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IMPACT OF REACTIVE ATTACHMENT DISORDER TRAINING ON PERCEIVED PREPAREDNESS OF MASTER OF SOCIAL WORK STUDENTS TO SERVE INDIVIDUALS WITH REACTIVE ATTACHMENT DISORDERS

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IMPACT OF REACTIVE ATTACHMENT DISORDER TRAINING ON
PERCEIVED PREPAREDNESS OF MASTER OF SOCIAL WORK STUDENTS
TO SERVE INDIVIDUALS WITH REACTIVE ATTACHMENT DISORDERS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Margaret Elizabeth Perez

June 2018

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ABSTRACT

Common diagnoses have greater emphasis in the Master of Social Work (MSW) Program, yet there is an oversight on other disorders that are just as important to address, such as Reactive Attachment Disorders (RAD). Although researchers have determined a need for additional training and education on RAD, none have measured MSW students' level of knowledge on RAD and whether or not it influences their perceived preparedness. The purpose of this study was to analyze the perceived preparedness of MSW students to serve children with RAD before and after participating in an educational training. The study consisted of an explanatory quantitative design using pre/post self-administered surveys and an educational training on RAD. Findings determined that participating in the RAD Training significantly increased MSW students' knowledge and perceived preparedness to serve children with RAD. The study's findings may influence MSW administration to recognize the significance of implementing additional training on rare disorders.

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DEDICATION

Para mi papá: Sé que desde el cielo me estas hechando porras y espero que estés muy orgulloso de mi. Gracias por ser mi guía y mi razón para seguir adelante con la frente en alto. Gracias por enseñarme el valor de no darme por vencida y de ganarme la vida honradamente.

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TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGEMENTS.....	iv
LIST OF TABLES	vii
CHAPTER ONE: INTRODUCTION	
Problem Formulation.....	1
Purpose of the Study	3
Significance of the Project for Social Work	4
CHAPTER TWO: LITERATURE REVIEW	
Introduction	6
Social Work Education Training for Master of Social Work Students.....	6
Diagnosing Difficulties.....	7
Limited Assessment Tools.....	8
Symptom Overlap.....	8
Consequences of Lacking Knowledge of Reactive Attachment Disorder	10
Stress in Family Unit.....	10
Children's Treatment Implications.....	10
Limitations in the Literature.....	12
Theories Guiding Conceptualization	13
Summary	14
CHAPTER THREE: METHODS	
Introduction.....	15

Study Design	15
Sampling.....	17
Data Collection and Instruments.....	17
Procedures	18
Protection of Human Subjects	20
Data Analysis.....	21
Summary	22
CHAPTER FOUR: RESULTS	
Introduction.....	23
Descriptive Statistics.....	23
Inferential Analysis.....	29
Conclusion.....	33
CHAPTER FIVE: DISCUSSION	
Introduction.....	34
Discussion.....	34
Limitations.....	36
Recommendations for Social Work Practice, Policy, and Research.....	38
Conclusion.....	39
APPENDIX A: DEMOGRAPHIC QUESTIONS AND INSTRUMENT	41
APPENDIX B: INFORMED CONSENT	45
REFERENCES.....	47

LIST OF TABLES

Table 1. Demographic Characteristics of Study Sample	24
Table 2. Previous Exposure to Reactive Attachment Disorder Training	25
Table 3. Frequency Distribution of Response Change on Question 18.....	26
Table 4. Frequency Distribution of Response Change on Question 19.....	27
Table 5. Frequency Distribution of Response Change on Question 20.....	28
Table 6. Frequency Distribution of Response Change on Question 21.....	28
Table 7. Frequency Distribution of Response Change on Question 22.....	29
Table 8. Results of Paired Samples T-Tests among Master of Social Work Students between Pretest and Posttest.....	32

CHAPTER ONE

INTRODUCTION

Problem Formulation

Common diagnosis such as post-traumatic stress disorder or depression, have greater emphasis of attention in the Master of Social Work (MSW) Program, yet there is an oversight on other disorders that are just as important to address. MSW students require a well-rounded education as they will work with more than just the common disorders in the field. MSWs make up 60-70 percent of the mental health workforce (Masiriri, 2008) and are expected to be competent to work with diverse populations experiencing a range of disorders. Therefore, it is important to identify strategies in which educational programs can support this development in their students (Dinther, Dochy, & Segers, 2011). In addition to education in a classroom setting, professional development training is continuously used to extend social workers' knowledge and awareness of current practices (Horevits & Manoleas, 2013). Due to the lack of space to implement additional courses to the MSW curriculum, many topics that MSW students are exposed to in the field are not emphasized within the expense of the MSW Program.

For example, Reactive Attachment Disorder (RAD) is briefly touched upon within the MSW curriculum. Training on RAD is imperative as there appears to be an overlap of symptoms with other disorders such as autism, depression, conduct disorder or attention deficit/hyperactive disorder, which

creates challenges for social workers in identifying an accurate diagnosis of RAD (Floyd, Hester, Griffin, Golden, & Canter, 2008). In addition, no effective evidenced-based treatments have been determined specifically to treat children with RAD (NC Division of Social Services and the Family and Children's Resource Program, 2014). Therefore, practitioners from all fields working with this disorder are utilizing various treatments that target similar symptoms such as the ones seen in children with RAD in hopes of seeing improvement on these children's behaviors.

Limited exposure to RAD within the MSW program leads to the micro implication of MSW students not feeling competent in this area and potentially misdiagnosing children they serve. Consequently, providing ineffective interventions to individuals could possibly be traumatizing and dangerous if not treated appropriately (Floyd et al., 2008). According to researchers (Shaw & Paez, 2007), integrating appropriate interventions to the treatment of the child may reduce problematic co-occurring symptoms (i.e. anxiety, depression, conduct problems, and social skills difficulties). In addition, other ramifications such as lost economic costs and increased distress on both the parents and the child may appear. This problem would have obvious implications to social work practice as the goal is to help people, not make matters worse. To avoid misdiagnosis, it is essential for practitioners who diagnose children and adolescents with mental disorders continue their education (Merten, Cwik, Margraf, & Schneider, 2017).

Purpose of the Study

The purpose of the research study is to assess the impact of an educational reactive attachment disorder training on perceived preparedness of MSW students to serve clients with RAD. The MSW program briefly covers RAD in comparison to other diagnoses; and although RAD is assumed to have a low prevalence rate (American Psychiatric Association, 2013) many clients who are serviced by social workers portray background history and symptoms that are seen in children with RAD; such as child abuse and neglect. In order to assure that the MSW Program is providing sufficient training and education to their students on this particular disorder, an educational training is required to evaluate the level of understanding and feeling of readiness being portrayed by the students. The study determines if there is a statistical significance between RAD training and the level of perceived preparedness of MSW students. In other words, the study is utilized to identify if previous trainings have had an impact on MSW students in comparison to the RAD training being presented through this study. Lastly, presenting the study's intervention concludes if MSW students require extensive training beyond the ability of the provided RAD training presented by this study in order to feel prepared to work with this population.

