

## Reactive Attachment Disorder

Lauretta Roe

In Thrall's journal on children with reactive attachment disorder, it described screening measures used to diagnose this disorder such as interviews with the parents to examine aspects of the child's attachment. In this article, I learned that diagnosing this disorder is difficult due to similarities in the criteria with other disorders. I learned that there are two subtypes of this disorder which are inhibited and disinhibited. Inhibited type indicates that the child is unable to form attachments or respond in a typical social manner. In the disinhibited type, the child typically shows the same amount of affection for a stranger as the child does their primary caregiver. Thrall states that children with this disorder are typically not raised in traditional homes but rather in foster care or unstable caregivers (Hornor, 2008; Zeanah, 2007). The child does not form a natural bond due to emotional or physical neglect. (Horner, 2008). There is limited research on children with RAD as well as limited assessment tools, but that is changing (Stafford & Zeanah, 2006).

In the future, I will use the knowledge I have learned from reading these texts in evaluating and assessing children. I would be careful to avoid diagnosing this until I am sure that I am competent concerning this disorder. In order to be competent, I will need to be well informed of the prevalence of comorbidity of this disorder as well as the similarities that this disorder has with other attachment disorders. Due to the findings of this research, it is evident that this diagnosis is difficult to discern it regarding the similarities of other diagnosis. Great care will be required to ensure a proper diagnosis.

## References

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