Introduction to a Special Issue on the Assessment of Children with Reactive Attachment Disorder and the Treatment of Children with Attachment Difficulties or a History of Maltreatment and/or Foster Care

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Reactive attachment disorder (RAD) is an early childhood diagnosis that has been recognized by each of the Diagnostic and Statistical Manuals since 1980 (APA, 1980, 1994, 2000). Children with this disorder are characterized by a failure to relate socially, either by exhibiting notably inhibited behavior or indiscriminate social behavior. Criteria for this disorder include severely impaired and age-inappropriate social relationships across situations, beginning prior to 5 years of age. According to the Diagnostic and Statistical Manual, Fourth Edition, Text Revision (DSM-IV-TR; APA, 2000) there are two types of RAD: inhibited type and disinhibited type. Children with the inhibited type fail to initiate and respond to most social interactions in a developmentally appropriate way, as manifested by excessively inhibited, hypervigilant, or highly ambivalent and contradictory responses. For example, these children may respond to caregivers with a mixture of approach, avoidance, and resistance to comforting, or may exhibit frozen watchfulness. Children with the disinhibited type form diffuse attachments as manifested by indiscriminate sociability with severe inability to exhibit appropriate selective attachments (e.g., excessive familiarity with relative strangers or lack of selectivity in choice of attachment figures).

DSM-IV-TR (APA, 2000) stipulates that this failure to relate socially stems from the trauma experienced due to pathogenic parental care. Pathogenic parental care is evidenced by at least one of the following: a consistent lack of regard for the child's emotional needs to be comforted, stimulated, and loved; a consistent lack of regard for the child's need for physical care; or constant change in primary caregivers so that the child cannot form lasting attachments. Zeanah and Gleason (2010) have proposed some alternative criteria for the fifth edition of the Diagnostic and Statistical Manual. Their suggested criteria would emphasize the lack of comfort seeking and reciprocity in the inhibited type, and the excessively friendly behavior and willingness to venture off with strangers and in unfamiliar places in the disinhibited type. These authors also offered a mixture of criteria from both types as a third alternative type.

Clinicians have been identifying children who exhibit symptoms consistent with this diagnosis, who are over five years of age and have not been previously diagnosed with RAD. However, often neither the clinicians nor the parents can be certain that these behaviors were exhibited before the age of 5 and thus the clinicians may be reluctant to diagnose these children with RAD. This diagnosis is unique in that criteria include environmental factors, i.e. pathogenic care due to either emotional neglect, physical neglect, and/or multiple caregivers. When children are exposed to maltreatment they are placed at risk for developing severe psychological difficulties (Gauthier, Stollak, Messe, & Arnoff, 1996; Malinosky-Rummell & Hansen, 1993). Preschool children in foster care (20 to 40%) are nearly seven times more likely to be diagnosed with behavioral disorders than preschool children not in foster care (3 to 6%) (Hochstadt, Jaudes, Zimo, & Schachter, 1987; Leslie et. al, 2005). Foster children also have 16 times the risk of getting diagnosed with psychiatric disorders and eight times the risk of being prescribed psychotropic medication than non-foster children (Racusin, Maerlender, Sengupta, Isquith, & Straus, 2005). Many maltreated children present with internalizing problems that may be secondary to their experiences of maltreatment, such as anxiety disorders. These children might present similarly to inhibited children with RAD. On the other hand, there is another group of maltreated children who seem to exhibit more externalizing problems and appear more like disinhibited children with RAD. Often children who meet the criteria for RAD are misdiagnosed with various other psychiatric disorders due to some similar symptomatology. It appears that diagnosis of these children tends to follow a trajectory from ADHD in pre-school and early elementary school, ODD in later elementary and middle school, conduct disorder in high school and early adulthood, and either borderline or antisocial personality in adulthood. Unfortunately, the misdiagnosis of this disorder may lead to inappropriate and ineffective interventions (Hanson & Spratt, 2000; Sheperis, Renfro-Michel, E.L., & Doggett, 2003; Zilberstein, 2006).

It has been nearly eight years since O'Connor and Zeanah (2003a) published a special issue on attachment disorders citing the lack of empirical studies on the topic, particularly in the area of diagnosis and treatment. However, important information was gleaned from a study in which Zeanah, Smyke, and Dumitrescu (2002) interviewed caregivers of Romanian adoptees that had been in institutional care. In an overview published in their special issue, O'Connor and Zeanah (2003b) presented some common threads from that study and clinical accounts regard-

ing diagnostic issues of attachment disorders. Generally, these authors posited that it appeared that:

1. The central issues are the lack of a steady caregiver and the existence of diffuse attachments
2. There was more evidence in support of disinhibited than inhibited attachment disorders
3. There existed a clear differentiation between the symptoms of attachment disorders and those of other childhood psychiatric disorders
4. There were strong indications that characteristics of the disorder are stable over time
5. An alternate description of attachment disorders may include an overall difficulty with relationships, encompassing poor peer relationships

