**Bertie**

**Background**

Bertie (aged nineteen) has a dual heritage, his birth mother is White British and his birth father is believed to be Black African. Bertie’s birth mother had a diagnosis of Bipolar Affective Disorder. She was known to have abused alcohol and to have partners who were violent towards her. When Bertie’s mother was unwell he stayed with various family friends and relatives. When Bertie was two and a half he was accommodated with foster carers. His records state that on entry to care he was developmentally delayed in some areas. However he made significant progress and is described as “bright”. Bertie had two different foster families before being placed for adoption with Mr and Mrs Smith. During his childhood Bertie’s behaviour caused concern. Bertie was described as “always on the go” and prone to aggressive outbursts and temper tantrums. He was diagnosed with Attention Deficit Hyperactivity Disorder when he was eight. Bertie was excluded from school aged fourteen. His relationship with his adoptive parents became increasingly fraught and after an incident where Bertie hit his adoptive mother he went to live in a young people’s hostel aged seventeen. Bertie engaged well with mental health services and he attended an ‘emotional regulation’ group. Over the years Bertie has tried various medications for ADHD but they have had limited impact on his behaviour. Since he turned eighteen Bertie has been living alone in a bed-sit. He does not have a job. Bertie already has a criminal record for common assault and theft of a vehicle and driving without a licence.

**Presenting difficulties**

Last week Bertie was arrested after he seriously assaulted a stranger in a pub. Bertie’s account is that he has been feeling very low in mood and he had gone out for a drink to cheer himself up. He said the stranger had been “looking at me funny” and as he walked past Bertie he had “got too close”. Bertie had felt a strong urge to punch the man. Once he started to Bertie had found himself unable to stop. He said “something in my head told me to do it”. He has been clear in saying that he thinks the incident was not his fault. At his initial mental health assessment Bertie disclosed that he has been having great difficulty sleeping. He is prone to nightmares and to recurring, negative thoughts. He denies any current suicidal ideation but his records indicate that he has previously taken an overdose. Bertie describes his adoptive parents as “stupid” and says he does not want to see them. When asked about his early history Bertie says he cannot remember any details. Bertie’s account of his previous criminal records is that he has been blamed for things he had not done. Bertie presents as a charming young man and willing to engage.

1. **Reactive Attachment Disorder can be misdiagnosed as ADHD; also it can cause developmental problems**
2. **Might not have ADHD as medication had a limited impact ???**

Bowlby (1944) noted that children who are separated from primary caregivers for extended periods of time during their first months of life did not have working internal model for secure trusting relationships. Since moral behaviour is premised on internal working models, such children behave immorally and they are displaying affectionless psychopathy (Bowlby 1944, cited in Carr, 2012, p.60).

Attachments are categorised into secure attachment and insecure attachment. Insecure attachment includes three subtypes of attachment: avoidant, ambivalent and disorganised .

Bertie may have attachment problems with his primary caregivers during his childhood. Probably he had an insecure ambivalent attachment, which may explain his antisocial behaviour toward his foster parents and strangers.

Features of ambivalent attachment during childhood: wary of strangers, upset when separated from mother, but not reassured by mothers return. May show anger toward his mother at the reunion and resist comfort and contact with stranger (Bee and Boyd, 2013, p. 273).

Bertie might be affected primarily by Reactive Attachment Disorder (RAD), as when his mother has Bipolar Disorder and she abused alcohol as well. Probably Bertie's emotional and/or physical needs were not met. When his mother was unwell he stayed with various family friends and relatives and later he was accommodated with foster carers. RAD may be accounted for his developmentally delayed as well.

Reactive Attachment Disorder (RAD) is a childhood disorder that impairs a child’s social relatedness that begins before age five. It is associated with severe and persistent disregard of a child’s basic emotional and physical needs, in the forms of neglect, abuse and frequent changes of primary caregiver. There are two subtypes of RAD, the Inhibited Type (persistent failure to initiate and respond to social interactions), and the Disinhibited Type (indiscriminate sociability). Mixed types are common. Children diagnosed with RAD also demonstrate significant behavioural problems, including hyperactivity, aggression, attention deficit, emotional problems, lack of empathy Treatment are still under researched; empirically supported treatment is largely absent (Shi, 2014, p. 1).

The absence of human connections can result in permanent problems, including

the risk of becoming sociopaths and violent criminals who feel no remorse for their acts (Fonagy, Target, Steele and Steele, 1997 cited in Shi, 2014, p.10).

<http://web.a.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=92940941-8083-4491-8f45-bff54b173ade%40sessionmgr4003&vid=0&hid=4201>

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Both RAD and ADHD can cause developmental problems (which is present in Bertie's case). Also, RAD can be misdiagnosed as ADHD.

However, a research found by testing 107 children (38 with a diagnosis of RAD, 30 with ADHD and 39 typically developing children) that by using standardized assessment tools for RAD clear discrimination can be made between children with RAD and children with ADHD (Michael et al., 2011, pp. 520–526).

Yet, it does not necesserely mean that Bertie was misdiagnosed with ADHD. For a secondary diagnosis ADHD could be considered.

**Bibliography**

Bee, H. & Boyd, D. (2013) *The Developing Child.* 13thedn. Boston: Allyn & Bacon.

Follan, M., Anderson, S., Huline-Dickens, S., Lidstone, E., Young, D, Brown G, Minnis, H. (2011) Discrimination between attention deficit hyperactivity disorder and

reactive attachment disorder in school aged children in *Research in Developmental Disabilities*, 32(2), pp. 520–526, DOI: 10.1016/j.ridd.2010.12.031.