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RESEARCH ARTICLE

How Are We Doing?: Family-School Relationships and Children With Reactive Attachment Disorder

Raol J. Taft* and Candace Schlein

School of Education, University of Missouri-Kansas City, MO, USA

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Abstract:

Background:

Students with Reactive Attachment Disorder (RAD) might benefit academically, socially, behaviorally, and emotionally from the establishment of effective, collaborative partnerships between home and school. Enhanced family interactions with schools might prove to promote positive outcomes in both home and school settings.

Objective:

In this article, we examine the level and quality of home and school participation between parents of children with RAD and school professionals within the context of the principles of effective partnerships: communication, professional competence, respect, commitment, equality, advocacy, and trust.

Method:

This study employed a qualitative methodology utilizing the narrative inquiry research tradition. In particular, we employed a semi-structured interview method, which allowed us to ask clarifying questions, further probe specific responses, and provide participants with an opportunity to elaborate on their stories of experience if they so desired.

Results:

Using Turnbull *et al.*'s (2015) seven principles of effective partnership, data from this study indicated that for these parents, families were not allowed to participate as equal partners, if at all, in the educational process.

Conclusion:

Results suggested that interactions with education professionals were often non-productive or adversarial and family input was often ignored. Effective partnerships were minimal to non-existent.

Keywords: Reactive Attachment Disorder, Family, Collaboration, Key stakeholders, Home-school partnerships, Special education.

1. INTRODUCTION

It is well established in the literature that building effective school and family partnerships can positively impact student performance across behavioral, academic, and social domains [1 - 5]. The importance of family involvement cuts across all aspects of service delivery in the field of special education, and family involvement is encouraged at birth if a child has a disability. For instance, early intervention/early childhood special education considers family involvement a cornerstone for effective service delivery. An essential assumption in early childhood special education

* Address correspondence to this author at the University of Missouri-Kansas City, 365 Education Bldg., 615 E. 52nd St., Kansas City, MO, 64110, USA; Tel: 816-235-1041; E-mail: tafr@umkc.edu

is that the nurturing context of the family is crucial in promoting positive development trajectories for their children with disabilities [6].

In order to provide supports that promote the best possibility of positive outcomes for students with disabilities, it is important to build effective family/school partnerships. Families and practitioners work together to design and implement instruction, which promotes development and learning across all environments. Families are considered equal team members who help build team capacity, problem solve, and implement data based interventions; practitioners use communication and group facilitation to enrich team relationships; and team members share knowledge about resources and how to access community based services [7, 8]. Schools and education professionals work to build trusting and respectful partnerships with the family. Interactions that are respectful and sensitive to culture of the family provide up-to-date comprehensive information, and they are responsive to family's concerns, priorities, and changing life situations.

As key stakeholders, parents collaborate with school professionals to identify their child's needs and abilities. Effective partnerships promote family confidence, provide information/resources that builds families' knowledge bases and empowers them, and schools include the family as full and equal team members in all aspects of their child's education/development. Further, schools proactively inform families of their rights, help them understand those rights, and inform families about leadership and advocacy skill-building opportunities [9, 10].

1.1. Family Involvement and Children with RAD

Many feel that family involvement may be a key variable in promoting positive outcomes for children with disabilities, especially students with behavioral concerns [11, 12]. For students with Reactive Attachment Disorder (RAD), quality partnerships with families are considered vital in order to provide the best opportunity for positive outcomes across multiple domains [13]. Students with RAD often present education professionals and service providers with some of the most intense behaviors observed in our schools today [14 - 17]. Research also indicates it is best for students with disabilities to have their families included in the education of their children and that parents and caregivers should be included as equal partners in the Individualized Education Plan (IEP) process and other curricular decisions. For students and children with RAD, family involvement is crucial in order to obtain optimum positive outcomes across academic and home domains [18, 19]. In other words, for best results, treatment methodologies and interventions at school require that family members and caregivers work together with school staff as equal curriculum decision-makers to encourage the best social, behavioral, and academic outcomes for this group of learners [20 - 26].

Not only is including families as full partners in the education of their children considered best practice, such practice is strongly advocated in The Individuals with Disabilities Education Act (IDEA) [27] and in the No Child Left Behind Act (NCLB) in the United States [28]. NCLB encourages parental involvement in the education of children. A basic element of NCLB emphasizes the inclusion of parents as equal stakeholders in the decision-making process as it relates to the education of their children with disabilities. Moreover, IDEA incorporates six principles (e.g., IDEA, Sects 300.322, 300.504) that exemplify the significance of building effective, collaborative relationships between schools and families [30, 31].