Overall, a quantitative design research method is utilized in this study. Quantitative data is collected in efforts to measure the results to determine patterns in the study. In addition, this study is explanatory as it provides an explanation of the relationship between the intervention and the level of

perceived preparedness of MSW students serving clients with RAD. The study employs a pre/post self-administered survey questionnaire design to measure the results of the intervention. Using a survey assists in understanding the gap being addressed, is efficient, and represents a larger population of MSW students (Grinnell & Unrau, 2013).

Significance of the Project for Social Work

Professional development training on mental disorders have proven to be effective in increasing the perceived self-efficacy of practitioners (Lim, Nakamura, Higa-McMillan, Shimabukuro, & Slavin, 2012; Ling & Mak, 2011), but have not been implemented for RAD. Implementing professional development training on RAD allows the opportunity to assess the need of additional RAD education for MSW students. The evaluation of the study's results determine if social work students are receiving appropriate training and are prepared to work with RAD. It is the hope that the study's findings will influence decision makers in the MSW graduate studies field to recognize the significance of the need for additional training on rare disorders such as RAD and utilize it as a requirement for students enrolled in the MSW program. Rather than misdiagnosing children with common diagnosis that social workers are more familiar with, MSW students will feel prepared to further explore and identify overlapping symptoms to provide appropriate diagnosis and treatment. As a result of having MSW students possibly gaining an additional skill set that is not covered in depth through the MSW Program, there will be a decrease in the consequences that

result from misdiagnosing and providing ineffective treatment to children with RAD.

Therefore, the question this study will address is: What is the impact of Reactive Attachment Disorder Intervention on perceived preparedness of MSW students to serve individuals with RAD?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter provides an overview of research that explores the importance of social workers who work or will work with children to receive extensive training on RAD. Literature on diagnostic difficulties and consequences of lacking knowledge regarding RAD are addressed. In addition, limitations in the current literature are considered after thoroughly analyzing current research. Lastly, in efforts to understand the approach of this study, theoretical perspectives guiding conceptualization are discussed.

Social Work Education Training for Master of Social Work Students

Social workers in the field may face difficulties in diagnosing and providing treatment to children who appear to have symptoms related to RAD as it is considered to be a poorly understood disorder with very little research (Chafflin et al., 2006). Stinehart, Scott, and Barfield (2012) highlight the need for mental health professionals to be aware of current research regarding RAD to increase the ability to work with this population. In addition, they emphasize the importance of mental health professionals being cautious about the diagnosis techniques and protocols they use to reduce the possibility of misdiagnosis and to improve the ability to provide effective treatment for their clients. The Council on Social Work Education (Council on Social Work Education, 2015) created 10

core competencies and 41 accompanying practice behaviors that are to guide the development and implementation of an explicit curriculum for social work students. Under “Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities”, CSWE expects social workers to use theoretical frameworks as a guide while conducting assessments, intervention, and evaluations. It is also expected that social workers rely on critiques and knowledge to understand the person and environment by applying knowledge of human behavior and the social environment. Just as other uncommon disorders, RAD has received little attention within the curriculum in comparison to more common disorders. As a result, the lack of training and education may possibly intervene in fulfilling Competency 7 while working with children with RAD. Therefore, it is vital for MSW students who work or will work with children to be trained and skilled for diagnosing and treating RAD.

Diagnosing Difficulties

Stinehart et al. (2012) have identified the importance of competency in diagnosing children with RAD as they point out that increasing rates of foster care placements and adoption rates may lead to higher rates of RAD as foster youth have background histories that are seen in some of the children who are diagnosed with this disorder. Although RAD is commonly seen in maltreated children, Stinehart et al. (2012) warn mental health professionals to avoid the assumption that behavioral concerns in all foster and orphaned youth are

related to this disorder. When it comes to diagnosing RAD, difficulties arise as a result of various factors.

Limited Assessment Tools

Due to the absence of a universal accepted standardized tool to assess for RAD, there is a limited number of assessment tools available, which require professionals to be well-versed in this disorder to identify effective diagnosing tools (Chaffin et al., 2006). As a result, this increases possibilities of misdiagnosing children. This may impact the ability of researchers to generate and research effective evidenced-based intervention strategies. Although there has been no consensus for an appropriate protocol, Sheperis et al. (2003) have identified key components for any assessment tool: (a) differentiate cognitive and lingual characteristics of RAD from other developmental disorders; (b) identifying behavioral portions regardless if they overlap with other conduct disorders; (c) specifically addressing the foundation of the disorders; and (d) placing emphasis on all of these areas listed when making the diagnosis. On the other hand, other researchers emphasize the importance of having a multi-disciplinary assessment and behavior observations rather than using a single assessment tool directed for RAD, as other disorders should be cancelled out before considering RAD (Woolgar & Scott, 2014).

Symptom Overlap

In relation to dismissing other disorders before considering RAD, Chaffin et al. (2006) have identified an overlap with other disorders that show to have

similar symptoms to RAD, which may create confusion with one another. As a result, high levels of misdiagnosing have been reported on children who only appear to have mild to moderate symptoms of RAD. According to Zeanah, Chesher, Boris (2016), American Academy of Child and Adolescent Psychiatry Committee on Quality Issues (2016), and the DSM-V American Psychiatric Association (2013), mental health professionals need to consider differential diagnosis of RAD, which include, autism spectrum disorder (ASD), global development delay (GDD), and depression. RAD and ASD share similar symptoms; one of them being that they have social withdrawal and reduced social reciprocity but differ in the quality of social interaction between groups (Davidson, Mactaggart, Green, Young, Gillberg, & Minnis, 2015). Furthermore, although there may be some similarities between RAD and GDD, RAD can be distinguished as it consists of deviant social and emotional behaviors, reduced responsiveness and positive affect, and emotion regulation disturbances which are not seen in GDD (Davidson et al., 2015). On the other hand, depression does mimic the reduced responsiveness and positive affect that are seen in RAD, but children with depression are often capable of forming appropriate social relationships; whereas children with RAD lack this ability. Regardless of having access to this information, some Davidson et al. (2015) have identified difficulties in differentiating these disorders. Haugaard & Hazan (2014) recognize the principal obstacle of diagnosing children with RAD being the lack of understanding and familiarity with this disorder.

Consequences of Lacking Knowledge of Reactive Attachment Disorder Stress in Family Unit

Chafflin et al. (2006) suggest that mental health professional should be well equipped and prepared not only to help children with RAD, but also to help parents prevent a dysfunctional family environment. Some children with RAD have significant behavioral issues, which may cause disruption in a previously healthy family unity, including foster families. As a result of caring for children with mental health disabilities, parents and caregivers have shown significant impact on their emotional and psychological well-being (Follan & McNamara, 2013). Parents begin to question their abilities to care for their children and become insecure, anxious, sad, and even angry at times. Preparation is insufficient and the parents alone cannot handle the children's needs. Even when parents reach out for help, some express a lack of support from social and health services as they have to fight for recognition of their difficulties and are labeled as failing parents (Follan & McNamara, 2013).

