

# Reactive Attachment Disorder (RAD)

## The *Essential* Guide for Parents

### **ADDITIONAL RESOURCES**

Keri Williams

## WEBSITES, AGENCIES, ETC.

### RAISING DEVON

- [RaisingDevon](#) website
- On Facebook [@RaisingDevon](#)

### ORGANIZATIONS

- [Attach Families, Inc](#)
- [RAD Advocates, Inc](#)
- [Evergreen Psychotherapy Center](#)

### ONLINE SUPPORT GROUPS

- [Attach Families Private RAD Support Group](#)
- [The Underground World of RAD](#)
- [Christian RAD Support Group](#)

### OTHER RESOURCES

- [Raising Devon resource list](#)
- [Meditations for moms of kids with RAD](#) with hypnotherapist Chel Hamilton
- [Meditation Minis podcast](#) with hypnotherapist Chel Hamilton
- [CapeAble Weighted Blankets](#)
- [The Adoption and Fostering Podcast](#) with Al Coates and Scott Casson-Rennie
- [“What to do when CPS comes knocking..”](#) with Diane Redleaf
- [The Family Defense Center: Responding to Investigations Manual](#) by The Family Defense Center with Diane Redleaf, Civil Rights Attorney
- [The Brain Game](#) by Family Futures
- [Handouts from RAD Advocates](#) including:
  - An Educator’s Guide to Students with Traumatic Backgrounds
  - Clinician Checklist: 8 Great RAD Therapist Qualities
  - 6 Tricky Symptoms of RAD
  - When Siblings develop PTSD
  - How RAD Impacts Families
  - New Findings in Diagnosis

## ARTICLES REFERENCED IN THE BOOK

[Adverse Childhood Experiences](#) (ACES) Centers for Disease Control and Prevention CDC

[Developmental Trauma Disorder: Toward a Rational Diagnosis for Children with Complex Trauma Histories](#) by Bessel van der Kolk. *Psychiatric Annals*, vol. 35, no. 5, 2005, pp. 401-408.

[Effects of Domestic Violence on Children](#) from the governmental Office on Women's Health

[2094-Does a Parent Have a Right to Receive a Copy of Psychotherapy Notes about a Child's Mental Health Treatment?](#) Office for Civil Rights, HHS.gov, 22 Sept. 2021

[Issues in Child Support Enforcement: When Adopted Children Return to the Foster Care System or Enter Residential Treatment.](#) The North American Council on Adoptable Children, 3 May 2017

[DSM-5 Criteria for Reactive Attachment Disorder \(RAD\)](#) The California Evidence-Based Clearinghouse for Child Welfare, CEBC

## SAMPLING OF ARTICLES FROM RAISINGDEVON.COM

[Open letter to therapists \(from the mom of a child with RAD\)](#)

[Open letter to family and friends \(from the mom of a child with RAD\)](#)

[Parents In Crisis Can't Parent Therapeutically: Stop asking us to](#)

[What It's Like Being the Sibling of a Child With RAD](#)

[When a Mom Struggles to Love Her Child](#)

[How to Discipline a Child With RAD](#)

[The Secret Next Door: Child on Parent Violence](#)

[Tips to Work With Your Child's School \(Includes handout\)](#)

