

A New Look At The Medical Aspects Of Reactive Attachment Disorder (RAD), And of Other “Behavioral” Issues In Adoptive Children

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As a medical doctor who focuses on biomedical (nonpsychiatric) treatment of persons with developmental (“behavioral”) disorders, I increasingly sense the need to say, as Fr. Flanagan* did, “there is no bad boy,” or girl, as so many cases of RAD are in girls. Many adoptive parents are told by well-intended practitioners that their child’s behaviors are purely psychiatric, (i.e., a reaction driven by your child’s psyche). Worse yet, sometimes the message is (outright or insinuated) that your child is a discipline problem. This, of course, implies any or all of the following: that they’re a bad girl or boy, that you’re a bad parent, or that our kids simply need “a trip to the wood shed.”

Parents have told me they’ve heard it all, including a child whose parents were extremely concerned about actual medical illness, and were told *by their physician*, “She’s only a brat! All she needs is a good spanking, that’s what you ought to do!!” Then there’s the silent angry stare in public. Yep, been there, done that (the receiving end, that is). Yet I’m still shocked that it has somehow been overlooked that our kids have terrible rashes, seizures, stunted growth, history of overvaccination (up to five times excess), horrible gastrointestinal (GI) problems, immune difficulties such as allergies to EVERYTHING, hormonal imbalances, detoxification problems (as in they can’t), a variety of metabolic abnormalities, etc. ... Hmmm. I guess we doctors learned all that anatomy, physiology, and biochemistry only to throw it out the window if a child’s symptoms include the behavioral realm, while actively ignoring these frank medical markers of illness.

So if your bone is broken, it’s medical, but if your brain is broken (toxicologically, for example) you get the behavioral labels (RAD, ODD, OCD, ADD/HD, Asperger’s, PDD, and autism being the most common). You also get the trip to the psychologist, the IEP, etc. This is very similar to the histories I obtain with autistic children. Don’t get me wrong. Therapy, psychology, and special education are wonderful things for our kids, just like when we parents do the daily equivalent with our neurotypical children without realizing it, simply by parenting. So psychology deserves some attention. The biology, however, gets ignored; and so does nutrition, trouble sleeping, and even chronic pain in our kids, to name a few things.

It has been shown, for example, that in experimental animals who are taken from their biological mothers, many severe documented GI problems rapidly ensue, paralleling those found in adoptive children with ‘behavioral’ (I prefer the term developmental) disorders, *and* in children on the autism spectrum (ASD). A classic experiment with monkeys who were taken early from their biological mothers developed marked problems with socializing, feeding, weight loss and anxiety. What’s missing from these experiments is that the huge hole in the babies’ lives was not filled again with an adoptive mother, father, or a family/community. That would have given the babies every chance to reverse their acquired problems.

Fast forward to my daily experience, where adoptive parents bring their children to me, a medical doctor, because their children have medical problems. So I do what MD's ought to do: medical tests and medical treatment. The tests reveal a number of bona fide medical abnormalities, as in the lists above. This flows to treatments. It's all based on the recognition of these developmental problems as medical, *not mental*. Therefore, entities such as oppositionality, compulsions, "inattentiveness," and meltdowns have a *medical* basis, just like seizures, constipation, yeast, rashes, and even broken bones.

Stated more pragmatically, *there is medical treatment for the problem!* It's not just drugs and psychologic therapy. (Again, don't get me wrong, medication can be very good treatment for kids and adults living with RAD or ASD, but it's not either/or; biomed and other treatments can work together.) What treatments do I use for persons with RAD? We aim at the medical problems found on exams and tests, commonly abnormal GI bacteria and yeast that make our kids sick, immunologic issues (eg., allergy, autoimmunity, and frequent/severe infections), metabolic problems (eg. a voracious appetite in a child who doesn't grow, hypoglycemia, essential fat & vitamin deficiency), and toxic matters (mercury, other heavy metals, pesticide residues, etc), to name the more common issues. We employ a variety of unique diets that seem complicated and challenging to implement (because they are, at least at first, then it gets easier), we detoxify, we replenish... all in a targeted and individualized fashion. Can a medical doctor treat a diabetic child by addressing her food, metabolism, and growth? The answer, of course, is yes. And so it is regarding how I use medical treatment for our adoptive kids with developmental issues. It makes sense, and it works. It's like anything else with our kids: it's not always an easy road. It can be a long biomedical road with good things and complications (just like the diabetic child). As their mothers and fathers, we the parents know that our kids need a better life. Our kids sure are worth it to us.

It is not my aim to force you and your child to biomed. The hope is that I have opened a new avenue of thought for those of you who never heard of biomedical treatment for RAD, so that you're aware of a treatment you can choose to look into for your child. For those of you who were already aware, keep up the hard good work, and I will see you soon.

*Fr. Edward J. Flanagan, 1886-1948, Founder of the original Boys Town (associated with my alma mater Creighton University, Omaha, NE), and regarded by me and many people as a truly adoptive parent of thousands of unwanted children of all races & backgrounds. P.S.: it's now called Girls and Boys Town.