



Reactive Attachment Disorder: A New Understanding

Reactive attachment disorder (RAD) is a mental health diagnosis listed in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IVTR)* under disorders usually first diagnosed in infancy, childhood, or adolescence. RAD was initially introduced to the mental health community some 20 years ago. Since that time, much of the information regarding this disorder has painted a dismal and often dangerous picture of these children. Books and articles have compared children with RAD to serial killers, rapists, and hard-core criminals. Intensive and often physically aggressive therapies have been developed to treat these children. Additionally, unconventional parenting techniques have been taught to parents in order to control these children—children referred to as “disturbed” or “unattached.”

The main premise of RAD is that the child cannot socially connect or attach to others in interpersonal relationships. Behaviors inhibiting attachment to caretakers are often demonstrated by children diagnosed with RAD. Some of the behavioral symptoms published in literature include the following: oppositional; frequent and intense anger outbursts, manipulative or controlling; little or no conscience; destructive to self, others, and property; cruelty to animals or killing animals; gorging or hoarding food; and preoccupation with fire, blood, or violence.

Wow! Read that list again. Many of these behaviors sound downright frightening. It is hard to imagine that a child can do these things. Yet, while these behaviors certainly appear abnormal for anyone, especially a child, they are actually quite reasonable reactions to the experiences these children have endured. Read on....

There are many life events that can cause attachment trauma between the primary caretaker (usually the mother) and the child. These include an unwanted pregnancy, separation from the birthmother due to adoption, death of a parent, premature birth, inconsistent caretakers, abuse, neglect, chronic pain, long-term hospitalizations with separations from the mother, and parental depression. Such life events interrupt a child’s ability to learn to self-regulate through the relationship with the parent.

Typically, when a baby or small child is in a state of stress, he cries and the parent attends to the child’s needs, whether by feeding, rocking, or simply holding him. Each and every one of these interactions with the parent plays a critical part in assisting the development of the child’s neuro-physiological control system—the system that allows the child to return back to a calm state. It is truly through this parent-child relationship that we as humans learn how to self-regulate in order to stay balanced and easily shift from a state of stress back to a state of calm. This regulatory mechanism within us is not “online” at birth, and brain research has shown that it takes up to thirty months before this part of the brain is fully developed. Within this thirty-month timeframe, a well-attuned parent has connected with this child to calm his stress response system thousands, if not millions, of



times. How critical these first thirty months are to a baby! It is through the parent-child relationship that a child's self-regulatory ability becomes engaged. This internal regulatory system then sets the foundation for the child's neurological, physical, emotional, behavioral, cognitive, and social development.

When a child does not receive loving, nurturing care, the child's ability to develop a sufficient regulatory system is severely compromised. In cases of severe neglect and abuse, the child's life is literally at risk. For these children, their internal survival mechanisms become activated, dedicating all the body's resources to remain alert in "survival mode." These children perceive the world as threatening from a neurological, physical, emotional, cognitive, and social perspective. These children operate from a paradigm of fear to ensure their safety and security. Hence, we see an overly stressed-out child who has difficulty interacting in relationships, who struggles to behave in a loving way, who quite often cannot think clearly, and who swings back and forth in his emotional states due to an underdeveloped regulatory system. While perceived by most professionals as dangerous, a child with RAD is essentially a scared and stressed child living out of a primal survival mode in order to maintain his existence.

With this understanding, the term "attachment-challenged" becomes more appropriate to use with children instead of the traditional label of "RAD child." In times of stress, this child is challenged to connect and his ability to make connection is restricted. In fact, we all become attachment-challenged to some degree when we're stressed. Reflect for a moment on the last time you were overly stressed: How did you react when someone tried to interact with you? Be honest! Perhaps you had difficulty interacting appropriately. Stress causes confused and distorted thinking, and it constricts us emotionally, leaving little room for relationships. Thus, a child with a traumatic history who is living in a stressful, fear-based state, simply is not capable of nor equipped to be in a relationship. From a behavioral standpoint, a child living in a state of fear simply cannot act in a loving way. The frightening behaviors listed above are only external reflections of the internal fear and chaos within these children. They are simply behaviors that are intended for survival.

Treatment for the attachment-challenged child needs to address this internal fear. When the child's stress state can be soothed, and the deep wounds driving the fearful behaviors can be acknowledged, the child has an opportunity for healing. Yes, healing is possible, but it takes intense work and many, many repetitions of positive experiences to recondition the body's reactions. It is also essential that the therapeutic attachment techniques and parenting paradigms enlisted for these children be grounded in neurological research and based in love and compassion. Such techniques can offer ways to create peaceful environments within the home that work to recreate safety and security in the insecure foundations set within these children.

