

General Considerations

Using the RADA to assess symptoms of Disinhibited Social Engagement Disorder or Reactive Attachment Disorder

This semi structured interview has been developed for authorised health personnel or trained researchers to assess the symptoms of Reactive Attachment Disorder (RAD) and Disinhibited Social Engagement Disorder (DSED). It should be administered with a caregiver who knows the young person well, ideally since they were a pre-school child.

Making a diagnosis of Disinhibited Social Engagement Disorder or Reactive Attachment Disorder

In order to make a DSM or ICD diagnosis a multi informant approach is recommended, including an observation of the child or young person (e.g. using the Observational Schedule for Reactive Attachment Disorder) and information from school (e.g. using the teacher Relationship Problems Questionnaire). These other measures are available from [University of Glasgow - Schools - School of Health & Wellbeing - Research - Mental Health and Wellbeing - Research - Research projects - CeDAR \(Centre of Developmental Adversity and Resilience\) Team - Our research / Measures - Attachment Disorder \(AD\)](#) . **Refer to the ICD or DSM classification systems** and use this and other measures to identify whether or not the key symptoms are present.

The RADA is available in a “complete version” (32 items) and in a “short version” (10 items). Each version can be completed using the pencil and paper form (print) or directly via the editable PDF document.

The core items from the RADA which contribute to a **diagnosis** of Disinhibited Social Engagement Disorder (items 1 to 9) or Reactive Attachment Disorder (items 10 to 20) are described below.

Other RADA items (21 to 32) are simply included to help you build up a clinical profile of the child. These additional items *do not contribute towards a diagnosis* but may be helpful in deepening your clinical understanding of the child.

For a diagnosis of RAD, there is a requirement that the disturbance is evident before age 5 years, so it is important to establish the approximate date of onset of each behaviour.

We do not recommend trying to assess RAD or DSED in children or adults with a developmental age less than 1 year since selective attachment and stranger anxiety may not always have emerged until this developmental age.

DSED core items and glossary descriptions

1) Indiscriminate adult relationships

The child/young person is reported to be willing to be friendly towards almost any adult, to a degree unusual for his/her developmental age, social group, and familiarity with the adult. The child/young person demonstrates reduced or absent reticence around unfamiliar adults. Behaviour is inappropriate for contact with unfamiliar adults. In older children/teenagers it could include inappropriate behaviour over the internet. This behaviour does not have the quality of mimicked social behaviour or behaviour engaged in solely to talk about a stereotyped interest (as can be seen in children with ASD). This behaviour should not have quality in which adults are simply being used as objects (as can be seen in children with ASD) or instrumental behaviour with an ulterior motive (to gain something) but should come across as an attempt at social interaction. Often the child/young person appears 'needy' or 'clingy' and behaves inappropriately with unfamiliar adults. This item should only be coded as being present when the child/young person's behaviour is clearly outside normal limits. If in doubt, code this item as being absent. A child/young person who is simply friendly or polite to adults would not code here.

2) Cuddliness with strangers

The child/young person invades the physical and social boundaries of strangers and acts in a pseudo-intimate way as if the stranger is a loved one. This behaviour does not have the quality of mimicked social behaviour or behaviour engaged in solely to talk about a stereotyped interest (as can be seen in children with ASD). This behaviour should not have a quality in which adults are simply being used as objects (as can be seen in children with ASD) or instrumental behaviour with an ulterior motive (to gain something) but should come across as an attempt at social interaction.

3) Comfort seeking with strangers

Only code (2) here if the parent/carer is able to give an example of the child/young person hurting him/herself when both parent/carer and stranger are present and child/young person goes to stranger for comfort rather than parent/carer.

4) Personal questions

This has a sociable quality as if the child/young person is trying to get to know the stranger but does not recognise social boundaries or hierarchies. This behaviour should not have a quality in which the adult is being questioned because of a stereotyped interest of the child/young person's (as can be seen in ASD) but should be social in nature.

5) Invading social boundaries

Distinguish from impulsivity. The child/young person should clearly feel s/he has a right to be in places other children/young persons would know to be out of bounds.

6.1) Minimal checking in unfamiliar settings (middle childhood version)

Child rarely or minimally checks back with parent/carer after venturing away even in unfamiliar settings.

6.2) Minimal checking in unfamiliar settings (adolescent version)

The young person rarely or minimally checks back with parent/carer when away from home, even when somewhere unfamiliar.

7) Wandering off with a stranger

This item probes the likelihood that a child/young person will actually wander off with a stranger - for example, if the stranger said “can I show something really interesting in my car? Come over and I’ll show you”.

8) Indiscriminate peer relationships

The child/young person is willing to be friendly towards almost any peer, to a degree unusual for his/her developmental age, social group, and previous familiarity with the peer in question. Behaviour is inappropriate for contact with unfamiliar peers. For example, the child/young person might call another child his/her best friend or hug, kiss, or touch another child who is unfamiliar to the child.

9) Demanding and attention-seeking behaviour

The child/young person will go to great lengths to get an adult’s attention and will resent the adult giving attention to other people or activities.

RAD core items and glossary descriptions

10) Reduced comfort seeking

This item receives a score of 2 if the child/young person does not normally seek comfort when he/she is distressed emotionally. If the child/young person does not react much to the different events capable of generating distress but nevertheless does experience distress on extremely rare occasions and, on these occasions, seeks comfort, a score of 2 would not be given.

11) Reduced response to receiving comfort

This item receives a score of 2 if the child/young person does not usually accept comfort when he/she is emotionally distressed. The child/young person might say everything is fine or that he/she does not need help, push the adult parent/carer away or even have a more violent reaction. If the child/young person does not react much to events capable of generating distress but nevertheless does experience distress on very rare occasions, and on those occasions he/she accepts comfort, a score of 2 would not be given.

12) Emotional and social withdrawal

Code 2 if the child/young person is routinely emotionally withdrawn, particularly during attempts at social interaction. For example, sitting with hair or hoodie over face during attempts at conversation, turning physically away from the person trying to initiate conversation, or being dismissive of conversation (e.g. by monosyllabic responses or irritable disparagement of the social interaction).

13) Avoids eye contact

Parent/carer’s generalised evaluation that the child/young person characteristically avoids making eye contact with others and that s/he often turns his/her eyes away when others try to initiate eye contact. This can still be rated as positive (2) if the parent/carer says there is only eye contact when the child/young person is lying. Distinguish from avoidance of eye contact which occurs with shyness, e.g. when the child meets new people or is in an unfamiliar setting. Distinguish also from culturally dictated strictures.

