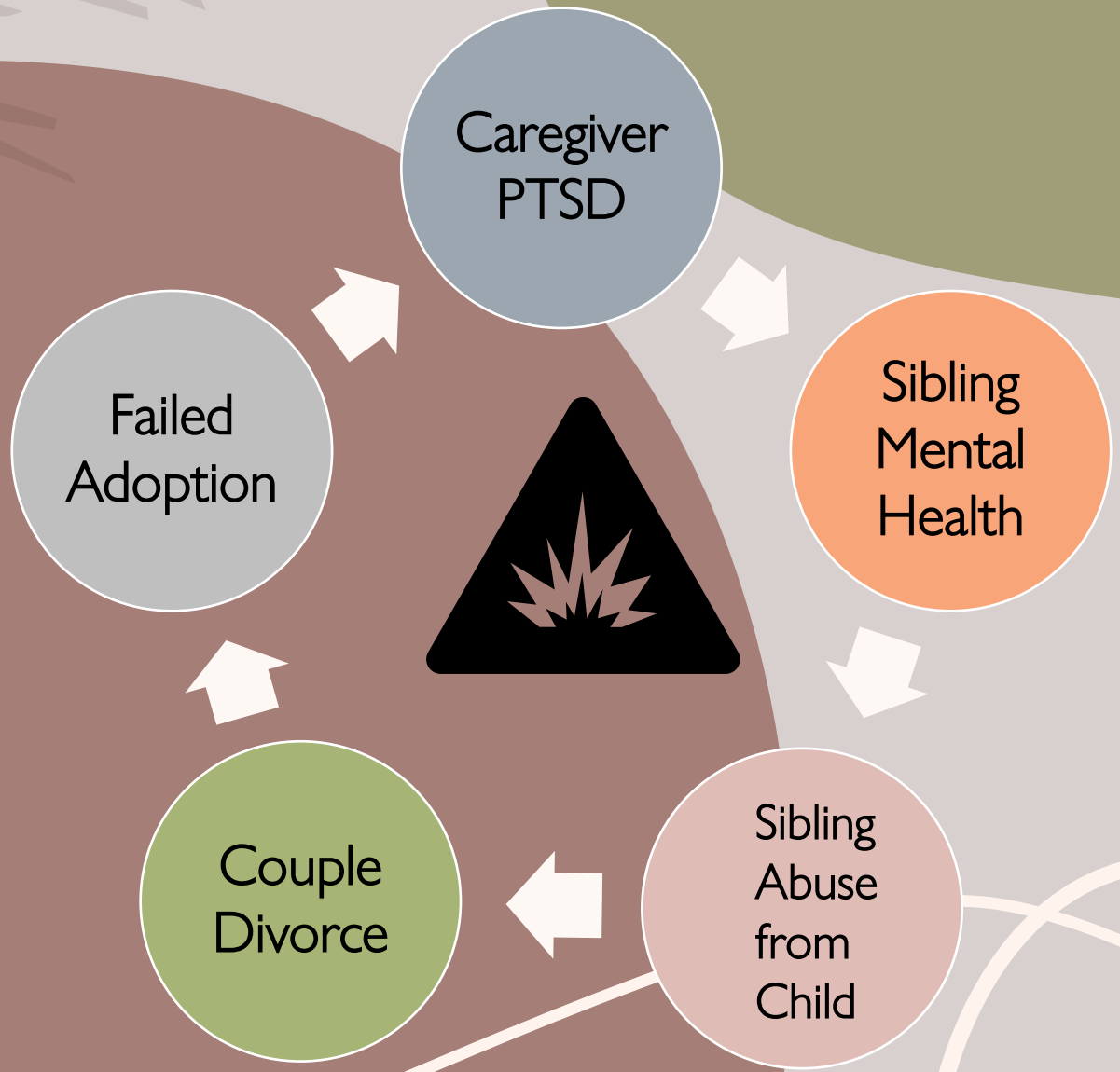
RAD Family Impact



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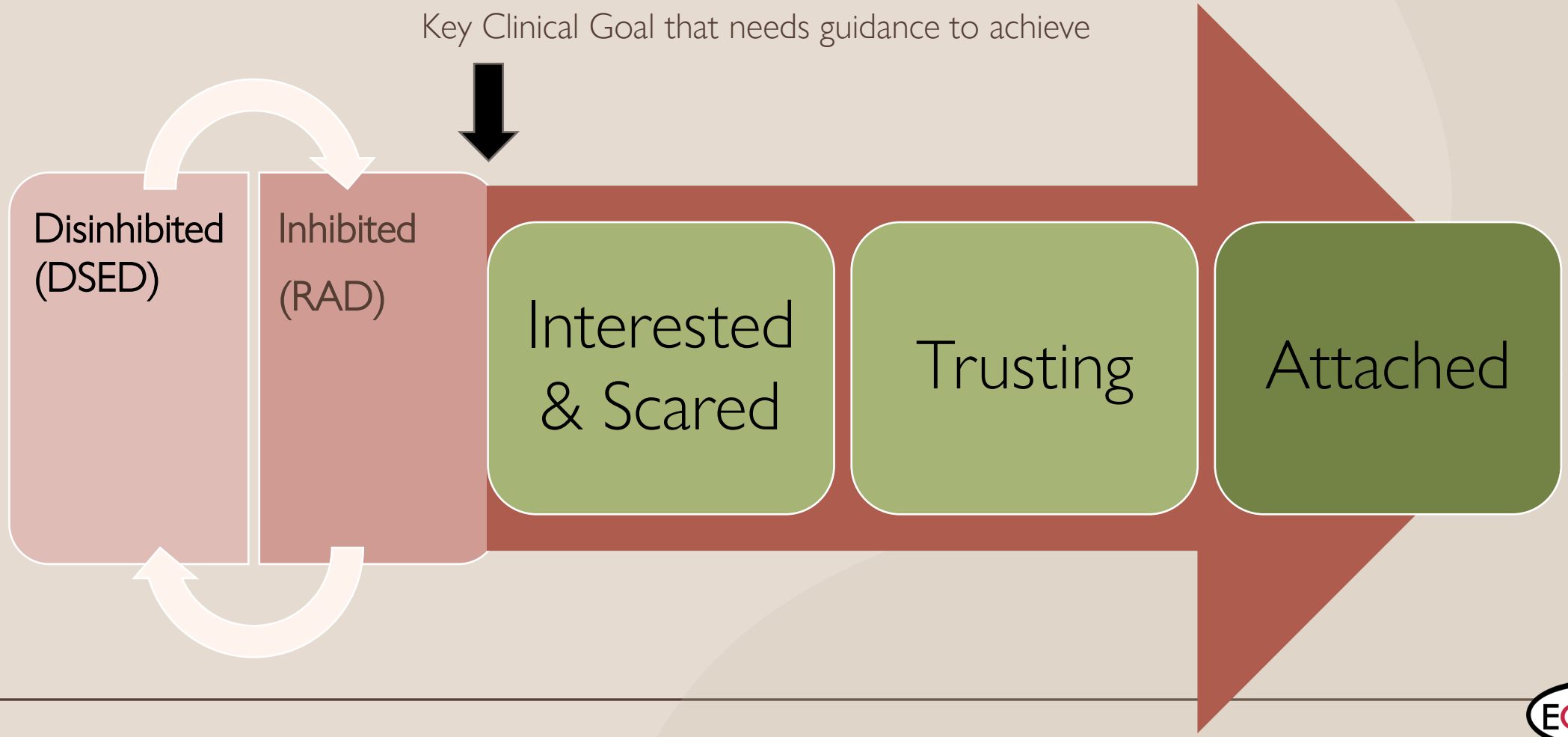
Attachment Process in the Early Trauma Exposed Child



Understanding RAD Behaviors

ADAPTIVE

- Trauma to infant occurred from the person who he attached to
  - The child learns that those that you are close to you harm you
  - The child learns to use avoidance and manipulation as a form of self preservation
  - The child often learns extreme perseverance in order to get physical needs met
    - Parents passed out on meth or depressed don't respond to usual cues of physical discomfort in child

MALADAPTIVE

- The child leaves that negative relationship & enters a safe environment.
  - The child draws close to a the new caregiver (usually the mom)
  - The child recognizes closeness and withdraws thinking that harm is coming
  - The caregiver works harder to draw closer
  - The child works hard to withdraw and a "battle" ensues
- So, in reality the protective skills learned early on of avoidance through controlling behaviors is no longer needed, but the child doesn't know any other way and so persists in never allowing himself to draw close emotionally.

