# REACTIVE ATTACHMENT DISORDER: A PREVENTABLE MENTAL HEALTH DISEASE

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**ABSTRACT**

*Objective: To discuss attachment disorders; most specifically, Reactive Attachment Disorder, its etiology, background causes, symptoms, and its prevention with the intervention of allopathic, chiropractic, naturopathic, and osteopathic physicians.*

*Methods: An online search and review of the literature regarding Reactive Attachment Disorder was performed through Pubmed and Google. The articles, interview information, and books utilized for this paper were selected by historical significance, date of publication, pertinent information, and, most specifically, those sources of pertinent data regarding Reactive Attachment Disorder.*

*Discussion: Reactive Attachment Disorder is a mental health disease with neurological implications, which may be caused by abuse during the first five years of life. Recognition of this disease, its background causes, and knowledge of effective parenting guidelines, are reasonable expectations for all physicians and mental health care providers.*

*Conclusion: A collaborative effort by all physicians to prevent Reactive Attachment Disorder through the implementation of effective parenting might reduce the incidence of this mental health disease in children and adults. (J Chiropr Med 2004;3:69–75)*

**KEY WORDS:** Attachment disorders; effective parenting; frozen conclusions; preventable mental health disease; Reactive Attachment Disorder; Villa Santa Maria

## INTRODUCTION

Early in 1995, Hawk and Dusio reported that chiropractors demonstrated a number of practice characteristics associated with primary care. They suggested that chiropractors could strengthen their position in primary care by increasing their emphasis on prevention, especially in areas not directly related to musculoskeletal conditions (1). Six years later, Gaumer, Walker, and Su suggested medical doctors and chiropractic doctors could work together on patient care and organization of strategy because of their overriding sense of agreement in terms of the scope of primary care activities (2). The American Academy of Chiropractic Physicians (AACP) fully supports the integration of allopathic, osteopathic, naturopathic, and chiropractic physicians into one medical system (3).

Chiropractic physicians could perform the majority of primary care therapeutics according to Gaumer and Walker (2). Yet, consumer perceptions of chiropractors as "neuromusculoskeletal" specialists and managed care organizations' lack of interest in having them in a primary care role have been listed as major barriers to the expansion of chiropractic status in primary care (4). Despite these obvious barriers, every chiropractic physician should provide preventive medical services for his or her patients. It is our opinion that chiropractic providers could offer preventive medical advice regarding all primary care conditions. The *Ambulatory Pediatrics Journal* reported that parents, who have used chiropractic services, would also use chiropractic services for their children's health needs (5). It is reasonable to assume that a chiropractor providing preventive medicine activities would complement his or her practice and subsequently modify consumer perceptions of chiropractic medicine. As we advance from the "Informational" wave (1960–2020) into the "Neurotechnology" wave (2010–2060) of Techno-Economic Development, society shapes and is shaped by advancing technology (6). We struggle with societal travesties involving drug abuse, high crime rates, and an overcrowded prison system. Within the next 10–50 years, we will master nanotechnology, followed by the commercialization of biochips, advanced brain imaging, genomics, and neuroceuticals in healthcare. Yet, society continues to falter as we fail to satisfy basic responsibilities to young people in this country. The creation and development of healthy children, free of mental health disease, seems to be the right thing to do, especially in a technologically advanced and humane society.

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We promulgate "effective parenting" as a preventive measure that could reduce the incidence of Reactive Attachment Disorder. It is our intention to expose allopathic, osteopathic, naturopathic, and chiropractic physicians to this mental health disease. If successful with this challenge, possibly physicians will integrate "effective parenting" recommendations into their daily practice patterns. Then these practice pattern modifications will promote healthy and secure attachments in the young children within their communities. Awareness by health care providers of this mental health care dilemma, "Reactive Attachment Disorder," is one crucial step toward its prevention.

**The Attachment Process**

In 1969, Dr. Bowlby described four phases of attachment that occur during the first years of childhood (7). Completing these stages is essential for healthy emotional development. The first stage features the use of crying by an infant that will induce a caregiver to approach. Other actions such as sucking and grasping may serve to prolong the duration of physical contact with a caregiver. At this time, the infant does not discriminate among caregivers, nor prefer a certain caregiver. This begins in the second phase.