A word of caution from the author: Some therapists specializing in attachment therapy work from a fear-based platform and recommend techniques that are confrontational, aggressive, child-centered instead of family-centered, and fear-based. While these

techniques sometimes offer short-term results, families using them are often faced with more severe long-term pain and challenges. Many of these therapies and therapists have separated themselves from dangerous techniques that have resulted in the tragic death of children in the past; however, they continue to lack compassion and are grounded in fear. Some examples of these techniques include instructing parents to force eye contact with their children; have children do excessive chores to feel a part of the family system; send children to respite care out of the home for making poor choices; give up their need to communicate love to their children; and put locks on the outside of children's doors to keep them "safe." When looking for appropriate interventions for families, be alert to these specific techniques.

Be aware, as well, of techniques that talk in general about gaining control of a child and viewing the child as manipulative. These techniques are child-blaming, parent-controlling, and devoid of scientific research. It is counterproductive to feed more fear into an already scared child. When seeking help, it is highly recommended that you have a thorough understanding of the basis for each therapy being considered.

When parents first begin realizing that they are dealing with an attachment-challenged child, they have likely already experienced many severe and disruptive behaviors in their homes. In these experiences, they themselves often begin to slip into their own fear and see the child as a threat (at times so threatening that they simply want the child out of their home, forever). Because the behaviors can be so intense, it is easy to lose sight of the child's reality—that of a young person living in a world of pain, fear, and isolation. Resources are available, and hope for these families is real. Suggested resources on the Internet include:

1. Beyond Consequences Institute: www.beyondconsequences.com
2. Child Trauma Academy: www.childtrauma.org
3. Therapeutic Help and Educational Material: www.postinstitute.com
4. Therapeutic Fairy Tales: <http://foreverchild.net/>

As a therapist specializing in working with attachment-challenged children, I am overwhelmed by great sadness every time I initially speak with a parent seeking help for their family. This sadness stems from the realization that all of these wounds and pain could have been avoided. Babies are born in a spirit of love, but it is life's circumstances that shift them into a spirit of fear. All it takes to maintain this spirit of love is high quality care giving; it takes an emotionally available parent to create a secure and loving base for a child. Attachment Parenting in the formative years, from conception to three years old, sets the foundation for all future relationships, and it gives the child's body's own internal regulatory system the opportunity to develop to its fullest. The old adage, "an ounce of prevention is worth a pound of cure" says everything in the context of Attachment Parenting.

If you're currently struggling with a child(ren) exhibiting symptoms of RAD who's early beginnings were far from nurturing and secure, I want to encourage you to have hope.

Several years ago, I found myself in the same situation, waking up every morning wondering how I was going to make it through the day. In learning more about my children and understanding that their behaviors were driven from a deeply wounded place, I was able to parent them in a way that allowed healing to begin. Yes, it is hard work and it takes endurance and faith, but creating a peaceful home is possible!

Heather T. Forbes, LCSW
heather@beyondconsequences.com

Here is a special offer I've put together for you of my book and 4-part DVD set:



\$95.00

Book and DVD

(Valued at \$128.95 – You Save \$33.95!)

Click below to order:

<http://www.autopilotriches.com/SecureCart/SecureCart.aspx?mid=602CD8FC-5F6A-4DFA-9D01-99E450BA5386&pid=c9134933317bc60b011f8b63d01a63c9>



Heather Forbes, LCSW, is the co-founder of the Beyond Consequences Institute, LLC. Ms. Forbes has been training in the field of trauma and attachment with nationally recognized, first-generation attachment therapists since 1999. She has been active in the field of adoption with experience ranging from pre-adoption to post-adoption clinical work. Ms. Forbes is an internationally published author, with her most recent book titled, *Beyond Consequences, Logic, and Control: A Love-based Approach for Helping Attachment-Challenged Children With Severe Behaviors*, endorsed by Sir Richard Bowlby, son of John Bowlby. As a speaker, her passion for families is known throughout the nation. Ms. Forbes consults with and coaches families both nationally and internationally who are struggling with children with severe behaviors. Much of her experience and insight on understanding trauma, disruptive behaviors, and attachment-related issues has come from her direct mothering experience with her two adopted children.

© Beyond Consequences Institute, LLC 2007

www.beyondconsequences.com