1.2. Research on Family-School Interactions and RAD

There is an abundant research base on attachment theory and its relationship to families. According to Barth [32], attachment theory is the most accepted theory for explaining parent-child behavior. Barth reported that attachment theory "is referenced 1000 times in abstracts in the Social Science Citations database of the Institute for Scientific Analysis since 1996, and 1600 times in the American Psychological Associations PsycINFO database since 1998" (32: p. 257). Further, Barth noted that research on attachment is principally carried out by developmental scientists, but clinicians are beginning to conduct research in this area. Unfortunately, there is a paucity of research on RAD and the issues these students bring to schools.

The importance of implementing a systems approach to addressing the challenges presented in schools by children with RAD has also been highlighted in the literature [33], suggesting that schools need to implement a multi-tiered system of support (MTSS) approach when addressing the needs of the child with RAD. Losinski, Katsiyannis, White, & Wiseman [33] acknowledged that it is especially important to develop effective partnerships with key stakeholders and to take collaborative actions, where stakeholders work closely together to develop academic, social, and behavioral programs.

Children with RAD require consistency and structure in their environment so that they know what to expect, and it is also crucial to extend that structure across environments [16, 34]. This continuity would be difficult to provide without parental or caregiver input [16]. It is further seen as crucial that families are included and recognized as key stakeholders [33]. In fact, family therapy is cited as a critical part of the treatment package [33]. Finally, the literature argued that school professionals, mental health professionals, community-based agencies, and families need to work together to ensure students with RAD receive needed supports and services in a timely manner [33, 34].

Losinski, Katsiyannis, White, & Wiseman [33] further asserted that service plans for the child with RAD should utilize a multi-system approach. They noted that these plans should be viewed more as a family service plan than an individualized treatment plan for the child. Such plans would include interventions which would enhance trust between child and family, maintaining cohesive home-school interactions, and caregiver education. The goal would be to stabilize school, family, and community environments and to build effective and collaborative multi-level partnerships.

Unfortunately, a significant void in RAD research is investigations that examine the experiences between parents/caregivers of children with RAD and the schools that serve their children. Currently, the state of research on RAD and the family-school relationship is inadequate. There may be several reasons for this shortage: (1) RAD is not well defined and is one of the least understood disorders in the DSM, making it difficult to effectively assess children with RAD [35 - 37]; (2) there is a lack of empirical evidence to support the efficacy of interventions for this disability group; and (3) children develop RAD because of a pathogenic home life, which can include abusive parents and parents who seem frightened or are frightening. Moreover, many children with RAD experience multiple home placements with foster or adoptive caregivers. This can make it difficult for service providers to include the family or caregiver in any early intervention.

More recently; however, there is a small emerging research base on RAD and its effect on families and how those families interact with the schools that provide services for this subset of students. Taft, Schlein, and Ramsay [13] investigated the experiences of parents with children with RAD and the public schools that served their children. Data from the study indicated that behaviors at home included explosive and unpredictable behavior that were often dangerous to other family members and pets. Behaviors at school included aggressive and potentially dangerous behavior directed toward teachers or peers. Students with RAD proactively planned inappropriate behaviors towards faculty or classmates and they displayed that they were experts at triangulation. Manipulative behavior across caregivers occurred regularly between home and school and even between parents in two-parent homes. Parents in the study reported multiple problems when interacting with the schools. Significantly, none of the participants felt that their interactions with the schools could be described as partnerships. Parents stated that they felt isolated from the schools, schools were reluctant to listen to parental input, and many felt school personnel were ill-trained to deal with the demand posed by children with RAD. Further, parents stated they did not feel respected nor included as equal partners in the educational process for their children.

Taft, Ramsay, and Schlein [17] further examined communication between families with students with RAD and the schools. While some parents felt more positive with home-school contacts, all agreed that there was not an effective system in place that provided effective, continuous dialogue with the school or school staff. Some of the parents felt they were ignored when it came to communicating with the schools. They felt that this led to less positive outcomes at school for their students. Sometimes schools initiated intervention procedures that were opposite those the parents recommended to the schools.

In a grounded theory qualitative study, Vasquez and Stensland [38] investigated processes involved in families that adopted children with RAD. Major findings of this study were that parents had difficulty teaching others about RAD, it was difficult to obtain care and service from the schools, the child's behavior was socially isolating, and the child with RAD placed continuous stress on the family. Regarding RAD and the schools, Vasquez and Stensland reported that parents experienced problems as a result of interactions with the schools. Behavior episodes at home may have been due to the stress the student was feeling at school and although the child did not act out at school, they would rage at home after school. These researchers also reported that for many parents it was a constant struggle to get appropriate services for their child. Another finding was the fact that parents reported difficulties communicating with the schools and an almost obvious reluctance on the part of the schools to collaborate with the parents in order to provide the needed supports for their children [38].

