Experiences of School and Family Communications and Interactions Among Parents of Children with Reactive Attachment Disorder

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Abstract. Effective communications between schools and family members about curricular concerns can positively impact students' performance across behavioral, academic, and social domains. Moreover, family involvement in schooling may be more important for children with disabilities, especially students with severe emotional and behavioral concerns, such as with Reactive Attachment Disorder (RAD). Students with RAD present some of the most challenging behaviors to school personnel. In turn, needs of students with RAD require their families to work together with school staff as equal curriculum decision–makers to promote hopeful outcomes for this group of learners. In this article, we discuss the findings of an investigation into the experiences of parents of children with RAD. We uncover their storied perceptions of encountering a lack of proactive, positive, and useful communications throughout their children's educational careers.

Keywords: reactive attachment disorder; adoptive and foster parents; home-school communications; curricular stakeholders; special education.

Introduction

Effective school and family interactions and communications that increase family participation are crucial for promoting more positive outcomes for children in school across academic, social, and behavioral domains (Epstein & Sanders, 2002; Fan & Chen, 2001; Hill & Taylor, 2004; Jeynes, 2005; Pomerantz, Moorman, & Litwack, 2007). Engaging with parents as partners in the educational process is universally considered best practice, particularly in

special education. It is also necessary in order to optimize student performance (Fine, 1990; Indelicato, 1980; Miedel & Reynolds, 1999; Nowell & Salem, 2007; Shortt, Douglas, & McLain, 2000; Simon, 2001).

The importance of building positive and collaborative interactions with families can be seen in the No Child Left Behind Act (NCLB) in the United States (Epstein, 2005; United States Department of Education, 2010). One of the basic tenets of the Act is to empower parents and provide them with meaningful information so that they can make informed decisions about their children's education. This is especially pertinent for children with disabilities. Key pieces of the Individuals with Disabilities Education Act (IDEA) (Senate and House of Representatives of the United States of America, 2004), in fact, are predicated on this notion (e.g., IDEA, Sects. 300.322, 300.504).

Among the concepts that are embodied in IDEA is the imperative that schools and families must collaborate with one another (Katsiyannis, Yell, & Bradley, 2001; Turnbull, Turnbull, Erwin, Soodak, & Shogren, 2011). What IDEA does not do is go so far as to operationalize and define positive interactions and strong communications. The literature, however, highlights several concepts aimed at supporting good relationships across members of the school community (Blue–Banning, Summers, Frankland, Lord Nelson, & Beegle, 2004; Schlein, Taft, & Tucker–Blackwell, 2013; Turnbull et al., 2011). While positive home and school interactions and communications are effective for promoting the best outcomes for students with disabilities, it may be even more important for students with emotional and behavioral disorders (Duchnowski et al., 2012; Dunlap & Fox, 2007; Flick, 2011). Parental involvement is suggested as a necessary component in the treatment of children with behavior disorders. It is further recommended for relationships to be cultivated between school, community, and family and to establish collaborations that allow families and community members access to roles in decision–making. Collaborations between key stakeholders help to establish a systems approach for addressing issues presented by children with challenging behaviors (Dunlap & Fox, 2007; Flick, 2011; Kaufmann & Landrum, 2013; Yell, Meadows, Drasgow, & Shriner, 2009). Farmer, Quinn, Hussey, & Holahan (2001) proposed a systems approach to addressing the needs of students with behavioral issues. Farmer et al. (2001) suggested employing a multidisciplinary team for individuals at high risk to intervene on multiple levels as a means of addressing system variables that promote change across students' behavior systems. This approach aims to reorganize the behavior system of correlated constraints affecting the student. Parental factors are specifically cited as one of five factors that need to be considered when addressing the needs of youth with disruptive and challenging behaviors.

In this article, we discuss an investigation into the experiences of parents of children with severe psychological and emotional issues called Reactive Attachment Disorder (RAD). RAD children can present with severe aggressive and challenging behaviors (Cain, 2006; Schwartz & Davis, 2006; Taft, Ramsay, & Schlein, 2015). In particular, we focus on home and school communications and interactions of parents of children with RAD. We highlight stories of experiences suggesting that for these parents, communications between families and schools were complex and dysfunctional. Significantly, we underscore the pivotal gap

between home and school that might mark the schooling experiences of children with RAD and their families to elucidate ways of enhancing home and school communications.

