

**RaDA - Reactive Attachment Disorder and Disinhibited Social Engagement Disorder Assessment – for clinical use**

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**Child's name:** \_\_\_\_\_

**Child's sex:**    M    F                                      **Child's age:** \_\_\_\_\_

**Respondent's name:** \_\_\_\_\_

**Respondent's relation to the child:** \_\_\_\_\_

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

This semi structured interview has been developed for assessing the symptoms of Reactive Attachment Disorder and Disinhibited Social Engagement Disorder. It should be administered with a caregiver who knows the young person well, ideally since they were a pre-school child.

**Coding Rules**

Current symptoms should have been present for the last year and should ONLY be coded if they have been noted within the **last 3 months** unless, for selected items, they are coded as having "ever" been present.

0 – Absent

2 – Present

3 – Present and causing impairment (only used for selected items)

**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 [www.radinfo.co.uk](http://www.radinfo.co.uk)

**Refer to the ICD or DSM classification systems (see appendix)** and use this and other measures to identify whether or not the key symptoms are present. The items from the RaDA that contribute to a diagnosis of Reactive Attachment Disorder or Disinhibited Social Engagement Disorder are described below. Other RaDA items are simply included in order to help you build up a clinical profile of the child.

The **core items**, listed below, are those that contribute towards a diagnosis. The 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 or DSED, 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 behavior.

## DSED core items and glossary descriptions

### **1) Indiscriminate adult relationships (DSM-5 DSED criterion A1 and A4)**

The child/young person is reported to be willing to be friendly towards almost any adult, to a degree unusually to 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 behavior over the internet. This behaviour should not have a quality in which adults are simply being used as objects (as can be seen in ASD), but should be social in nature. 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 (DSM-5 DSED criterion A1)**

The child/young person invades the social boundaries of strangers and acts in a pseudo-intimate way as if the stranger is a loved one. This behaviour should not have quality in which adults are simply being used as objects (as can be seen in ASD), but should be social in nature.

### **3) Comfort seeking with strangers (DSM-5 DSED criterion A1)**

Only code here if the parent/carer is able to give an example of e.g. 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 (DSM-5 DSED criterion A2)**

This has a sociable quality as if the child/young person is trying to get to know the stranger, but does not recognize 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.

### **5) Invading social boundaries (DSM-5 DSED criterion A2)**

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 (DSM -5DSED criterion A3)**

*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 (DSM-5 DSED criterion A3)**

*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 (DSM-5 DSED criterion A4)**

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 relationship (DSM-5 DSED criterion B)**

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. Behavior 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 him/her.

**9) Demanding and attention-seeking behavior (DSM-5 DSED criterion B)**

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) Inability to seek comfort (DSM-5 RAD criterion A1)**

This item receives a positive score if the child/young person does not normally seek comforting 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 positive score is not to be given.

**11) Inability to accept comfort (DSM-5 RAD criterion A2)**

This item is scored positively 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 positive score is not to be given.

**12) Emotional and social withdrawal (DSM-5 RAD criterion B1)**

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). Code as positive if the child/young person was unusually emotionally withdrawn during the first interaction with a new person or during the beginning of a social interaction, even if they “warm up” later.

**13) Avoids eye contact (DSM-5 RAD criterion B1)**

Parent/carer’s generalized 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 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) Avoid physical contact (DSM-5 RAD criterion B1)**

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

**15) Limited positive affect (DSM-5 RAD criterion B2)**

Lack of warmth or emotional or physical affection in most, if not all, interactions with other people. Multiple interactions means that the lack of affection is pervasive and recurrent in many interactions. Do not code a child/young person's lack of affection if s/he is angry at a parent or is preoccupied with another task. This item is addressing a pervasive, not an episodic, lack of affection or inability to show affection.

**16) Difficulties being affectionate (DSM-5 RAD criterion B2)**

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) Relational unpredictability (DSM-5 RAD criterion B3)**

This item receives a positive score 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, 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 (DSM-5 RAD criterion B3)**

On a regular basis, 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 (DSM-5 RAD criterion B3)**

Looks wary or watchful despite literal threat. Parents/carers may note that s/he scans the environment. There is a fearful quality to this.

**20) Frozen watchfulness (*middle childhood only*) (DSM-5 RAD criterion B3)**

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 a literal threat. There is a fearful quality to this.