14) Avoids physical contact

Parent/carer’s evaluation that the child/young person tries to avoid being physically close with others.

15) Limited positive affect

This item receives a score of 2 if the child/young person displays very little positive emotion (joy, satisfaction, pride). This does not mean that s/he is generally irritable or depressed. S/he could also present a rather neutral emotional state. Do not code positive if the child/young person is simply shy at the first meeting with someone.

16) Difficulties being affectionate

Lack of warmth, emotional or physical affection in most, if not all, interactions with others. Means that lack of affection is pervasive and recurring in many interactions. Do not code if the child/young person is angry with the caregivers or occupied with other activities. This item addresses a pervasive, not episodic, lack of affection or lack of ability to show affection.

17) Emotional unpredictability

This item receives a score of 2 if the child/young person demonstrates unpredictable episodes of irritability, sadness or fright during non-threatening interactions with parents/carers. These episodes of irritability, sadness or fear do not manifest themselves only when the child/young person receives punishment, is denied a request, is facing a request or requirement on the part of a parent/carer or any other situation that typically can evoke these emotional reactions.

18) Approach/avoidance toward caregivers

On a regular basis, the child/young person responds to parents or other caregivers (such as grandparents, teachers) in contradictory ways. Child may approach a person for help and then withdraw, avoid, or reject that person as s/he tries to respond to the needs/requests of the child.

19) Hypervigilance

Looks wary (action: does not immediately spring into action, asks many questions) or watchful (perception: scrutinizes/checks/observes, investigates), despite no literal threat. Parents/carers may note that s/he scans the environment. There is a fearful quality to this.

20) Frozen watchfulness

A child/young person who stands/sits so still that it is as if s/he is frozen, wants to be invisible or wants to avoid being hurt despite no literal threat. There is a fearful quality to this.

Additional items and glossary descriptions

These additional items (21 to 32) *do not contribute towards a diagnosis* but may be helpful in deepening your clinical understanding of the child. Glossary definitions, where needed, are listed under each item.

How to administer and code the RADA

N.B. ideally make a multi-informant diagnosis using observation and teacher report

1. The questions in **boldface** are those most likely to generate content that will allow scoring of the item. The other questions are optional depending on the answers provided by the informant. Please do not ask all of the questions in boldface. If the informant provides enough information in the answer to a single question to allow you to score the item with reasonable certainty, please get an example and then move on.
2. Current symptoms must **have been present during the past year** and are considered as still present only if the symptoms have occurred **during the past three months**. Otherwise they are rated as present in the past only.
3. There may be little or nothing to report for some questions when the informant indicates that the child does not present a given behaviour. If the informant says a clear “no” then move on.
4. You may ask additional questions or reword a question if the informant does not seem to grasp its meaning. Refer to the boxed text at the bottom of the page (Glossary definition) for a clear understanding of what the item seeks to assess.
5. If the informant’s answer to the question is a clear “yes” or if the informant is not sure, **PLEASE ALWAYS GET AN EXAMPLE**. If the example shows that the informant has not fully understood the question, please use an additional probe and get another example.
6. If the informant speaks of the child’s behaviour at a younger age, note the information but steer the informant back towards the child’s current behaviour (in the past year)
7. If the informant’s answers do not determine whether the child’s behaviour is outside normal limits, you may ask the informant whether they consider that the child’s behaviour is more frequent or more intense than that of a typical child of the same age.

0

- Behaviour is not present or is rarely present but not more so than in a typical child of the same age.

1

- Behaviour is sometimes present, slightly more so than in a typical child of the same age, but there is no telling for sure that the behaviour is outside normal limits considering the child's age. In some cases, the behaviour may have been present in the past year but not so in the past three months.

2

- Behaviour is definitely present at a level that is clearly outside normal limits considering the child's age.

Example

X. Cleaning teeth

Does Bobby clean his teeth without you having to remind him?

Informant's answer: Hmm...not sure. It is a bit of a nightmare to get Bobby to clean his teeth, but I'm not sure what you're getting at...

Do you have to remind Bobby to clean his teeth?

Informant's answer: Oh yes!

Can you give me an example?:

We have bad battles, his teeth are in a terrible state. He'd never brush them at all if I didn't remind him and, even then, we always end up fighting over it.

Glossary definition: The child does not clean his/her teeth without prompting.	
Scoring	Score
<ul style="list-style-type: none"> The child brushes his teeth unprompted every night. Like most children of his/her age, he might sometimes try to avoid brushing his/her teeth, but he/she usually obeys when reminded 	0
<ul style="list-style-type: none"> The child often needs reminders to brush his teeth, but most of the time, he/she brushes his teeth without arguing. 	1
<ul style="list-style-type: none"> The child refuses to brush his teeth most nights, the caregiver must often argue, convince him/her or use withdrawals of privileges to convince him/her to brush his teeth. The child might regularly have temper tantrums when it comes to brushing his/her teeth. 	2

When you have completed the interview, you can use it in the following ways:

1. Make a multi-informant diagnosis of RAD and/or DSED by checking how many **core items** are scored positively against the DSM or ICD definitions of the diagnoses, taking the observation and teacher report into account.
2. Use the RADA positive items to contribute to a clinical formulation of the child (ideally alongside observation and teacher report) taking both core and additional items into account.
3. Total the positive items to give a total RADA score (each has a score of 2 to keep scoring in line with the CAPA interview of which the RADA (formerly called the CAPA RAD) can be used as a module). This should only be done in research or clinical audit, not for evaluation of individual patients.

N.B. RAD and DSED commonly co-occur with other neurodevelopmental and psychiatric disorders and our research has shown that children who have been abused and neglected are at much higher risk of neurodevelopmental disorders that are not caused by the abuse and neglect (Dinkler et al <https://doi.org/10.1111/jcpp.12682>). Other disorders such as PTSD, depression and anxiety are also common sequelae of abuse and neglect (Lewis et al, [https://doi.org/10.1016/S2215-0366\(19\)30031-8](https://doi.org/10.1016/S2215-0366(19)30031-8)), so we would urge clinicians and researchers to always consider RAD and/or DSED as part of a comprehensive assessment of the full range of child psychopathology.