Background: Students With RAD and Parental Involvement

Children with RAD can present schools and education professionals with very challenging behaviors (Davis, Kruczek, & McIntosh, 2006; Floyd, Hester, Griffin, Golden, & Smith–Canter, 2008; Schwartz & Davis, 2006). They often exhibit inappropriate behaviors that range from subtle planned behaviors to extreme and proactively planned inappropriate behaviors or overt dangerous aggression (Taft, Ramsay, & Schlein, 2015). Research supports that children with RAD can be the most difficult group of children with problem behaviors that service providers will work with in schools (Dunlap & Fox, 2007; Green, 2003). Additionally, Schwartz and Davis (2006) discussed the effects of RAD on school readiness and concluded that RAD children present the school with academic, social, and behavioral challenges and problems that need to be addressed so that the learners can optimally benefit from their learning environments.

Other problems to consider when working with children with RAD are identifying triggers of behavior, determining appropriate and effective consequences, and understanding the behavior in terms of behavioral function. With most children, school professionals can identify triggers or events likely to elicit inappropriate behavior. This is not always the case with children with RAD (Cain, 2006; Thomas, 2005; Trout & Thomas, 2005). In fact, it is not uncommon for children with RAD to exhibit extreme behaviors without any noticeable antecedent or trigger for the behavior (Cain, 2006; Taft, Ramsay, & Schlein, 2015).

It is accepted behavioral principles that antecedents can predict the occurrence of behavior and that consequences maintain or decrease behaviors (Alberto & Troutman, 2013, Cooper, Heron, & Heward, 2007). Unfortunately, consequences that maintain behaviors are often more difficult to identify in children with RAD (Cain, 2006). Difficulties identifying antecedents and consequences make determining a verifiable functional relation between behaviors and consequences extremely problematic. This, in turn, negatively impacts attempts to design effective behavior intervention plans. Even when antecedents, consequences, and behavioral function are determined, children with RAD often do not respond to behavior intervention practices and programs. This includes those that have been commonly and effectively used for interventions to address behavior problems for children with behavior disorders (Cain, 2006; Taft, Ramsay, & Schlein, 2015; Thomas, 2005; Trout & Thomas, 2005).

Problems that children with RAD exhibit are due to the negative impact of disturbed and dysfunctional early relationships effectuated by extreme neglect, abuse, violence, and changes in primary caregivers (Schwartz & Davis, 2006). Families must be included as stakeholders in their child's educational team, given the difficulties presented by students with RAD. Family members know their children better than anyone else. A family-centered and team-based process is crucial for addressing the needs of this student population. Families

need to be involved so that they can support children during the assessment process, validate data collected by interventionists, report on behaviors, provide information about the performance of their children, and provide critiques of suggestions that are offered by intervention teams (Cain, 2006; Thomas, 2005).

Methodology

Participants were parents of children with RAD; they are information–rich, having lived with their children and experienced the behaviors that are key to understanding the central phenomenon in this study. We made use of opportunistic purposive and criterion–based sampling to recruit and select parents for investigative participation. We required two criteria for participation in this study: (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.

We met potential participants at a RAD parent support group, at an academic conference, and through the recommendation of friends. Each participant received an explanation of the purpose of the research study and informed written consent was obtained from them. Participants were foster parents, adoptive parents, or both foster and adoptive parents. Our participants included 10 parents (9 mothers and 1 father) from four states and nine different school districts. Their children attended rural, suburban, and urban schools.

This study made use of the narrative inquiry research tradition of Clandinin and Connelly (2000). This form of investigation enabled us to focus on collecting and analyzing "stories of experiences" as data (Connelly & Clandinin, 1990, 1991). Moreover, narrative inquiry was selected as the method for conducting this study due to the detailed ethical considerations that are intertwined with this methodology. Angel, Stoner, and Shelden (2009) highlighted the great need for a relationship that is founded on trust between professionals and mothers of children with disabilities. In turn, we endeavored to work together with our participants in "relational" narrative research (Clandinin et al., 2006).

We conducted semi–structured interviews to allow us to ask clarifying questions, further probe specific responses, and provide our participants with an opportunity to elaborate on their stories if they so desired. The first author was the sole interviewer as a means of concentrating rapport and establishing trust between one interviewer and participants. Moreover, our participants were provided with a copy of interview transcriptions following our interview sessions, and they were asked to provide feedback regarding the accuracy of the information collected.

Our interview questions focused on the experiences of parents of children with RAD or significant attachment issues. The interview protocol included questions to stimulate discussion, to allow our participants to openly express their views, and to elaborate on topics prompted by questions. Interview sessions were open–ended, recorded, and later transcribed. Individual interviews were conducted at a place chosen by the participant. Session length varied depending on participants' answers.