## How to administer and score the RaDA

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

### Example

Only use **one probe** initially. If “yes” or “maybe”, ask the respondent for an example. Write notes on the example – useful for any coding discussions later.

If satisfied that the answer is “yes” or “no”, score and move on.

If not certain what the score should be, select another probe, get a further example and repeat until you are satisfied that the parental response is present or absent. The bold probes marked with an asterisk are the most tried and tested.

#### X) Cleaning teeth

*Glossary definition:* The child does not clean his/her teeth without prompting

*Useful probes*

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

**\*Do you have to remind Bobby to clean his teeth?**

Present 2

Write down your example e.g.

*Nightmare to get Bobby to clean his teeth.*

*Bad battles, teeth in a terrible state*

Absent 0

### 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 (see appendix) 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) 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 CAPA RAD can be used as a module). This is more useful in research than in clinical work.

## Diagnostic section

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

### Disinhibited Social Engagement Disorder Items

#### 1) INDISCRIMINATE ADULT RELATIONSHIPS

*Glossary definition:* The child/young person is reported to be willing to be friendly towards almost any adult, to a degree unusually to 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 behavior over the internet. This behaviour should not have a quality in which adults are simply being used as objects (as can be seen in ASD), but should be social in nature.

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.

#### Probes:

**\*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?**

Does it worry you?

Do you think it's a problem?

Has s/he always been like that?

Parent/carer  
regards as a  
problem 3

Present 2

Absent 0

## 2) CUDDLINESS WITH STRANGERS

*Glossary definition:* The child/young person invades the social boundaries of strangers and acts in a pseudo-intimate way as if the stranger is a loved one.

This behaviour should not have quality in which adults are simply being used as objects (as can be seen in ASD), but should be social in nature.

### Probes:

- \*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?
- \*Does this cuddliness feel sociable?

Present 2

Absent 0

## 3) COMFORT SEEKING FROM STRANGERS

*Glossary definition:* Only code here is the parent/carer is able to give an example of e.g. 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.

### Probes:

- \*Does s/he preferentially seek comfort from strangers over those s/he is close to?
- \*Does s/he allow others to soothe him/her if s/he is hurt, frightened, or sick?

Present 2

Absent 0

#### 4) PERSONAL QUESTIONS

*Glossary definition:* This has a sociable quality in which it is as if the child/young person is trying to get to know the stranger, but does not recognize 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.

**Probes:**

- \*Does s/he ask very personal questions of strangers in an attempt to be sociable?**
- \*Does s/he say things that other children would know to be nosy or intrusive?**
- \*Does s/he disclose personal information to strangers?**
- \*Does this have a sociable quality?**

Present 2

Absent 0

#### 5) INVADING SOCIAL BOUNDARIES

*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.

**Probes:**

- \*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**

Present 2

Absent 0



**6.1) MINIMAL CHECKING WITH CAREGIVER  
IN UNFAMILIAR SETTING  
(Middle childhood version)**

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

**Probes:**

**\*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?**

**IF PRESENT ASK:**

Does s/he check in with you?

Either by making eye contact with you or coming back to where you are?

Does this behaviour worry you?

Do you think it's a problem?

Does it ever put him/her in danger?

Parent/carer  
regards as a  
problem 3

Present 2

Absent 0

**N.B. Only complete ONE ITEM on this page be guided by child' age/developmental stage**

**6.2) MINIMAL CHECKING WITH CAREGIVER  
IN UNFAMILIAR SETTING  
(Adolescent version)**

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

**Probes:**

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

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

**IF PRESENT ASK:**

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?

Does this behaviour worry you?

Do you think it's a problem?

Does it ever put him/her in danger?

Parent/carer  
regards as a  
problem 3

Present 2

Absent 0

## 7) WANDERING OFF WITH A STRANGER

*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”

### Probes:

- \*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?

Present 2

Absent 0

## 8) INDISCRIMINATE PEER RELATIONSHIPS

*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. Behavior 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 him/her.

### Probes:

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

Does it worry you?  
Do you think it's a problem?  
When did s/he start acting this way?

Parent/carer regards as a problem 3

Present 2

Absent 0

### 9) DEMANDING OR ATTENTION-SEEKING BEHAVIOUR

*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.

**Probes:**

- \*Does s/he need to be the centre of attention?
- \*Can s/he be demanding?

