

# Reactive Attachment Disorder

By  
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## What We Will Cover

- Developing Brain
- Types of Attachment
- Attachment Theory
- Treatment
- Strategies for Foster/Adoptive Parents
- Treatment Strategies for Borderline
- Case Studies

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## Brain

- Frontal Cortex – abstract thought
- Brain Stem- regulate heart rate, blood pressure, arousal state
- Limbic System – attachment, affect regulation, aspects of emotion
- Cortex – abstract cognition & complex language

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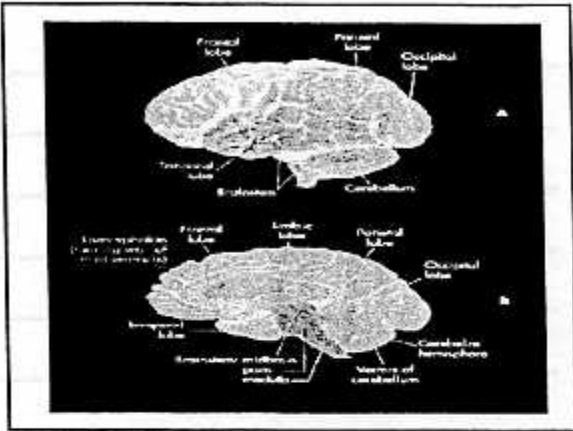
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**Developing Brain**

- Trauma (abuse/neglect) during preverbal years alters brain development & negatively impacts physical, cognitive, emotional, & social growth
- Early trauma interferes w/ development of limbic & subcortical systems

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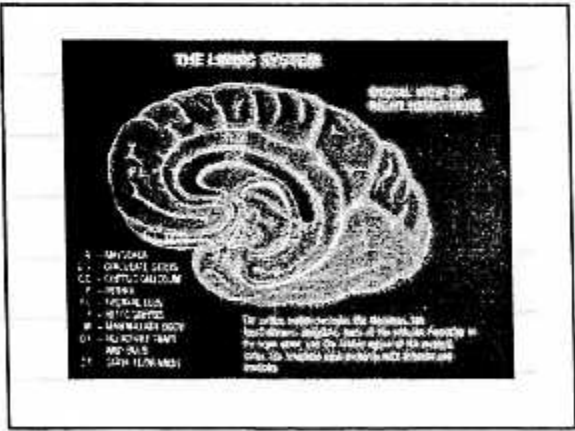
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### **Brain cont.**

- Irritability in limbic system may encourage the emergence of panic disorder & PTSD
- Extreme stress can result in reduced hippocampus volume which may lead to memory impairments & cause/effect thinking
- Chronic stress impairs connection between two hemispheres
- Left Hemisphere tells the event, right incorporates the subjective, social, and emotional meaning

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### **Neurobiology**

- Developmental experience determines the organizational & functional status of the mature brain.
- Parts of brain are different in regards to function, neurotransmitter networks, synaptic structure, and regional localization.
- All obey similar molecular rules.
- Designed to change in response to external signals. Key to survival.

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### **Early Life Stress & Increased Sensitivity**

- Early life stress induces long-lived hyper-reactivity of corticotropin-releasing factor (CRF) systems as well as alterations in other neurotransmitter systems, resulting in increased stress responsiveness. This is associated with neurobiological changes and underlie the increased risk of psychopathology.

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### DSM-IV Criteria

- A. Markedly disturbed and developmentally inappropriate social relatedness in MOST contexts, beginning before age 5 years.
- B. Not accounted for SOLELY by developmental delay (MR) & does meet criteria for PDD.
- C. Pathogenic care.
- D. Presumption that the care is responsible for the disturbed behavior.