RAD: Triangulation

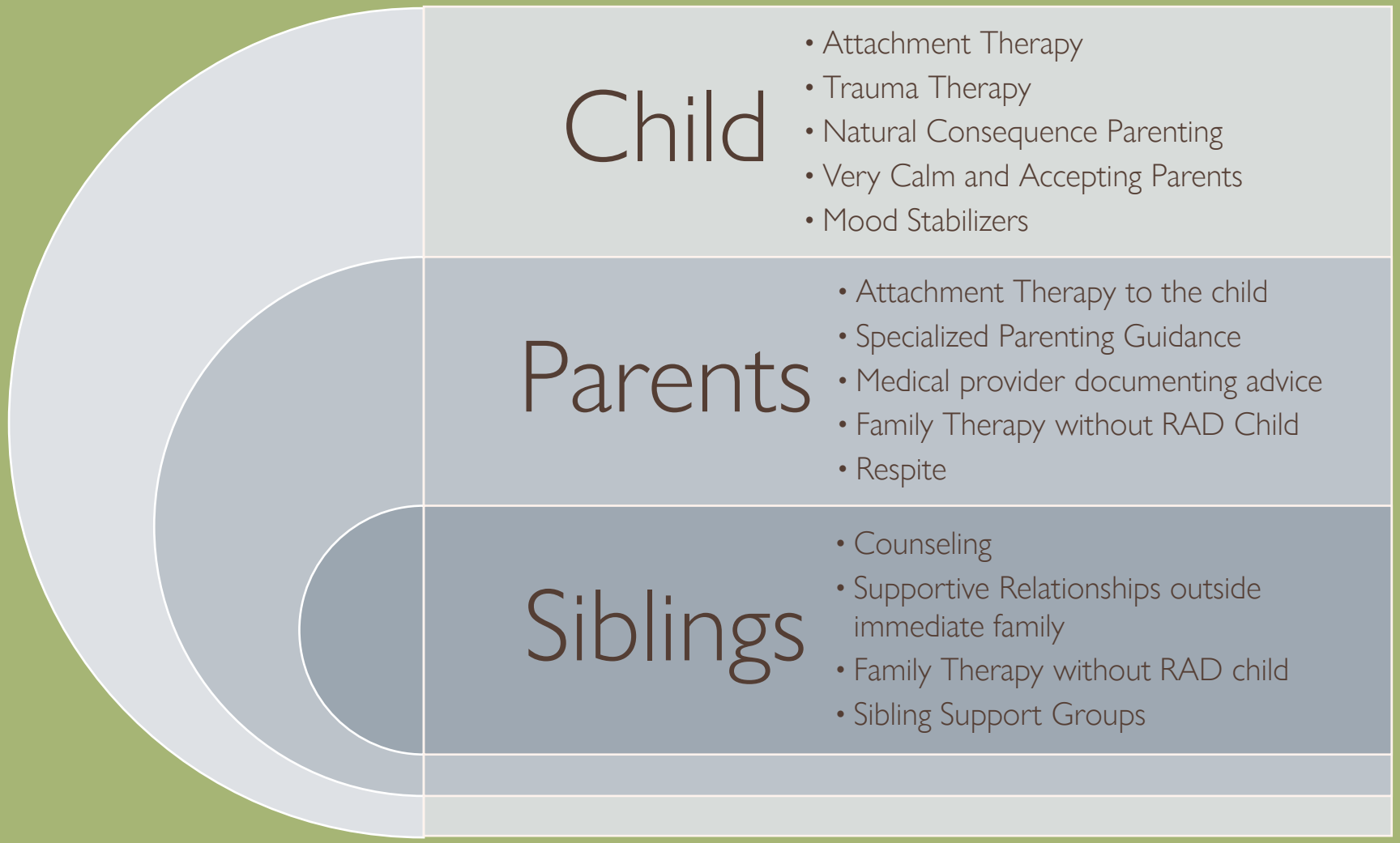
Classical Psychological Definitions:

- A manipulation tactic where a person uses threats of exclusion or indirect communication to divide and conquer

In Reactive Attachment

- In RAD, it refers to developing a positive relationship with one caregiver (usually dad) to control/isolate the other caregiver (usually mom)
- This often leads parents to disagree and argue isolating the parents from each other
- Causing a distraction from connecting to the child

Attachment Treatments



Key Points

- There are two attachment disorders
  - RAD
  - DSED
- Other disorders can look like attachment disorders
  - RAD and ASD
  - DSED and FASD
- Understand the attachment journey
- Understand the child's "motivations" and avoid promoting triangulation
- Treatment goals
  - Utilize a team experienced with attachment disorders
  - Support family and help prevent secondary mental health issues
  - Consider mood stabilizers for child

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Questions?

Thank you

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Attachment Resources

Trauma Therapists:
Local Providers
EMDR is very helpful

Attachment Therapists
Deborah Gray: Nurturing Attachments
Max Park LMFT, American Fork, UT (does online)
Erin Hadlow, MA, LMFT

Family Support:
Families by Design
Class in Nurturing Attachments for Care Providers by Deborah Gray
https://journey.1millionhome.com/courses

YES program for Respite

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