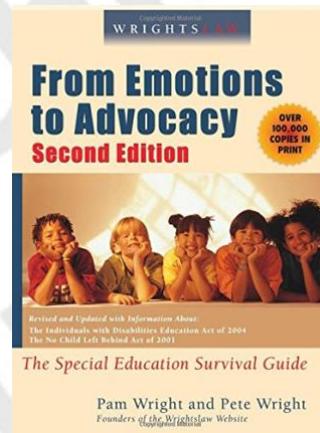
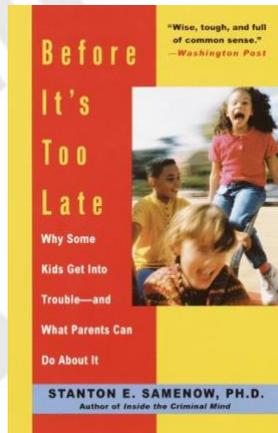
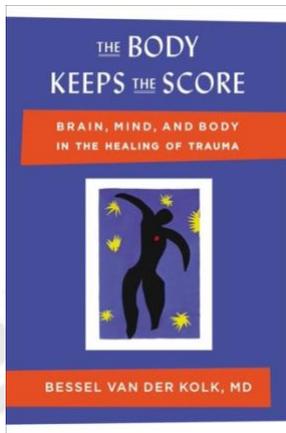
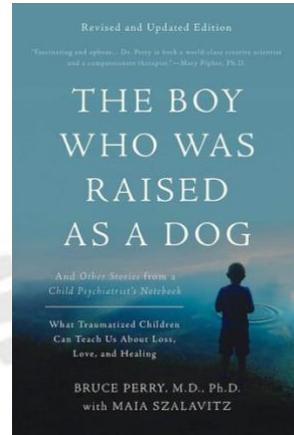
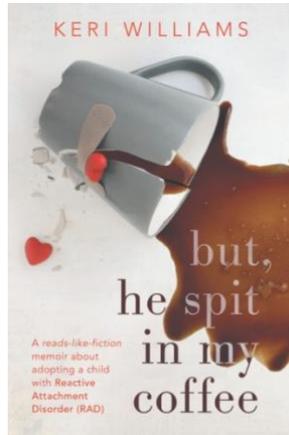
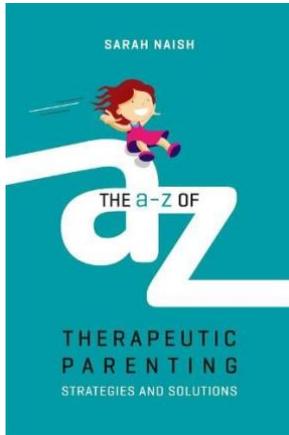
[You're Angry. I Totally Get It](#)

[Developmental Trauma and Psychosis](#)

[10 Survival Strategies for Summer](#)

[Why This Mom Uses The Word "Rage" not "Tantrum"](#)

## RECOMMENDED BOOKS



## **The Effects of Early Trauma**

### **A GUIDE FOR TEACHERS**

If you are a classroom teacher you almost certainly have students who have experienced childhood trauma. A recent national survey on children's health found that 47% of all children in the United States have had at least one adverse childhood experience (footnote below). For some, the unfortunate result is reactive attachment disorder (RAD), a serious disorder caused by trauma during a child's early development.

#### **What is Reactive Attachment Disorder?**

Though reactive attachment disorder (RAD) is rare in the general population, it is more common in adopted and foster children. When a young child is neglected or abused they may fail to form a meaningful attachment to a primary caregiver. Their brain development is stymied and the flight or fight neural pathways are strengthened. As a result, even minor stressors can send them into flight-or-fight mode.

Children with RAD often lack cause-and-effect thinking, have control and anger issues, are unable to attach to caregivers, are emotionally and physically immature and sometimes have an underdeveloped conscience. Due to their innate survival needs, they are desperate to control the people and situations around them, are resistant to treatment and tend to self-sabotage, making the disorder particularly difficult to treat.

In the school setting, children with RAD struggle to maintain friendships, are often bullied, and may become bullies themselves. Due to their disruptive and dysregulated behavior they are commonly labeled "problem kids" and struggle academically. Unfortunately, these children can find it difficult to succeed in school and too often end up involved in the juvenile justice system.

#### **What you might see in the classroom**

Students with RAD, often in survival mode, are focused on controlling their classrooms and teachers rather than learning. They may have "meltdowns" or angry outbursts, but are equally adept gaining control in more subtle ways. For example, the student may constantly interrupt their teacher. They may complete their work but choose not to turn it in, wander around the classroom when they should be seated or ask for excessive bathroom breaks.