Ten interview sessions were conducted over the course of one year,

totaling 677 minutes of recorded interviews. One interview session was conducted with one mother and father together at their request. One participant engaged in two interview sessions for scheduling reasons. We completed descriptive and reflective field notes following all interviews. We replaced all person names and place names with pseudonyms.

We reviewed the transcriptions in–depth to determine major emergent codes and common narrative themes. Finally, we used the three–dimensional narrative inquiry space (Clandinin & Connelly, 2000) to shed light on some of the personal, social, temporal, and contextual variables of our participants' narratives of experiences. We then drew narrative interpretations from our data as investigative findings to deliberate over the level and quality of home and school communications that participants outlined.

Findings

We present here some of the narratives of experiences of our participants regarding their interactions with school staff. We examine our participants' lived scenarios of family and school communications and interactions. In exploring these experiential stories, we underscore our participants' perceived need to be involved in curricular advocacy for their children who have severe psychological, behavioral, and emotional problems.

Participants explained their perspectives on communication efforts with their children's schools. Although some viewed communications with school staff more positively than others, all agreed that there was not a solid system in place to work together on a continuous basis. Our participants highlighted how they sometimes felt isolated from schools and even from other family members. In fact, many participants are regular members of a support group for parents of children with RAD so that they might gain support and reduce feelings of isolation. They further expressed a perceived need for connections with their children's schools.

For example, Georgia and Harvey have a 14–year–old daughter, Amanda, and a 13–year–old son, John, with RAD. They related that they did not feel as though there is an emphasis in their children's schools on communicating with parents. They discussed their belief that working with students with RAD might require a team effort.

> I don't think educators really get training, or it's not really
> emphasized to connect with the parents and have relationships
> with the parents. And with these kids, you really have to work
> together as a team or it's not going to, I mean nobody's going to
> get a full picture.

Although Georgia and Harvey would prefer to work together with their children's school as a team in order to effectively make curricular decisions for their son and daughter, they felt that a lack of training among educational professionals about home and school communications was responsible for stifling such connections between them and their children's educators. Megan, who adopted a 12–year–old son with RAD, Shane, also added in the next narrative her perception that schools are apprehensive about communicating at length with parents:

> My experience is that most teachers and people in the education system profession are usually scared to death of parents. And so it's easy for them to kind of see this cute little kid and think, 'Oh, well I'll just work with this cute little kid, and really the parents are probably the ones with all the problems.'

Significantly, Megan expressed her perspective that the school is both fearful of input from parents and that they blame parents for children's behaviors. This theme was similar among our participants, since their children's negative behaviors were not always present in school. Children with RAD sometimes only present behavioral symptoms or extreme behavioral responses in the home environment. Instead, Megan illuminated how she has interpreted her interactions with her son Shane's school negatively, as a story of both fear and blame. In addition, Clare noted how some of the negative communications that she encountered with the school also run counter to supporting the needs of her 15-year-old son, Mark.

> Well I can't tell you how many phone calls I've had with teachers and I just had a phone call with my son's principal a couple weeks ago. They called me to tell me some behavior that my kid's done, and then say, 'But they felt really bad about it, so we're not going to really do anything.' No, they didn't feel bad about it. Document it! Get it in the computer! I don't care if he felt bad about it! He still needs to be held accountable. My son, 15, stole from the cafeteria, and they're calling me to tell me, 'Well, we're sorry to have to call you and tell you that he stole. He got caught by the resource officer and the lunch ladies, and now he's gonna…' and I'm like, 'Good! He steals all the time. I'm glad he got caught. Keep an eye on him. Can you write this down?' But no. The principal was like, 'Oh, but he felt really bad about it,' and he is a cute kid. And he is a flirt, and he can schmooze. People feel bad for him. And so he gets away with lying and stealing and cheating and people are like, 'Aw, but how could that cute, sweet little kid…?' But really, I have to work really hard as a parent to get to introduce myself to all the school people and now that we're in high school it's even harder because there's all these teachers and all these new administrators that don't know us. I say, 'Here's the story, here's the deal, here's his struggle. Please hold him accountable.' Because it's not helping him by just saying, 'Oh, there, don't do that again.'

Clare had previously related to the school that Mark, like many children with RAD, is able to manipulate others for gain and hide bad behaviors from certain people. Clare asked the school to help her to make Mark accountable for his negative behaviors. Instead, she discovered that Mark had successfully charmed his teachers so that they were sympathetic to him. They felt that it would be better not to document the incident or reprimand Mark, since he expressed that he was sorry for his actions. However, Clare was frustrated that the school was not helping to reinforce methods that she was using at home with Mark to lessen his negative behaviors and to make him accountable for his actions. Clare's story is thus important for indicating a common theme among our participants, where

communications and interactions with the school often did not seek to attend to parents' needs or requests, nor to unify emotional and behavioral management across the home and the school. In these cases, school professionals simply ignored the input from parents.