All three of these studies indicated that partnerships between families and schools were wrought with problems. Interactions between the parents and the schools ranged from difficult to dysfunctional. What is clear from these studies

is that school-family collaborations and partnerships are not as effective and collaborative as they could be.

1.3. Principles of Effective Partnership

Even though NCLB and IDEA both express the importance of effectively including parents as equal partners in the education of their children, neither go so far as to operationalize what constitutes effective partnerships. However, there are principles of partnership, along with accompanying behaviors, clearly outlined in the research [31, 39] to guide collaboration and interaction among schools and families. Turnbull, Turnbull, Erwin, Soodak, & Shogren [31] suggested that there are seven principles that must be considered in order to promote positive and effective partnerships between schools and families: communication, professional competence, respect, commitment, equality, advocacy, and trust. These researchers defined partnership as:

A relationship in which families (not just parents) and professionals agree to build on each others' expertise and resources, as appropriate, for the purpose of making and implementing decision that will directly benefit students and indirectly benefit other family members and professionals (31: p. 137).

Turnbull *et al.* [31] also delineated specific elements within each principle and discusses the inter-relatedness of the principles and how they promote positive partnerships. The keystone principle, as stated by Turnbull *et al.*, is the principle of Trust. Without trust it is doubtful that effective partnerships can be built between the family and the school.

To fully understand the state of relationships between parents of children with RAD and the schools these children attend, we analyze below study findings within the context of the principles of effective partnerships as defined by Turnbull *et al.* [31]. In this article, we attend to Turnbull *et al.*'s seven principles of effective partnership as an interpretive research lens to offer an in-depth examination of the level and quality of the home-school partnerships of parents of children with RAD. Findings from this study suggest that for these parents of children with RAD, families felt they were not valued as equal stakeholders and were not allowed to participate as partners in the educational process of their children.

2. METHOD

2.1. Research Design

We made use of a narrative research [40] methodology to carefully examine parents' experiences of communication with the schools. We conducted one 60-minute informal, semi-structured interview with each participant. We further met with some participants at support meetings. Observational and reflective field notes were recorded following all interviews and observations. Interviews were recorded and transcribed.

Ultimately, the research study included individual interviews with 10 parents (nine mothers and one father) from four states and nine different school districts. Their children attended rural, suburban, and urban schools. Each participant received a copy of an explanation of the purpose of the research study. Informed consent was obtained from all parents who were interviewed with a consent form, and approval for this study was regulated with the Institutional Review Board of the University of Missouri-Kansas City.

2.2. Participants

Participants in this study represent an opportunistic purposive sample. Creswell [41] described purposeful sampling as a process in which the researcher intentionally selects information-rich participants that will best aid learning and understanding of the central phenomenon. We determined parents of children with RAD to be information-rich, since they have lived with the child and experienced the behaviors that are key to understanding the central phenomenon in this study.

There were two requirements for participation as an interviewee: (1) Parent's child had to be diagnosed with RAD or significant attachment disorder, and (2) Parent's child had to be currently enrolled in school or be of school age. Participant occupations included an occupational therapist, a surgeon, two social workers, two family advocates, and two special education teachers. Adoptees included African-American, Russian, Native American and Caucasian children. All participants shared the common characteristic of currently parenting a school-age child with RAD.

2.3. Data Collection and Analysis

This narrative inquiry study enabled us to identify themes and processes across cases. We acquired a deep

understanding of the experiences, emotions, and conditions parents expressed in the interviews and in the group meetings. Member checking occurred in two phases. First, interviewees were individually shown the transcribed interviews and asked if the information was correct. Later, to verify the accuracy of our findings, study participants were given the opportunity to review the transcript to confirm that their words had been used correctly and in the proper context. All participants gave approval for use of their information within transcripts. The case study approach confirmed that data were valid because descriptions of experiences with school professionals were uncannily similar across participants. This indicated data saturation.

2.4. Findings Through the Lens of Turnbull *et al.*'s Principles

Our participants expressed to us that they did not feel as if they were included as equal partners in their children's education. These parents highlighted a perceived need for connections with their children's schools. In order to better understand the partnership experience of these parents/families, we analyze the voiced experiences of study participants within each of Turnbull's principles of effective partnerships as a query and provide representative participant responses as a way to gauge partnership quality. We define below each of the principles as expressed by Turnbull *et al.* [31].

2.4.1. Principle 1-Communication

To what extent did participants find communications between collaborative partners to be positive, respectful, and clear on the part of all parties?

