WELCOME!

- Name Tents
- Name
- County
- Number of Children
- Number of Years as a Resource/Adoptive Parent
- One thing you want to know about the topic

What's In It For Me?

Training Needs?

What do you want to know by the end of this training?
Learning Objectives

- Define Reactive Attachment Disorder (RAD)
- Describe common behaviors exhibited by children diagnosed with RAD and related disorders
- Utilize parenting approaches that facilitate attachment
- Identify parenting strategies to prevent and manage the behaviors exhibited by children diagnosed with RAD and related disorders
- Describe the extensive collaboration needed among resource/adoptive families, caseworkers, therapists and educators to support children diagnosed with RAD and related disorders

Agenda

I. Introduction
II. Definitions and Characteristics of RAD and Related Disorders
III. Parenting approaches to facilitate attachment
IV. Prevention and intervention parenting strategies
V. Collaboration techniques to create a team approach among families, caseworkers, mental health professionals and educators
VI. Closing
Definition of RAD and Related Disorders

**RAD**
- A pattern of attachment behaviors before age 5
  - Rarely or minimally seeks comfort when distressed
  - Rarely or minimally responds to comfort offered when distressed
- At least 2 of following:
  - Relative lack of social and emotional responsiveness
  - Limited positive affect
  - Episodes of irritability, sadness, or fearfulness during non-threatening interactions with adult caregivers

**DSED**
- Attachment present/not
- Reduced or absent reticence to approach and interact with unfamiliar adults
- Overly familiar behavior (verbal or physical violation of culturally sanctioned social boundaries)
- Diminished or absent checking back with adult caregiver after venturing away
- Willingness to go off with an unfamiliar adult with minimal or no hesitation

**PTSD**
- Symptoms of avoidance and emotional numbing
- Symptoms of intrusive memories
  - Flashbacks
  - Nightmares
- Symptoms of altered cognitions and mood

**SPD**
- Difficulty processing sensory input
  - Sight, sound, taste, smell, touch, body positioning, balance
- Hyper (over) or hypo (under) in one or more senses

Characteristics of Children with RAD and Related Disorders

- Superficially engaging and charming
- Indiscriminate affection
- Lack of affection
- Little eye contact
- Persistent nonsense questions
- Incessant chatter
CHARACTERISTICS OF CHILDREN WITH RAD AND RELATED DISORDERS

- Lying about the obvious
- Stealing
- Destructive behavior (accident-prone)
- Abnormal eating patterns
- No impulse control
- Lags in learning

CHARACTERISTICS OF CHILDREN WITH RAD AND RELATED DISORDERS

- Abnormal speech patterns
- Poor peer relationships
- Lack of cause and effect thinking
- Lack of conscience
- Cruelty to animals
- Preoccupation with fire, blood, gore

Risk Factors (Pathogenic Care Due To:)

- Abuse
- Neglect
- Maternal postpartum depression
- Parental mental illness
- Substance abuse of parent
- Inexperienced parent
- Inconsistent care giving/many different caregivers

(Source: Mayo Clinic, 2013)
Attachment Parenting Approaches

1. Take care of self first
2. Engender respect
3. Create structure and consistency
4. Establish consequences and restitution
5. Provide nurture
6. Process feelings
7. Provide child with success

Questions for Reflection

Please move into pairs and refer to HO#5 Attachment Parenting Approaches

1. Star the parenting approaches that you already use.
2. Place a check mark next to at least one parenting approach that you would like to start using.
3. Share with your partner the biggest challenge(s) you might face when trying out the new approach(es) and why it might be difficult for you.
921: Reactive Attachment Disorder: Parenting and Therapeutic Interventions

Prevention and Intervention Parenting Strategies

- Lego Level
- Steel Box/Velvet Lining
- Lying and Stealing

Parenting Strategies Practice: Case Vignette

- It’s 7:00 pm and fifteen year old Terrance states that he made plans to do homework with his friend, James, who lives down the street. You give permission and state that he must return by 8:30 pm. Forty-five minutes later James calls, shares that he is at a sports game, and asks if Terrance can call him when he returns in an hour. James seems surprised when you mention the plan to do homework.

