

Attachment disorders

F94.1 Reactive attachment disorder (RAD)

F94.2 Disinhibited attachment disorder (DAD)

Zeanah & Gleason, 2015 Research review in J Child Psychol Psychiat

Doi: 10.1111/jcpp.12347

Background

- 1977 research on children brought up in residential nursery (UK): staff told not to foster attachments to the children
 - From birth to 4 yrs
- 2 ‘deviant’ groups
 - 8/26 Emotionally withdrawn, socially unresponsive
 - 10/26 Indiscriminately social, attention seeking and clingy with everyone
 - 8/26 Formed selective attachments

ICD-10 vs DSM

Only 1 of 176 diagnostic criteria were identical in DSM-IV and ICD-10

Ca 30% based on different premises.

DSM-5 makes use of both categories

- DSM-IV only RAD = Reactive Attachment Disorder.

No psychiatric diagnoses have
validity

They have utility

- Overlap of symptoms
 - ADHD/DAD
 - ASD/RAD
 - Williams syndrome (chromosome 7 delete syndrome) – socially indiscriminate
- Equifinality 

Struggle for objectivity

- What 'Theory of mind' will a neglected institutionalised child possibly develop?
- Behaviour
- Interpersonal strategies
 - Depend on what you have learnt about mind-reading others' intentions
 - Implicit learning
- Deception
- Self-protective strategies

F94.1 RAD

- A. Start before 5 yrs
- B. Child shows **strongly contradictory or ambivalent social responses** independently of context, but which can vary from one relationship to another
- C. Lack of emotional feeling, withdrawal, **aggressive response to own or others discomfort** and/or **fearfully on-guard**
- D. Some ability to social reciprocity and responsiveness with 'normal' adults

F94.2 DAD

- A. Diffuse attachments are characteristic in the first 5 yrs, but do not necessarily persist into middle childhood. The diagnosis requires a relative failure to show selective social attachments as shown by:
- i. Usually **seeking comfort from others** when they are having difficulty AND
 - ii. Abnormal (relative) **lack of selectivity from whom they seek comfort**

- B. Social interaction with strangers is poorly modulated
- C. At least one of the following
 - i. Usually clingy as infants
 - ii. Attention seeking and **uncritically friendly** behaviour in early and middle childhood
- D. Independence of context must be clear.
The diagnosis requires that the symptoms in criteria A and B are shown across the child's whole social network.

Why

behaviour shown at a particular moment?

