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Review article

Response to Allen (2018): Points of agreement and disagreement on reactive attachment disorder

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ABSTRACT

Reactive attachment disorder (RAD) is a very rare, understudied, and controversial disorder. Research in Developmental Disabilities (RIDD) recently published our research study, "Reactive attachment/disinhibited social engagement disorders: Callous-unemotional traits and co-morbidity" (Mayes, Waschbusch, Calhoun, Breaux, & Baweja, 2017) investigating comorbidity in children with RAD and demonstrating a high prevalence of conduct disorder and callous-unemotional traits, consistent with previous research. Allen (2018) responded with a paper published in RIDD criticizing our study and offering his points of view. In our response to Allen, which follows, we discuss areas where we agree with Allen, as well as areas of disagreement, all presented within the context of scientific research. A point we assume we all agree on is the importance of continued empirical research to advance our knowledge and understanding of RAD.

We read with great interest the recent review paper on reactive attachment disorder (RAD), titled "Misperceptions of reactive attachment disorder persist: Poor methods and unsupported conclusions" (Allen, 2018). This review paper used a recent study we published (Mayes, Calhoun, Waschbusch, Breaux, & Baweja, 2017) as an exemplar of what (in his view) is wrong with RAD research. We appreciate the time and effort the author took to read and react to our study. As well-established researchers and as experienced child psychologists and psychiatrists, we value and respect scholarly debate.

The first point raised in the review is that a diagnosis of RAD should not be based on conduct disorder (CD) and callous-unemotional (CU) traits, which the review refers to as a "CD/CU-conceptualization of RAD." We agree. Indeed, we alluded to this point in our study: "A recent review by Allen (2016) raises several important and valid points regarding RAD involving assessment, differential diagnosis, comorbidity, and need for evidence-based intervention" (Mayes et al., 2017, p. 30). The intent of this phrase was to indicate our agreement with the suggestion that RAD, CD, and CU are independent constructs that should be differentiated when they are assessed and diagnosed. However, we strongly disagree with the assertion that the diagnosis of RAD in our study was based on conduct disorder (CD) and callous-unemotional (CU) traits. As described in our method section, our study used rigorous procedures to evaluate whether children met diagnostic criteria for RAD and/or DSED, and we took care to distinguish between attachment, CD, and CU. Indeed, distinguishing these constructs was the purpose of our study. That we distinguish between CD, CU and RAD is apparent from the fact that the prevalence of RAD in our child diagnostic clinic is well below 1%; the prevalence of RAD would be much higher if we were confounding it with conduct problems or CU because about one-half of children evaluated in our clinic meet criteria for oppositional defiant disorder (ODD) or CD and about one-third of children with ODD or CD have elevated levels of CU traits.

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At a larger level, the review questioned whether RAD, CD and CU are meaningfully associated: "Similarly, the preponderance of evidence suggests that RAD (as defined in the DSM-IV [inhibited-type] and ICD-10) is weakly related to concurrent externalizing problems or CU traits and that early attachment problems, in general, are only moderately related to later externalizing problems" (Allen, 2018, p. 25). In contrast to this assertion, the ICD-10 description of RAD states that children may show "…aggressive responses to their own or others' distress" (World Health Organization, 1992, pp. 279–280). The review provided four citations in support of the assertion that RAD is weakly associated with externalizing or CU traits. The first citation is a review that focused on attachment behaviors and found that insecure attachment, disorganized attachment, and insecure-avoidant attachment were each *significantly associated with conduct problems* (Fearon, Bakermans-Kranenburg, Van IJzendoorn, Lapsley, & Roisman, 2010). The second citation is a review focused on specific attachment classifications and on disordered attachment in response to extreme caregiving environments (DeKlyen & Greenberg, 2016). The review concluded that there is *consistent evidence linking conduct problems to all attachment classifications*, but no firm conclusions were drawn about the association between conduct problems and disordered attachment. The third citation is a review that suggested RAD is associated with internalizing problems; evidence about the association (or lack thereof) between RAD and externalizing behavior was not presented (Zeanah & Gleason, 2015). The fourth and final citation was to a study of previously institutionalized youth whose inhibited attachment behaviors were measured using a single item that was dropped from analyses because it was infrequently endorsed and was found to be unrelated to all key constructs of interest (O'Connor, Bredenkamp, & Rutter, 1999). In contrast to these four citations, our introduction cited three meta-analysis or review studies and eight peer-reviewed research studies that each reported a significant association between attachment problems, severe neglect, and conduct problems/CU and seven other published studies that reported high diagnostic comorbidity (including CD) in children diagnosed with RAD.

