UNDERSTANDING YOUR DIAGNOSIS

Reactive Attachment Disorder

Also called Reactive Attachment Disorder

Very early on, your child learned that adults did not come when needed, so they stopped asking for comfort at all.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
Rare - under 1 in 100 kids	Shows up before age 5	Yes - eases with steady care	Seen in foster and adoption

What this is

- This comes from what happened before your child came to you: early neglect, or caregivers who kept changing.
- It is not caused by anything you did. You are the repair here, not the cause, and that difference matters.
- Your child is not cold or unloving. They learned as a baby that asking for comfort did not bring any.
- It is rare, and it is one of the few childhood conditions that usually improves once care becomes steady and warm.

What it can look and feel like

- When your child is hurt or frightened, they do not come to you, and comfort does not seem to land when you offer it.
- You rarely see delight. Smiles are thin, eye contact is brief, and warm moments end almost as soon as they start.
- Your child seems flat or indifferent toward you and does not check back with you in new or unfamiliar places.
- Sadness, fear, or irritability shows up during calm, ordinary moments, with no trigger you can point to.
- Play is limited, your child does not use you as a home base to explore from, and reunions after school feel empty.
- There may be delays in talking, moving, or growing, or rocking and other self-soothing movements.
- You may feel invisible in your own home, as though any adult would do just as well. That is exhausting, and it is common.

What is happening in your brain and body

- Early neglect changes the stress system, so the daily rhythm of cortisol, the body's main stress hormone, flattens out.
- Comfort from a caregiver is what teaches a young brain how to calm down. Without it, that skill never gets built.
- Scans after severe early neglect show less brain tissue and a quieter brain overall, and much of that can catch up.
- The alarm center of the brain works differently, so your child may not yet read you as a source of safety.
- Timing matters. Children placed with steady, caring adults before about **age 2** tend to recover the most ground.

What can make it more likely

- The cause is early care that did not meet basic needs: neglect, or an institution with rotating staff and too many babies.
- Repeated changes of caregiver do it too, because a baby cannot bond with someone who keeps disappearing.
- It has nothing to do with your child's personality or intelligence, and nothing to do with how much you love them now.
- Most children who go through neglect do not develop this, so the timing and the depth of what happened both matter.

What to expect

- This is the attachment condition that responds best. With steady, warm, predictable care, the symptoms usually fade.
- Progress is measured in months rather than weeks, and it moves in a wobbly line instead of a straight one.
- Every change of placement sets the clock back, so stability is the single most powerful treatment there is.
- Delays in speech, learning, and growth often catch up too, especially when early intervention runs alongside.

What helps

Treatment works. Most people get better.

Talking therapies

- Treatment coaches you, the caregiver, rather than sending your child off alone to a playroom with a stranger.
- **Attachment and Biobehavioral Catch-up** is 10 sessions in your own home, coaching warmth and following your child's lead.
- **Child-Parent Psychotherapy** works with you and your child together, usually over the course of about a year.
- **Parent-Child Interaction Therapy** and video coaching show you your own moments that worked, then build on them.
- Holding therapy, rebirthing, and any treatment using force or restraint are dangerous. Children have died. Refuse them.

Medicines

- No medicine treats this condition itself. The treatment is the relationship, and there is no prescription for that.
- Medicine is only for a separate condition that is also present, such as **ADHD**, depression, or PTSD.
- **Antipsychotics** given only to control behavior are a poor trade here, carrying real weight and health risks.
- Ask for any medicine to be reviewed again once home life settles, since many symptoms ease on their own by then.
- Growth, sleep, and eating need watching, because early neglect affects all three and can muddy the picture.

Everyday things that help

- Be predictable. Same faces, same routines, same responses. Predictability is what rebuilds trust in a child like this.
- Answer distress every single time, even when your child seems not to want it. The repetition is the medicine.
- Say the warm thing out loud and keep offering it, without needing your child to give it back to you yet.
- Get respite, training, and your own support. Caregiver burnout is what breaks placements, and you matter here too.
- Ask about early intervention for speech, movement, and learning, since these often travel with early neglect.

Get help right away if

- If you or your child are thinking about suicide, call or text **988** now.
- Go to an emergency room if your child is hurting themselves or someone else.
- Tell the doctor right away if your child stops eating, drinking, or growing.

Questions to ask your care team

- *Which caregiver-coaching therapy do you offer, and how many sessions is it?*
- *Could this be autism instead, or as well? How will we tell them apart?*
- *What can we do to keep my child's placement stable from here?*
- *Does my child need an early intervention or a school evaluation?*

Where this information comes from

American Academy of Child and Adolescent Psychiatry. (n.d.). *Attachment disorders* (Facts for Families No. 85). https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Attachment-Disorders-085.aspx

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

Cleveland Clinic. (n.d.). *Reactive attachment disorder (RAD)*. https://my.clevelandclinic.org/health/diseases/17904-reactive-attachment-disorder

MedlinePlus. (n.d.). *Child mental health*. National Library of Medicine. https://medlineplus.gov/childmentalhealth.html

MedlinePlus. (n.d.). *Reactive attachment disorder of infancy or early childhood*. National Library of Medicine. https://medlineplus.gov/ency/article/001547.htm

National Child Traumatic Stress Network. (n.d.). *Complex trauma*. https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma

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.