According to Turnbull *et al.* [31], communication between collaborative partners needs to be positive, respectful, and clear (quality) on the part of all parties. Effective communications should be friendly, clear, honest, and should provide and coordinate information. We explore below experiential stories about parents' perceptions of some possible challenges to effective communication between families and school members.

When we met with our parent participants to discuss their encounters with their children's schools, some participants discussed with us how even positive school interactions took time and effort, usually after extended times working with a particular school or school system. Typically, however, communication with the school happened after negative events. In some cases, our participants highlighted for us how school staff and school leaders often responded to their children with RAD by removing them from classrooms or placing them in residential mental health treatment centers. Some parents resorted to removing their children from school and concentrating on homeschooling for periods of time due to a lack of an established effective partnership between parents, children, and school staff.

For example, Georgia explained her frustration in dealing with her son Jeffrey's school. She stated that during meetings with teachers, paraprofessionals, and administrators, she felt as though the school purposely tried to exclude her from decisions that were being made about her own child. "They're very condescending. And they talk in a language that they know we don't understand. They talk in acronyms. On purpose! On purpose!" Georgia underlined how she needed to learn the language of exemptions, accommodations, resources, and testing so that she could become an advocate for her son in spite of her attempts to work together with the school. In her statement above, she related how she believed that her son's school purposely hid behind technical language to avoid having frank discussions with her about her son. Moreover, she perceived a lack of respect on the part of school members in stating that communication efforts were handled in a condescending fashion. Using acronyms during meetings with parents is not considered best practices by special educators and is frowned upon in the field and is considered unprofessional.

Turnbull *et al.* [31] specifically addressed the use of acronyms as a problem in building effective communication. School professionals should not speak in acronyms or talk in jargon in order to help parents feel comfortable. Doing so can act as a barrier to building effective partnerships, can escalate conflict, and thwart the collaboration process. This is the exact effect meetings had on the partnership between Georgia and the school professionals she had to work with.

Poor communication can lead parents to believe that the school is not working in the best interest of their child. That alone can create a significant barrier to building effective partnerships. Concerns with communication between Georgia and Jeffrey's school were similar to the stated experiences of other participants when talking with school personnel during meetings:

2.4.2. Principal 2-Professional Competence

To what extent did parents of children with RAD find school-based partners to be professionally competent?

Parents should have the reasonable expectation that their child's teachers are "highly qualified." Unfortunately,

Turnbull *et al.* [31] noted that many school personnel may lack professional competence. Janet, a special education professional, had a unique perspective and perhaps a more informed view of what is required of service providers who work with students with RAD than school personnel that worked with her child. Janet stated that she believed that her communication efforts with the school about her son Warren were not always effective, since the school staff might have a lack of training regarding mental illness.

Difficulty was that they spoke the language of behaviors but did not always have adequate training in mental illness, which meant the language spoken in the mental health system, treatment sites, staff, providers, was different than language in the school setting. Also, our son's fall-out behaviors, aggression towards others; destruction of property; running from home; threatening behaviors, occurred primarily at home, out of school. This left a gap in understanding of the stressors on family and the complexity of communicating the way school was triggering our son.

Janet discussed how she learned about different treatment options in various settings across the school, treatment centers, and other mental health workers. Furthermore, the actual language that was used to discuss various treatment options differed across multiple settings.

School personnel working with her son seemed to lack the training and expertise needed to be able to effect more positive outcomes for her son. She questioned the competency of those working with her son: "I just think it's all horrible to be very honest. I don't feel like they have the training that they need to help these kids". In the following, Talia expresses a similar concern as she wonders how a lack of communication between parents and teachers and a lack of training about RAD might sometimes lead to escalations of her child's behaviors.

Especially in the public school, the aides – no fault of their own, but the district has only so much money and the aides are not educated enough to understand that component. He's not fighting you, Mr. Jameson, because he hates you. He's fighting what you're doing, the way you're handling the situation. But more times than not, the aides take it very, very personally, and it's just not an education that they have.

Talia's son Joe has been diagnosed with RAD. This is a severe and relatively unknown emotional and behavioral disorder. While the staff at Talia's son's school might be knowledgeable about how to work with students who have exceptional emotional and behavioral needs, they might not be cognizant of how to handle students with RAD. Talia further considered how the use of classroom aides instead of resource workers, who are extensively knowledgeable about severe emotional and behavioral disorders, might contribute to Joe's behaviors. She additionally noticed how such aides often blamed her child's behaviors or responded to such behaviors personally rather than treating the behaviors as a symptom of RAD.

The experience of these parents would suggest that the school personnel working with their children may have needed training that would better prepare them to work with children with RAD. These parents' stories mirrored those stories from the other participants. This might suggest that current professional development practices may not be adequate for training teachers to work with such an intense student with very special needs.