Children's Treatment Implications

Treating children with RAD has shown to be difficult for various reasons. Rapport building is considered one of the most difficult steps in moving forward with the healing process as mental health professionals must build sufficient trust with the child, which is one of the main issues children with RAD struggle with. Understanding the underlying reasons for the children's behaviors that are related to their attachment experiences and relationships is necessary to deliver

therapy (Zeanah et al., 2016). Shi (2014) argues that an untreated child with RAD may potentially lead to a continuum of lifelong consequences. In extreme cases of having no human connections, some consequences may be irreversible as they result to be sociopaths and violent criminals who feel no remorse for their violent acts. On the contrary, Chaffin et al. (2006) argue that this prediction should be viewed with some skepticism given its lack of empirical scientific support.

Hanson and Spratt (2000) highlight the importance of mental health professionals using ethical decision making when determining the treatment methods being used on children with RAD. Due to lack of identified research on RAD, no evidence-based treatments for this disorder have been determined, which requires mental health professionals to rely on evidence-based treatments that are used to treat other disorders with similar symptoms. This is considered the most concerning consequence of RAD diagnosis as there is no support for the treatments being utilized (Hanson & Spratt, 2000). There are expressed concerns towards some treatments that may potentially be traumatizing and dangerous for the children being treated. For example, the most controversial treatment is known as holding techniques. Chaffin et al. (2006) argue that they are dangerous, re-traumatizing, and coercive techniques as fatal consequences have occurred. On the other hand, Keck (n.d.) argues that holding techniques have no physical risks, are described as gentle and nurturing, and are required to help children with RAD.

Limitations in the Literature

Having RAD lack sufficient evidence-based research to strengthen the understanding of how to appropriately diagnose and treat children, researchers have expressed the importance of mental health professionals increase their competency regarding RAD. Findings from a study (Hanson & Spratt, 2000) highlight the level of importance for professionals to be capable of making ethical decisions that best meet the needs of clients. The predictions of potential increase of RAD rates support the idea that it needs additional attention than what it has received in the previous years. Although researchers have determined a need for additional training and education on RAD, none have measured mental health professionals' level of knowledge on RAD and whether or not it influences their perceived preparedness to work with this disorder. For this reason, it is important to determine the impact of increased education and its effectiveness on professionals in order to identify useful strategies of preparing social workers to provide effective services. Because social work students are currently in an environment that is meant to prepare them for the workforce, it is important to determine their level of need for additional education on RAD. In the field of social work, this study serves as an experiment to measure the impact of a reactive attachment disorder educational training on the perceived preparedness of MSW students to serve individuals with RAD, and identifies the need of additional education on RAD.

Theories Guiding Conceptualization

Attachment Theory has guided much of the known research that has focused on understanding RAD. According to this theory, infants seek to build close relationships with their attachment figures to survive and thrive. Interaction between the caregiver and the child resulting in emotional bonding is important to the development of a child. As a result of infants forming secure attachments, they tend to have more positive social interactions and closer relationships once they grow older (Zastrow & Kirst-Ashman, 2016). In regards to children with RAD, attachment theory illustrates the reasoning why these children have difficulties forming relationships primarily as a result of being maltreated. If the primary caregiver is unavailable, insensitive, or rejecting, the infant will learn not to seek comfort when in distressed. As a result, throughout the infant's development, the infant will learn to be untrustworthy and possibly rejecting of others. To treat the child, attachment theory suggests that a stable and loving attachment relationship is needed for healing (Shi, 2014).

Although the current study is guided by literature lead by attachment theory, this study takes a different approach as it is an expansion of what is already known. In efforts to understand the impact of additional education on the perceived preparedness of MSW students, this study is guided by the social learning theory; given that a social worker's attachment would not shape a social worker's perceived preparedness. According to social learning theory, behavior results from both person and situation where there is a cognitive and

operant view of learning. Learning can be acquired through observation or direct experience (Bandura, 1977). Thyer & Wodarski (1990) have identified this theory to be effective in guiding social work interventions at all levels by providing a comprehensive conceptual framework. In addition, they recommend the social learning theory should be the central focus of all social work educational curriculums. Using the social learning theory for this study is more appropriate because it provides a rationale as to why the acquisition of knowledge shapes perception.

Summary

This chapter provided a literature review on current research that explores the importance of being trained and educated on RAD. Factors that lead to difficulties in diagnosing individuals from this population were addressed. The first factor addressed is limited assessment tools that social workers have access to when diagnosing children with RAD. The second factor is the commonality of symptom overlap between RAD and other disorders. In addition, consequences of lacking knowledge of RAD were discussed. The first consequence of lacking knowledge is that it may lead to stress in the family unit. Children's treatment implications were the second consequence explored. No prior research has been specifically conducted on measuring mental health professionals' level of knowledge on RAD and the impact it has on the perceived preparedness of workers. Although, much of RAD research has been guided by attachment theory, the current study is influenced by the social learning theory.

CHAPTER THREE

METHODS

Introduction

This study measures the impact of Reactive Attachment Disorder (RAD) Training on the perceived preparedness of MSW students to serve individuals with RAD. This chapter explains in depth how the study was carried out. The sections discussed consist of the study design, sampling, data collection and instruments, procedures, and protection of human subjects.

Study Design

The purpose of the study is to explain if there is a relationship between RAD Training and the perceived preparedness of MSW students to work with individuals with RAD. This is an explanatory research project, as it is already known that educational trainings are widely utilized to prepare professionals, but this study in particular, explains if there is a statistically significant change in perceived preparedness to work with clients with RAD when a set of MSW students are presented with a training on RAD. This determines if in fact the intervention increases the perceived level of preparedness or if it remains the same. This study also confirms or contradicts the belief that MSW students require additional educational trainings on uncommon disorders such as RAD. In order to gather data from the intervention, a quantitative research method was utilized to measure data that was systematically collected by using a pre-

experimental design with one-group pre/post survey design. The study consists of a pretest survey prior to the training and a posttest afterwards to measure the differences between both surveys.

An explanatory, quantitative approach is most appropriate for this study as it assists in translating the numerical data collected. It is the least time consuming as all data was gathered at one point in time. In this study, pretest surveys completed by each student were collected prior to the intervention and posttest surveys were collected after the intervention. In addition, data collected was analyzed fairly quickly and significant findings were generalized to the entire population of MSW students at this university. Finally, the objectivity of the study decreased a chance of misinterpreting data as data analysis relied on unbiased survey responses.

One limitation of using a quantitative research method is that having a specific population may cause difficulties in generalizability. Another limitation is the inability to ask follow-up questions in case clarification was needed. There were incidents where additional information may have strengthened the results of the study, but because the survey was anonymous, this was not possible. One limitation of using surveys is that the validity of the responses provided by the participants can be questionable. Participants may not always respond truthfully or thoughtfully when filling out the questionnaire as they may have felt they were expected to be more competent about the topic discussed.

The research question this study addresses is: What is the impact of Reactive Attachment Disorder Training on perceived preparedness of MSW students to serve individuals with RAD?