1) INDISCRIMINATE ADULT RELATIONSHIPS

DSED CORE ITEMS (1 to 9)

Ask **ONLY ONE** of the following probes, unless more than one probe is required for clarification:

Is s/he desperate for affection from adults?

Is s/he overly friendly with strangers?

Does s/he seem to need affection from whatever adult is near?

Please make notes of your example(s) here:

Glossary definition: The child/young person is reported to be willing to be friendly towards almost any adult, to a degree unusual for his/her developmental age, social group, and familiarity with the adult. The child/young person demonstrates reduced or absent reticence around unfamiliar adults. Behaviour is inappropriate for contact with unfamiliar adults. In older children/teenagers it could include inappropriate behaviour over the internet. This behaviour does not have the quality of mimicked social behaviour or behaviour engaged in solely to talk about a stereotyped interest (as can be seen in children with ASD). This behaviour should not have a quality in which adults are simply being used as objects (as can be seen in children with ASD) or instrumental behaviour with an ulterior motive (to gain something), but should come across as an instance of genuine social interaction. Often the child/young person appears 'needy' or 'clingy' and behaves inappropriately with unfamiliar adults. This item should only be coded as being present when the child/young person's behaviour is clearly outside normal limits. If in doubt, code this item as being absent. A child/young person who is simply friendly or polite to adults would not code here.

Additional scoring criteria	Score
<ul style="list-style-type: none"> The child might engage in attention-seeking disruptive behaviour but does not fulfil the glossary-definition above. 	0
<ul style="list-style-type: none"> The child is proactive in new social interactions and lacks a sense of social boundaries but does not engage in behaviour that could be considered problem behaviour such as inappropriate physical closeness or seductive behaviour. 	1
<ul style="list-style-type: none"> The child does not discriminate between familiar and unfamiliar adults when seeking social interaction. The child behaves with unfamiliar adults as with loved ones. The child initiates intrusive, apparently seductive or sexualised physically intimate relations (cuddles). 	2

2) CUDDLINESS WITH STRANGERS

Ask ONLY ONE of the following probes, unless more than one probe is required for clarification:

Is s/he too cuddly with adults s/he doesn't know well?

Is s/he too cuddly with peers of his/her own age s/he doesn't know well?

Does s/he get too physically close to strangers?

Please make notes of your example(s) here:

Glossary definition: The child/young person invades the intimate space, physical and social boundaries of strangers and acts in a pseudo-intimate way as if the stranger is a loved one. This behaviour does not have the quality of mimicked social behaviour or behaviour engaged in solely to talk about a stereotyped interest (as can be seen in children with ASD). This behaviour should not have quality in which adults are simply being used as objects (as can be seen in children with ASD) or instrumental behaviour with an ulterior motive (to gain something) but should come across as an instance of genuine social interaction.

Note. For children or young people placed in residential care, part-time workers cannot be considered as strangers given that they represent potential adults of reference for the child. Their role can be compared to the role played by little-known school staff (with the exception of the teacher, who becomes over the year, a known adult). However, new childcare workers (whether substitute, part-time or full-time) should be considered as strangers in the early days. To obtain a score of 2, the child must engage in physical contact with strangers or with little-known adults and this **must be repeated with more than one adult and in more than one situation**. For example, cuddles several substitute childcare workers **OR** when the child is in a new environment with strangers (e.g., park, store).

Additional scoring criteria	Score
<ul style="list-style-type: none"> The child is physically intimate with <i>familiar</i> peers/adults 	0
<ul style="list-style-type: none"> The child invades people's physical and social space but not in a clearly unusual way (e.g. might be clearly indiscriminate without touching). The child acts in a pseudo-intimate way with strangers and lacks a sense of social boundaries but does not engage in behaviour that could be considered problem behaviour such as inappropriate physical closeness or seductive behaviour 	1
<ul style="list-style-type: none"> The child initiates intrusive behaviour (e.g. cuddles, leaning against a stranger, putting arms around a stranger or into a stranger's pocket), or shows apparently seductive or sexualised physically intimate behaviour with strangers The child has little or no respect for social boundaries (strangers' personal space or bubble) and crosses these boundaries with an obviously social aim (i.e. not simply with the lack of understanding of social boundaries as sometimes seen in Autism) 	2

3) COMFORT SEEKING FROM STRANGERS

Does s/he preferentially seek comfort from strangers over those s/he is close to?

Please make notes of your example(s) here:

Glossary definition: Only code (2) here if the parent/carer is able to give an example of the child/young person hurting him/herself when both parent/carer and stranger are present and child/young person goes to stranger for comfort rather than parent/carer.

Note. A stranger is a person unfamiliar to the child with whom the child interacts for the first time. However, when a caregiver “gives permission” or asks the child to interact with a stranger in a particular context (e.g., the dentist), it is expected that the child, even if he/she remains rather reserved, will to some degree approach and interact with the stranger on account of the caregiver’s permission or request. In this regard, the bus driver is not a stranger but a little-known person with whom the child is allowed to interact. In residential care, substitute and part-time childcare workers cannot be considered as strangers given that they represent adults of reference imposed by the institutional framework. Their role can be compared to the role played by little-known school staff (with the exception of the teacher, who becomes over the year, a known adult). A child is not expected to show affectionate or physical contact with such little-known adults. The child should not typically seek comfort from such a little-known adults, unless there is a particularly stressful situation and no nearby known adults or caregivers.

Additional scoring criteria	Score
<ul style="list-style-type: none"> The caregiver answers “no” to question. 	0
<ul style="list-style-type: none"> The child seeks comfort from strangers when the caregiver is not available OR if the child is reacting against his/her caregiver (e.g., wants to get even). 	1
<ul style="list-style-type: none"> The child prefers to seek comfort from other familiar adults rather than his/her caregiver. The child does not show any preference or prefers being comforted by strangers even though his/her caregiver is nearby and available. 	2

4) PERSONAL QUESTIONS

Does s/he ask very personal questions of strangers in an attempt to be social (i.e. not just to fulfil a stereotyped interest)?

Does s/he say things that other children would know to be nosey or intrusive?

Does s/he disclose personal information to strangers?

Does this have a sociable quality, that is, does the child seem genuinely interested in getting to know the stranger?

