

# Reactive Attachment Disorder Fact Sheet



Minnesota Association for  
Children's Mental Health

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## Symptoms/Behaviors

- Destructive to self and others
- Absence of empathy
- Lacks interest in playing with toys
- Noticeable and consistent awkwardness or discomfort
- Poor eye contact
- Aggressive behavior toward peers
- Lack of cause and effect thinking
- Resists comforting gestures
- Dismisses comforting comments
- Observes others closely but doesn't engage in social activities
- Unwilling to ask for support or assistance
- Learning difficulties
- Poor peer relationships
- No impulse control
- Chronic nonsensical lying
- Frequently irritable
- Unexplained sadness or fearfulness
- Bossy—needs to be in control
- Manipulative

**Resources:** See [macmh.org/edguidelink](http://macmh.org/edguidelink) for more RAD specific resources.

## About the Disorder

The main feature of reactive attachment disorder (RAD) is the inability to develop healthy emotional attachments to parents or caregivers. RAD begins before age five and is associated with grossly inadequate, negligent or pathological care that disregards the child's basic emotional and physical needs. In some cases, it is associated with repeated changes of a primary caregiver.

The term attachment is used to describe the process of bonding that takes place between infants and caregivers in the first two years of life, and most important, the first nine months of life. When a caregiver fails to respond to a baby's emotional and physical needs, responds inconsistently, or is abusive, the child may lose the ability to form meaningful relationships and the ability to trust. Children/youth with RAD haven't bonded with their caregiver. They have learned that the adults in their lives are untrustworthy. They have developed a protective shell around their emotions, isolating themselves from dependency on adult caregivers.

Conventional parenting techniques do not work with children/youth who have RAD, neither do traditional therapies, especially since most therapies are based on the child/youth's ability to form a trusting relationship with the therapist. Natural consequences seem to work better than behavioral methods, such as lectures or charts. Structure is important, but only when combined with nurturing.

Aggression, either related to a lack of empathy or poor impulse control, is a serious problem for students with RAD. They have difficulty understanding how their behavior affects others. They often feel compelled to lash out and hurt others, including peers. This aggression is frequently accompanied by a lack of emotion or remorse.

Students with RAD may show a wide range of symptoms. Younger students may display soothing behaviors such as rocking and head banging, or biting and scratching themselves. Older students may be withdrawn, irritable, and oversensitive to criticism. Teachers may also notice signs of self-injury and risk-taking behaviors. These symptoms may increase during times of stress or threat.

## Educational Implications

Many of these students will have developmental delays in several domains. The caregiver-child relationship provides the vehicle for developing physically, emotionally, and cognitively. In this relationship, the child learns language, social behaviors, and other important behaviors and skills. The lack of these experiences can result in delays in motor, language, social, and cognitive development.

The student may have difficulty completing homework. They often fail to remember assignments and/or have difficulty understanding assignments with multiple steps. They may have problems with comprehension, especially long passages of text. Fluctuations in energy and motivation may be evident, and they may often have difficulty concentrating.

The student with RAD often feels a need to be in control and may exhibit bossy, argumentative, and/or defiant behavior, which may result in frequent classroom disruptions and power struggles with teachers.

## Instructional Strategies and Classroom Accommodations

- Consider a Functional Behavioral Assessment (FBA). Understanding the purpose or function of the student's behaviors will help you respond with effective interventions. For example, a punitive approach or punishment may increase the student's sense of insecurity and distress and consequently increase the undesired behavior.
- Be predictable, consistent, and repetitive. Students with RAD are very sensitive to changes in schedules, transitions, surprises, and chaotic social situations. Being predictable and consistent will help the student to feel safe and secure, which in turn will reduce anxiety and fear. (See school-wide positive behavioral interventions and supports (SWPBIS) on pages 30-31)
- Model and teach appropriate social behaviors. One of the best ways to teach these students social skills is to model the behavior and then narrate for the child what you are doing and why.
- Avoid power struggles. When intervening, present yourself in a matter-of-fact style. This reduces the student's desire to control the situation. When possible, use humor. If students can get an emotional response from you, they will feel as though they have hooked you into the struggle for power and they are winning.
- Address comprehension difficulties by breaking assigned reading into manageable segments. Monitor progress by periodically checking if the student is understanding the material.
- Break assignments into manageable steps; this helps to clarify complex, multi-step directions.
- Identify a place for the student to go to regain composure during times of frustration and anxiety. Do this only if the student is capable of using this technique and there is an appropriate supervised location.

*For additional suggestions on classroom strategies and modifications, see An Educator's Guide to Children's Mental Health chapter on Meeting the Needs of All Students.*