Sampling

The study utilizes a non-random purposive sample of graduate students pursuing their Master of Social Work degree. Approval to invite participants was requested from administrators of the program. The RAD training took place in a university campus in a private classroom. The majority of the sample consisted of females, due to the limited number of males being part of the MSW program. A total of fifty-five foundation and advanced students in the MSW program participated in the pre-experimental design of one-group pre/post-test surveys. This sample was chosen because these participants are receiving an education from an MSW program and are or will possibly be working with children who may show similar symptoms of RAD.

Data Collection and Instruments

Quantitative data was collected via surveys to measure the impact of the training on the perceived preparedness of MSW students to serve individuals with RAD. The training took place in January 25, 2018 at 12:20 PM in a school's library lecture hall. Demographic information was collected as part of the survey questionnaire. This consists of age, gender, ethnicity, educational level, number of years in social work field and number of years working with children including

volunteer and internship work, and education or trainings received on RAD. Additional data was collected to measure the knowledge and attitudes of participants before and after the training. This study consists of providing an educational training, Reactive Attachment Disorder Intervention (independent variable), to MSW students to measure the impact it may have on their perceived preparedness (dependent variable) to serve children with RAD.

Because there is no previous instrument to measure the impact of RAD trainings on perceived preparedness, a one-group pre/post-test questionnaire was created by the researcher. Questions on the survey consist of fill-in questions, Likert-type scales and multiple-choice questions, which were influenced by previous publications regarding RAD. A pilot study was conducted by distributing the survey to ten MSW students to solicit feedback regarding their understanding of the survey instrument, wording, determine ambiguity, and feasibility. One advantage of using this instrument is that it was distributed and collected simultaneously. Another advantage is that since there are no other instruments that measure the impacts of such intervention it may be utilized for future educational trainings on RAD. One limitation is that since it is a newly constructed instrument, its reliability could not be compared to other surveys.

Procedures

An MSW with background of working with children with attachment issues was recruited to present the training. A meeting with the Director of the School of Social Work was conducted to discuss this study in efforts of getting approval

to use MSW students as participants. Approval to conduct the study was granted by the IRB. Two professors of full-time foundation and advanced MSW students agreed to have the RAD training be presented during one of their lecture days. Once approval from the Director was given, a brief description of the study was disbursed via email solicitation to all full-time foundation and advanced MSW students to give them an advanced notice of the training. The email consisted of a brief introduction of the study including the need of participants, an explanation of voluntary participation and benefits for participants.

As students arrived to the room, they were reminded that this study is not a requirement of the social work program and participation is completely optional. All students were exposed to the training but were not required to be part of the study. All students were handed a consent form and a pretest survey to read and fill out prior to the training. Students who chose not to participate were given the option to leave the forms blank or simply scribble on them to make their choice to not participate discrete if they chose to. A brief introduction of the study and confidentiality details was presented, as well as a verbal agenda of the event. Surveys took no more than ten minutes to complete. As soon as they completed their surveys, they turned in their consent forms and their pretest surveys to the researcher and the researcher's assistant. Following, they were directed to the food table, which was used to show gratitude of appreciation for their time. After everyone, including non-participants, turned in

their forms and grabbed their food, the presenter was introduced and began the training, which took approximately fifty-five minutes. After the training concluded, closing remarks were made and the posttest surveys along with their copy of the consent form were distributed by the researcher and the researcher's assistant. Participants took about ten minutes to complete the survey and non-participants were once again asked to leave the survey blank or scribble on the page. Once completed, surveys were collected by the researcher and the researcher's assistant and the students were dismissed.

Protection of Human Subjects

To protect the confidentiality of the participants, all students were provided with the consent form and pre/post surveys regardless of their participation. Those who wished not to partake in the study did not complete a survey or simply scribbled the paper to prevent any discomfort for choosing to not participate. Participation confidentiality was limited due to the inability to control other students' disclosures, but results remained anonymous through the use of identification codes applied to each individual, and the surveys were kept in a safe secure place. Each pretest survey had a code assigned along with a blank sticky note and was randomly distributed to all the individuals present in the room. Participants were asked to write their code on the sticky note and keep it for reminder purposes. When filling out the posttest surveys, participants were asked to use the same code as their pretest. Participants were asked to return sticky notes along with the posttest surveys. An informed consent was

provided prior to the intervention explaining that they are not required to participate in the study as it is not a requirement from the school and they may step out at any time. After one year of the study, all collected data will be shredded.

Data Analysis

For the purpose of this study, collected quantitative data was analyzed using IBM SPSS 24 on Windows software. The variables measured included the independent variable of participating (before and after) in the RAD Training and the dependent variable of perceived preparedness (score on scale). Having the independent variable being nominal dichotomous and the dependent variable being interval, the data collected was measured by using a t-test for paired samples. This allowed the same population to be compared under two different conditions by using the collected data from the pre/post-test surveys completed by participants. Analysis determined whether there was a statistically significant difference in the mean scores before and after the educational training.

Descriptive statistics were used to summarize participants' demographic data of age, gender, ethnicity, educational level (full-time foundation; full-time advanced), and number of years in the social work field and number of years working with children, including volunteer and internship work, and education or trainings received on RAD.

Summary

This study explains if RAD Training impacts the perceived preparedness of MSW students. A quantitative, explanatory method was used to facilitate this study. A one-group pretest-posttest survey served as a tool to collect data from a non-random purposive sample of MSW students and was measured by using a t-test for paired samples. Participants' confidentiality and safety protection were explained prior to the intervention.

CHAPTER 4

RESULTS

Introduction

This chapter presents the findings of the statistical analysis conducted on MSW students who participated in the RAD training. The chapter includes a detailed report of the sample, descriptive statistics, and inferential analysis. Under the descriptive statistics section, characteristics of the sample are presented, along with their previous exposure to RAD training and the frequency distribution of response change on objective right or wrong outcomes. The inferential analysis section addresses results of the paired sample t-test used to examine the means between the pre/posttest surveys distributed in Time 1 and Time 2.

Descriptive Statistics

Table 1 demonstrates the characteristics of this study's sample. This study consisted of 55 participants. The average age of participants was 29. Of the 55 participants, a large percentage identified as female (81.8%), while only 18.2% identified as male. When asked about their ethnicity, more than half of the 55 participants identified as Hispanic/Latino(a) (60%), 3 identified as African American/Black (5.5%), 13 identified as Non-Hispanic White (23.6%), 5 identified as Asian American/Pacific Islander (9.1%), and 1 identified as other

(1.8%). Participants were also asked to identify their student status. Of the 55 participants, they appeared to be fairly divided, having 27 participants being 1st year full-time students (49.1%) and 28 participants being 2nd year full-time students (50.9%). Of the 55 participants, the average years of experience in the social service field, including internship and volunteer work, was 4 years and the average number of those years of experience in working with children/youth was 2.47 years.