2.4.3. Principal 3-Respect

To what extent did participants feel respected by service providers who work with their children? Of three key aspects of respect identified by Turnbull *et al.* [31], treating families and the child with dignity is crucial to building effective partnerships, are considered best practice. Martha related in the following how her son would attempt to manipulate teachers, which was easier when his teachers were not in steady communication with her or with other school staff.

His Special Ed teacher was gone a lot, and Jeffrey just knew how to aggravate these two. And they called me and were just reaming me about how horrible he was and all the things he had done that day and I needed to come and get him. When I went to pick him up, there he was. They were standing there and in front of him. They just yelled at me, 'He's the worst! He did this! He did that! He spit!'

Martha's narrative underscores how there is a great need to treat students and their family members with respect, regardless of students' classroom management issues and behavioral needs. In the story above, Mr. Jameson potentially escalated Jeffrey's behaviors by responding negatively instead of calmly. Moreover, he seemingly blamed Jeffrey for his behavior and judged him negatively. Such judgment further took place in front of Jeffrey, thereby potentially reinforcing a continuous pattern of negative behavior. Unloading on the parent in front of the student is not consistent with respecting the student or parent. Actions, words, and attitudes all have bearing on perceptions. If families perceive

that school administrators and other service providers lack respect for the parents or the students those perceptions will no doubt impede construction of effective partnerships.

2.4.4. Principal 4-Equality

To what extent did participants feel included by school personnel as equal participants in their child's educational process and decision making?

Equality in the education process of their children means that members of the collaborative team/partnership feel they are equal in their ability to influence management of or decisions related to the student's educations. Turnbull *et al.* [31] named three crucial variables necessary for equality: share power, foster empowerment, and provide options. Linda's narrative clearly shows her frustrations with school professionals when they left her "out of the information loop". She was not included in the decision-making process.

Until they actually catch her doing these things. And she's real sneaky about it. To actually catch her doing these things it's just... And see it's like you have to fill and find out yourself these things. It's like, 'Why don't they tell you things these things?' Just like with Mindy, I'm like, 'Why don't they tell us that I can get some services and some help and that I'm going to need her to have an IEP before she hurts someone.' I know she's going to end up hurting someone.

Linda's experience is especially pertinent to understanding equality. As a special education teacher, with past with experiences as a foster and adoptive parent, she understands the importance of parental input in the educational process of children with disabilities. Still, she was not informed of events taking place in her daughter's school. It would be tautological to state she did not feel she was an equal and valued partner in the decision-making processes for her daughter.

Megan had a very similar experience. Even though her daughter was exhibiting extreme behaviors at school (i.e. suicide), the school would not heed her advice. Her frustration can be heard in the story of her experience in trying to get her daughter needed supports.

Her behaviors are so intense that she couldn't even make it to school, you know, to get the, to have the... She had behavior problems at school, and I would say, 'Hey, we need to do something else.' She would do things like get in fights or outside of school, or just refuse to go back to school, or attempt suicide at home, and then wind up at (residential psychiatric treatment centers) or those places and then when I get to (treatment center) I put in writing I want her on an IEP, so then it's the school district, and they look at her and the environment of that hospital school, and in that environment she looks fine. [Irritated noise]. And she leaves (treatment center) with no IEP because she doesn't qualify because they look at her in that environment and so she goes back to a public school with nothing and she can't make it there, then she runs away, attempts suicide again, I mean it's just this crazy... I mean maybe if we could get her in a smaller setting with some more support, maybe she wouldn't be attempting suicide. Maybe she wouldn't be...

Megan's story illustrates how frustrating it can be for parents to procure the needed supports for their children with RAD. Megan, a seasoned social worker with many years experience and a Master's degree in social work, had trouble obtaining services for her daughter in the school where she worked.

As education professionals Megan and Linda understand the importance of a collaborative and effective partnership with their schools. Educators might do well to ponder the meaning of these experiences, since they offer such a unique perspective. Their stories offer an analogous experience, where schools exclude or at least do not value parents of children with RAD as important stakeholders in the educational decisions of their children. The stories that are discussed above highlight well how, when parents feel their opinions, feedback, and suggestions are ignored, possible barriers to building effective partnerships can be created.

2.4.5. Principal 5-Commitment

To what extent did participants feel that school personnel were committed to their family and child and committed to including the families as valued partners in the educational process and decision making?

Turnbull *et al.* [31] also argued that a committed relationship with the family and parents is more than a work obligation. Educators must be loyal and sensitive to the needs of the family and child, available and accessible, and they should go above and beyond requirements to include families as valued partners. Megan tried to work with the school systems with multiple children and teachers. Her frustration can be seen when, even with multiple children with RAD

who had serious behavior, there seemed to be a lack of commitment by education professionals for her children with RAD.