Please make notes of your example(s) here:

Glossary definition: This has a sociable quality as if the child/young person is trying to get to know the stranger but does not recognise social boundaries or hierarchies. This behaviour should not have a quality in which the adult is being questioned because of a stereotyped interest of the child/young person's (as can be seen in ASD) but should be social in nature.

Note. It is important to take the child's age into account. A 5-year-old will perhaps have a lesser sense of social boundaries than a 9-year-old does. Once again, ask the caregivers whether the behaviour is concerning. Their answer is a good indicator from which to determine whether the behaviour is related to the child's developmental stage or whether it is a recurring problem behaviour. For example, a caregiver may indicate that the behaviour diminished following an intervention and that this behaviour appeared to result from a lack of education.

Additional scoring criteria	Score
<ul style="list-style-type: none"> The child asks personal questions of familiar adults but not of strangers. 	0
<ul style="list-style-type: none"> The caregiver answers a firm "yes" to one or two questions but gives no examples to support his/her answers (or examples are unconvincing). The caregiver uses the following words: "no boundaries, no barriers, no filters" but there is a flavour of impulsivity ("oops I shouldn't have asked that") rather than the child feeling entitled to this personal information. The questions asked by the child remains socially acceptable (e.g., asks for name, family composition, type of work). The behaviour can be explained by the child's extroverted personality. The child lacks the capacity to grasp the concept of social boundaries (learning disability or Autism). 	1
<ul style="list-style-type: none"> The questions asked by the child are intrusive, socially unacceptable and age-inappropriate (e.g., sex, disclosure of history of maltreatment). The child puts people ill at ease. 	2

5) INVADING SOCIAL BOUNDARIES

If you take him/her to a new place, does s/he go into areas other children/young people would know to be out of bounds e.g. the staff room in a clinic, or behind the counter in a shop?

Does s/he use or explore things which other young people would know to be someone else's personal property e.g. rummaging in your locked drawer or in your purse, using other people's clothes or makeup without asking?

Do you get the impression that [child's name] feels that he/she has the right to go places that are out of bounds or to use things without having to ask permission?

Please make notes of your example(s) here:

Glossary definition: Distinguish from impulsivity. The child/young person should clearly feel s/he has a right to be in places other children/young persons would know to be out of bounds.	
Additional scoring criteria	Score
<ul style="list-style-type: none"> The caregiver says yes but cannot give an example The behaviour can be explained by the child's impulsivity. 	0
<ul style="list-style-type: none"> The caregiver answers a firm "yes" to one or two questions but gives no examples to support his/her answers (or examples are unconvincing). The child invades social boundaries but does not realise that he/she does not have the right to do so and requires the presence of an adult to be reminded of that. The child lacks the capacity to grasp the concept of social boundaries (e.g. due to intellectual disability or Autism). 	1
<ul style="list-style-type: none"> The child invades social boundaries and believes he/she has the right to be in places that are out of bounds OR to take or use things that do not belong to him/her. The child knows he/she does not have the right to do something but does it anyway (e.g., take other people's things). 	2

6.1) MINIMAL CHECKING WITH CAREGIVER IN UNFAMILIAR SETTINGS (middle childhood version)

If you are in a new place, does X tend to wander away from you?

Do you have to supervise him/her more than other children to prevent him wandering off?

Does s/he check in with you? Either by making eye contact with you or coming back to where you are?

Please make notes of your example(s) here:

Glossary definition: <i>Middle childhood version.</i> Child rarely or minimally checks back with parent/carer after venturing away even in unfamiliar settings.	
Additional scoring criteria	Score
<ul style="list-style-type: none"> The child ventures away in <i>familiar</i> settings and may OR may not check back. 	0
<ul style="list-style-type: none"> The child ventures away in unfamiliar settings: <ul style="list-style-type: none"> but checks back with the caregiver at times and this is not a problem; without checking back with the caregiver but panics when he/she loses sight of the caregiver. 	1
<ul style="list-style-type: none"> The child normally ventures off in unfamiliar settings: <ul style="list-style-type: none"> without checking back with the caregiver AND this is a problem and/or has put the child in danger in the past or could have potentially put the child in danger. 	2

6.2) MINIMAL CHECKING WITH CAREGIVER IN UNFAMILIAR SETTINGS (adolescent version)

Do you feel that s/he is acting too independent for his/her age?

Does s/he fail to let you know where he/she is (either by alerting you in advance of plans or by phoning/texting)?

Does s/he fail to let you know where s/he is, and/or when s/he is coming home?

Is s/he away for long periods of time without you knowing where s/he is?

Please make notes of your example(s) here:

Glossary definition: *Adolescent version*

The young person rarely or minimally checks back with parent/carer when away from home, even when somewhere unfamiliar.

Scoring	0	1	2
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7) WANDERING OFF WITH A STRANGER

Would your child go off with a stranger?

How would s/he react if a stranger rang the door and asked the child to follow him?

Please make notes of your example(s) here:

Glossary definition: This item probes the likelihood that a child/young person will actually wander off with a stranger – for example if the stranger said “can I show something really interesting in my car? Come over and I’ll show you”.	
Additional scoring criteria	Score
<ul style="list-style-type: none"> The child checks back with the caregiver in the presence of a stranger who tries to interact with the child. 	0
<ul style="list-style-type: none"> The caregiver answers a firm “yes” to the first question but gives no convincing example and answers that the child would not follow the stranger to the second question. The caregiver says that the child would follow the stranger but gives no example to support his/her answer. 	1
<ul style="list-style-type: none"> The caregiver is convinced that the child would follow the stranger. The child would agree to follow the stranger if he/she were promised something interesting. The child’s trust is very easily won by strangers. The child fails to perceive dangerous situations (e.g., he/she is not wary of strangers). The child would agree to meet a stranger encountered on the internet. The caregiver is so sure that the child would wander off that he/she supervises the child excessively for his/her age to prevent this happening. 	2

8) INDISCRIMINATE PEER RELATIONSHIPS

Does X seem desperate for affection from other peers?
Is s/he overly friendly with peers s/he doesn't know well?
Does s/he seem to be really needy or clingy?

Please make notes of your example(s) here:

Glossary definition: The child/young person is willing to be friendly towards almost any peer, to a degree unusual for his/her developmental age, social group, and previous familiarity with the peer in question. Behaviour is inappropriate for contact with unfamiliar peers. For example, the child/young person might call another child his/her best friend or hug, kiss, or touch another child who is unfamiliar to the child..