Table 1. Demographic Characteristics of Study Sample

Variable	N	%	Mean	S.D.
Age			29	8.24
Gender				
Female	45	81.8%		
Male	10	18.2%		
Ethnicity				
Hispanic/Latino(a)	33	60%		
African American/Black	3	5.5%		
Non-Hispanic White	13	23.6%		
Other	1	1.8%		
Student Status				
1 st year full-time	27	49.1%		
2 nd year full-time	28	50.9%		
Years of Experience In field			4	2.23
Years of Experience with children/youth			2.47	2.36

Table 2 demonstrates affirmative responses of having previous exposure to RAD training. Participants were provided with options to determine where and if they had previously received education/trainings on RAD. Out of the 55 participants, a total of 27 participants reported to have received education/trainings on RAD in a lecture during the MSW program (49.1%). A total of 13 participants reported having education/trainings on RAD through field training (23.6%), 6 participants reported having education/trainings on RAD through their employment (10.9%), 11 participants reported having other education/training on RAD (20%), and a total of 18 participants reported having no education/training on RAD (32.7%).

Table 2. Previous Exposure to Reactive Attachment Disorder Training

Variable	N	%
Lecture during MSW	27	49.1%
Field Training	13	23.6%
Training through Employment	6	10.9%
Other Training	11	20%
No Training at All	18	32.7%

Note: Only affirmative responses noted.

The following tables exhibit the frequency distribution of response change on objective right or wrong outcomes.

Table 3 demonstrates the outcomes of responses for “Question 18: Which of the following is a/are behavior(s) seen in RAD?” Of the 55 participants,

a total of 48 individuals responded (87.3%) to Question 18 in both Time 1 and Time; while 7 did not (12.7%). A total of 28 participants responded a wrong answer in Time 1 and Time 2 (50.9%). Out of the 48 respondents, 3 responded to Question 18 correct in both attempts (5.5%). Only one participant responded the correct answer in Time 1 and the wrong answer in Time 2 (1.8%). The remaining 16 participants responded the wrong answer in Time 1 and the correct answer in Time 2 (12.7%).

Table 3. Frequency Distribution of Response Change on Question 18

Which of the following is a/are behavior(s) seen in RAD?				
Time	Time1	Time 2	N	%
	Wrong Answer	Wrong Answer	28	50.9%
	Correct Answer	Correct Answer	3	5.5%
	Correct Answer	Wrong Answer	1	1.8%
	Wrong Answer	Correct Answer	16	29.1%
Missing			7	12.7%
Total			48	87.3%

Table 4 demonstrates the outcomes of responses for “Question 19: RAD symptoms are evident in children throughout the age range of:” Of the 55 participants, a total of 48 individuals responded (87.3%) to the question; with a total of 9 individuals who did not respond (12.7%) to the question in Time 1 and Time 2. Of the 48 participants, 4 responded wrong to the question in both Time 1 and Time 2 (7.3%), 20 responded correct in both Time 1 and Time 2 (36.4%),

only 1 responded correct in Time 1 and wrong in Time 2 (1.8%), and a total of 23 responded wrong in Time 1 and correct in Time 2 (41.8%).

Table 4. Frequency Distribution of Response Change on Question 19

RAD symptoms are evident in children throughout the age range of:

Time	Time1	Time 2	N	%
	Wrong Answer	Wrong Answer	4	7.3%
	Correct Answer	Correct Answer	20	36.4%
	Correct Answer	Wrong Answer	1	1.8%
	Wrong Answer	Correct Answer	23	41.8%
Missing			7	12.7%
Total			48	87.3%

Table 5 demonstrates the outcomes of responses for “Question 20: Common treatment(s) for RAD consist(s) of:” Of the 55 participants, a total of 46 individuals responded (83.6%) to the question, with a total of 9 individuals who did not respond (16.4%) to the question in Time 1 and Time 2. Of the 46 participants, only 1 responded wrong on both Time 1 and Time 2 (1.8%), a grand total of 35 responded correct in both times (63.6%), 5 responded correct in Time 1 and wrong in Time 2 (9.1%), and 5 responded wrong in Time 1 and correct in Time 2 (9.2%).

Table 5. Frequency Distribution of Response Change on Question 20

Common treatment(s) for RAD consist(s) of:				
Time	Time1	Time 2	N	%
	Wrong Answer	Wrong Answer	1	1.8%
	Correct Answer	Correct Answer	35	63.6%
	Correct Answer	Wrong Answer	5	9.1%
	Wrong Answer	Correct Answer	5	9.1%
Missing			9	16.4%
Total			46	83.6%

Table 6 demonstrates the outcomes of responses for “Question 21:

Which of the following is a disorder that resembles symptoms of RAD?” Of the 55 participants, a total of 47 individuals responded (85.5%), while 8 did not respond to the question in both Time 1 and Time 2 (14.5%). More than half of the participants responded wrong (54.5%) to Question 21 in both Time 1 and Time 2, 4 responded correct in both Time 1 and Time 2 (7.3%), 5 responded correct in Time 1 and wrong in Time 2 (9.1%), and 8 responded wrong in Time 1 and correct in Time 2 (14.5%).

Table 6. Frequency Distribution of Response Change on Question 21

Which of the following is a disorder that resembles symptoms of RAD?				
Time	Time1	Time 2	N	%
	Wrong Answer	Wrong Answer	30	54.4%
	Correct Answer	Correct Answer	4	7.3%
	Correct Answer	Wrong Answer	5	9.1%
	Wrong Answer	Correct Answer	8	14.5%
Missing			8	14.5%
Total			47	85.5%

Table 7 demonstrates the outcomes of responses for “Question 22: True or False: Serious social neglect is a diagnostic requirement for RAD and is also the only known risk factor for the disorder.” Of the 55 respondents, a total of 48 individuals responded to the question in both Time 1 and Time 2 (87.3%), while 7 did not respond (12.7%) to the question in both times. Of the 48 respondents, 5 responded wrong in both Time 1 and Time 2 (9.1%), 21 responded correct in both Time 1 and Time 2 (38.2%), 11 responded correct in Time 1 and wrong in Time 2 (20%), and 11 responded wrong in Time 1 and Correct in Time 2 (20%).

Table 7. Frequency Distribution of Response Change on Question 22

True or False: Serious social neglect is a diagnostic requirement for RAD and is also the only known risk factor for the disorder

Time	Time1	Time 2	N	%
	Wrong Answer	Wrong Answer	5	9.1%
	Correct Answer	Correct Answer	21	38.2%
	Correct Answer	Wrong Answer	11	20%
	Wrong Answer	Correct Answer	11	20%
Missing			7	12.7%
Total			48	87.3%

Inferential Analysis

The analysis conducted was done using IBM SPSS 24 software. A paired sample t-test analysis was used to examine the means between the pre/posttest surveys given in Time 1 and Time 2 that explored the perceived preparedness of MSW students participating in the RAD training. Table 8 presents the statistical results of the paired sample t-test analysis.