Present 2

Absent 0

## Reactive Attachment Disorder Items

### 10) INABILITY TO SEEK COMFORT

*Glossary Definition:* This item receives a positive score if the child/young person does not normally seek comforting 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 positive score is not to be given.

**Probes:**

**\*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.)?

Present 2

Absent 0

### 11) INABILITY TO ACCEPT COMFORT

*Glossary definition:* This item is scored positively 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 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 positive score is not to be given.

**Probes:**

**\*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)?**

**\*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)?**

Present 2

Absent 0

## 12) EMOTIONAL AND SOCIAL WITHDRAWAL

*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).

Code as positive if the child/young person was unusually emotionally withdrawn during the first interaction with a new person or during the beginning of a social interaction, even if they “warm up” later.

### Probes:

**\*Is s/he unusually emotionally withdrawn?**

**\*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?**

Present 2

Absent 0

## 13) AVOIDS EYE CONTACT

*Glossary definition:* Parent/carer’s generalized 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 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/young person meets new people or is in an unfamiliar setting. Distinguish also from culturally dictated strictures.

### Probes:

**\*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?**

Does this happen with everyone?  
When did this start?

Present 2

Absent 0

#### 14) AVOIDS PHYSICAL CONTACT

*Glossary Definition:* Parent/carer's evaluation that the child/young person tries to avoid being physically close with others.

**Probes:**

- \*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?

Does s/he like to sit on someone's lap?  
Whose?  
How about with other people, like her grandparents?  
How often does it happen?  
When did this start?

Present 2

Absent 0

#### 15) LIMITED POSITIVE AFFECT

*Glossary Definition:* This item receives a positive score 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.

**Probes:**

- \*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?

Present 2

Absent 0

## 16) DIFFICULTIES BEING AFFECTIONATE

*Glossary Definition:* Lack of warmth or emotional or physical affection in most, if not all, interactions with other people. Multiple interactions means that the lack of affection is pervasive and recurrent in many interactions. Do not code a child/young person's lack of affection if s/he is angry at a parent or ispreoccupied with another task. This item is addressing a pervasive, not an episodic, lack of affection or inability to show affection.

### Probes:

**\*Is X an affectionate child?**

Is s/he able to show love, either with hugs or kisses, or warm feelings to you?  
Or your "partner?"  
Or other people in his/her life?  
When did s/he start having difficulty being affectionate?

Present 2

Absent 0

## 17) RELATIONAL UNPREDICTABILITY

*Glossary Definition:* This item receives a positive score 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 requirement on the part of an adult or any other situation that typically can evoke these emotional reactions.

### Probes:

**\*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?**

**\*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?**

Present 2

Absent 0

## 18) APPROACH/AVOIDANCE RESPONSES TOWARD CAREGIVERS

*Glossary Definition:* On a regular basis, 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.

### Probes:

**\*Does X often approach you and then suddenly withdraw from or avoid 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?

Present 2

Absent 0

## 19) HYPERVIGILANCE

*Glossary Definition:* Looks wary or watchful despite literal threat. Parents/carers may note that s/he scans the environment. There is a fearful quality to this.

### Probes:

**\*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?

Present 2

Absent 0



## 20) FROZEN WATCHFULNESS

*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 a literal threat. There is a fearful quality to this.

### **Probes:**

**\*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?**

*Get examples*

**\*Was he ever like this?**

Present 2

Absent 0

## Additional (formulation) items

### 21) MISUNDERSTANDING EMOTIONS

*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 recognizing basic facial expressions found in autism spectrum disorders.

**Probes:**

- \*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?*  
*Does his/her teacher report this?*

Present 2

Absent 0

### 22) NEGATIVE ATTITUDE TOWARD SELF

*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.

**Probes:**

- \*Does s/he often bad mouth him/herself?
- \*Does s/he harm herself physically?

*Does s/he cut/scratch/headbang?*

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

Actual self -  
harm 3

Present 2

Absent 0

### 23) LACK OF REMORSE

**Probes:**

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

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

Present 2

Absent 0

### 24) LACK OF EMPATHY/EMOTIONAL RESPONSIVENESS

*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.

**Probes:**

**\*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?

Like s/he laughs if a child is crying?

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

Present 2

Absent 0

## 25) NEED TO BE IN CONTROL

*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.

### Probes:

- \*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?