Other ways RAD may manifest in the classroom include:

- Developmental delays and learning disabilities - Depending on when the child experienced early childhood trauma, various areas of the brain are likely underdeveloped. Often these are lower-level brain functions, and like a domino effect, higher brain functions do not develop normally either.
- Superficial charm - Many children with RAD are polite, helpful, considerate, and loving in the classroom - while wreaking havoc in their homes. This dichotomy can be so pronounced that teachers doubt parents' reports of the student's behavior or wonder why teachers from earlier grades thought the student was so difficult. Generally, this good behavior lasts only for a short time and it is often termed the "honeymoon period" by specialists of early trauma.
- Lack of forethought and insight - In response to innate insecurity, these students use maladaptive coping strategies to gain an immediate sense of comfort without regard for the consequences. These behaviors can include stealing, violent outbursts, physical aggression, and an overall lack of boundaries.
- Manipulation and lying - These students may lie to get out of trouble, to get their own way or for no reason at all. Outwitting an adult is a way for them to gain control and feel safe. In addition, they may use manipulation and lying to triangulate adults.

#### **Strategies that don't work and why**

Traditional classroom management techniques and strategies are ineffective and often counterproductive when working with students with RAD. This can be frustrating but

understandable given that these children are stuck in survival mode and frequently default to fight-or-flight behaviors.

Here are a few strategies that don't work:

- Behavior modification isn't effective because these students often lack cause and effect thinking and are not sufficiently motivated by rewards. Furthermore, these tactics convey to the student what is important to the teacher. The student can use that information to thwart the teacher and gain control of the classroom.
- Punishments act to reinforce the student's innate sense of worthlessness. The teacher and student will find themselves locked in an ineffective cycle of misbehavior and punishment when the teacher is punitive.
- Multiple warnings are perceived by the student as weakness and an opportunity to continue misbehavior. These nearly always backfire.
- Reprimanding often provokes an extreme reaction, especially when done publicly because it plays into the student's already low self-esteem and can trigger their internalized self-loathing and anger.
- Zero tolerance policies leave teachers with little latitude when the student refuses to comply. Teachers may find themselves shocked by the obstinacy of the student who continues to up the ante.
- Focusing on "why" is counterproductive because these students typically lack analytical and abstract thinking skills. Asking why or explaining why is likely to be frustrating for both teacher and student.
- Responding emotionally to a student's behavior is unhealthy for the teacher and places the student squarely in the driver's seat. When a teacher takes a student's behavior personally and becomes provoked to anger, the student is in control.

### Strategies that do work and why

#### Work as a team

Children with RAD are adept at triangulating the adults around them to maintain control and thus feel safe. The student often works diligently to ensure a team approach does not ensue. They often lead teachers into believing they are being mistreated at home, while manipulating parents into believing the teacher is being unfair to them. Some children may deem the teacher his or her "preferred adult" also leading to triangulation. If you remember only one strategy as a teacher, remember to work alongside other adults in the best interest of the child. "Adults must work as a team for kids who've experienced early trauma. These kiddos desperately manage their surroundings to feel safe," said Institute for Attachment and Child Development Executive Director Forrest Lien. "Though when they divide adults working to help them, as they often do, they actually feel less safe. It confirms their belief that they cannot depend on adults to care for them."

Tips:

- Engage with the parents who have a deep understanding of the child's behavior and strategies that work. Do not rely on take home folders or sending communication notes home with the student. They likely will not make it. Instead, use direct communication like emails and phone calls.
- Transparency is critical. Always confirm any concerning stories the child may tell you. For example, children with RAD may tell their teachers they weren't given breakfast or that they are otherwise mistreated at home. This is meant to elicit sympathy and to have the instant gratification of having "tricked" an adult. Always let the student know that you'll be confirming their report with their parents before proceeding.
- Work with your school administration to develop a crisis plan. If a child's behavior becomes unsafe, you must have a way to quickly remove other students from the situation and to keep the student who is in crisis safe. The best approach is to have a carefully detailed plan ahead of time.
- Use 504 and IEP meetings to advocate for accommodations and modifications that will assist the student. Parents often know their child needs additional services, but do not know specifically what is needed. As an educator you have insight that can be immeasurably helpful to both students and parents.