Additional scoring criteria	Score
<ul style="list-style-type: none"> The child's behaviour does not go beyond normal seeking of attention from familiar peers. 	0
<ul style="list-style-type: none"> The child goes to great lengths to be in touch with his/her peers. The child has difficulty recognizing when others no longer want to be with him/her. The child has a controlling attitude towards his/her peers. 	1
<ul style="list-style-type: none"> Relationships between the child and his/her peers tend to be one-sided (e.g., the child insists on being in touch with another peer who does not want to). The child does not respect that others might not want to be with him/her. The child is intrusive with respect to his/her peers (e.g., touches them, kisses them). 	2

9) DEMANDING AND ATTENTION-SEEKING BEHAVIOUR

Does s/he need to be the centre of attention?

Can s/he be demanding?

How does he/she react if you fail to give him/her the attention he/she wants?

Please make notes of your example(s) here:

Glossary definition: The child/young person will go to great lengths to get an adult's attention and will resent the adult giving attention to other people or activities.	
Additional scoring criteria	Score
<ul style="list-style-type: none"> The child is reacting to being denied something (e.g., no video games and/or computer). The child engages in annoying behaviour (e.g., tying laces under the table, turning light off on someone in the toilet). The child asks many questions because he/she needs reassurance. The behaviour can be explained by the child's impulsivity (e.g., interrupting, wanting to have the last word, talking all the time). 	0
<ul style="list-style-type: none"> The caregiver answers a firm "yes" to at least one question but without giving examples in support of his/her answers (or examples are unconvincing). The child makes many demands on more than one family member or on schoolmates, but it is not a dysfunctional matter e.g. due to a very extrovert personality, or due to ADHD or Autism. The caregiver uses expressions such as "show off", "admired", and "his/her biggest dream is to be admired" and is able to give examples, but does not see this as a major problem. 	1
<ul style="list-style-type: none"> The child requires the caregiver to regulate him/herself a lot of the time. The child seems to need to be the centre of attention in a way that becomes exhausting for the caregiver. The child engages in disorganised or dysregulated behaviour if he/she does not receive the attention he/she wants (e.g., violence and threats, sexualised gestures, excrement, forcing his way into conversations or situations). 	2

RAD CORE ITEMS (10 to 20)

10) REDUCED COMFORT SEEKING

Does he/she seek comfort from adults who take care of him/her?

How does he/she react when sad?

How does he/she react when worried?

How does he/she react when he/she hurts him/herself?

How does he/she react when he/she feels sick (headache, nausea, flu, etc.)?

Please make notes of your example(s) here:

[illegible]

Glossary definition: This item receives a score 2 if the child/young person does not normally seek comfort when he/she is distressed emotionally. If the child/young person does not react much to the different events capable of generating distress but nevertheless does experience distress on extremely rare occasions and, on these occasions, seeks comfort, a score of 2 would not be given.

Additional scoring criteria		Score
<ul style="list-style-type: none"> The child seeks comfort when distressed emotionally or physically. 		0
<ul style="list-style-type: none"> The child sometimes seeks comfort when distressed emotionally or physically but may do so in a delayed, muted or dampened way. The child does not seek comfort when distressed emotionally but seeks comfort when he/she feels physical pain or when he/she feels sick. The child does not mention he/she is experiencing emotional or physical distress but may seek comfort through physical closeness (e.g., cuddling while watching a movie). The child demonstrates no distress. 		1
<ul style="list-style-type: none"> The child does not seek comfort at all or only rarely: <ul style="list-style-type: none"> He/she does not mention he/she is experiencing emotional or physical distress and does not seek comfort, regardless of the situation. He/she hides, freezes and/or deals with his/her distress alone. He/she goes into tantrums as the only expression of needing comfort (e.g., when the child is sad, he/she gets angry and breaks a friend's toy). In residential care, childcare workers may consider such behaviour as indirect comfort seeking because of their ability to decode the child's behaviour. 		2

12) EMOTIONAL AND SOCIAL WITHDRAWAL

Is s/he unusually emotionally withdrawn? That is, do you have difficulty perceiving emotions in him/her both verbally and non-verbally?

Does s/he avoid social interaction (e.g., by turning away, hiding under a hood)?

Is s/he dismissive of attempts at social interaction (e.g., by not responding or by giving gruff or one-word responses)?

Please make notes of your example(s) here:

Glossary definition: Code if the child/young person is routinely emotionally withdrawn, particularly during attempts at social interaction. For example, sitting with hair or hoodie over face during attempts at conversation, turning physically away from the person trying to initiate conversation, or being dismissive of conversation (e.g. by monosyllabic responses or irritable disparagement of the social interaction).

Note: In residential or foster care, watch out for experienced childcare workers who perceive no emotion in the child's face but report that the child is not emotionally withdrawn because they are able to guess what the child is feeling despite the absence of behavioural cues.

Additional scoring criteria	Score
<p>Emotional withdrawal (Score = 0)</p> <ul style="list-style-type: none"> The child reacts emotionally to given events. <p>Social withdrawal (Score = 0)</p> <ul style="list-style-type: none"> The child is shy but ultimately interacts with people after a reasonable lapse of time (10 minutes). <p>Overall</p> <p>The child is emotionally withdrawn (score of 1) but not socially withdrawn (score of 0). The child is socially withdrawn (score of 1) but not emotionally withdrawn (score of 0).</p>	0
<p>Emotional withdrawal (Score = 1)</p> <ul style="list-style-type: none"> The child does not give away what he/she experiences emotionally. The child is emotionally reserved (i.e., the child presents a narrow palette of emotions). <p>Social withdrawal (Score = 1)</p> <ul style="list-style-type: none"> The child has instrumental interactions with his/her caregivers but less so than is described in the following examples The child tends to avoid social interactions but less so than is described in the following examples <p>Overall</p> <p>The child is emotionally withdrawn (score of 1) and socially withdrawn (score of 1). The child is emotionally withdrawn (score of 2) but not socially withdrawn (score of 0). The child is socially withdrawn (score of 2) but not emotionally withdrawn (score of 0).</p>	1

<p>Emotional withdrawal (Score = 2)</p> <ul style="list-style-type: none"> • The words used by the caregiver to describe the child correspond to “emotionally cut off, flat affect”. <p>Social withdrawal (Score = 2)</p> <ul style="list-style-type: none"> • The child is generally described as being “aloof” from others. • The child does not answer his/her caregiver even in positive situations (where there is no conflict or problem). • The child refuses to interact with someone if the child is not the one to decide. • The child has instrumental interactions with his/her caregivers, otherwise he/she avoids interacting or is not receptive when others seek to interact with him/her (e.g., the child moves away, does not answer, lowers his/her head, twists body away, gets mad, says “I don’t know” or “I don’t remember”). • It is very difficult to have a conversation or to exchange with the child. <p>Overall</p> <p>The child is emotionally withdrawn (score of 2) and socially withdrawn (score of 1). The child is emotionally withdrawn (score of 1) and socially withdrawn (score of 2). The child is emotionally withdrawn (score of 2) and socially withdrawn (score of 2).</p>	2
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13) AVOIDS EYE CONTACT

Does s/he avoid looking you or others directly in the eyes?