The second phase begins between the ages of 8 and 12 weeks. During this phase, the infant will develop a preference for a particular caregiver and signals, such as physical reaching, will be directed toward that one individual. This preference is not considered to be an attachment; that will occur during the third phase.

During phase three, the child begins to anticipate the caregiver's actions, when the caregiver shows some consistency. The child is able to adjust his own actions based on his expectations of the how the caregiver will act. It is at this time, up to the second birthday, that real attachment begins. Although signaling continues, now the child will actually pursue the favored individual by following them, and by attempting to maintain close proximity.

In the fourth phase of attachment, the child realizes that the favorite caregiver is an independent individual who has his own needs and feelings. A partnership is formed as the child's attachment behaviors and the caregiver's reactions become more organized.

**Attachment Disorders**

Dr. Dan Hughes succinctly describes a healthy attachment in his book, *Building the Bonds of Attachment, Awakening Love in Deeply Troubled Children* (8). He wrote: "In healthy families, a baby forms a secure attachment with her parents as naturally as she breathes, eats, and cries. This occurs easily because of the parents' bond with her."

According to Drs. Bowlby, Ainsworth (9), and Schore (10), there are four types of attachment, which will be the result of the attachment process. These include secure, avoidant, ambivalent/resistant, and disorganized/disoriented.

It is obvious that the first type, a secure attachment, is considered a normal and healthy type according to Ainsworth and Bowlby and it fits the description provided by Hughes. The secure attachment comprises about 65–70% of all children, according to Dr. Zeanah (Hughes DA, Personal Communication).

The remaining three types of attachments are considered to be unhealthy and are the end-result of either ineffective parenting or lack of contact with the mother during infancy. Dr. Ainsworth first described these unhealthy attachments, while studying infants who were separated from their caregivers for 20-minute periods (7).

Avoidant children attempt to avoid close proximity with their caregiver. When the caregiver returns after absence, they may ignore or turn away from that individual with no more than a casual greeting at best. This occurs in about 15% of children (Hughes DA, Personal Communication).

10% of children have an Ambivalent/Resistant attachment (Hughes DA, Personal Communication). These children noticeably resist contact and interaction with their caregiver. They may actively push away from the caregiver in an angry manner.

The fourth type, Disorganized/Disoriented Attachment, affects 5–10% of children (Hughes DA, Personal Communication). The child with this type of attachment does not show any pattern to their coping strategies and they may show confusion and apprehension toward their caregiver. A subgroup of Disorganized/Disoriented Attachment that affects about 1% of children is known as Reactive Attachment Disorder.

**Definition of Reactive Attachment Disorder**

Reactive Attachment Disorder (RAD) is a disturbance of social interaction caused by neglect of a child's basic physical and emotional needs, particularly during in-

fancy (11). The mental health disease code as defined by the American Psychiatric Association is DSM-IV 313.89 reactive attachment disorder of infancy or early childhood (12). According to the American Psychiatric Association DSM-IV Sourcebook, RAD begins most often before age five and the patient's social relatedness is markedly disturbed and developmentally inappropriate. The sourcebook's description includes both inhibitions and dysinhibitions.

Inhibitions:

The child responds to care givers with frozen watchfulness or mixed approach-avoidance and resistance to comforting.

Dysinhibitions:

The child is overly familiar with strangers or lacks selectivity in choosing attachment figures.

In the opinion of Dr. Dan Hughes, this mental health disease, Reactive Attachment Disorder, lacks consensus amongst mental health professionals (Hughes DA, Personal Communication). He discusses this situation extensively in his soon to be published paper, "Psychological interventions for the spectrum of attachment disorders and intrafamilial trauma" that will appear in a forthcoming issue of *Attachment and Human Development.* We propose that consensus by the mental health profession and timely recognition of RAD by health care providers might increase both research opportunities and accurate diagnoses and treatment of this mental health disease.