A second point raised in the review is that "…not a single case of RAD (inhibited-type) has been identified after the child has spent a period of time in a stable caregiving environment" (Allen, 2018, p. 25). In support of this point a review of RAD is cited, which asserts "A striking finding in studies of children adopted out of institutions is that there are no reports of children with RAD" (Zeanah & Gleason, 2015, p. 217). We agree that the majority of evidence shows that RAD typically resolves when children are moved into stable caregiving environments. However, we disagree that the available evidence *conclusively* suggests RAD is *never* present in such children. Instead, we suggest that RAD may continue to persist in some of these children, even though it is exceptionally rare for this to occur. Our opinion about the very rare but possible persistence of RAD is based on our reading of the four studies/samples cited by Zeanah and Gleason (2015):

- Hodges and Tizard (1989a,1989b) describe a follow up of youth who had experienced institutional care for the first years of their lives most of whom were then adopted, placed in foster care, or restored to their biological parents. At age 16, when youth were followed up, each of 21 mothers in the adopted group was asked whether she felt her 16-year old was deeply attached to her now and whether this had changed since childhood. While the majority (17 out of 21) of adoptive mothers felt their child was deeply attached to them, the remaining 4 of 21 (19%) did not. Among institutionalized youth restored to biological relatives 4 of 9 mothers (44%) did not feel their youth was deeply attached to them.
- Chisholm, Carter, Ames, and Morison, (1995) compared 46 previously institutionalized children who spent at least 8 months in Romanian orphanages with 46 Canadian born non-adopted youth and with 29 Romanian born children who were adopted after less than 4 months in an institution. The children had a median age of 30 months at interview and they were with their adoptive parents for a median of 11 months. Results showed that "RO [Romanian Orphanage] children scored significantly lower on the security of attachment items than did their matches in the CB [Canadian Born] group. They also scored lower than did their RC [Romanian Comparison] matches" (Chisholm et al., 1995, p. 289). In other words, those who spent more time institutionalized were significantly less securely attached. The study also examined items that differed between the previously institutionalized versus other groups and concluded that: "Attachment researchers would likely label these items as typical of ambivalent attachment behaviors. Ambivalent attachment behavior is characterized by ambivalence toward a caregiver when distressed, that is, a child who combines contact seeking with angry resistant behavior and is not easily comforted" (Chisholm et al., 1995, p. 289).
- O'Connor and Rutter (2000) compared institutionalized children from Romania who were adopted at various ages into United Kingdom families: 58 children were placed before 6 months, 59 were adopted between 6 and 24 months, and 48 were adopted after 24 months. A comparison group of 52 non-institutionalized adopted children from the United Kingdom were also studied. Children were assessed at ages 4 and 6 years. Cluster analyses showed that children could be divided into four groups, including two groups that had significantly higher scores than other groups on a single-item measure of inhibited attachment problems.
- Zeanah and colleagues used data from the Bucharest Early Intervention Project to examine RAD scores over time (Smyke et al., 2012). The study used a randomized design, with 68 Romanian orphans randomized to receive foster care, 68 randomized to continue receiving institutional care, and 72 youth who were never institutionalized who participated as controls. RAD scores of these groups were compared across five ages: baseline, 30 months, 42 months, 54 months, and 8 years. The results showed that RAD scores decreased for all groups but did so differentially. The foster care group had lower RAD scores than the institutionalized group at all ages except baseline and, important for the present purpose, "Differences between the foster care group and the never-institutionalized group were evident at baseline and at ages 30 months and 8 years" (Smyke et al., 2012, p. 6). The same sample was again assessed when youth were 12 years old (Humphreys, Nelson, Fox, & Zeanah, 2017). Results showed that "The ever institutionalized group had significantly higher [RAD] scores than the never institutionalized group" (Humphreys et al., 2017, p. 679). Later in the same study the authors report that youth randomized to foster care had lower RAD scores then youth who remained in institutional care (Humphreys et al., 2017, p. 680).