Center for Family Development

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Practice Parameter for the Assessment and Treatment of Children and Adolescents with Reactive Attachment Disorder of Infancy and Early Childhood American Academy of Child and Adolescent Psychiatry

Arthur Becker-Weidman, Ph.D.

The Center for Family Development adheres to the American Academy of Child and Adolescent Psychiatry's "Practice Parameter for the Assessment and Treatment of Children and Adolescents with Reactive Attachment Disorder of Infancy and Early Childhood," 2005 rev. 2016 . Find the FULL ARTICLE, "Practice Parameter for the Assessment and Treatment of Children and Adolescents with Reactive Attachment Disorder of Infancy and Early Childhood" in the Journal of the American Academy of Child and Adolescent Psychiatry, vol 44, Nov. 2005, revised in 2016.

The American Academy of Child and Adolescent Psychiatry's practice parameter reviews the current state of assessment and treatment for Reactive Attachment disorder and provides specific recommendations. In our on-going efforts to provide evidence-based and appropriate treatment, the Center for Family Development complies with those recommendations. We list a brief summary and paraphrasing of the report's recommendations and how The Center for Family Development complies with those recommendations.

Recommendation 1. "The assessment of reactive attachment disorder requires evidence directly obtained from serial observations of the child interacting with his or her primary caregivers and history (as available) of the child's patterns of attachment behavior with these caregivers."

In accordance with recommendations of Zeannah et. Al., 2000, typically, a full assessment takes place over a minimum of two or three sessions. Our assessment includes a review of a comprehensive history of the child's early caregiving environment and information from a variety of sources. We use direct observations, clinical interviews, and a variety of psychometric instruments. The assessment of younger children involves direct observations in structured settings using formal methodologies, such as the Ainsworth Strange Situation Protocol (Ainsworth, et. al., 1978).

Recommendation 2. "A relatively structured observational paradigm should be conducted so that comparable behavioral observations can be established across relationships."

The Center for Family Development uses several structured and semi-structured observational methodologies to assess younger children. These include The Strange Situation Protocol (Ainsworth et. Al. 1978) and other methods. In addition, materials and observations from teachers and other caregivers are also used in the assessment process.

Recommendation 3. "After assessment, any suspicion of previously unreported or current maltreatment requires reporting to the appropriate law enforcement and protective service authorities."

The Center for Family Development and its staff are mandated reporters under New York State Law.

Recommendation 4. “Referral for developmental, speech, and medical screening may be indicated.”

Our assessment includes screening for developmental issues, sensory-integration issues, neuro-psychological concerns, and a variety of mental health and related issues. When concerns in these areas are noted, referrals to the appropriate specialists are made and treatment is coordinated with those other providers.

Recommendation 5. “The most important intervention for young children diagnosed with reactive attachment disorder and who lack an attachment to a discriminated caregiver is for the clinician to advocate for providing the child with an emotionally available attachment figure.”

This may involve advocating for a child in residential or institutional care to be placed in an appropriate therapeutic foster home. The Center for Family Development will also work with the family to facilitate the development of such an emotionally available attachment figure by educating the parents in attachment-facilitating parenting methods and strategies. This is a vital component of treatment.

Recommendation 6. “Although the diagnosis of reactive attachment disorder is based on symptoms displayed by the child, assessing the caregiver’s attitudes toward and perceptions about the child is important for treatment.”

Reactive attachment disorder may be more accurately thought of as a disorder of the relationship. As such, interventions must address the child, parent, and relationship. We work extensively with the parents to provide specific parenting strategies and methods. Empowering the parents will often help parents who may be feeling disconnected, angry, or fearful to feel more competent; thus enabling them to act in a more healing manner. Our model of parenting, creating a healing PLACE (Playful, Loving, Accepting, Curious, Empathic) and our model of treatment, maintaining a healing PACE (Playful, Accepting, Curious, Empathic), is designed to provide parents with the support and guidance necessary to facilitate a healing parent-child relationship. We build on the parents’ strengths.

Assessments may also include such formal methods as the Insightful Assessment or the Adult Attachment Interview.

Recommendation 7. “After ensuring that the child is in a safe and stable placement, effective attachment treatment must focus on creating positive interactions with caregivers.”

Our model of creating a healing PLACE and maintaining a healing PACE re focused on creating a safe and secure base from which the child can begin to explore the world and develop appropriate and growth enhancing relationships. Our parent training is focused on positive interactions. We do not use or condone the use of shaming or coercive parenting methods. We provide training for the parents using modeling, coaching, and by providing reading material for their use. The recommendation goes on to state that, “Dyadic work, therapy with the child and primary caregiver together, is the second basic modality for working though address symptoms of RAD.” Our approach, Dyadic Developmental Psychotherapy is consistent with this model (Creating Capacity for Attachment: Dyadic Developmental Psychotherapy in the Treatment of Trauma-Attachment Disorders, edited by Arthur Becker-Weidman, Ph.D., & Deborah Shell, MA, LCMHC, Wood ‘N’ Barnes Publishing, 2005.)

Recommendation 8. “Children who meet the criteria for reactive attachment disorder and who display aggressive and oppositional behavior require adjunctive treatments.”

Specifically, our parenting approach enables parents to address these issues. Furthermore, our assessment screens for such co-morbid conditions as Bipolar I disorder that may be causing aggressive behaviors. A variety of adjunctive approaches may also be used, as indicated.

Recommendation 9. “Interventions designed to enhance attachment that involve non-contingent physical restraint or coercion…are not endorsed.

The Center for Family Development’s Informed Consent document clearly states that intrusive, coercive, and other non-contingent interventions are not used or endorsed. Dyadic Developmental Psychotherapy is based on Attachment Theory and uses a model of treatment that relies on contingent collaborative communication, reflective abilities, reciprocal interactions, and contingent interactions.