- Terrance arrives home promptly at 8:30, noting that he is exactly on time. How will you use the “short and sweet” strategy to deal with his lying? Refer to **HO#6 Parenting Strategies** to review the strategy steps.
Focus of Mental Health Treatment

- Attachment
  - Attachment-based therapy
- Treatment of complex trauma
  - Art, play, equine and psychotherapy focused on healing trauma(s)
  - Eye Movement Desensitization Reprocessing (EMDR)
- Occupational therapy to address sensory integration and self-regulation issues
- Medications for specific concerns
  - Sleep, depression, anxiety, hyperactivity

Collaboration with Caseworker and Mental Health Therapists

- Experts in the field of mental health are needed
- Caseworker can identify resources in your region
- Maintain focus on safety, attachment and trauma
- Ask for specific ideas to address the behaviors exhibited by your child
- Keep safety (for child and all family members) and supervision needs at the forefront of discussions
Collaboration with Birth Parents

- Gives children what they need to shift gears more smoothly
- Validates feelings
- Provides structure to promote higher levels of security
- Creates connection and belonging

National Resource Center for Permanency and Family Connections, 2012

- Develops a deeper understanding of their identity and wholeness
- Preserves connections to child’s cultural and ethnic heritage
- Reduces feelings of abandonment
- Provides access to medical information


Collaboration with Medical Personnel

- Pediatricians can:
  - Track the child’s growth and development
  - Offer guidance and treatment if the child is experiencing problems with eating, sleeping, or anxiety
  - Provide referrals to specialists and further evaluation when needed

Collaboration with Occupational Therapist

- Helps with sensory processing
- Expect “homework” to extend and reinforce the work done in the OT sessions
- Maintain the schedule of appointments to maximize the rate of progress
- Follow the guidelines for using regulation supports if prescribed by the OT
  - Weighted vests and blankets
- Collaborate with caseworker and educators when the regulation supports could help the child in settings outside the home
Collaboration with Educators

Educators can help to:
1. Document the diagnosis
2. Request a meeting about eligibility for or implementation of a 504 Plan and/or an Individualized Education Plan (IEP)
   Check out [http://www.ed-center.com/504](http://www.ed-center.com/504)
3. Ensure that accommodations identified in the 504 Plan and/or the IEP are being met as required by law
   Check out [http://www.parentednet.org/](http://www.parentednet.org/) if advocacy is needed for your child

Collaboration with Educators

- Ensure that the recommended behavioral prevention and intervention strategies are consistently used at school
  - Cue for calming throughout the day
  - Time in not time out
  - Short and sweet response to misbehaviors
  - Shift expectations regarding remorse
  - Shift expectations about consequences

Remember!!!!

Children diagnosed with RAD can heal, but they need:
- Consistency, love and safety in relationships
- The “right” interventions at home and school
- Specialized, multifaceted treatment
- A team approach
What’s the #1 Take Away Idea for You?

- Understanding of RAD
- Facilitate attachment
- Parenting strategies
- Collaboration tips

Getting Support

- For a list of attachment centers and therapists in your area specializing in RAD:
  - Association for Treatment and Training in the Attachment of Children
    - www.attach.org
- Support groups
  - Attachment & Trauma Network
    - www.radzebra.org
  - Attachment Disorder Email Support Group
    - www.attachmentdisorder.net

Useful Websites

- Association for Treatment and Training in the Attachment of Children
  - www.attach.org
- Attachment and Trauma Network
  - www.radzebra.org
- Education Center
  - http://www.ed-center.com/504
Useful Websites

- The Institute for Attachment and Child Development  
  - www.instituteforattachment.org
- National Child Traumatic Stress Network  
  - http://www.nctsn.org/
- Parent Education Network  
  - http://www.parentednet.org/
- Trauma Center  
  - www.traumacenter.org

Additional Readings