Present 2

Absent 0

## 26) FALSE AFFECTION

*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.

### Probes:

- \*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?

Present 2

Absent 0

## 27) HANGING ON BEHAVIOUR

*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. Because this behaviour is difficult to describe unless it has been experienced, we recommend beginning by giving the parent the following example:

### **Probes:**

**\*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?

Present 2

Absent 0

## 28) POSSESSIVENESS

*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.

### Probes:

- \*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**

Present 2

Absent 0

## 29) PSEUDO-ADULT BEHAVIOUR

*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.

### Probes:

- \*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?**

Present 2

Absent 0

### 30) SMEARING FAECES

**Probes:**

**\* 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.?**

Present 2

Absent 0

### 31) GORGING

*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.

**Probes:**

**\*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?**

Present 2

Absent 0

### 32) SCAVENGING

- \*Does he/she ever steal food or hide it away?
- \*Does s/he scavenge food, eg picking up sweets from the ground or litter bins?

Present 2

Absent 0



## **Appendix DSM 5 criteria for DSED and RAD**

N.B. we have not included ICD 10 criteria because these are due to be updated and the DSM criteria are based on the most recent research

### **DSM 5 CRITERIA FOR DISINHIBITED SOCIAL ENGAGEMENT DISORDER**

A. A pattern of behavior in which a child actively approaches and interacts with unfamiliar adults and exhibits at least two of the following:

- Reduced or absent reticence in approaching and interacting with unfamiliar adults.
- Overly familiar verbal or physical behavior (that is not consistent with culturally sanctioned and with age-appropriate social boundaries).
- Diminished or absent checking back with adult caregiver after venturing away, even in unfamiliar settings.
- Willingness to go off with an unfamiliar adult with little or no hesitation.

B. The behaviors in Criterion A are not limited to impulsivity (as in Attention-Deficit/Hyperactivity Disorder) but include socially disinhibited behavior.

C. The child has exhibited a pattern of extremes of insufficient care as evidenced by at least one of the following:

- Social neglect or deprivation in the form of persistent lack of having basic emotional needs for comfort, stimulation and affection met by caregiving adults.
- Repeated changes of primary caregivers that limit ability to form stable attachments (e.g., frequent changes in foster care).
- Rearing in unusual settings that severely limit opportunities to form selective attachments (e.g., institutions with high child to caregiver ratios).

D. The care in Criterion C is presumed to be responsible for the disturbed behavior in Criterion A (e.g., the disturbances in Criterion A began following the pathogenic care in Criterion C).

E. The child has a developmental age of at least nine months.

Specify if Persistent: The disorder has been present for more than 12 months.

Specify current severity: Disinhibited Social Engagement Disorder is specified as severe when a child exhibits all symptoms of the disorder, with each symptom manifesting at relatively high levels.

## DSM 5 CRITERIA FOR REACTIVE ATTACHMENT DISORDER

A. A consistent pattern of inhibited, emotionally withdrawn behavior toward adult caregivers, manifested by both of the following:

- The child rarely or minimally seeks comfort when distressed.
- The child rarely or minimally responds to comfort when distressed.

B. A persistent social or emotional disturbance characterized by at least two of the following:

- Minimal social and emotional responsiveness to others
- Limited positive affect
- Episodes of unexplained irritability, sadness, or fearfulness that are evident even during nonthreatening interactions with adult caregivers.

C. The child has experienced a pattern of extremes of insufficient care as evidenced by at least one of the following:

- Social neglect or deprivation in the form of persistent lack of having basic emotional needs for comfort, stimulation, and affection met by caring adults
- Repeated changes of primary caregivers that limit opportunities to form stable attachments (e.g., frequent changes in foster care)
- Rearing in unusual settings that severely limit opportunities to form selective attachments (e.g., institutions with high child to caregiver ratios)

D. The care in Criterion C is presumed to be responsible for the disturbed behavior in Criterion A (e.g., the disturbances in Criterion A began following the lack of adequate care in Criterion C).

E. The criteria are not met for autism spectrum disorder.

F. The disturbance is evident before age 5 years.

G. The child has a developmental age of at least nine months.

Specify if Persistent: The disorder has been present for more than 12 months.

Specify current severity: Reactive Attachment Disorder is specified as severe when a child exhibits all symptoms of the disorder, with each symptom manifesting at relatively high levels.