The paired samples t-test was conducted to evaluate the impact of the RAD Training on the perceived preparedness of MSW students working with children. Results indicated that MSW students felt on average significantly more capable of identifying RAD symptoms in Time 2 (M= 2.42) than Time 1 (M= 3.76), $t(54) = -8.39$, $p = .001$. Participants also felt more prepared to diagnose a child with RAD in Time 2 (M=3.13) than Time 1 (M=2.00), $t(52) = -8.95$, $p = .001$. In addition, participants felt less unprepared to work with a child with RAD in Time 2 (M= 2.49) than Time 1 (3.11), $t(54) = 3.53$, $p = .001$. As a result of participating in the RAD training, participants felt an increase of being able to distinguish symptoms of RAD from other attachment related disorders from Time 1 (2.07) to Time 2 (3.45), $t(54) = -12.06$, $p = .001$. Results indicated a significant improvement in feeling competent enough to provide treatment to a child with RAD from Time 1 (2.05) to Time 2 (3.15), $t(54) = -7.08$, $p = .001$. On average, participants felt significantly more comfortable working with a child with RAD in Time 2 (M= 3.83) than Time 1 (M= 2.70), $t(53) = -7.93$, $p = .005$. Results also concluded an increase of participants feeling more prepared servicing a child with RAD and his/her family in Time 2 (M=3.47) than Time 1, $t(52) = -8.89$, $p = .001$. Participants reported a significant difference from Time 1 (M= 2.74) to Time 2 (M= 4.23), $t(52) = -8.48$, $p = .001$. in regards to feeling that educational/academic courses increased their knowledge on RAD. Participants also reported a significant increase in feeling comfortable making appropriate referrals for a child with RAD from Time 1 (M= 2.35) to Time 2 (M=3.47), $t(54) =$

-7.14, $p = .001$. As a result of participating in the RAD training, participants reported a decrease from Time 1 (3.05) to Time 2 (2.44), $t(54) = -8.48$, $p = .005$, in feelings of being unable to distinguish RAD from other mental disorders. Lastly, fewer participants described feeling a lack of knowledge on RAD from Time 1 (3.80) to Time 2 (2.49), $t(54) = 6.87$, $p = .001$.

Table 8. Results of Paired Samples T-Tests among Master of Social Work Students between Pretest and Posttest

Question	Time 1 Mean	Time 2 Mean	<i>p</i>
Feel capable of identifying RAD symptoms	2.42	3.76	.001
Feel prepared to diagnose a child with RAD	2.00	3.13	.001
Feel unprepared to work with a child with RAD	3.11	2.49	.001
Able to distinguish symptoms of RAD from other attachment related disorders	2.07	3.45	.001
Feel competent enough to provide treatment to a child with RAD	2.05	3.15	.001
Feel comfortable working with a child with RAD	2.70	3.83	.001
Feel prepared serving a child with RAD and his/her family	2.17	3.47	.001
Educational trainings/academic courses have increased knowledge on RAD	2.74	4.23	.001
Feel comfortable making appropriate referrals for a child with RAD	2.35	3.47	.001
Unable to distinguish RAD from other mental disorders	3.05	2.44	.005
Feel a lack of knowledge on RAD	3.80	2.49	.001

Conclusion

This chapter highlighted a detailed report of the sample, descriptive statistics, and inferential analysis on MSW students who participated in the RAD training. The tables summarized the gathered data from participants' descriptive statistics reporting their characteristics, previous exposure to RAD training, and the frequency distribution of response change on objective right or wrong outcomes. A paired sample t-test was also conducted to determine significance between the pre/posttest surveys distributed in Time 1 and Time 2. Results suggested that there was a significant difference in the pre-and-post mean scores of participant's attitudes in all of the Likert questions measuring their perceived preparedness of serving children with RAD.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter addresses the major findings presented in Chapter 4. This chapter also presents limitations of the study, and recommendations for social work practice, policy, and research. Lastly, this chapter concludes with final thoughts on educational training on diagnosis such as RAD and its impact on the perceived preparedness of MSW students.

Discussion

The goal of this study was to target MSW students with a limited understanding of RAD to determine the impact an educational training would have on their perceived preparedness to serve children with such a diagnosis. The results measured two categories (knowledge of RAD and perceived preparedness to serve children with RAD) at Time 1, which was before the training and Time 2, which was after the training.

To understand the impact of the training on the objective knowledge of the participants, it is important to highlight the areas that had the highest rates of going from wrong to correct on Questions 18 through 22. The greatest success was in the area of having participants correctly determine the age range of children experiencing RAD symptoms after participating in the training. Although

many of the participants got the correct answer at Time 1 and Time 2, there were more participants who got the answer wrong the first time and correct the second time. Another area where participants demonstrated an improvement in their knowledge was in identifying behaviors seen in children with RAD. Lastly, although a small percentage of participants fell under the category of having a wrong answer in Time 1 and correct answer in Time 2, more than half of the participants responded to the correct answer in both times in regards to determining common treatments for RAD, which may imply that the training content reassured them about their prior knowledge. As previously mentioned in Chapter 1, effective evidenced-based treatments for children with RAD are yet to be determined. Therefore, it was an imperative finding that MSW students left the training knowing appropriate treatments that can be used to target RAD symptoms. Overall, it can be inferred that participating in an educational training on RAD does have an impact on the objective knowledge of MSW students to some extent. The hope is that by having MSW students increase their knowledge on RAD, there will be a decrease in the consequences that result from misdiagnosing and providing ineffective treatment to children with RAD.

As it pertains to the effectiveness of the training in changing perceived preparedness, attending the RAD training did in fact have a significant impact on the perceived preparedness of MSW students to serve children with RAD. Although all of the items measuring participants' attitudes towards serving children with RAD indicated to be statistically significant, the area with the

greatest success was MSW students reporting a greater increase of feeling that educational trainings/academic courses have increased their knowledge on RAD from Time 1 to Time 2. Another important finding was that participants had a significant increase from Time 1 to Time 2 in feeling capable of distinguishing symptoms of RAD from other attachment related disorders. The final finding that ranked in the highest increase from Time 1 to Time 2 was participants reporting that they felt prepared serving a child with RAD and his/her family. Results of this study correlated with prior studies (Lim et al., 2012; Ling & Mak, 2011), suggesting that professional developmental trainings on mental disorders are effective in increasing one's belief of having the ability to complete a task. It is the hope that by having MSW students feel more prepared to serve children with RAD, they will have greater confidence to further explore and identify overlapping symptoms to provide appropriate diagnosis and treatment.

Limitations

Although this study revealed statistical significance in all of the areas measuring the perceived preparedness of MSW students along with some of the areas measuring their gained knowledge, it is important to consider the limitations of this study. One noted limitation of this study is that in some areas, participants' knowledge did not increase greatly after attending the training. When asked to identify the disorder that resembles RAD symptoms, a little more than half of the respondents answered incorrectly both times, while only a small

percentage showed improvement of knowledge as a result of the training. This may have been due to the fact that participants have different learning styles, may have lacked familiarity on other disorders, or the training may not have addressed this item thoroughly. Another limitation of this study is that the sample size only consisted of MSW students at one university and therefore, the sample is not representative of MSW students attending other MSW programs. Future research may consist of inviting other MSW students from different schools to participate in a RAD training to determine if their perceptions towards serving children with RAD have a similar impact. Furthermore, it was noted that several participants did not respond to the questions on the back post-test page, which contributed to the missing data. For future studies, although it was noted on the pre-test, it is recommended that a note indicating “continue on the back” be printed on the post-test as well. In addition, although this study measured participants’ knowledge and perception towards feeling prepared in serving children with RAD, no tests were conducted to analyze the correlation between both factors. For future research, analyzing the correlation among knowledge of RAD and perceived preparedness is an area that needs further testing. Lastly, it would be vital information for future researchers to determine whether or not the perceived preparedness of MSW students does in fact correlate with the success rates of serving children with RAD effectively.