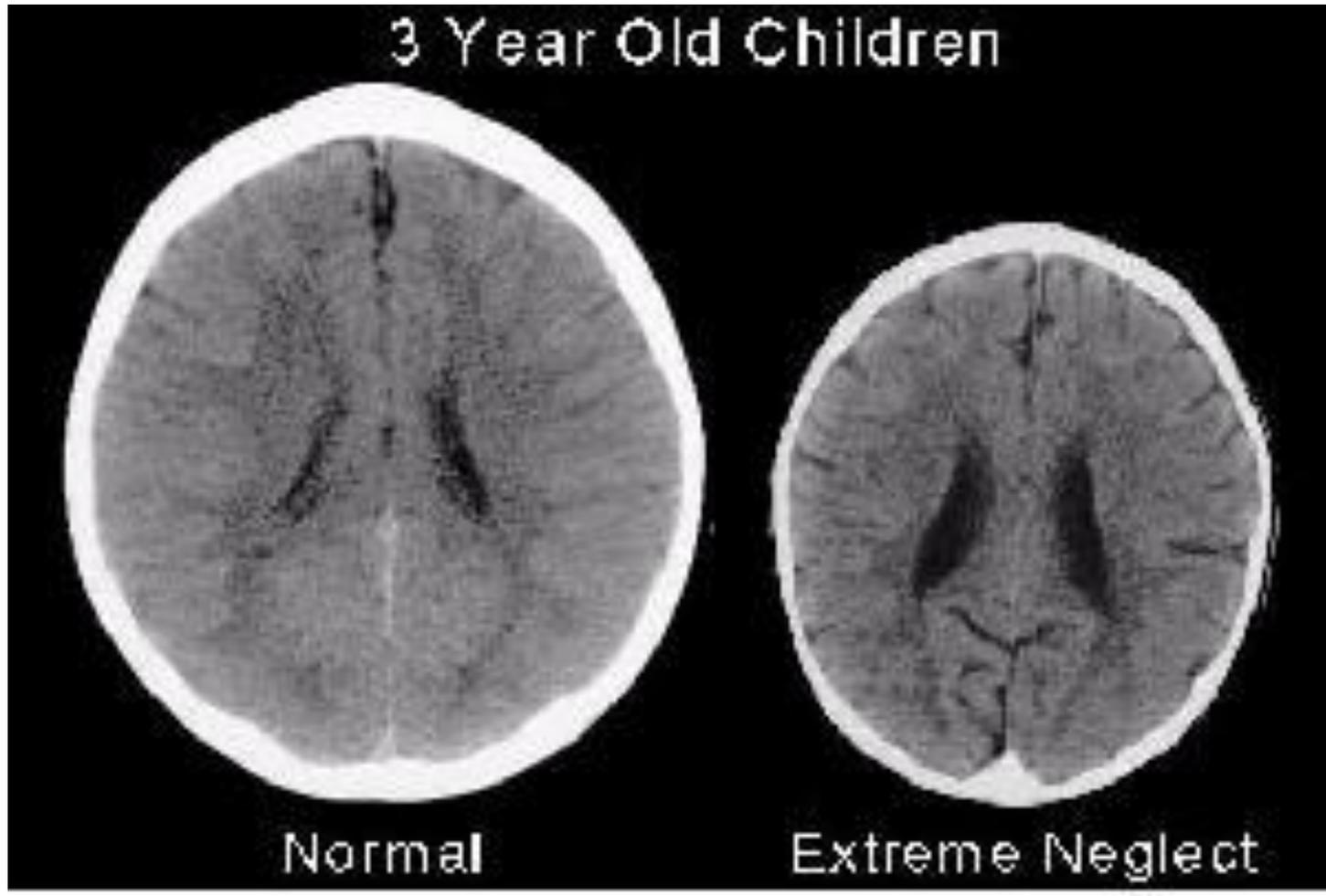
- Why now?
 - Proximal causes
- How come to respond in this way?
- What is the general function of the behaviour?
- How did the behaviour develop phylogenetically?

Nico Tinbergen (1951)

Maintaining factors

- Context
- Implicit memory
 - Contingencies to behaviour retained
 - Without reflective function
 - Dispositional representations
- Biological changes
 - Brain structure
 - Balance between transmitter substances
 - Epigenetic changes
 - Apoptosis secondary to high cortisol
- Pregnancy effects
 - Epigenetic
 - HPA activity level related to maternal stress

Understanding the infant brain



Comorbidity

- RAD – depression
 - Resolves nearly completely with access to responsive attachment figure
- DAD – impulsivity
 - Persists

ADHD follow-up of children adopted from
Romanian children's homes

Connection with attachment theory

- 2 major competing theories
 - Dynamic maturational model of attachment and adaptation associated with Pat Crittenden
 - ABC-D Berkeley system associated with Mary Main
 - Both were Ainsworth PhD students!
- Built on opposing premises – both cannot be correct.

ABC-D Berkeley system

- Secure base
- Disorganised after serious danger
- A model positing failure of mechanisms
 - Coherent with having a «disorder» of attachment

DMM

- Experience with danger is the most important determinant of adaptation during development
- Importance of self-protective strategies
- An inherent strengths based understanding
 - Not coherent with a disorder of attachment

Crittenden's prime interest has been samples with neglect/abuse

Research on RAD

- 1980 diagnosis in DSM-III
- 1992 diagnosis in ICD-10
 - Only diagnosis with cause specified in the criteria
 - Neglect/institutional upbringing
- 1998 first validation studies
- 2007 only 7 research samples
 - 1 out-patient
 - No research into appropriateness of 2 diagnoses
- RAD not included in Kiddie-SADS

- A non-reported study, which did not require the neglect criteria, found 8% of 3-yrs at a pediatric out-patients (USA) met the remaining RAD criteria (DSM-IV).