**Rely heavily upon schedules and routines**

Children benefit from schedules and routines. For a child with RAD, this will begin to build a foundation of safety so they can focus on learning. Clearly identify the schedule, routines, and rules with the student. During the first few days of school, do not get sidetracked by the student's initial superficially charming behaviors as this is almost certainly the honeymoon phase. Just as you do with all students, implement a routine from day one. Know that the students with RAD often aim to bend the rules and get exceptions. However, making an exception will not build goodwill. Instead, the student will perceive it as weakness and you will spend the rest of the year trying to regain control of the classroom.

“Well-meaning adults often attempt to ‘save’ kids with RAD without realizing that they’re doing more harm. The best thing adults outside the home can do is to focus on their specific roles in the child’s life. Educators should focus solely on educating the child. It is the most caring thing a teacher can do for students with RAD.”

- Forrest Lien, Lifespan Trauma

### **Provide frequent choices and follow through every time**

As behavior modification is not effective for students with RAD, provide choices instead. Do so consistently and follow-through. For children who feel the world is innately unsafe and unpredictable, stability is key.

Tips:

- Give choices that allow you to maintain control as the teacher, while empowering the student. For example, ask if they'd like to do their silent reading at their desk or on a pillow in the reading corner. By approaching the student this way, you can often distract them from willful disruption and obstinacy.
- Be discrete when discussing matters with the student. Feeling backed into a corner, publicly shamed or teased is likely to trigger a negative, possibly violent reaction.
- Rely upon natural consequences which are best for all students including those with RAD. Always use a neutral or empathetic tone and keep it as simple as possible.
- Don't take away recess or lunch time as consequences because these students need the physical outlet and the break away from the classroom.

### **Focus on teaching vs. attachment**

Children with RAD struggle to form meaningful attachments with their caregivers. While it can be difficult to understand, attempting to build an attachment with the student thwarts the attachment they are working to form with their parents. Attachment work is best left to parents working alongside therapists. “Well-meaning adults often attempt to ‘save’ kids with RAD without realizing that they’re doing more harm,” said Lien. “The best thing adults outside the home can do is to focus on their specific roles in the child’s life. Educators should focus solely on educating the child. It is the most caring thing a teacher can do for students with RAD.”

Tips:

- Your relationship with the child must be consistent and neutral. Encourage students to focus on learning while at school. It may be best to think of it as a “business-like” relationship.
- Do not allow the student to be inappropriately affectionate with you by engaging in behavior like hugs, hand-holding and secret sharing. You can affirm their parent's role, and promote attachment healing, by consistently directing students back to their parents for advice, decisions, and affection.

### **Recognize and act when kids go into survival mode**

Unfortunately, some children with RAD have violent outbursts and engage in self-harming behaviors. It is essential that you focus on the safety of the student and the other students at these times. Acting early, before the situation escalates, is key.

- Identify triggers such as being hungry, frustrated during math, bored during silent reading, or teased by other kids to mitigate those triggers. At the very least you can be on high alert to watch for escalation signs and react quickly.
- Recognize non-verbal clues including grimaces, stamping feet, fisting hands, or making growling noises. Recognizing these precursors is key to reacting early before a situation escalates out of control or becomes dangerous.

- Call in help as soon as you notice the non-verbal clues that a student is escalating. Enact the student's crisis plan, calling on administration and other appropriate support staff for help.
- Focus on safety by moving other students out of the area per the crisis plan. Do this as quickly and efficiently as possible. When other students are away and safe, you will be able to focus on keeping the student who is in crisis safe as well.

#### **Side step power struggles**

Children with RAD tend to try to make everything into a life-or-death tug of war. This is because even minor stressors or conflicts can seem catastrophic to them. You need to drop your side of the rope.

- Show empathy by focusing on the underlying causes of the student's disruptive behavior and dysregulation. The behaviors can be extremely frustrating, overwhelming, and hurtful. It's normal to feel emotional, but when you lose your cool, the student is in control. Be prepared to remove yourself from the situation if you cannot cope.
- Don't engage in endless arguments as this is usually counterproductive. The student is likely to capitalize on any discussion to thwart the rules. They also may use it as an excuse to disrupt the class and escalate the situation.

RAD is a lifelong condition that takes years of intensive therapy to successfully address. These strategies aren't going to resolve all your student's challenges in the classroom. However, you can set small, reasonable goals that will enable them to make progress and experience successes.