Does s/he turn his/her eyes or body away to avoid eye-to-eye contact?

Please make notes of your example(s) here:

Glossary definition: Parent/carer's generalised evaluation that the child/young person characteristically avoids making eye contact with others and that s/he often turns his/her eyes away when others try to initiate eye contact. This can still be rated as positive (2) if the parent/carer says there is only eye contact when the child/young person is lying. Distinguish from avoidance of eye contact which occurs with shyness, e.g. when the child meets new people or is in an unfamiliar setting. Distinguish also from culturally dictated strictures.

Additional scoring criteria	Score
<ul style="list-style-type: none"> The child avoids eye contact because of a prior conflict, when very obviously lying OR after exhibiting reprehensible behaviour (appropriate temporary shame). 	0
<ul style="list-style-type: none"> The caregiver answers a firm "yes" to at least one question but without giving any examples in support of his/her answers (or examples are unconvincing). 	1
<ul style="list-style-type: none"> The child avoids eye contact in both positive and negative situations. 	2

14) AVOIDS PHYSICAL CONTACT

Does s/he like to be hugged and cuddled?

Does s/he move away from you or from others so that s/he won't be touched?

Does s/he stiffen up like a board when you or someone else tries to hug him/her?

Will s/he let you kiss or cuddle him/her?

Please make notes of your example(s) here:

Glossary definition: Parent/carer's evaluation that the child/young person tries to avoid being physically close with others. Note. If the child is in a residential placement in which physical contact is limited or discouraged, other affective behaviours may be considered (e.g. stroking hair, patting back, giving high fives).	
Additional scoring criteria	Score
<ul style="list-style-type: none"> The child is not affectionate with adults other than his/her caregivers. 	0
<ul style="list-style-type: none"> The child accepts minimal physical contact (e.g., accepts being tucked in and giving high fives). The child accepts minimal physical contact only with his/her principal caregiver The child does not always avoid physical contact, but such manifestations are extremely rare (say once every six months). 	1
<ul style="list-style-type: none"> The caregiver must not overdo his/her affective demonstrations otherwise the child's behaviour becomes disorganised. The child gave "one hug in one year". The child avoids physical contact with the caregiver practically all the time. 	2

15) LIMITED POSITIVE AFFECT

Is [child's first name] a child who generally seems to be happy?

Does he/she manage to experience joy, satisfaction, pride?

Would you say that [child's first name] seems to experience few positive emotions?

Please make notes of your example(s) here:

Glossary definition: This item receives a score of 2 if the child/young person displays very little positive emotion (joy, satisfaction, pride). This does not mean that s/he is generally irritable or depressed. S/he could also present a rather neutral emotional state. Do not code positive if the child/young person is shy at the first meeting with someone.

Additional scoring criteria	Score
<ul style="list-style-type: none"> The child's negative emotions are attributable to a cause that the caregiver can identify. The child's negative emotions result from a separation, move, etc. 	0
<ul style="list-style-type: none"> The child manages to experience positive emotions but generally experiences few of these. The child shows an improvement of his/her general good mood, though he/she experiences negative emotions more often than he/she experiences positive ones. 	1
<ul style="list-style-type: none"> The child sees nothing but negative. The child has a neutral facial expression most of the time. The child experiences primarily anger or sadness. 	2

16) DIFFICULTIES BEING AFFECTIONATE

Is [child's first name] an affectionate child?

What makes you say that he/she is affectionate?

IF NO,

Is s/he able to show love, either with hugs or kisses, or warm feeling to you or your partner?

Is s/he able to show love, either with hugs or kisses, or warm feeling to other people in his/her life?

When did he start having difficulty being affectionate?

Please make notes of your example(s) here:

Glossary definition: Lack of warmth, emotional or physical affection in most, if not all, interactions with others. Means that lack of affection is pervasive and recurring in many interactions. Do not code if the child/young person is angry with the caregivers or occupied with other activities. This item addresses a pervasive, not episodic lack of affection or lack of ability to show affection.

Note. In residential care, watch out for childcare workers who might take basic expressions of appreciation (a glance, saying "good morning", calling the caregiver by name, doing a favour, asking how you are, clearing a cup) for expressions of affection (ask for examples).

Additional scoring criteria	Score
<ul style="list-style-type: none"> The child is affectionate with strangers but not with the principal caregiver. 	0
<ul style="list-style-type: none"> The child expresses affection in order to obtain something (e.g., instrumental affection). The child expresses basic affection on a regular basis (e.g., high fives, wanting to be tucked in at night) but less than most children of similar age. 	1
<ul style="list-style-type: none"> The child displays no signs of affection. He/she expresses only basic appreciation on an irregular basis. The child is generally hostile towards the caregiver. 	2

17) EMOTIONAL UNPREDICTABILITY

Does he/she ever get angry or become irritable with you for no apparent reason (e.g. you are not punishing him/her or forbidding him/her from doing something)?

Does he/she ever become frightened or fearful with you for no apparent reason?

Does he/she ever become sad or burst into tears with you for no apparent reason?

Please make notes of your example(s) here:

Glossary definition: This item receives a score of 2 if the child/young person demonstrates unpredictable episodes of irritability, sadness or fright during non-threatening interactions with parents/carers. These episodes of irritability, sadness or fear do not manifest themselves only when the child/young person receives punishment, is denied a request, is facing a request or requirement on the part of a parent/carer or any other situation that typically can evoke these emotional reactions.

