PARENT RESOURCE GUIDE

Reactive Attachment Disorder

Understanding RAD and how to build trust, safety, and connection with your child.

The information in this guide is drawn from the clinical expertise of Dr. John Carosso, Psy.D. and Dr. Robert A. Lowenstein, M.D., current research findings, and authoritative sources including the DSM-5 and the National Institute of Mental Health. It is intended for informational purposes and does not replace a professional evaluation.

What Is Reactive Attachment Disorder?

Reactive Attachment Disorder (RAD) is a condition in which individuals have significant difficulty forming loving, lasting, and intimate relationships. It typically results from early childhood trauma, neglect, or disrupted caregiving — usually during the critical developmental window from conception to age two.

> **Key insight: Children with RAD usually fail to develop a functional conscience and did not learn how to trust. Their challenging behaviors are most often rooted in fear — not manipulation — which fundamentally shapes how they should be approached.**

Causes of RAD

Any number of early childhood experiences can contribute to RAD, including:

- Maternal ambivalence or emotional unavailability
- Sudden separations from primary caregivers
- Physical, emotional, or sexual abuse
- Frequent moves or placement changes (foster care)
- Traumatic prenatal experiences — in-utero exposure to drugs or alcohol
- Birth trauma or undiagnosed painful illness
- Inconsistent or inadequate daycare
- Genetic predisposition

> **Why early childhood matters so much: We may forget early experiences consciously, but they profoundly shape our perception of others, the world, and ourselves. Research suggests we learn 50% of what we need to know in the first year of life alone.**

Signs of RAD in Older Children

RAD can be difficult to recognize because children may appear charming and engaging with strangers while struggling intensely with primary caregivers. Signs include:

- Compulsive need to control others — caregivers, teachers, and peers
- Intense lying, even when caught in the act
- Poor response to discipline; aggression or defiance

- Lack of genuine eye contact (except when lying)
- Indiscriminate friendliness with strangers; shallow relationships
- Little evidence of guilt or remorse; lack of empathy
- Body functioning disturbances — sleep, eating, or toileting issues
- Extreme difficulty reestablishing connection after conflict
- Social withdrawal or over-intrusiveness

Treatment and Strategies

Building Attachment Through Eye Contact and Attunement

Eye contact is foundational to attachment. All conversations — especially positive interactions — should include ample eye contact. Simultaneously 'mirror' the child's affect: smile when they smile, show concern when they share something difficult. This attunement signals to the child that you are connected to their feelings.

Responding to Misbehavior

For children with a trauma history, misbehavior is most often a signal of underlying, unresolved fear — not deliberate defiance. Responding with calm and empathy is essential:

- Before approaching a difficult situation, take three slow, deep breaths to calm yourself first
- Get on the child's level — kneel down, make eye contact, and control your tone, facial expression, and posture
- Use 'time-in' (spending extra calm time with the child) rather than 'time-out' — what a traumatized child needs is connection, not isolation
- Avoid confrontational, judgmental, or accusatory language
- After losing your cool, repair the interaction with a hug and a calm, warm reconnection as soon as you're settled

> **Important: A child with RAD may function well with secondary figures (teachers, relatives) but struggle most with primary attachment figures — their adoptive or foster parents. Closer attachments can feel threatening to a child whose early experience taught them that closeness means pain.**

Daily Strategies for Strengthening Attachment

Quality and Quantity Time

Caregivers should aim for 30–45 minutes of daily quality time with the child — activities that involve eye contact and close interaction. The national average is only 10–13 minutes. This investment is essential for healing the attachment bond.

Sensory and Transitional Supports

- Develop a 'sensory map' — discover what your child finds pleasurable for each sense (smell, touch, sight, sound) and provide positive sensory experiences throughout the day
- Use transitional objects during separations (school, bedtime) — a recording of your voice, a photo on their pillowcase, a piece of clothing with your scent
- Make transitional objects part of the routine before it's needed, not in the moment of distress

Building Object Permanency

Children with RAD often struggle to hold people in mind when they are absent (object constancy). Play regular games of 'hide and seek' — with you, the child, or objects — to help develop this capacity and ease separation anxiety.

> **Never threaten a child's placement — even in frustration, even in passing. This is deeply destabilizing for a child whose core wound is fear of abandonment. This topic can and should be discussed with professionals, but never in front of the child and never as a consequence.**

Frequently Asked Questions

My child functions better with teachers than with me. Is something wrong with my parenting?

No — this is actually a hallmark of RAD and reflects the disorder's core dynamic. Closer relationships feel more threatening to children with trauma histories. Your child's attachment wounds were formed before you entered their life. The goal of treatment is to gradually build safety within the primary attachment relationship, which takes time, consistency, and professional support.

Sometimes I lose my temper. How do I repair the relationship?

Once you've calmed down (three deep breaths), approach your child with a warm hug and a brief, simple acknowledgment: 'I got upset and I shouldn't have. I love you.' Keep it short — do not over-explain or turn it into a long discussion. The repair itself is the important act. Consistent repair after rupture actually builds attachment over time.

My child refuses to have fun with our family. What can I do?

RAD children often sabotage family fun as a way of maintaining control and emotional distance. Stay in charge of nurturing — continue offering smiles, hugs, and encouraging attention regardless of rejection. Be a role model for what 'being fun to be around' looks like. Use 'time-in' to work through the resistance calmly and without power struggles.

Ready to take the next step?

Doctors Carosso and Lowenstein and our experienced team are here to help. Contact us to schedule an evaluation or to ask any questions.

P (724) 850-7200 | hello@helpforyourchild.com | helpforyourchild.com