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### Social Relatedness

- **Inhibited Type**
  - Persistent failure to initiate or respond in a developmentally appropriate fashion to most social interactions, as manifest by excessively inhibited, hypervigilant, or highly ambivalent & contradictory responses (e.g. child may respond to caregivers w/ mixture of approach, avoidance, & resistance to comforting, or frozen watchfulness)
- **Disinhibited Type**
  - Diffuse attachments as manifest by indiscriminate sociability w/ marked inability to exhibit appropriate selective attachments (e.g. excessive familiarity w/ relative strangers or lack of selectivity in choice of attachment figures)

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### Pathogenic Care

- 1) persistent disregard of the child's basic emotional needs for comfort, stimulation, & affection
- 2) persistent disregard of the child's basic physical needs
- 3) repeated changes of primary caregiver that prevent formation of stable attachments (e.g. frequent changes in foster care)

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## Attachment

- It is about a relationship. It is a bond that ties the child to the primary caregiver & allows the infant to seek and maintain physical closeness and connection to same. It is a lasting psychological connectedness between humans & an emotional affiliation that grows. It is person-specific, persistent, emotionally significant, & results in distress at separation.

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## Attachment Types

- **Secure** –Physical proximity & psychological availability. Parent will protect, find a solution, and live "happily ever after"
- **Insecure/Avoidant** – Avoids mother. May turn away or refuse eye contact. May ignore even after separation. Some prefer a stranger when needing comforting.
- **Insecure/Resistant** – Seek contact w/mother on reunion, but then push her away or turn away. Demonstrates no stranger preference, but may appear angry toward mother and stranger.

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## Attachment Types cont.

- **Disorganized/Disoriented** – Parent source of fear & reassurance. No clear strategy for responding to parent.
  - Hx of abuse/neglect, violence, unpredictability
  - Women-abuse substances & suffer domestic violence
  - Child creates disorganized, chaotic life narrative
  - Behavior is instinctive, impulsive
  - Behavior learned through imitation & experience

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## Disorganize/Disoriented cont.

- Responds to inaccurate impression of thoughts & feelings of others
  - Sensitive to hyperarousal & dissociation from stimulation
  - Safe & nurturing caregiving may generate feelings of anxiety & fear
  - Behavior = negative internal working model & vulnerable coping strategies
- Important – not mental illness -str ategies for protection

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## Treating RAD

- Traditional "talk" & behavior therapy unlikely to make a difference
- Attachment Therapy
- Narrative Therapy
- Object Relations Therapy
- EMDR

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## Object Relations

- Fairbairn – influenced by Freud & Melanie Klein
- Internal object-piece of psychic structure within personality
- External objects-those we relate to externally.
- Theory-internal object is affected by external object & will modify perception within the structure of the self.
- Object constancy = the nurturing & soothing mother as an internalized & constant object.

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### Object Relations cont.

- Splitting - Internal object splits-off or clumps together to form complex objects or mechanisms (defense mechanisms). The formation of complex objects is the core of how an individual relates, or reacts to self or the environment.

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### Rapprochement

- From Mahler's Developmental Stages (active approach behavior) 16-18 months and 22-24 months
- Most critical stage of the separation individuation process.
- Acutely heightened separation anxiety and active approaches to mother & almost constant concern with her whereabouts.
- Not able to be in contact with mom as much as in past. Mutual realization he can do more for himself. Mom's response to toddler's anxiety & frustrations are at greater intervals & toddler's defense to this crisis is an active approach.

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### RAD

- First three months consist of normal autistic phase From 1-5 months is symbiosis phase. According to Mahler this is when infant perceives that he resides within the nuclear orbit w/ mother. Mutual beneficial relationship in which he is the center. Mother is powerful extension of self. At 4-5 months up to 30-36 months begins Separation & Individuation. Achieved through progression & regressions, frustrations & satisfactions, conflicts & resolutions w/ mother. A sense of constancy & safety are key for this to occur in a healthy manner.

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## Attachment Theory

- John Bowlby & concept of "internal working model"
- Children form expectations of others & selves based on responsiveness and accessibility of primary attachment figure
- Later, approach new situations with preconceptions, interpretive tendencies, & behavioral biases
- Internal working model not necessarily permanent
- Mental representation develops with age
- Child is able to reassess experiences.

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## Attachment-Based Therapies

- Various models
  - Cradling to provide physical containment
  - Regression to rebirth
  - Allow to be at developmental age

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## Dyadic Developmental Psychotherapy

- Attachment Based Therapy
- Purpose – resolve dysfunctional attachment & develop healthy one
- Three Components
  - Educate parents
  - Teach parenting skills
  - Intensive emotional work with child

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