Interacting with our participants reinforced a shared narrative that these parents of children with RAD do not feel like their input was considered fully or respected. Our participants clearly conveyed that when curricular power is not shared, they feel as if they have no control over their children's education. The next narrative is highly useful for considering facets of the interactions between school staff and our participants during the Individualized Education Plan (IEP) process, which is critical for structuring students' written learning plans that account for their special needs in school. Janet, commented on the IEP process for her 7–year–old son, Warren, in the following story.

> When it came time for the IEP process, and we were in there, the principal's over there texting under the table while we're talking about these things and I'm expressing concern. Just didn't really feel like they were hearing anything I had to say. They didn't want to know what my input was. They pretty much had a mindset of what they were going to do. And that's what they were going to do.

Janet's story displayed how she did not feel as though she was treated as a member of her son's education team with respect to curricular decision–making for her child. Janet discussed how this situation resulted in her feeling disempowered. Since the principal did not attend to Janet's concerns or provide full attention during the parent conference, she was not convinced that the principal was acting in Warren's best interest.

When students have special emotional needs, it is crucial that educators maintain sensitivity to the needs of both families and children. Teasing, stigmatization, worries about future needs, and other concerns can add emotional burdens to families that may not be experienced by families of children without disabilities. Thus, school personnel need to be especially supportive of parents of children with RAD and other severe emotional and behavioral disorders. In spite of this expectation, Georgia and Harvey's lived scenario below about their son, John, demonstrated that communications acknowledging the needs of students and their family members were lacking. This formed a barrier inhibiting the efficacious implementation of resources to support Georgia and Harvey's children.

> Our son's home district has not shown much initiative in wanting to help us address our son's need to reduce his excessive transitions. They have not responded to our request for them to participate in our son's case management team, which is to function and help us bring together the multiple agencies and entities involved in his care, treatment, and education planning related to his disability and need for a group-home setting with family involvement for a longer period of time.

Georgia and Harvey's experiential narrative is important for understanding their experience that schools do not always communicate with families or advocate for children in ways that satisfy the interconnected needs of parents

and their children. As a result, Georgia and Harvey suggested that school staff are not able to act on behalf of their children in meaningful ways. This was also the situation for many of our other participants. For example, Nicole, whose daughter, Jenny, has RAD, revealed her belief that the school did not properly inform her about options for services and help to support her daughter.

> I didn't realize with RAD that she needed to have…It would have been nice if they had that, but I thought that the special services were only for the children who were severely handicapped, like that needed wheelchairs to get around and stuff. I didn't realize…

Nicole emphasized how she felt as though she is on her own to navigate an intricate system of agencies and to find a solution for her child, because the school provided misinformation or responded to her with a lack of information about resources in their communications. Georgia and Harvey also underscored this situation with their experiences in communicating with the school with respect to the needs of their daughter, Amanda.

> Harvey: Oh, my gosh. We met with them at least 10, 12 times. The principal is not tops on my list there.
> Georgia: The principal, we met with one-on-one, and then he handed us off to the counselor.
> Harvey: He got tired of us.
> Georgia: We probably met with her about 4 or 5 times and then they had a special ed person that we met with in the school, which was Mrs. Diner. Then we met with the district person in charge of special ed, and it's like each time you have to drag the information out of them. They won't volunteer, 'Okay, here's what you guys need to give. Go do this, this…'
> Harvey: Oh no, they didn't help us. We had to figure it out on our own.
> Georgia: They won't give you any information as to what you need to do to help this kid. They said, 'Well, you know maybe we could take her out and give her a half an hour of extra this during the day.' And you know, sometimes when we'd leave these meetings we'd feel pretty good but then nothing would change. I mean, Amanda would still be struggling. She couldn't do the homework.

This narrative of experiences is significant for showcasing how our participants encountered several roadblocks in their efforts to support their children. Georgia and Harvey highlighted how they believed that the school administrator at their daughter's school became tired of interacting with them and passed them on to other support staff. Ultimately, however, they were unable to receive aid that they felt to be valuable. At the same time, Megan exemplified, in the following narrative, the fatigue that our parent participants related to us in attempting to engage with the school.

