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Review article

Misperceptions of reactive attachment disorder persist: Poor methods and unsupported conclusions

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ABSTRACT

Reactive Attachment Disorder (RAD) is an often discussed, but misunderstood, diagnostic presentation. A growing body of well-designed prospective studies is providing a wealth of information about the condition; however, misconceptions of RAD abound in both clinical and research arenas. As such, it can be difficult for reviewers to critically evaluate papers pertaining to RAD that are submitted to academic journals and even more difficult for practicing clinicians operating under the time constraints of community-based practice. Papers continue to appear that promote RAD as a form of conduct disorder (CD) or callous/unemotional (CU) presentation among maltreated children, although this conceptualization is directly at odds with the diagnostic criteria found in the DSM-5 and ICD-10 as well as a significant body of well-conducted research. Studies attempting to promote this understanding of RAD typically suffer from significant and multiple methodological flaws. This paper reviews these concerns and provides 5 questions that must be sufficiently answered when evaluating a paper purportedly examining RAD. A recently published paper promoting the CD/CU-conceptualization of RAD is critiqued as an exemplar of applying these 5 questions.

What this paper adds?

RAD and DSED are rare clinical conditions and misperceptions of these conditions abound. A number of unethical and potentially dangerous treatments have been implemented with children, often times based on published papers claiming incorrectly that RAD is the presentation of CD and CU among maltreated children. This paper provides a guide for reviewers of academic manuscripts as well as practicing clinicians to evaluate the veracity of a given paper pertaining to RAD. A recently published paper is used as an example to demonstrate how these criteria can be used to identify such papers that do not possess sufficient methodological quality and should be dismissed.

Few topics in the mental health field have generated more discussion and debate than "attachment disorders." Much of this discussion centers on disagreements about what does and does not qualify as symptoms of Reactive Attachment Disorder (RAD). RAD originally referred to non-organic failure to thrive among infants in the DSM-III (American Psychiatric Association [APA], 1980). This initial attempt at identifying a diagnosable attachment problem failed to coincide with attachment research and theory, as did subsequent revisions of the DSM (APA, 1987; APA, 1994) that described RAD as a problem of social relatedness (Green, 2003; Rutter & Shaffer, 1980; Richters & Volkmar, 1994; Zeanah & Boris, 2000). In the most recent DSM-5 (APA, 2013) the RAD diagnosis underwent significant changes. RAD is now considered "essentially the absence of a preferred attachment to anyone (Lyons-Ruth, Zeanah, Benoit, Madigan, & Mills-Koonce, 2014, p. 698)" as opposed to socially withdrawn behavior, as was the criteria in previous

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iterations of the DSM (RAD-inhibited type). Indiscriminate friendliness is now described as Disinhibited Social Engagement Disorder (DSED; previously described as RAD-disinhibited type in DSM-IV). DSED was split off from the RAD diagnosis because of replicated results demonstrating that indiscriminately social behavior is not related to concurrent attachment behavior (e.g., Chisholm, 1998; Rutter et al., 2007) and may be more closely linked to impulsivity and attentional problems (Bruce, Tarullo, & Gunnar, 2009; Pears, Bruce, Fisher, & Kim, 2010). It should be noted that the vast majority of research on RAD and DSED is completed with children younger than 6 years of age as a result of methodological difficulties associated with assessing attachment behavior among older children.

In parallel with the earlier iterations of the diagnostic criteria was the publication of books and manuals by practitioners who purported that the diagnosis of "attachment disorder" or RAD included more severe behavioral problems, such as aggression, lying, cruelty to animals, and lack of conscience, among others (Hughes, 1997; Randolph, 2000; Thomas, 2005). Given the relative dearth of empirical work and research-based publications on RAD, particularly outside of the 0–5 age range, the idea that RAD is actually the display of conduct problems (CD) or callous/unemotional (C/U) traits subsequent to child maltreatment became reified in clinical arenas. Papers in academic journals began to appear that purported to demonstrate the connection between CD or CU and attachment problems (Hall & Geher, 2003; Parker & Forrest, 1993), as well as clinical studies aiming to demonstrate the effectiveness of treatments for this CD/CU-conceptualization of RAD (Becker-Weidman, 2006; Wimmer, Vonk, & Bordnick, 2009).

