

SYMPTOMS/BEHAVIOURS

- Destructive to self and others coupled with an absence of guilt or remorse
- Refusal to answer simple questions
- Denial of accountability and placing blame on others
- Poor eye contact
- Extreme defiance and control issues
- Stealing
- Lack of cause and effect thinking
- Mood swings
- False abuse allegations
- Acting out sexually
- Inappropriately demanding or clingy
- Poor peer relationships
- Abnormal eating patterns
- Preoccupied with gore and/or fire
- Toileting issues
- Limited or no impulse control
- Chronic non-sensical lying
- Unusual speech patterns or problems
- Bossy and manipulative
- Superficially charming and engaging

EDUCATIONAL IMPLICATIONS

Many students with RAD 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 behaviours and other important behaviours and skills. The lack of experiences can result in delays in motor, language, social and intellectual development.

Students 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 often have difficulty concentrating.

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

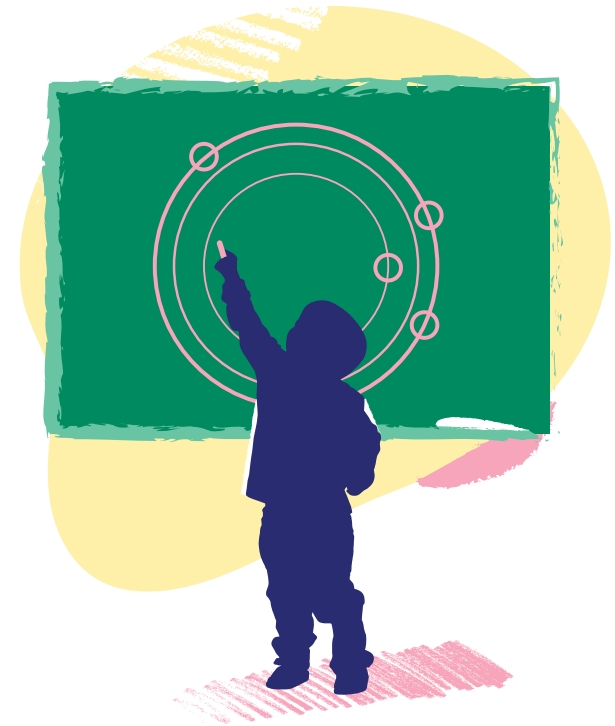
SERIES ON MENTAL HEALTH AND WELL-BEING

-  Anxiety
-  Attention Deficit Hyperactivity Disorder
-  Asperger's Syndrome
-  Autism Spectrum Disorder
-  Conduct Disorder
-  Depression
-  Eating Disorders
-  Fetal Alcohol Spectrum Disorder
-  Obsessive Compulsive Disorder
-  Oppositional Defiant Disorder
-  Reactive Attachment Disorder
-  Tourette Syndrome

TO LEARN MORE, PLEASE CONTACT:

Rainbow District School Board
Gord Ewin Centre for Education
275 Loach's Road
Sudbury, ON P3E 2P8
Phone: 705.523.3308
rainbowschools.ca

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REACTIVE ATTACHMENT DISORDER

ABOUT

REACTIVE ATTACHMENT DISORDER

Reactive Attachment Disorder (RAD) begins before age five and is associated with grossly inadequate 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 loses the ability to form meaningful relationships and the ability to trust.

The Diagnostic and Statistical Manual of Mental Disorders describes two types of RAD:

- Inhibited RAD is the persistent failure to initiate and respond to most social interactions in a developmentally appropriate way.
- Disinhibited RAD is the display of indiscriminate sociability or a lack of selectivity in the choice of attachment figures (excessive familiarity with relative strangers by making requests and displaying affection).

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

Children with RAD may display a variety of emotional troubles including depressive and anxiety symptoms or safety seeking behaviours. To feel safe, these children may seek any attachments. They may hug virtual strangers and say "I love you." At the same time, they have an inability to be genuinely affectionate with others or develop deep emotional bonds.

Students may display soothing behaviours, such as rocking and head banging, biting, scratching or cutting themselves. These symptoms will increase during times of stress or threat.

INSTRUCTIONAL ACCOMMODATIONS AND CLASSROOM STRATEGIES

- Consider a Functional Behavioral Assessment. Understanding the purpose or function of the student's behaviours 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 behaviour.
- Be predictable, consistent and repetitive. Students with RAD are very sensitive to transitions, surprises, changes in schedules 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.
- Model and teach appropriate social behaviours. A great way to teach students social skills is to model the behaviour and then narrate what you are doing and why.
- Avoid power struggles. When intervening, present yourself in a light and matter of fact style. This reduces the student's desire to control the situation. Use humour whenever possible. 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 understands the material presented.
- 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.

This fact sheet is not to be used for the purpose of making a diagnosis. It is a reference for understanding and to provide information about different behaviours and mental health issues you may encounter in the classroom.



Resources:

Association for Treatment and Training in the Attachment of Children (ATTACH): www.attach.org
Families by Design/Nancy Thomas Parenting: www.attachment.org
www.RADKID.org