Recommendations for Social Work Practice, Policy, and Research

Overall, findings of this study suggest that MSW students benefited from receiving an extended educational training on RAD in addition to what is being taught in lectures in the MSW program, field training, training through employment, or other education and/or trainings on RAD.

When comparing results from the pre/posttests, it can be inferred that MSW students had not received sufficient training to feel prepared enough to work with RAD prior to the training. It is important for MSW students, whether the school provides it or not, to engage in diagnosis educational trainings in order to be effective practitioners. Experiencing trainings such as the one presented in this study, may increase knowledge and the confidence to explore different approaches while serving clients. Being educated and feeling prepared can hopefully decrease the chances of misdiagnosing and providing ineffective treatment to clients. Although findings determined that the RAD training did increase the participants' understanding and perceived preparedness towards RAD, it was also founded that additional knowledge is needed in some of the areas that were measured. Therefore, it is imperative for MSW students to continue their education through extensive training beyond the ability of the provided training. By actively participating in educational training opportunities regarding diagnosis, MSW students are preparing themselves to fulfill CSWE's (2015) "Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities" as previously defined in the Literature Review.

Based on the findings presented in the “Data Analysis” chapter, it is recommended that administrators from the MSW program reconsider their approach in teaching diagnosis to their students. Results concluded that MSW students do benefit from educational trainings. Even though close to half of the participants reported being exposed to RAD through a lecture in an MSW course, an increase of their knowledge and perceived preparedness was significant after participating in the RAD training. In addition to briefly being introduced to uncommon disorders, such as RAD, during class lecture, MSW students may benefit from quarterly educational trainings hosted by the MSW Program administration. MSW administrators may disburse surveys to all MSW students to inquire information in regards to their area of interest for potential educational trainings held at the school. Because time is limited to implement numerous trainings per quarter and students’ schedules vary, students may also benefit from receiving announcements from the MSW administration on educational trainings hosted in the community. Not only will these implementations assist MSW students, but they will also provide the community with prepared social workers from the MSW Program.

Conclusion

This study concluded that MSW students who participated in the RAD training had an increase in their knowledge and perceived preparedness of serving children with RAD. Participants were the most successful in identifying

the age range of RAD symptoms, identifying behaviors, and common treatments. Findings determined that attending the training did have a significant increase in feelings of preparedness especially in the following: feeling that educational trainings/academic courses increased their knowledge on RAD, feeling capable of distinguishing symptoms of RAD from other attachment related disorders, and feeling prepared to serve a child with RAD and his/her family. However, it is imperative to acknowledge that continuous training, in addition to the one presented in this study, is necessary to address some of the misunderstandings faced by the participants; in particular to identifying the disorder that resembles RAD symptoms. Based on the study's findings, it was recommended for MSW students to continue attending educational trainings to increase their ability of providing effective services. Recommendations were also made for MSW administrators in regards to implementing quarterly diagnosis educational trainings while considering students' interests as well as providing announcements to students about training opportunities in the community. Through these recommendations, it is the hope that action will be taken by the students and administrators of the MSW Program to enhance the preparedness and effectiveness of social workers serving individuals with rare disorders.

APPENDIX A
DEMOGRAPHIC QUESTIONS AND INSTRUMENT



College of Social and Behavioral Sciences
School of Social Work

Reactive Attachment Disorder (RAD) Training

ID CODE: _____ Date Completed ____/____/____

ID CODE instructions: Use the same ID code from the pretest survey.

Circle the best response to the following demographic questions

1. **Age:** _____

2. **Gender:** Female Male Transgender Prefer not to disclose

3. **Ethnicity:** Hispanic/Latino(a) African American/Black
 Non-Hispanic White
 Asian American/Pacific Islander American
 Other Indian/Alaska Native

4. **Student Status:** 1st Year Full-Time 2nd Year Full-Time

5. **Number of years of experience in the social service field (including volunteer work / internships):** _____

a. **How many of those years include working with children/youth?** _____

6. **Education/Trainings Received on RAD (Select all that apply):**

- ___ Lecture during MSW Program course
- ___ Field training
- ___ Training through employment
- ___ Other
- ___ None

Continue on next page.
Self-developed survey

ID CODE: _____ Date Completed ____/____/____

ID CODE instructions: Use the same ID code from the pretest survey.

Perceptions of Preparedness Statements: Please indicate how much you agree with the following statements. Use a scale where 1= strongly disagree, 2= disagree, 3= neither disagree nor agree, 4= agree, and 5= strongly agree. Please circle one answer per row.

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
7. I feel capable of identifying RAD symptoms.	1	2	3	4	5
8. I feel prepared to diagnose a child with RAD.	1	2	3	4	5
9. I feel unprepared to work with a child with RAD.	1	2	3	4	5
10. I am able to distinguish symptoms of RAD from other attachment related disorders.	1	2	3	4	5
11. I feel competent enough to provide treatment to a child with RAD.	1	2	3	4	5
12. I feel comfortable working with a child with RAD.	1	2	3	4	5
13. I feel prepared serving a child with RAD and his/her family.	1	2	3	4	5
14. Educational trainings/academic courses have increased my knowledge on RAD.	1	2	3	4	5
15. I feel comfortable making appropriate referrals for a child with RAD.	1	2	3	4	5
16. I am unable to distinguish RAD from other mental disorders.	1	2	3	4	5
17. I feel that I lack knowledge on RAD.	1	2	3	4	5

Self-developed survey

Please circle one response to each of the following questions:

18. Which of the following is a/are behavior(s) seen in RAD?

- a. Willing to go off with an unfamiliar adult with minimal or no hesitation
- b. Rarely or minimally seek comfort when distressed
- c. Episodes of unexplained irritability, sadness, or fearfulness
- d. A and C
- e. B and C
- f. All of the above

19. RAD symptoms are evident in children throughout the age range of:

- a. 0 months and 8 months
- b. 9 months and 5 years
- c. 6 years and 10 years
- d. 0 months and 10 years

20. Common treatment(s) for RAD consist(s) of:

- a. Family therapy
- b. Play Therapy
- c. Behavioral individual therapy
- d. All of the above

21. Which of the following is a disorder that resembles symptoms of RAD?

- a. Intellectual disability
- b. Anxiety disorder
- c. Bipolar Disorder
- d. None of the above

22. True or False:

Serious social neglect is a diagnostic requirement for RAD and is also the only known risk factor for the disorder.

Answer Key:

18.e 19.b 20.d 21.a 22.True

Self-developed survey

APPENDIX B
INFORMED CONSENT

College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the impact of providing a Reactive Attachment Disorder Training (RAD) to MSW students. The study is being conducted by Margaret Perez, a graduate student, under the supervision of Dr. Erica Lizano, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The Institutional Review Board Social Work Sub-committee at CSUSB has approved the study.