The problem is that the CD/CU-conceptualization of RAD does not coincide with developmentally-derived definitions of attachment behavior, nor DSM or ICD nosologies, nor with data from well-designed prospective studies of maltreated children (see Allen, 2016 for a review). Zeanah and Gleason (2015) provide a review of this research and summarize that, across all of the available prospective research of children adopted out of orphanages in Eastern Europe, 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. This is in stark contrast with the roughly 31–40% of foster/adopted children diagnosed with RAD or "attachment disorder" in general community settings (Allen & Bendixsen, 2017; Woolgar & Baldock, 2015). 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 (e.g., Fearon, Bakermans-Kranenburg, van IJzendoorn, Lapsley, & Roisman, 2010; O'Connor, Bredenkemp, Rutter, & the English and Romanian Adoptees Study Team, 1999; see DeKlyen & Greenberg, 2016, and Zeanah & Gleason, 2015, for reviews). Given this evidence, the RAD criteria in DSM-5 were changed considerably, as noted above. In addition, newly revised practice parameters caution against the use of treatments that offer a CD/CU-conceptualization of RAD, and attempt to make clear that significant externalizing problems are not a part of the diagnostic criteria and are weakly related to RAD (Zeanah, Chesher, Boris, & the American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Quality Issues (CQI), 2016).

Despite these revisions to diagnostic criteria, changes in practice parameters, and urges of caution from various corners of attachment and clinical research (e.g., Allen, 2011, 2016; Chaffin et al., 2006; Hanson & Spratt, 2000; Haugaard & Hazan, 2004; Sroufe, Erickson, & Friedrich, 2002), it appears that old habits die hard. Indeed, these attempts to bring clinical practice more in line with the available attachment and developmental research almost certainly run astray of the prevailing beliefs and judgments of many practicing clinicians. In the 12 months prior to the writing of this paper, 6 separate articles relying on the CD/CU-conceptualization of RAD were published in academic journals as identified in a brief PsycINFO search of the keyword "Reactive Attachment Disorder." Evaluating these papers may be difficult for reviewers as well as clinical audiences who unknowingly share many of the misconceptions of RAD. As a result, these papers continue to appear in the literature and may be viewed by some as providing contradictory evidence to much more sound research when, in actuality, these papers typically possess significant methodological flaws and offer unsupported conclusions. The remainder of this paper is aimed at discussing a number of these shortcomings to assist readers with more accurately evaluating papers claiming to examine RAD. Specific questions are posed that one should ask when reviewing such papers. One of the recently published papers promoting a CD/CU-conceptualization of RAD (Mayes, Calhoun, Waschbusch, Breaux, & Baweja, 2017) demonstrates many of these methodological weaknesses and will be used as an exemplar.

1. How well is attachment research reviewed?

Some of Bowlby's (1946, 1951 earliest theorizing hypothesized that absent mothers during infancy may be an etiological factor in later CD and C/U behaviors. However, subsequent attachment and developmental research showed this relationship to be much more complex, and simplistic associations between caregiving experiences in infancy and behavioral problems in later periods of development are typically relatively weak (e.g., Sroufe, Egeland, Carlson, & Collins, 2005). Later in his life Bowlby (1988) emphasized the concept of developmental trajectories and the importance of considering the interaction of early life experiences with ongoing environmental influences, including caregiving experiences throughout one's life. In keeping with standards for the publication of research reports, papers on RAD and/or DSED should be expected to provide an up-to-date review of current empirical findings pertaining to the diagnoses as well as contemporary theoretical propositions and research on attachment behavior; a reliance on outdated theories and results should not be overlooked.

It is oftentimes the case that those endorsing a CD/CU-conceptualization of RAD provide only a cursory overview of attachment research (e.g., Hall & Geher, 2003; Vasquez & Stensland, 2016; Wimmer, Vonk, & Reeves, 2010). Allen (2016) warned that people misrepresenting RAD "justify their ideas by providing quotes from attachment researchers, often out of context, particularly Bowlby's early theorizing (p.65)." This is exemplified in the case of Mayes et al. (2017) as they mention Bowlby's early hypothesis that maternal deprivation during infancy may produce an "affectionless psychopath" (Bowlby, 1951), but fail to cite any of Bowlby's later

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