O'Connor and Zeanah (2003b) also drew several conclusions related to treatment of attachment disorders. These authors suggested that:

1. Treatments offered by traditional therapists and service agencies were not helpful
2. Improvements in behaviors were not necessarily followed by improvements in underlying cognitive distortions
3. Adoption by nurturing parents (which could be considered an intensive treatment) did not necessarily change the long-term outcome

In 2006, The American Professional Society on the Abuse of Children (APSAC) organized a task force to report on the current knowledge surrounding attachment therapy, reactive attachment disorder, and attachment problems (Chaffin et al., 2006). The APSAC's findings were endorsed by the American Psychological Associations Division 37 and Division 37 section on Child Maltreatment. The task force found that there are little empirical data on attachment problems and that most of today's knowledge of RAD is based on case studies and clinical anecdotes. In their investigation, the members of this task force came across no standardized assessment measures developed for use in the diagnosis of RAD. This lack of assessment tools further complicates the RAD diagnosis, as RAD shares many behavioral symptoms with other forms of psychopathology. The members of the task force strongly endorsed that RAD is a valid diagnostic category, but emphasized that it is a rare disorder. Despite the large number of child maltreatment cases reported each year, the majority of maltreated children do not go on to develop RAD. However, because RAD is the only attachment disorder included in the DSM-IV-TR, it is often the default diagnosis for any attachment problem, even when all of the diagnostic criteria for RAD are not met (Chaffin et al.). This report also points out the fact that there is no research on the long-term course of RAD in children with this diagnosis. In an update of more current research regarding diagnosis and treatment of disturbances or disorders of attachment, O'Connor, Spagnola, and Clancy (2007) reiterated many of the same conclusions postulated by O'Connor and Zeanah (2003b). However, (O'Connor et al., 2007) did report additional findings from research done by Minnis, Everett, Pelosi, Dunn, and Knapp (2006). These authors found that children in foster care had many of the same attachment issues as institutional adoptees, although they tended to present with a combination of features from both the inhibited and disinhibited types and to have greater problems with learning and behavior. O'Connor et al. (2007) also claimed that there was no evidence that an effective treatment had been found for children with RAD.

In recent years, my colleagues and I have published conceptual and review articles about the learning history and characteristics of, as well as proposed treatments for, children diagnosed with RAD, attachment difficulties, childhood trauma, and other emotional and/or behavioral problems (see Golden, 2007; Aideius, 2007; Termini & Golden, 2007; Floyd, Hester, Griffin, Golden, & Smith Canter, 2008; Prather & Golden, 2009). The purpose of this special issue is to present some data-based articles comparing children with RAD to other maltreated or typical children and providing evidence of the effectiveness of treatment approaches for children with attachment difficulties or a history of maltreatment and/or foster care.

The first three articles deal with assessment. In the first article, authors Thrall, Hall, Golden, and Sheaffer evaluated two screening measures designed to aid in diagnosing RAD. Rather than strictly relying on clinicians' professional opinions, these two screening instruments show potential for providing more objective information for clinicians in forming their diagnostic judgments. The second article, authored by Sheaffer, Golden, Bridgers, and Hall, involved a comparison of the accuracy of interpreting facial expressions and voice intonation by three groups of children: those with RAD, those in foster and adoptive homes without RAD, and a control group. Even though the authors did not find significant differences, they provide some interesting observations from the literature in support of further investigation. In the third article, Termini, Golden, Lyndon, and Sheaffer used moral vignettes to compare the cognitions, affect, and reported behaviors of the aforementioned groups of children. Although moral development of maltreated and nonmaltreated children has been extensively studied and reported in the literature, no literature has been found reporting studies of the moral development of children diagnosed with RAD. Differences did emerge between RAD and non-RAD groups and the authors attempted to provide some explanations for those differences.

The next three provided promising indications of effective interventions. Cone, Golden, and Hall authored an article about a short-term cognitive behavioral group therapy approach for adolescents with attachment difficulties. The adolescents self reported significant changes on a measure of adjustment and the adolescents and their parents responded positively to the group intervention. In the fifth article, Paton and Golden demonstrated the effectiveness of a home-based intervention for increasing independent task completion by an adopted adolescent boy who had been diagnosed with attention deficit hyperactivity disorder, oppositional defiant disorder, and borderline intellectual functioning. In the final article of this issue, Sheridan and Deering described a successful behaviorally treatment for an adolescent boy with a history of maltreatment and challenging behaviors in a residential facility. Hopefully, this issue will help to overcome the lack of empirically-based research literature on children with RAD, attachment difficulties, and related histories and symptomatology.

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GUEST EDITOR'S NOTE

This issue is dedicated to my dad, Jack Golden, who has inspired me to teach, to encourage, to believe in, and to enable students to use their talents and skills to help those children for whom love is not enough.