

PTSD from Early Childhood Trauma as Precursor of Attachment Issues

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The past 20 years have been turbulent regarding Reactive Attachment Disorder (RAD), with conflicting research about its causes, effects, treatment, and prognosis. The current diagnostic criteria in the DSM-5 fails to adequately address this disorder. A number of deviant and maladaptive behaviors common amongst children with RAD are not even mentioned in the diagnostic criteria. These hallmark behaviors include lack of conscience or empathy, destruction of property, pathological lying, extreme aggression, stealing, sexually provocative and predatory behaviors, food hoarding, feigned ignorance and story-telling (usually to manipulate others into feeling sorry for the child), preoccupation with fire, cruelty to animals, and incessant chattering. As such, the diagnostic definition is almost unidentifiable or incompatible with real-life conduct manifestations of the disorder.

RAD, this author contends, is foundationally a unique and extreme form of Posttraumatic Stress Disorder (PTSD) from Early Childhood Trauma. The child endured unspeakable neglect and/or abuse in his early years by someone who was supposed to protect him, and he, understandably, is terrified of trusting anyone lest that person harm him, too. A foster or adopted child placed with new caregivers is naturally terrified and fears future abuse. Some of the typical RAD behaviors (such as deliberate enuresis/encopresis) are designed as self-defense measures to repulse caregivers and make them back away from the child—thus insulating the child from further rejection and trauma. These children dissociate and experience PTSD flashbacks to prior abusers when a new caregiver yells at them or has angry, disapproving eyes.

The underlying issues—which are not addressed in the DSM-5—are a lack of trust and the fact that the child does not feel "safe" in his home environment for any multitude of reasons. The mother may be overly-soft, in which case the child perceives her as weak and

unable to protect him; she may be overly-hard, in which case the child perceives her as a threat to his safety since others abused their authority over him in the past. She may be disabled, addicted to too much television, inconsistent, overwhelmed, flighty or emotional. She may have entrusted the child to others in her absence (such as a boyfriend) who have abused or neglected the child, in which case the child blames her for failing to protect him. Regardless of the reasons --- *and some of them stem from well-meaning authoritarian parenting styles* --- the child does not feel safe and does not trust his parents to protect him, due to past trauma. This author contends that this is the core causation of RAD and the myriad of behaviors that RAD children employ to maintain control of their environment. This etiological stance naturally leads to treatment implications. Treatment becomes systemic as well as individual. It begins with educating the parents on the child's underlying behaviors and giving them new parenting tools and techniques to help the child learn to feel safe and trust. Unless and until interventions are sought to break cycles of abuse, neglect, apathy, and detachment, the patterns will become ingrained and cyclical.