Research on RAD

- Last 8 yrs more research on DSM-IV diagnosis with Berkeley system
- RAD (ICD-like) disappears with family placement with emotional availability

A dynamic understanding of RAD phenomenology

- Avoidance of feeling rejected
- Approach goes over to rejecting the other before risks getting rejected
 - Approaches with full face, but turns away and proceeds on
 - Approaches in friendly fashion but within intimate zone becomes aggressive
 - Enables continued idealisation of non-ideal carer whilst doing something themselves to be in control of why the other didn't care for them
 - Type A phenomenology

- Within an overburdened institution there will be competition for having basic needs met
 - See Robertsons' film: John goes to nursery
- Lack of success will be experienced as rejection
 - Without this being the intention
- Instead of making themselves as likeable as possible to succeed they behave by taking a responsibility for not succeeding
- Result: Empowerment
- Cost: Different context, risk being rejected

DMM informed approach

Hypothesis:

- RAD – Type A
 - Need good timing of response to their hidden affects,
 - Labelling of states without intrusion
 - Takes time
 - Compassion > Empathy
- Coherent with good chance of ‘recovery’ if adopted by parents with “emotional availability” – without compulsive caregiving



- Georgian boy
- 7yrs sent to grandparents
- By age 10 adopted
- Stunted growth
- Known for his macho image building and hidden emotions
- Not known for showing empathy or compassion

Institutional childhood

- 9.2% quasi-autism (Autism Diagnostic Inventory criteria for autism)
- Primarily distinguished from classic autism through resolving on family placement
 - Placed by 6yrs – 25% no signs of autism aged 11 yrs
- High rates of co-occurring indiscriminate behaviour

Can James Bond be seen as
DAD?

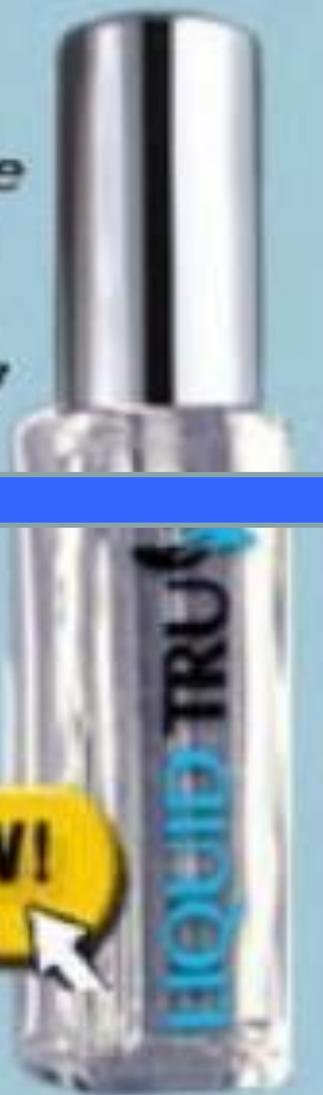
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Courtesy of lovablefrenchie.com

Vasopressin and Oxytocin

- Neuropeptides essential for establishing social “bonds”
- Affected by early social experience

PNAS 2005, 102 (47), 17237-40

Research on DAD

- Maltreatment in families
- Disruption of relationship to attachment figure
 - Mother admitted to psychiatric hospital
 - In foster children related to number of placements
 - Longer time in institution more indiscriminate

- Prenatal risk predicts ↑ DAD:
 - Substance abuse
 - Mother with physical handicap
 - Limited prenatal care
 - Preterm birth
- Emotional neglect
- Associated with stunted growth and
 - Reduced white and grey substance in brain
 - If adopted pre-24m. normalised by 8yrs
- Adoption pre-6m. protects

A dynamic understanding of DAD phenomenology

Zeanah: “...DSED (DSM-5 = DAD) is not conceptualized as an attachment disorder...”

Ugh – he’s just written the review!!

- All people are approached as equally “safe”
 - Would have been in danger if did not do so in institution
- Is this approach attachment behaviour or motivated by something else?

- Do those with DAD self-soothe?
- Displacement activities?
 - Definition
- Does intrusive caregiving from the adult's perspective, and definition of what child needs → Intrusive child behaviour?

