UNDERSTANDING YOUR DIAGNOSIS

Disinhibited Social Engagement Disorder

Also called Disinhibited Social Engagement Disorder

Your child walks up to strangers with no wariness at all. It comes from very early neglect, and safety is the real worry.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
Rare outside early neglect	Toddler years onward	Improves - safety plan first	1 in 5 raised in institutions

What this is

- Your child treats strangers like family: no hesitation, instant hugs, and willing to walk off with almost anyone.
- This came from early neglect or from caregivers who kept changing, nearly always before your child ever met you.
- It looks like charm, but it is not friendliness. It is a missing sense of who is safe and who is simply unknown.
- This is a safety problem first. Children with this pattern are easy targets for adults who mean them harm.

What it can look and feel like

- Your child hugs, climbs on, or holds hands with adults they met about sixty seconds ago.
- In a new place, your child wanders off and never looks back to check where you are standing.
- You hear them ask a stranger to take them home, or tell the cashier at the store that they love them.
- There is no shyness at all, even at ages when most children hang back and watch a new adult first.
- Standing too close, asking very personal questions, and missing the usual social lines are all common.
- Attention-seeking, acting before thinking, and trouble holding on to friendships often ride along with it.
- It can feel like your love is interchangeable with anyone else's. That hurts, and it is not a sign that you failed.

What is happening in your brain and body

- The part of the brain that puts the brakes on impulses develops less well after early neglect and deprivation.
- Normally an unfamiliar face triggers a small pause in the brain's alarm center. After neglect, that pause is missing.
- Oxytocin, the bonding hormone released during cuddles, rises less in children who were deprived very early on.
- Unlike the other attachment condition, this one only partly settles once care improves, so plan for the long haul.
- Signs carry into the teenage years for some children, especially trouble with limits and with keeping friends.

What can make it more likely

- Early neglect, an institution, or a string of caregivers who came and went is what produces this pattern.
- In those places, approaching any adult made sense, because any adult at all might be the one who responds.
- It is not caused by your parenting, your affection, or anything you could have done differently since.
- It travels with ADHD, and with delays in language and learning, in a large share of the children who have it.

What to expect

- This is more stubborn than the other attachment condition, and improvement is real but slower to arrive.
- Good, steady care makes a large difference to your child's whole life, even when the over-friendliness lingers.
- As your child gets older, plainly teaching boundaries and safety rules does more than warmth alone can do.
- Plan to watch this into the teenage years, when the risk shifts toward online contact, dating, and being used.

What helps

Treatment works. Most people get better.

Talking therapies

- Caregiver coaching comes first. **Attachment and Biobehavioral Catch-up** runs 10 sessions in your own home.
- **Parent-Child Interaction Therapy** and video coaching build the warm back-and-forth your child missed as a baby.
- Boundaries and safety rules have to be taught out loud and rehearsed, because they will not arrive on their own.
- Practice real scripts: who to ask for help, who counts as a safe adult, what to do if someone offers a ride.
- Holding therapy, rebirthing, and any forced or restraint-based approach are unsafe and have no evidence behind them.

Medicines

- No medicine treats this condition itself, and none of them make the indiscriminate friendliness go away.
- If **ADHD** is present too, stimulant medicine can steady the impulsiveness, which makes the rest easier to teach.
- **Antipsychotics** should not be used to dampen social behavior. The risks are not worth it for that purpose.
- Treat anxiety or depression once home life is stable and the caregiver and behavior work is already running.
- Growth and development need regular checks, since many of these children carry delays from the early years.

Everyday things that help

- Write a safety plan with the school covering pickup, supervision, and contact with unfamiliar adults on campus.
- Use one short, repeatable rule, such as "you check with me first", and rehearse it in low-stakes places.
- Do not shame your child for being friendly. Redirect instead: warm words are fine, walking off with someone is not.
- Keep placements and routines stable, since every move reinforces the habit of approaching whoever is nearest.
- Supervise phones and online contact as your child gets older, because the same trust-anyone pattern moves there.

Get help right away if

- If you or your child are thinking about suicide, call or text **988** now.
- Call the police right away if your child leaves with an adult you do not know.
- Go to an emergency room after any suspected harm, and report it to child protective services.

Questions to ask your care team

- *What safety plan should we have in place at school and at home?*
- *Could this be ADHD, or Williams syndrome, rather than this condition?*
- *Which caregiver-coaching program can we actually get to, and when?*
- *How do we teach boundaries at my child's age without shaming them?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.