Note. A score of 2 is given based on frequency of behaviour and not on intensity of ensuing emotions and behaviours (e.g., hitting others, hurling objects).

Additional scoring criteria	Score
<ul style="list-style-type: none"> The child manifests an unpredictable emotion following a request on the part of an adult or provocative behaviour on the part of a peer. The child manifests an unpredictable emotion, but he/she was elsewhere (school) and there is no way of knowing whether or not the emotion was provoked by an event. 	0
<ul style="list-style-type: none"> The child manifests an unpredictable emotion infrequently (e.g., monthly, sometimes, "maybe once", "it can happen"). 	1
<ul style="list-style-type: none"> The caregiver answers a firm "yes" to one of the three questions and gives at least one convincing example. The manifestation of unpredictable emotions is relatively frequent in the child's functioning (e.g., every week or two weeks). The caregiver must guess or make inferences to understand why the child reacted in such a way (e.g., in residential care, if the childcare worker says that he/she must retrace the series of events to understand why the child reacts this way). An adult or new caregiver less familiar with the child has no way of knowing why the child reacts this way. 	2

18) APPROACH/AVOIDANCE RESPONSES TOWARD CAREGIVERS

Does X often approach you and then suddenly withdraws from or avoids contact with you?

Does s/he ask for help and then reject you (or someone else) when you try to give him/her what s/he wants?

How about with other adults who are taking care of him/her?

When you have been separated for a while (e.g. after an overnight apart), is it difficult to tell whether s/he will be friendly or unfriendly?

Please make notes of your example(s) here:

Glossary definition: On a regular basis, the child/young person responds to parents or other caregivers (such as grandparents, teachers) in contradictory ways. The child may approach a person for help and then withdraw, avoid, or reject that person as s/he tries to respond to the needs/requests of the child.	
Additional scoring criteria	Score
<ul style="list-style-type: none"> Approach/avoidance episodes occur only when the child is doing homework. The child makes no requests. 	0
<ul style="list-style-type: none"> Episodes of contradictory behaviours are predictable. The child leaves if the adult helps him/her in a way that is not how he/she wanted (i.e., the child manifests impatience and intolerance). The child asks for help but ends up managing on his/her own. 	1
<ul style="list-style-type: none"> The child manifest contradictory behaviour on a regular basis and the caregiver considers the child very unpredictable. 	2

19) HYPERVIGILANCE

**Does s/he seem wary or watchful, even though you can't see any reason why?
Is s/he a jumpy child?**

Does s/he sometimes have to check things out before they can settle into a situation?

Does he/she seem wary of his/her caregiver's behaviour?

Do [the hypervigilance behaviours mentioned] give you the impression that [child's name] is frightened?

Please make notes of your example(s) here:

Glossary definition: Looks wary (action: does not immediately spring into action, poses many questions) or watchful (perception: scrutinize/check/observe, investigate) despite no literal threat. Parents/carers may note that s/he scans the environment. There is a fearful quality to this.

Additional scoring criteria	Score
<ul style="list-style-type: none"> The child is cautious and watchful in situations that usually generate this sort of reaction (e.g., when the child is alone for some time, at night, etc.). 	0
<ul style="list-style-type: none"> The child manifests hypervigilance towards his/her caregiver's reactions but does not generally manifest hypervigilance and does not seem frightened. The child generally manifests hypervigilance but does not seem frightened. The child asks questions when he/she arrives in a new environment but does not constantly scan the environment or ask questions regarding the caregiver. 	1
<ul style="list-style-type: none"> The child is extremely watchful of the caregiver's reactions (e.g., the child may misinterpret the caregiver's behaviours and attitudes as threatening). The child's hypervigilance (general or specific) gives the impression that he/she is frightened. 	2

20) FROZEN WATCHFULNESS

Does s/he often stand or sit as if frozen?

Does s/he often act as if s/he is trying to be invisible?

Do you get the feeling that s/he acts as if s/he needs to avoid being hit or hurt?

Please make notes of your example(s) here:

Was s/he ever like this?

Glossary definition: A child/young person who stands/sits so still that it is as if s/he is frozen, wants to be invisible or wants to avoid being hurt despite no literal threat. There is a fearful quality to this.

Additional scoring criteria	Score
<ul style="list-style-type: none"> The child manifests behaviour that can be explained by the presence of a real danger (e.g., siblings fighting). 	0
<ul style="list-style-type: none"> The caregiver answers a firm “yes” to one question but gives no examples to support his/her answers (or examples are unconvincing). 	1
<ul style="list-style-type: none"> The caregiver answers a firm “yes” and the examples suggests the child is frightened. 	2

Additional items and glossary descriptions (21 to 32)

21. MISUNDERSTANDING EMOTIONS

Does s/he often misunderstand people's emotions?

Does s/he think you are angry when you are only mildly annoyed?

Does s/he misinterpret your facial expressions more often than other children the same age?

Does s/he perceive silence as a threat?

Please make notes of your example(s) here:

Glossary definition: When present, this item has the quality of the child/young person not being able to gauge the type and intensity of emotion being expressed by others. This could include perceiving a parent/carer or teacher's mild annoyance as anger, or perceiving praise as manipulation. It should be distinguished from the lack of focus on faces/eyes and difficulty recognising basic facial expressions found in autism spectrum disorders.

Scoring 0 1 2

22. NEGATIVE ATTITUDE TOWARD SELF

Does s/he often bad mouth him/herself?

Does s/he harm him/herself physically?

Does s/he cut/scratch/headbang?

Does s/he destroy or lose presents or other special things she is given?

Please make notes of your example(s) here:

Glossary definition: The child/young person has a negative attitude towards him/herself as demonstrated by bad language about him/herself, self-harm e.g. cutting, scratching, headbanging, and/or by losing/breaking/refusing possessions/gifts as if these things are too good for him/her. Self-harm activities should be clearly associated with a sense of the child disliking or being angry with him/herself and should not include self-stimulation.

Scoring **0** **1** **2**

23. LACK OF REMORSE

Is s/he sorry if s/he has done something wrong?

Will s/he accept that something is his/her fault?

Please make notes of your example(s) here:

Glossary definition: none				
Scoring	0	1	2	

24. LACK OF EMPATHY/EMOTIONAL RESPONSIVENESS

Is s/he good at understanding other people's feelings?

Can s/he usually tell when other people are upset?

If another child is crying, does s/he try to comfort the child?