Displacement activities occur when an animal experiences high motivation for two or more conflicting behaviours: the resulting displacement activity is usually unrelated to the competing motivations. Birds, for example, may peck at grass when uncertain whether to attack or flee from an opponent; similarly, a human may scratch his or her head when they do not know which of two options to choose. Displacement activities may also occur when animals are prevented from performing a single behaviour for which they are highly motivated. Displacement activities often involve actions which bring comfort to the animal such as scratching, preening, drinking or feeding.

- DAD – if Type C
 - Behaviour maintained by an intermittent reinforcement schedule
 - Very hard to extinguish
 - Aim to ↑ clarity in contingencies to behaviour
 - Labelling of states
 - Including labelling of that affect which isn't displayed
 - Expectations for change reduced with age because hypothesised poor development of self-control mechanisms – executive function
 - Will drive most people crazy!

American guidelines

2005: J Am Acad Child Adolesc Psychiatry

Doi:10.1097/01.chi.0000177056.41655.ce

- Based on DSM-IV
- Important: “**Holding therapy is potentially dangerous**”
- Need updating

NICE guidelines on attachment needs of looked-after children

<http://www.nice.org.uk/guidance/gid-cgwave0675/resources/childrens-attachment-final-scope2>

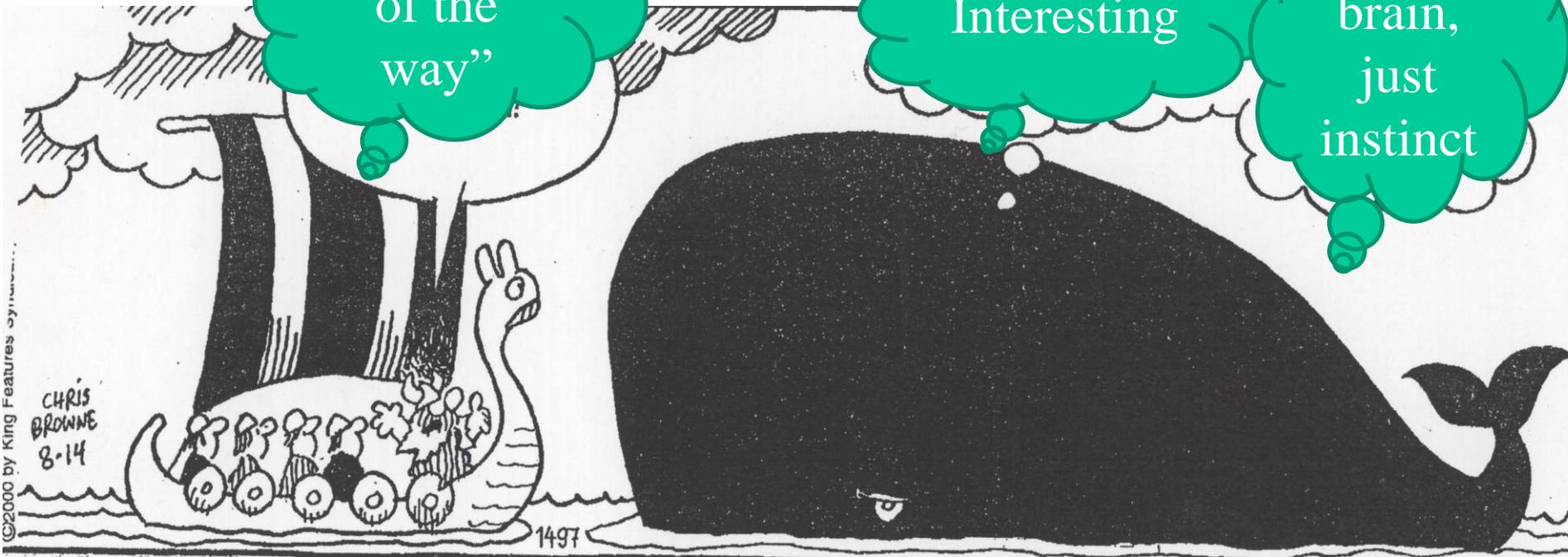
Disorder or Predicament

- Initially the child suffers from a predicament
- Brain development → state becomes trait
- Predicament becomes a disorder
 - Sickness +++
 - Illness +/-
- Life-time vulnerability = new predicament
 - Reduced reflective capacity
 - Reduced executive function (frontal lobe development)

I said "out
of the
way"

Interesting

No
brain,
just
instinct



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