Now that I had my third one go through middle school, the first one Sasha when she went through middle school I met with people, I met with the social worker, I met with the counselor and tried to say, 'Hey look, I think she's going to need some extra support, I think this is going to be hard for her.' And they kind of went, 'Eh.' And then she ended up in residential treatment. Then my son went through and people went, 'You know, we really think he's going to be fine.' He ended up in residential treatment because he started growing marijuana, and no IEP. Now my 13-year-old who's just starting, I started a year ago trying to get her on an IEP, 504, something in place for her, and I still have the counselor at the middle school saying to me, 'You know, we're really just all worried about nothing. This really isn't that big of a deal. She's doing just great.' Okay, we're in school now, we're mid-quarter, she's been in school for six weeks. And the counselor's already like, "You know, you're all worried about nothing." No, we weren't f*****g worried about nothing and we're still not through this. Will you stop it with that!

Megan's story demonstrates why families with children with RAD feel school professionals are not as committed as they should be to their children or their families. When discussing her daughters experiences across multiple placement settings, she noted what seemed to be a lack of serious commitment to the student by the school. Children with RAD need support, but without committed school professionals working as a collaborative team across school and home environments, it appears doubtful those supports will be forthcoming.

2.4.6. *Principal 6-Advocacy*

To what extent did participants feel included by school personnel as equal participants in their child's educational process and decision making?

An advocate identifies resources, identifies and solves problems, speaks out and takes action on behalf of the family or student, form alliances with like-minded individuals, and create win-win solutions for everyone in the partnership. Harvey and Georgia's story below shows the difficulty and frustration that can be encountered for parents of children with RAD: "After a year and a half we finally got her the IEP; we met with them at least 10, 12 times. The principal is not tops on my list there. They didn't help us. We had to figure it out on our own". Moreover, in the following experiential narrative, Georgia discussed how her son Max was unable to get successful help from the school for his emotional and behavioral needs. She considered that costs and resources might be lacking in her son's school, and so this might have influenced the type of advocacy, as well as they extent of help that he received.

Schools are reluctant to talk about a child's mental health needs as they will then be financially liable to pay for it. Unfortunately, we have to keep a fire wall between schools and mental health services. But by doing this, we are binding school staff from communicating proactively with families.

In the story above, Georgia related her perspective on the influences guiding treatment options that are offered to her son. She believes that schools might deny a student's condition and avoid providing services to students who might need additional mental health care so that the schools would not have to pay for such services. Moreover, she feels that such financial constraints on curricular decision-making might prevent schools from fully advocating for the families of students on an ongoing basis.

Linda discussed the problems she encountered with school officials. Her narrative highlighted a problem mentioned by other participants, often parents felt that the schools did not want to be responsible for these students.

They haven't offered any support and I haven't really... I didn't realize I could get any help for Samantha except for the help that we already get from the counselor. He also goes into the school and sees her whenever she's really bad, his job he told me and my husband, is to keep her out of residential because it costs the state over \$1,000 a day to have her there. And he's pretty good but he's not always there. She sees a psychiatrist...

expressed problems related to getting simple services.

Linda's story was almost identical to the experiences of Megan, Martha, Talia, Harvey and Georgia. While these narratives are important for understanding how schools might not always be committed to children, it also highlights experiences of challenges in advocacy. When parents perceive a lack of commitment to their child, they may feel they are on their own when it comes to navigating an intricate system of agencies in order to receive supports and services for their children. This can result in parents feeling the schools do not care about and will not serve as effective advocates for their child. Certainly, they would not feel like they were equal collaborative partners.

2.4.7. *Principal 7-Trust*

To what extent did participants have confidence that school personnel would act in the best interest of their child and family?

Turnbull *et al.* [31] stated that trust is the single most crucial element for establishing effective family/school partnerships. Trust is defined as having confidence that another party will act in your best interest and act in good faith. That is, parents need to know that school personnel will do what they say they will do and keep their word. They will make research-based decisions when determining choices for the student with disabilities and his/her family. Parent input can be vital for the child with RAD when designing appropriate interventions to address behavior the student might exhibit. Talia explained to school officials that, prior to adoption, her child had been severely abused and locked in an unlit closet for days. When found, he had broken ribs and was severely malnourished. His baby brother had passed several days before and when found, he was still trying to care for his deceased sibling. She instructed the school, which used an exclusionary punishment system, that he should never be placed in an isolation room. Unfortunately, failing to use data provided by families can result in frustration for parents and very negative outcomes for students. Her instructions were ignored as she explained:

And the school knew this and they put him in there anyway. And it got to the point that I had to threaten legal action at that point that it never were to happen again. So I made sure I had it in writing. The write-up that came home that day didn't have that they had put him into recovery room, it completely omitted that. Another thing that I constantly was having is they would send these reports home of, you know, notification of behavior I guess, kind of like a write-up, when he would do something a little more severe. It always said on there that they had contacted me, that they had talked to me via phone, that they had communicated this to me before receiving this, and I had never, like half the time they would never have even contacted me, I'd just receive this paper. So their documentation was really not accurate. Barely ever. And what had actually happened kind of thing, I just felt they were covering things that quite often.