> The communication piece, like if he didn't have to… It really feels like you have to push to find out what's necessary, but then sometimes there should be a limit to what they communicate. There was a point in time just being really honest, mid-school year, where I was just exhausted with hearing about all of his

> bad, and it was kind of had gotten to this point where I dreaded
> checking the email to know what he had done that day.

Megan, like our other participants, expressed how communications with faculty and staff at the school were often negative. Although our participants revealed that they would like to have more productive conversations with the school about ways of helping their children, Megan highlighted how the most frequent form of school communications were to report to parents negative behaviors of their children. Such reports were often highly frequent in number and resulted in our participants wanting less interaction with the school.

The stories that we collected from our participants' experiences highlight a great need to improving home–school communications. The narratives of experiences that we discussed expose areas in which our participants would benefit if schools would foster better ties with them. Our participants' voiced experiences serve to specifically delineate some of the needs of children with RAD and their families, and the types of communications and interactions that they require.

Discussion

Until now, the voices of parents of children with RAD have gone largely unheard, and their experiences have been unknown or misunderstood. When discussing children with RAD it is obvious that parents raising these children need support. Children with RAD behave in ways that are extraordinary when compared to other children, even those with emotional and behavioral disorders (Taft, Ramsay, & Schlein, 2015), and parenting a child with RAD is a task fraught with extraordinary challenges. A disorder that begins with a lack of initial healthy attachment early in life becomes a daily trial for the children and for those who care for them. The American Professional Society on the Abuse of Children's (APSAC) recent report confirmed a lack of clarity about how to help families and children with RAD or attachment issues. (Chaffin et al., 2006). For the caregivers of children with RAD, who face daily and ongoing challenges, positive communications with their children's schools are essential.

Evidence indicates that the children's educational system is one of the most important variables to consider in any remediation effort, and best practices dictate that family participation must be encouraged when designing academic, social, and behavioral goals and interventions for students with behavioral disorders. Further, IDEA mandates that parents should be considered full and equal partners on the IEP team (Senate and House of Representatives of the United States of America, 2004). Parents and the family are crucial variables for success of any intervention plan. In this study, however, we found that the information and input families offer is often ignored by education professionals or other caregivers. Unfortunately, such was the case for our parent participants who experienced interactions with their children's schools across four states and nine school districts.

This study is significant, since within this investigation we address a great gap in the literature in terms of examining some of the experiences of parents of children with RAD, particularly with respect to communicating and interacting with their children's schools. Although positive interactions and

strong communications between the home and the school might prove to be helpful for attaining positive academic, emotional, and social outcomes for children with RAD, the experiences highlighted here showcase how, for our participants, related efforts were lacking or limited. Findings from this study indicated that for these parents of children with RAD, families experienced a lack of respectful, proactive, positive, and useful communication throughout the educational process.

This study does not aim to generalize findings. Nevertheless, our participants' narratives of experiences might be useful for depicting some of the situations and needs of other parents of children with RAD or parents of children with other severe emotional and behavioral disorders. Direct interviews were conducted with 10 parents from across four states and nine school districts. Despite the geographic diversity, their stories were strikingly similar. It is anticipated that this study will be informative to others dealing with children with RAD, and that it will offer verisimilitude and transferability to other settings. We thus hope that this paper will prompt educators and school leaders to recognize some of their own practices in home and school communications and to identify concrete ways of improving and expanding upon them.

Limitations and Future Research

The strength of this study is the window that the parent voices provide into the nature of their interactions and communications with school personnel. Although the findings of this study might not be generalized to other families with children who have RAD, it is plausible that the stated findings might prove to be relevant for other families experiencing challenges with communicating with their children's schools. Parents of children with RAD or those who have children with other severe emotional and behavioral disorders might also resonate with the experiences discussed in this article. School administrators, school counselors, and support staff for students with special emotional and behavioral difficulties might find this work useful for delineating some of the needs of students and their families. It might further highlight areas in provided services that need to be addressed to improve students' academic and social lives in school.

A potential limitation of this study is the fact that almost all of our participants were members of a support group for parents of children with RAD. Our participants might share specific home situations that have led them to seek out a support group. They might also converge in terms of shared parenting characteristics or similar personal needs. In this way, our findings might be shaped accordingly.

Future research needs to investigate effective methods of promoting improved communications between schools and parents of children with RAD. Such methods would enable positive supports for families and school personnel, and they would address the complex challenges that currently prevent or minimize interactions between the home and school. Additionally, narrative inquiry might continue to be a means of exploring RAD and its implications for caregivers and children because of the depth and richness of experiences it captures. Significantly, parent voices might be essential in helping close the gap

in the research on students with RAD and for developing effective interventions and strategies.

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