**Neurological Implications**

Schore described the consequential neurological implication caused by a traumatic familial environment as the dysregulation of the right brain: a fundamental mechanism of traumatic attachment and the psychopathogenesis of posttraumatic stress disorder (10). He wrote that the traumatic attachments, expressed in episodes of hyperarousal and dissociation, are imprinted into the developing limbic and autonomic nervous systems of the early maturing right brain. *This disorganized-disoriented insecure attachment, a pattern common in infants abused in the first 2 years of life, is psychologically manifest as an inability to generate a coherent strategy for coping with relational stress. Early abuse negatively impacts the developmental trajectory of the right brain, dominant for attachment, affect regulation, and stress modulation, thereby setting a template for the coping deficits of both mind and body that characterize PTSD symptomatology.*

**Symptoms**

Dr. Dan Hughes' clinical experiences suggest fifteen symptoms are very noticeable in children who exhibit significant attachment difficulties (13).

1) Compulsive need to control others, including caregivers, teachers, and other children;
2) Intense lying, even when "caught in the act;"
3) Poor response to discipline: aggressive or oppositional-defiant;
4) Lack of comfort with eye contact (except when lying);
5) Physical contact: wanting too much or too little;
6) Interactions lack mutual enjoyment and spontaneity;
7) Body functioning disturbances (eating, sleeping, urinating, defecating);
8) Increased attachment produces discomfort and resistance;
9) Indiscriminately friendly, charming; easily replaced relationships;
10) Poor communication: many nonsense questions and chatter;
11) Difficulty learning cause/effect, poor planning and/or problem solving;
12) Lack of empathy; little evidence of guilt and remorse for others;
13) Ability to see only the extremes: all good or all bad;
14) Habitual dissociation or habitual hypervigilance; and
15) Pervasive shame, with extreme difficulty reestablishing a bond following conflict.

**Criminal Mind**

It is our opinion that many of the children diagnosed with RAD, but left untreated, become adults diagnosed with sociopathic, narcissistic, antisocial, or borderline disorder. Our discussions with New Mexican criminal justice personnel over a three year period (2001–2003), have lead us to believe that the majority of incarcerated criminals in New Mexican prisons are adults suffering the residual effects of childhood reactive attachment disorder and/or brain damage due to drug abuse. Therefore, we wonder if incarceration, without treatment of the criminal's brain disease, might promote a high rate of recidivism.

Renato Sabbatini poses a similar question in his article, "Tormented Souls, Diseased Brains." In addition, he explores the neural characteristics of a sociopath and asks additional pertinent questions. "Are their brains

different from those of normal people? Do they display pathological alterations?" (14)

Unfortunately, the imprisonment of parents increases the incidence of "chaotic family situations," one of the causes of RAD. As recently reported in USA Today, we may anticipate a doubling of the number of imprisoned adults in this country.

**More Adults have Prison Experience**

A record 5.6 million adults, one in every 37 in the USA, were imprisoned at the end of 2001 or had served time in state or federal prison, the Justice Department's Bureau of Judicial Statistics reported Sunday, August 17, 2003. That's about 2.7% of the adult population of 210 million. The percentage had doubled since 1974, where Justice began the study.

If the trend continues, officials estimate 6.6% of people born in 2001 will go to a state or federal prison during their lifetime. Approximately 1.3 million adults were in prison at the end of 2001 (15).

**Background Causes**

Our society does not facilitate secure attachments for several reasons including, lack of quality day-care, many two-income families, frequent divorce, latchkey kids, and the lack of an extended family (Hughes DA, Personal Communication). The eighteen most common background causes of RAD as stated by Hughes (20), Thomas (16), and James (17) include:

1) *In utero* maternal drug or alcohol abuse;
2) Birth trauma;
3) Unwanted pregnancy;
4) Physical, emotional, or sexual abuse during the first 3 years of life;
5) Physical or emotional neglect;
6) Separation from birth mother early in life;
7) Chaotic family situation;
8) Harsh and inconsistent parenting;
9) Overindulgent parenting;
10) Multiple changes in living location;
11) Inadequate day care; multiple care givers;
12) Frequent moves or placements in the foster care system; failed adoptions;
13) Traumatic experiences;
14) Undiagnosed painful illness; unresolved, ongoing pain;
15) Maternal alcohol or drug use;
16) Maternal depression;
17) A lack of attunement between the mother and child;
18) Young or inexperienced mother with poor parenting skills.