Does his/her response ever seem inappropriate?

For example, does s/he laugh if a child is crying?

Can s/he tell if s/he is making someone upset?

Please make notes of your example(s) here:

Glossary definition: Lack of awareness of, and sensitivity to, other people's feelings. Lack of ability to detect other's feelings, not lack of willingness to respond to them. This lack is pervasive and not specific to any particular relationship.

Scoring 0 1 2

25. NEED TO BE IN CONTROL

Does s/he have a need to control things?

Does s/he want to be his/her own boss?

Does s/he get very upset if someone else is making the rules?

Please make notes of your example(s) here:

Glossary definition: The quality of this item is that the child/young person will not ask for, or accept help from, adults or other children, as if s/he is used to always deciding what to do for him/herself.
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Scoring	0	1	2
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26. FALSE AFFECTION

When s/he is affectionate, does it feel genuine?

Does s/he often come across as superficially charming?

Can hugs, kisses, etc. feel over the top or irritating?

Please make notes of your example(s) here:

<p>Glossary definition: This item has the quality that there is a superficial, cloying or irritating quality to demonstrations of affection by the child/young person.</p>

<p>Scoring 0 1 2</p>

27. HANGING-ON BEHAVIOUR

Some children/young people have an irritating habit of hanging on to adults when they try to do other things and clearly signal that they need to focus on other chores. The parents/carers often end up having to either put away their other chores or directly reject the child. Is s/he like that?

Who is s/he like that with?

Family?

Strangers?

Does s/he crowd people?

Does this happen even if you have not been away or s/he is not upset?

Please make notes of your example(s) here:

Glossary definition: This behaviour has an irritating limpet-like quality in which the child/young person crowds the adult physically and may have to be peeled off. The child's/young person's affect is likely to be false or cloying. Should be distinguished from separation anxiety in which the child/young person is likely to be displaying anxiety and upset at being separated.

Scoring 0 1 2

28. POSSESSIVENESS

**Does s/he react badly to you giving affection to another member of the family?
Does s/he react badly to close friends giving attention/affection to other friends
than him/her?**

Please make notes of your example(s) here:

<p>Glossary definition: This has the quality that the child/young person wants the parent/carer all to him/herself and will physically try to get between the parent/carer and a rival e.g. spouse, sibling or other close family member or friend.</p>
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<p>Scoring 0 1 2</p>

29. PSEUDO-ADULT BEHAVIOUR

Is s/he drawn towards adults, even when in the company of other children?

Does s/he quickly interact with other adults as if on an equal footing?

Does s/he sometimes act as if s/he thinks s/he is an adult?

Please make notes of your example(s) here:

Glossary definition: This is not simply a lack of understanding of the social hierarchy (as in ASD): in order to score positively on this item the child/young person should be aware of who is “the boss”, but appear to think s/he is at the same level of the social hierarchy.

Scoring **0** **1** **2**

30. GORGING

Does he/she gorge on food – stuffing food into his/her mouth as if starved?
Do you have to keep him/her away from food/lock food up to prevent gorging?
Would he/she eat and eat until he/she gets sick?

Please make notes of your example(s) here:

Glossary definition: Distinguish from children/young persons who simply overeat or binge eat. To score positively, this must have the quality of the child/young person eating as if starving e.g. stuffing food into his/her mouth, despite being well fed, grabbing food off others' plates or eating until sick.

Scoring **0** **1** **2**

31. SCAVENGING

Does he/she ever steal food or hide it away?

Does s/he scavenge food, e.g. picking up sweets from the ground or litter bins?

Please make notes of your example(s) here:

Glossary definition: None
Scoring 0 1 2

32. SMEARING FAECES

Since s/he was toilet trained, has s/he ever moved his/her bowels anywhere other than the toilet?

Does s/he ever smear faeces on clothes, towels, furniture, etc.?

Please make notes of your example(s) here:

Glossary definition: None				
Scoring	0	1	2	

You have now answered several questions about your child's behaviour towards peers and grown-ups.

1. Does this behaviour worry you? **Yes** ☐ **No** ☐
2. Does it effect the way he/she gets along with the family? **Yes** ☐ **No** ☐
3. Does it effect his/her ability to get and keep friends? **Yes** ☐ **No** ☐
4. Does this behavior put him/her in any form of danger? **Yes** ☐ **No** ☐

RADA scoring sheet

Child's name:		Sex: M F	Age:
Informant's name:		Relationship to child:	
Relevant for DSM-5 criterion	# item	DSED subscale items	Score
A1	1	Indiscriminate adult relationship	0 1 2
A1	2	Cuddliness with strangers	0 1 2
A1	3	Comfort seeking from strangers	0 1 2
A2	4	Personal questions	0 1 2
A2	5	Invading social boundaries	0 1 2
A3	6	Minimal checking with caregiver in unfamiliar settings	0 1 2
A4	7	Wandering off with a stranger	0 1 2
B	8	Indiscriminate peer relationships	0 1 2
B	9	Demanding or attention seeking	0 1 2
Relevant for DSM-5 criterion	# item	RAD subscale items	Score
A1	10	Reduced comfort seeking	0 1 2
A2	11	Reduced response to receiving comfort	0 1 2
B1	12	Emotional and social withdrawal	0 1 2
B1	13	Avoids eye contact	0 1 2
B1	14	Avoids physical contact	0 1 2
B2	15	Limited positive affect	0 1 2
B2	16	Difficulties being affectionate	0 1 2
B3	17	Emotional unpredictability	0 1 2
B3	18	Approach/avoidance toward carers	0 1 2
B3	19	Hypervigilance	0 1 2
B3	20	Frozen watchfulness	0 1 2
Relevant for DSM-5 criterion	# item	Additional items	Score
n.a.	21	Misunderstanding emotions	0 1 2
n.a.	22	Negative attitude toward self	0 1 2
n.a.	23	Lack of remorse	0 1 2
n.a.	24	Lack of empathy/emotional responsiveness	0 1 2
n.a.	25	Need to be in control	0 1 2
n.a.	26	False affection	0 1 2
n.a.	27	Hanging-on behaviour	0 1 2
n.a.	28	Possessiveness	0 1 2
n.a.	29	Pseudo-adult behaviour	0 1 2
n.a.	30	Gorging	0 1 2
n.a.	31	Scavenging	0 1 2
n.a.	32	Smearing faeces	0 1 2