

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 in pencil and paper form (print) or directly in the form of an editable PDF document. The RADA short version has been condensed/reformatted to only include the 10 most fundamental items necessary for diagnosis from the Complete version (32 items) of the RADA. It allows faster administration based on the items most representative of the diagnostic criteria listed in the DSM-5 and the ICD-11. These core items from the RADA are those that contribute to a diagnosis of Disinhibited Social Engagement Disorder or Reactive Attachment Disorder.

The numbering of questions/position of the items in the “short version” differ slightly to the complete version due to removal of non-core diagnostic items. However, the content of the remaining items is unchanged from the complete version. The table below shows how the item numbering in the “short version” of the RADA compares to the numbering in the complete version.

Short Version (Item name and number).	Complete Version (Item name and number). (Item numbers which differ from short version are highlighted in bold)
DSED subscale items	
5 Items	9 items
Indiscriminate Adult Relationships: Item 1	Indiscriminate Adult Relationships: Item 1
Cuddliness with Strangers: Item 2	Cuddliness with Strangers: Item 2
Personal Questions: Item 3	Personal Questions: Item 4
Minimal checking with caregiver in unfamiliar settings <i>middle childhood version:</i> Item 4.1 <i>adolescent version:</i> Item 4.2	Minimal checking with caregiver in unfamiliar settings <i>middle childhood version:</i> Item 6.1 <i>adolescent version:</i> Item 6.2
Wandering off with a stranger: Item 5	Wandering off with a stranger: Item 7
RAD subscale items	
5 Items	11 items
Reduced comfort seeking: Item 6	Reduced comfort seeking: Item 10
Reduced response to receiving comfort Item 7.	Reduced response to receiving comfort Item 11
Emotional and social withdrawal Item 8	Emotional and social withdrawal Item 12
Limited Positive Affect Item 9.	Limited Positive Affect Item 15
Emotional Unpredictability Item 10	Emotional Unpredictability Item 17

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 'clingly' 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) 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 quality in which the adult is being questioned because of a stereotyped interest of the child/young person (as can be seen in ASD) but should be social in nature.

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

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

4.2) 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.

5) 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”.

RAD items and glossary descriptions

6) 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 is not to be given.

7) 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 experiences distress on very rare occasions and that on those occasions he/she accepts comfort, a score of 2 would not be given.

8) 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).

9) 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.

10) 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.

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 then and 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 **items** are scored positively against the DSM or ICD definitions of the diagnoses and taking 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).
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-ITEMS (1 to 5)

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 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.

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 sometimes seen in Autism) 	2

3) 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 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 remain socially acceptable (e.g., ask 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

4.1) 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: *Middle childhood version.*

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

4.2) 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**

5) 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

RAD ITEMS (6 to 10)

6) 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:

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 is not to 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

7) REDUCED RESPONSE TO RECEIVING COMFORT

Does he/she allow adults who take care of him/her to comfort him/her when he/she seems distressed (sad, anxious, hurt, sick or other physical indisposition)?

How does he/she react when an adult who takes care of him/her tries to comfort him/her when he/she seems distressed (sad, anxious, hurt, sick or other physical indisposition)?

Please make notes of your example(s) here:

Glossary definition: This item is scored positively (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 experiences distress on very rare occasions and that on those occasions he/she accepts comfort, a score of 2 is not to be given.

Note. If the child has difficulty accepting comfort, it is necessary to investigate whether this difficulty varies according to the emotions mentioned below and how much time it can take before the child accepts being comforted.

Additional scoring criteria	Score
<ul style="list-style-type: none"> In residential care, the child shows a preference for being comforted by his/her principal childcare worker, but nevertheless accepts comfort from another childcare worker, although this may take some time if his/her "preferred" childcare worker is not around. 	0
<ul style="list-style-type: none"> The child requires some time alone before accepting comfort (5-10 minutes). The child has difficulty being comforted for a given emotion in particular. The child often calms down alone but sometimes accepts comforting. The child accepts comfort from women but not from men, or vice versa. The child is unable to accept comfort from other adults who are not his/her principal caregivers (when these caregivers are not around). 	1
<ul style="list-style-type: none"> The child has difficulty being comforted for two or more given emotions. The child normally requires some time alone before accepting comfort (15-20 minutes) for most emotions. The caregiver must divert attention away from emotions to comfort the child. The child calms down alone most of the time and rarely accepts comfort, if ever. For children in residential care: the child is regularly removed from his/her living environment (temporarily) to calm down. The child can at times accept comfort from a caregiver but only if the caregiver is able to decode his/her distress very quickly (most of the time, the distress degenerates too quickly into a tantrum and the child is no longer able to accept comfort). The child demonstrates no distress. 	2

8) 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
---	----------

9) 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

10) 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

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 (Short version) scoring sheet

Child's name:

Sex: M F

Age:

Informant's name:

Relationship to child:

Relevant for DSM-5 criterion	# item (<i>item number in Complete version</i>)	DSED subscale items	Score
A1	1 (1)	Indiscriminate adult relationships	0 1 2
A1	2 (2)	Cuddliness with strangers	0 1 2
A2	3 (4)	Personal questions	0 1 2
A3	4.1 & 4.2 (6.1 & 6.2)	Minimal checking with caregiver in unfamiliar settings (Middle childhood version or Adolescent version)	0 1 2
A4	5 (7)	Wandering off with a stranger	0 1 2
Relevant for DSM-5 criterion	# item	RAD subscale items	Score
A1	6 (10)	Reduced comfort seeking	0 1 2
A2	7 (11)	Reduced response to receiving comfort	0 1 2
B1	8 (12)	Emotional and social withdrawal	0 1 2
B2	9 (15)	Limited positive affect	0 1 2
B3	10 (17)	Emotional unpredictability	0 1 2