**Frozen Conclusions**

Dr. Joanne May is cited as the originator of the "Seven Frozen Conclusions" frequently experienced by RAD children (18).

*When the past was traumatic the processing of information might be interrupted, halted, or frozen. When a break in attachment results from abuse, Dr. Joanne May describes seven frozen conclusions that children with Reactive Attachment Disorder have come to accept:*

1) I must be bad or evil to deserve such treatment
2) It is not safe to trust adults or those in authority
3) The only way I can survive is to be in control
4) I am bad and/or evil and my "bad" behavior is who I am
5) There is nothing I can do that is right
6) I deserve to be hated
7) Others deserve my hate

**Pregnancy and Drug Use Trends**

According to the National Institute on Drug Abuse (19), a national pregnancy and health survey revealed some startling statistics regarding pregnancy and drug use trends during 1992/1993 that may cause RAD in young children:

- 221,000 women used illegal drugs during their pregnancies that year with marijuana and cocaine being the most prevalent
- 757,000 women drank alcohol products during their pregnancies
- 820,000 women smoked cigarettes during their pregnancies

The National Campaign to Prevent Teen Pregnancy published the number of teen pregnancies with girls between the ages of 15–19 for the year of 1996 at 880,170 in the USA (20). It is our opinion that teenage mothers without proper parenting skills are prone to be ineffective mothers.

**Fatherless Families**

Charlayne Hunter-Gault took a close look at the dirth of fatherless families in America and its affect on the present state of the American Family. The Online Newshour interview with Governor Roy Romer of Colorado, "Life without a Father" aired on June 17, 1996. Her

initial question and the Governor's response revealed a national crisis in this country.

**Charlayne Hunter-Gault**: *The day after story is the story of life without father, and it's being called one of America's most urgent and fastest-growing social problems. The 1990 Census counted 19 million children in families without fathers. Today that number has increased to some 23 million. The National Commission on Children reports that fatherless children are five times more likely to be poor and ten times more likely to be extremely poor. Their risks are greater for dropping out of school, alcohol and drug use, adolescent pregnancy and child bearing, juvenile delinquency, mental illness and suicide.*

**Gov. Roy Romer**: *I do think it is a national crisis. We spend 40 percent less time as parents with children than we did a generation ago. That's very serious, and it's mainly because of absentee fathers. One out of every four children is born in Colorado in a home where the father is absent. It is a tremendous problem because every child needs a role model that is both male and female. And there are some very heroic women out there, who are single parents, and they're my heroes, heroines, but to be frank, every child needs a role model that is both male and female.*

The risks mentioned in this interview increase the incidence of ineffective parents and unhealthy attachment disorders with their children. Obviously, if society is to properly address this vicious cycle, it must recognize the cause, which we believe to be a lack of education. Educational deficiencies must be addressed in order to reduce the number of weakly attached children in this country.

**Societal Response**

Should society be alarmed with the incidence of weakly attached children in this country? Will society respond to the above-mentioned causes of RAD? If so, how should it respond? Normally, most experts agree that it is less expensive to prevent disease than to treat it as witnessed with the eradication of poliomyelitis in North America through the public inoculation with vaccines (21). There is a natural and non-invasive method available regarding reactive attachment disorder, and that is education of parents to be. It is the opinion of Dr. William Sears that "attachment parenting" immunizes children against many of the social and emotional diseases that plague our society (22). We list six of the more salient descriptors of attachment parenting according to Dr. Sears:

- Attachment parenting means opening your mind and heart to the individual needs of your baby and letting your knowledge of your child be your guide to making on-the-spot decisions about what works best for both of you.
- Attachment parenting is learning to read the cues of your baby and responding appropriately to those cues.
- Babyhood is the beginning of attachment.
- Raising a child is like taking a trip to a place you've never been.
- Your journey to become attached to your child will be different from other parent's journey's because your child is an individual and so are you.
- Your relationship with your child is the real destination of your journey.