Mandy expressed her concerns in another way. After many interactions with school professionals she voiced concerns about the attitude to the teachers towards her child with RAD.

But you know in a certain aspect you've got to feel like your teachers care about you just like your parents do. And sometimes I don't think they do. Sometimes I think that they have their own issues where they would rather not really be a teacher or something you know?

Talia's and Mandy's experiences voice situations where one parents instructions were ignored, and the other parent's experience resulted in sense that the teachers simply did not care about her child. Both cases illustrate how barriers can be erected between parents and school that become impediments to effective and collaborative partnerships. In these two cases, trust has been compromised, which is the partnership element that is considered to be the most crucial element to building effective partnerships [31].

In the stories discussed here, our participants summarized through their narratives of experience the relationships that these families have seemingly endured as they dealt with their children's school systems. They showcased how parent can believe that school professionals are not acting in the best interest of their child when information provided by the parents is ignored by school officials. For example, Georgia stated that schools purposely make use of acronyms so that they do not have to discuss treatment for students in a clear manner. Georgia felt that demonstrated the school's condescending attitude towards parents. At the same time, Georgia considered in her story how opaque communication between the home and school might be related to financial constraints. Yet, Janet wondered about the lack of training or differences in training across different groups of child care providers. She highlighted how discussions about treatment options were not consistent across different groups of people. Janet's story is important for seeing a need for a universal language for talking about the mental wellness needs of children across education, health, and social work platforms.

Importantly, Janet's story also related how her son's behavior might be different at home compared to exhibited behaviors at school. We uncovered this common theme across most of our participants, where at least for part of a child's schooling, there might be a discrepancy between home and school behaviors. In those instances, the children with RAD might display severe and aggressive behaviors at home while behaving relatively well in school. Sometimes those behavior distinctions change over time or with shifts in school environments, classrooms, or teachers.

Janet's narrative may be especially useful for opening up communication between children's caretakers and school staff and school leaders. Understanding that this type of behavior differential is potentially symptomatic of RAD might serve to remove possible stigmas or blame against the parents of children with RAD who complain that their children

need behavioral help despite a lack of behavioral issues at school. Attending to the parents of children with RAD in a non-judgmental manner might help to establish strong communication between parents and the school. In this way, the two environments could work together to minimize negative home behaviors while helping to curb or lessen potential negative school behaviors.

3. DISCUSSION

The purpose of this paper is to examine data from a study examining families of children with RAD and the quality of partnerships between the schools and families that the families experienced when interacting with school professionals. Specifically, this article analyzes the lived experiences of the caregivers through the lens of the principles of effective partnerships as defined by Turnbull *et al.* [31] and explores the nature of the family/school partnerships with the families of children with RAD.

It is vital, that for this subset of students, the family should be incorporated as equal and valued partners in the educational decisions made for their children [5, 6, 33, 34]. That families should be an integral and equal part of the early childhood/early intervention (ECEI) team [10, 42] may be even more important for promoting positive outcomes for children with behavior disorders [43]. Best practices dictate that family participation must be encouraged when designing academic, social, and behavioral goals and interventions for students with behavioral disorders. Evidence also indicates a systems approach to remediation of behavior problems and that the system of the child may be one of the most important variables to consider in any remediation effort [44, 45].

The experiences expressed by these parents of children with RAD suggest that, when analyzed through the lens of Turnbull *et al.*'s principals of effective partnership, barriers to effective, collaborative partnerships were present. Given the small sample size, results should be taken with cautions. However, these interviews took place in four states and nine school districts and the interviews detail and describe very similar situations and treatments of children and families. Data suggests that parents were not included as full partners in the educational process of their children in spite of research discussed previously that shows that inclusion of parents as key stakeholders benefits children with disabilities and families inclusion is crucial in the treatment of children with RAD.