These strategies can make their behavior more manageable and create the best possible learning environment for all your students.

# HOW RAISING A TRAUMATIZED CHILD CAN BE TRAUMATIZING

## TRAUMA CREATES TRAUMA

Complex trauma in the first few years of life can impair brain development, leading to reactive attachment disorder (RAD).

RAD is a serious mental health disorder that inhibits a child's ability to trust primary caregivers and leads to maladaptive self-protective behaviors. Those raising children with RAD often develop post-traumatic stress disorder (PTSD).



## WHAT HAPPENS

While raising a child with RAD, primary caregivers often:

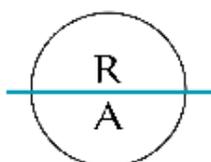
- must remain calm yet vigilant about the physical and mental wellness of the whole family in the midst of incessant arguing and bouts of rage from the child
- attempt to attach emotionally to the child but is repeatedly rejected
- are falsely accused of abuse, neglect, etc. by the child due to the nature of the disorder (to reject attachment)
- are blamed by and ostracised from their community, friends and family due to the confusing and deceiving nature of RAD, including false allegations
- lack personal and professional support due to an overall lack of accurate education about RAD
- notice negative changes within self and family outside of their control



## WHEN TO SEEK HELP

Symptoms of PTSD in a primary caregiver of a child with RAD include:

- psychological/physical distress and trauma triggers
- decreased affect and display of feelings and sense of being detached or estranged from others
- avoidance of thoughts and feelings and decreased interest and participation in significant events
- helplessness, rage, hopelessness and anger
- increased arousal, sleep problems, irritability, hyper-vigilance and high startle response
- feeling different than others, damaged sense of self-worth and feeling out of control emotionally
- selectivity in perceptions, victim identity, fatigue, depression and loss of security



RAD ADVOCATES



# The spread of trauma: When RAD siblings develop PTSD

RAD = Reactive attachment disorder  
PTSD = Post-traumatic stress disorder



## How RAD symptoms lead to PTSD in others

Reactive attachment disorder (RAD) occurs when early childhood trauma negatively impacts brain growth, leaving a person in a persistent state of fight, flight, or freeze and an intense fear of attachment.

### Children with RAD often:

- Have an extreme need for control of their environments to feel internally safe. For example, they often cause disruption at home that results in sudden and frequent changes in the family routine.
- Physical or verbal assaults of family members to push away relationships and to feel in control

### As a result of RAD behaviors, other children in the home often:

- Are less engaged in extracurricular activities and other community engagements due to missed practices, embarrassment in public, etc.
- Feel the need to protect their parent(s) from physical assault by the child with RAD
- Feel on edge most of the time due to fear of emotional or physical harm by the child with RAD
- Hide their feelings with the intent to protect their parents from extra "burden" in the midst of RAD chaos at home
- Attempt to meet all of their own needs given the parents limited available time and resources due to RAD behaviors



## Signs and symptoms of PTSD in siblings of children with RAD

- Avoidance of thoughts and feelings associated with the trauma, including activities, individuals, and places
- Denial of harmful events that have occurred and/or feeling numb
- Loss of interest in things once enjoyed and significant events
- Trouble concentrating
- Feelings of irritability and frustration over trivial events that did not bother them in the past
- Possible heightened alertness or easily startled
- Insomnia or oversleeping
- Detaching from loved ones
- Intense distress when certain cues or "triggers" set off memories of the traumatic events

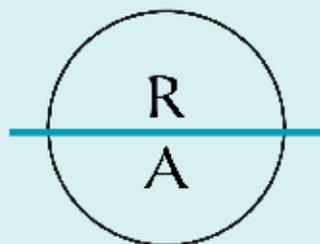
## What to do



If you suspect you or your child may have post-traumatic stress disorder, contact a medical professional. Do your best to find a clinician who has experience working with parents and siblings of children with RAD.

Brought to you by:

**RADsibs**  
Supporting Siblings of people with RAD



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GUIDING FROM EXPERIENCE. LEADING FOR CHANGE.