PURPOSE: The purpose of the study is to examine the impact of a Reactive Attachment Disorder Training on the perceived preparedness of MSW students.

DESCRIPTION: Participants will be asked to fill out pre/post test surveys consisting of demographic information and questions about reactive attachment disorders. A 45 minute training presented by LCSW, Dr. Ben McCloud will be provided in between both surveys.

PARTICIPATION: Your participation in the study is completely voluntary and is not a requirement of the School of Social Work at CSUSB. You can refuse to participate in the study or withdraw at any time without facing any consequences.

CONFIDENTIALITY OR ANONYMITY: Your identity will remain anonymous through the use of identification codes. Collected data will be stored in a safe and secure place.

DURATION: The duration of the study will be approximately an hour, which includes time to complete the surveys and participate in the training.

RISKS: Participants may be triggered by the training as it contains sensitive matters regarding trauma. Services are available at the Student Health and Psychological Counseling Center. If you wish to make an appointment for counseling services, please call (909) 537-5040.

BENEFITS: Participants will have exposure to a disorder that is rarely addressed in school settings or in other educational trainings. Knowledge and attitudes regarding RAD may change.

CONTACT: If you have any questions regarding this study, please feel free to contact Dr. Lizano at (909) 537-5584.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2018.

.....
This is to certify that I read the above and I am 18 years or older.

_____ Place an X mark here

_____ Date

909.537.5501
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

REFERENCES

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed., [DSM-5]). Washington, DC: APA
- Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Chaffin, M., Hanson, R., Saunders, B. E., Nichols, T., Barnett D., Zeanah, C., Berliner, L., Egeland, B., Newman, E., Lyon, T., LeTourneau, E., & Miller-Perrin, C. (2006). Report of the APSAC task force on attachment therapy, reactive attachment disorder, and attachment problems. *Child Maltreatment, 11*(1), 78-89. doi:10.1177/1077559505283699
- Council on Social Work Education. (2015). *Commission on educational policy and CSWE commission on accreditation*. Retrieved from https://www.cswe.org/getattachment/Accreditation/Accreditation-Process/2015-EPAS/2015EPAS_Web_FINAL.pdf.aspx
- Davidson, C., O'Hare, A., Mactaggart, F., Green, J., Young, D., Gillberg, C., & Minnis, H. (2015). Social relationship difficulties in autism and reactive attachment disorder: Improving diagnostic validity through structured assessment. *Elsevier, (40)*, 63-72.
- Dinther, M. V., Dochy, F., & Segers, M. (2011). Factors affecting students' self-efficacy in higher education. *Elsevier, 6*(2), 95-108.
- Floyd, K. K., Hester P., Griffin, H. C., Golden, J., & Canter, L. L. S. C. (2008). Reactive attachment disorder: Challenges for early identification and

intervention within schools. *International Journal of Special Education*, 23(2).

Follan, M. & McNamara, M. (2013). A fragile bond: Adoptive parents' experiences of caring for children with a diagnosis of reactive attachment disorder. *Journal of Clinical Nursing*, 2, 1076-1085. doi: 10.1111/jocn.12341

Grinell, R. M., & Unrau, Y. A. (2013). *Social work research and evaluation: Foundations of evidence-based practice* (10th ed.). New York, NY: Oxford University Press.

Hanson, R. F., & Spratt, E. G. (2000). Reactive attachment disorder: What we know about the disorder and implications for treatment. *Sage Journals*, 5(2), 137-145.

Haugaard, J. J. & Hazan, C. (2004). Recognizing and treating uncommon behavioral and emotional disorders in children and adolescents who have been severely maltreated: Reactive attachment disorder. *Child Maltreatment*, 9(2), 154-160. doi: 10.1177/1077559504264316

Horevits, E. (2013). Professional competencies and training needs of professional social workers in integrated behavioral health in primary care. *Social Work in Health Care*, 53(8), 752-787.

Keck, G.C. (n.d.). *Holding therapy*. Retrieved from <http://abcofohio.net/holding.htm>

- Lim, A., Nakamura, B. J., Higa-McMillan, C. K., Shimabukuro, S., Slavin, L. (2012). Effects of workshop trainings on evidence-based practice knowledge and attitudes among youth community mental health providers. *Elsevier*, 50, 397-406.
- Ling, C. Y. & Mak, W. W. S. (2011). Coping with challenging behaviours of children with autism: Effectiveness of brief training workshop for frontline staff in special education settings. *JIDR*, 59, 259-269. doi: 10.1111/j.1365-2788.2011.01469.x
- Masiriri, T. (2008). The effects of managed care on social work practice. *SPNA Review*, 4(1).
- Merten, E. C., Cwik, J. C., Margraf, J., & Schneider, S. (2017). Over diagnosis of mental disorders in children and adolescents (in developed countries). *Child and Adolescent Psychiatry and Mental Health*, 11(5),doi: 10.1186/s13034-016-0140-5
- NC Division of Social Services and the Family and Children's Resource Program. (2014). Attachment and child welfare practice. *Practice Notes for North Carolina's Child Welfare Workers*, 19(3). Retrieved from http://www.practicenotes.org/v19n3/CSPN_v19n3.pdf
- Shaw, S. R., & Paez, D. (2007). Reactive attachment disorder: Recognition, action, and considerations for school social workers. *Children & Schools*, 9(2), 69-74.

- Sheperis, C. J., Doggett, R. A., Honda, N. E., Blanchard, T., Renfro-Michel, E. L., Holdiness, S. H., & Schlagheck, R. (2003). The development of an assessment protocol for reactive attachment disorder. *Journal of Mental Health Counseling, 25*(4), 291-310.
- Shi, L. (2014). Treatment of reactive attachment disorder in young children: Importance of understanding emotional dynamics. *The American Journal of Family Therapy, 42*, 1-13. doi: 10.1080/01926187.2013.763513
- Stinehart, M. A., Scott, D. A., & Barfield, H. G. (2012). Reactive attachment disorder in adopted and foster care children: Implications for mental health professionals. *The Family Journal: Counseling and Therapy for Couples and Families, 20*(4), 355-360. doi: 10.1177/1066480712451229
- Thyer, B. A., & Wodarski, J. S. (1990). Social learning theory: Toward a comprehensive conceptual framework for social education. *Social Service Review, 64*(1), 144-152.
- Woolgar, M. & Scott, S. (2014). The negative consequences of over-diagnosing attachment disorders in adopted children: The importance of comprehensive formulations. *Clinical Child Psychology and Psychiatry, 19*(3), 355-366. doi: 10.1177/1359104513478545
- Zastrow, C. H. & Kirst-Ashman, K. K. (2016). *Understanding human behavior and the social environment (10th ed.)*. Boston, MA: Cengage Learning.
- Zeanah, C., Cheshier, T., Boris, N.W.(2016). Practice parameter for the assessment and treatment of children and adolescents with reactive

attachment disorder and disinherited social engagement disorder.

American Academy of Child and Adolescent Psychiatry Committee on

Quality Issues, 55(11), 990-1003.