

# FACTS *for* FAMILIES

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## Attachment Disorders

Attachment Disorders are psychiatric illnesses that can develop in young children who have problems in emotional attachments to others. Parents, caregivers, or physicians may notice that a child has problems with emotional attachment as early as their first birthday. Often, a parent brings an infant or very young child to the doctor with one or more of the following concerns:

- severe colic and/or feeding difficulties
- failure to gain weight
- detached and unresponsive behavior
- difficulty being comforted
- preoccupied and/or defiant behavior
- inhibition or hesitancy in social interactions
- being too close with strangers.

Most children with attachment disorders have had severe problems or difficulties in their early relationships. They may have been physically or emotionally abused or neglected. Some have experienced inadequate care in an institutional setting or other out-of-home placement. Examples of out-of-home placements include residential programs, foster care or orphanage. Others have had multiple traumatic losses or changes in their primary caregiver. The exact cause of attachment disorders is not known, but research suggests that inadequate care-giving is a possible cause. The physical, emotional and social problems associated with attachment disorders may persist as the child grows older.

Children who have attachment issues can develop two possible types of disorders: Reactive Attachment Disorder and Disinhibited Social Engagement Disorder.

### **Reactive Attachment Disorder (RAD)**

Children with RAD are less likely to interact with other people because of negative experiences with adults in their early years. They have difficulty calming down when stressed and do not look for comfort from their caregivers when they are upset. These children may seem to have little to no emotions when interacting with others. They may appear unhappy, irritable, sad, or scared while having normal activities with their caretaker. The diagnosis of RAD is made if symptoms become chronic.

### **Disinhibited Social Engagement Disorder (DSED)**

Children with DSED do not appear fearful when meeting someone for the first time. They may be overly friendly, walk up to strangers to talk or even hug them. Younger

children may allow strangers to pick them up, feed them, or give them toys to play with. When these children are put in a stranger situation, they do not check with their parents or caregivers, and will often go with someone they do not know.

## **Treatment**

Children who exhibit signs of RAD or DSED need a comprehensive psychiatric assessment and individualized treatment plan. Treatment involves both the child and the family. Therapists focus on understanding and strengthening the relationship between a child and his or her primary care givers. Without treatment, these conditions can affect a child's social and emotional development. Treatments such as "rebirthing" strategies are potentially dangerous and should be avoided.

Parents of a young child who shows signs or symptoms of RAD or DSED should:

- seek a comprehensive psychiatric evaluation by a qualified mental health professional prior to the initiation of any treatment
- make sure they understand the risks as well as the potential benefits of any intervention
- feel free to seek a second opinion if they have questions or concerns about the diagnosis and/or treatment plan

Reactive Attachment Disorder and Disinhibited Social Engagement Disorder are serious clinical conditions. However, close and ongoing collaboration between the child's family and the treatment team will increase the likelihood of a successful outcome.

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