**Effective Parenting**

Sue Dinwiddie, the author of "Effective parenting styles: Why yesterday's models won't work today," suggests that former parenting styles are antiquated and ineffective for children in the twenty-first century. She depicts "authoritarian" and "permissive" parents as successful during the earlier times of the twentieth century. It is her opinion that the "assertive-democratic" parenting is the best for today's fast-changing information age where choice is constant and there is no longer just one "right" way (23). This parenting style teaches children to take responsibility for their behavior by making choices and realizing the consequences of those choices. Parents learn a positive type of discipline by setting limits that guide their children rather than punishing them for negative behavior, which may lead to low self-esteem.

Initially, parents guide their child by creating time to listen to her as an equal. This important democratic interaction validates the child's feelings; therefore, she realizes that her parents understand her desires. Next, the parents explain the reasons why limitations may have to be put on certain behavior, and what will happen if those limitations are not followed. The positive results of alternative behaviors are discussed as well; consequently, the child understands that she has different choices. After this discussion with her parents, the child is then allowed to choose her behavior. If she behaves in a negative manner, then she must deal with the problem and its consequences as explained by her parents. Ultimately, with the help of her parents, she will develop problem-solving skills and her desires will be met without hurting or disrupting others. Dinwiddie believes that when assertive-democratic parenting is

used consistently, children experience higher self-esteem and develop improved problem-solving skills.

### Guidelines for Effective Parenting

The National Center for Kids Overcoming Crisis offers seven guidelines: (24)

1) Value your child;
2) Nurture your child;
3) Teach your child;
4) Speak the truth to your child;
5) Discipline your child;
6) Encourage your child;
7) Never give up on your child.

### Chiropractic Physician Involvement

If chiropractic physicians would integrate primary care protocols into their practices that reduce abuse and neglect of infants and young children, their communities might benefit with an increased number of healthy attachments. We strongly urge all health care practitioners and educators to promote effective parenting through increased awareness and concerted efforts to teach parents-to-be the value of healthy attachments. It is suggested that chiropractic physicians should become "effective parenting" experts, willing to share the knowledge within their communities. Possibly certain chiropractic specialists will consider biofeedback training and other RAD therapeutics. This effort could create an inter-professional relationship with mental health care professionals currently treating this mental health disease.

### Treatment of Children

Numerous facilities in the United States provide care for children with attachment disorders. It has been our experience that the "attachment model" as described by Dr. Dan Hughes in his book, "Building the Bonds of Attachment: Awakening Love in Deeply Troubled Children," has been more successful than the behavioral medical model. This attachment model is a natural and safe method of building healthy relationships with children who do not trust the care of others. Based upon our personal clinical experiences natural medical care including clinical nutrition, massage, and chiropractic medicine complements care and benefits these children.

Sebern Fischer has promulgated "Neurofeedback" as a treatment for RAD (25). The technique is described as operant conditioning, which directly changes brain function in particular the timing of specific regulatory networks in the brain. It seems reasonable to offer this modality within a comprehensive therapeutic plan for both children and adults afflicted with RAD.

### Villa Santa Maria

Villa Santa Maria, a residential treatment center specializing in the clinical treatment of children and families of children who are suffering from attachment disorders (26), offers treatment as recommended and taught by Dr. Daniel Hughes. The successful outcomes are in the range of 80–90% but the costs are significant at $120,000 per annum. The Villa Santa Maria anticipates entering into a research effort with the University of New Mexico in the very near future that will involve specialized imaging of the brain. It is the intention of this research to determine if brain dysfunction exists within the right prefrontal cortices of children previously diagnosed with RAD, as described by Schore. If brain dysfunction is demonstrated, researchers will determine if attachment model treatments produce functional changes within the involved neural tracts of these children.

## CONCLUSIONS

Fortunately, Reactive Attachment Disorder is a preventable mental health disease. Thus, health care providers should recognize this mental health disease. A comprehensive plan aimed at educating children and parents-to-be of the deleterious consequences of ineffective parenting might reduce the incidence of Reactive Attachment Disorder in children. It is imperative that comprehensive and effective therapeutic models be developed, which will treat both children and adults afflicted with reactive attachment disorder. We recommend chiropractic physicians and other health care providers become involved with the prevention of Reactive Attachment Disorder. The creation and development of such a plan with therapeutic models should be an integrative medical process. This collaborative effort should involve allopathic, chiropractic, naturopathic, and osteopathic physicians working with mental health care providers.

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