IDEA states that parents *should be* included in the education process for students with disabilities. Research on children with RAD states that the parents *must be* included in any treatment or intervention plans. From hearing the voices of these mothers, it is evident that they are not being listened to: worse, they are being ignored. Partnerships between the families and schools appeared to be lacking when viewed through the lens of the seven principles of effective partnerships. Parent's voices bring forth a picture of schools that fall short of meeting the requirements of any of these principals. Parent's voices demonstrate not only ineffective partnerships, but describe relationships that border on adversarial.

Failing to include families of children with RAD as key stakeholders can result in poor or even extreme outcomes for these children. Not building collaborative and effective partnerships with families of students with RAD often results in poor to very negative outcomes for the student. Three families reported that their children had to be placed in experiential treatment facilities out of state, one parent reported her child ran away from home, became addicted to drugs, and was living on the streets. Another parent stated that the stress on the family was so intense that a sibling without RAD began acting out so severely that she had to be placed in an outdoor education program. Other parents reported problems that may have resulted in poor support for their children which should have been available from the schools and school professionals.

4. LIMITATIONS AND FUTURE DIRECTIONS

We acknowledge two limitations of the current research. First, the overall small sample size may limit the generalizability of the findings of the study. Direct interviews were conducted with ten parents from across four states and nine school districts. Despite the geographic diversity, their stories were strikingly similar. Nonetheless, the sample was small. However, as stated by Myers [46], "small qualitative studies are not generalizable in the traditional sense, yet have redeeming qualities that set them above that requirement" (p. 1). The redeeming quality of the current study is the perspective the experiences of these parents provide on the state of the collaboration and partnerships between the schools and the families of children with RAD. Data indicated that these partnerships were not effective and at times adversarial or at least aversive for the parents.

A second potential limitation of this study is the disproportionate representation in the sample by parents who

regularly attend a RAD support group. By its nature, this support group was organized for the explicit purpose of offering support to a group of caregivers of children with severe behavioral issues. The support group may pull only from parents who are experiencing the most extreme child behaviors and bad experiences with schools. One cannot assume that this is the case with all caregivers of children with RAD or severe attachment issues. The experiences of other parents of children with RAD or attachment issues might not be the same as those expressed by parents of the support group. Recruitment, then, may have identified only those caregivers who were experiencing the more dramatic behaviors of children with RAD.

The similarities in the stories obtained from direct interviews and stories of parents in the group meetings provide a vital baseline understanding of parent experiences. Their voices should serve as a wake-up call to the needs of this disability population and to the support needed by parents and school personnel who look after them. Future research might continue to explore the consequences wrought by children with RAD and determine more explicit and readily applicable strategies for dealing with them. Additionally, ongoing qualitative research is necessary for exploring RAD and its implications for caregivers and children because of the depth and richness of experiences it captures.

Odum, Brantlinger, Gersten, Horner, Thompson, and Harris [47] noted that there was a major push towards using randomized control trials (RCT) as the gold standard for education and special education research which was initiated by the Institute of Education Sciences (IES) in 2003. Presently, the Department of Education is under pressure to provide evidence that research methods currently practiced are in fact effective [47]. In fact, most research funding is offered to RCT studies [47]. Some suggest that special education presents many complex issues which might be addressed by incorporating mixed methods of research (i.e. quantitative, single subject, and qualitative practices) [47].

The authors of this article would posit whether RCT studies can discover the type of data that sound qualitative studies which use stories can discover. In investigations where it may not be possible to establish experimental control, RCT studies might not be appropriate. Rather, descriptive or process-oriented research might be better suited [47]. Research utilizing qualitative methodology offers insights into issues or struggles that individuals with disabilities must endure in their daily lives. Stories told by participants in qualitative studies can be used to tell help others understand these struggles [48]. Experiences expressed through stories can create empathy and give readers a better understanding of a particular problem or issue that, in this case, families of children with RAD, must deal with on a daily basis. As expressed by Witherell and Nodding [49], qualitative research can demonstrate that a problem exists and that something needs to be done to address that problem.

Qualitative studies have identified a problem that may exist between schools, parents of children with RAD, and the partnerships between the two. More qualitative research should be conducted in this area to better understand and address a burgeoning and difficult problem. Parent voices are essential in helping close the gap in the empirical research and developing effective interventions and strategies. Perhaps the President's Commission on Excellence in Special Education [50] stated it best: "Multi-disciplinary team processes contribute to successful outcomes from inclusive programs, but to be successful, these require adequate planning time; efficient agendas and use of the available time; and active collaboration across professional identities and families (p. 20)".

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

The study was approved by the Institutional Review Board (IRB).

HUMAN AND ANIMAL RIGHTS

No Animals/Humans were used for studies that are base of this research.

CONSENT FOR PUBLICATION

Not applicable.

CONFLICT OF INTEREST

The authors declare no conflict of interest, financial or otherwise.

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