Emotional Disturbance and School Personnel's Interactions: Perspectives of Families of Youth with ED

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THESIS

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I liken the Igbo and Yoruba (Nigeria) proverb, “It takes a whole village to raise a child” to myself. There were times when I did not believe that I could continue this journey. The road seemed too long and fraught with disasters, not twists and turns, as was expected. It was at that point that “the village” surfaced. When I was at my lowest and felt it would be easier to just fade with the tide, my village responded. These wonderful people shared their unique gifts and talents. They surrounded me, lifted me up, and reminded me of the importance of completing the task of being a voice for those who are barely or rarely heard. I dedicate this work to my village.

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SUMMARY

Nearly eight percent of the six million students, ages 6 to 21 years, who are receiving special education or related services are identified as having Emotional Disturbance (ED). Students with ED have been identified among all students with disabilities as having the worst student outcomes such as lower grades, high failing rates, higher suspensions and expulsions and difficulty adjusting to post-secondary education. African American students are disproportionately placed in ED at a rate more than twice as often as students from other racial/ethnic groups representing 31% of all students with ED. A perspective of the experiences of African American students with ED that has been largely ignored is that of the parents of these students. The purpose of the current qualitative investigation was to better understand the perspectives of African American families of children with ED; their views of special education, their understanding of their roles and levels of involvement within the special education process, and the types of support they receive for their children with ED. Eight African American families from a small Midwestern suburban school district engaged in narrative and semi-structured interviews to describe their children’s educational experiences. The second interview afforded the investigator opportunities to further probe and gather more specific information, which resulted in varied pathways to understanding special education, families’ struggle to grasp the concept of ED, and families’ view of school personnel’s treatment of their sons and the manner in which it influenced their relationship with school personnel. Implications for future research and practice are discussed.
I. INTRODUCTION

The field of special education was established with the promise of providing tailored educational approaches for students with disabilities that adversely affected educational abilities. With the passage of the Education for All Handicapped Children Act (EAHCA) in 1975, Individualized Education Programs (IEPs) were mandated for all students with disabilities. Eligible students with disabilities were entitled to a free and appropriate public education, instructional support in the least restrictive environment, and the participation of parents in the decision making process (EAHCA, 1975). According to this law, parents have the explicit right to make decisions in the special education process, particularly with regard to the identification, evaluation, and placement of their children. The current amendment of EAHCA, Individuals with Disabilities Education Act (IDEA), requires that parents be fully included as equal participants in all phases of the development of the IEP process (IDEA, 2004) along with the general education teacher, special education teacher, service providers as needed, social worker, and psychologist. However, despite IDEA’s mandate that parents be included in and participate as full members of the IEP team, families and professionals working with students in special education still face significant challenges in their ability to communicate and interact with one another (Harry, Allen, & McLaughlin, 1995; Zionts, Zionts, Harrison, & Bellinger, 2003).

The Problem and its Significance

Common consensus among experts is that collaboration between family and school staff, also known as “family-professional involvement,” is necessary when a student is being served in special education. Collaboration is needed to promote student success, stability, and achievement (Blue-Banning, Summers, Frankland, Nelson, & Beegle, 2004; Turnbull & Turnbull, 2001). In any educational situation family-professional collaboration is important (Hess, Molina, &
Kozleski, 2006; Overstreet, Devine, Bevan, & Efrem, 2005), but it becomes crucial when the nature of the disability implies an inherent deficit within the child (Harry & Klingner, 2007). Labels such as Emotional Disturbance (ED), Learning Disability, and Cognitive Impairment – which cause many to assume something is wrong with the child – are determined by non-medical diagnosis and subjective criteria (IDEA, 2004; Turnbull & Turnbull, 2001). There is significant potential that students who experience educational, emotional, and/or behavioral problems will be incorrectly diagnosed with a disability and labeled as such. Additionally, students from a lower socio-economic status are more likely to be labeled with a disability (Dunn, 1968; Fujiura & Yamaki, 2000; Harry & Klingner, 2006; Trainor, 2010). Parent involvement in the education and direct participation in decision making, can help to ensure that only students who actually have a disability will be identified and subsequently receive a label and subsequently receive the appropriate educational and social interventions.

**Emotional Disturbance as a Disability**

Emotional Disturbance is one of 13 recognized categories of special education. Nine are “low incidence” and four are “high incidence” disability categories. The nine “low incidence” disability categories characteristically display traits that can be observed in a relatively objective manner and often rely on medical diagnosis for identification. In most cases, a medical doctor makes the decision, rather than a team of school professionals, community, or family members. Low incidence category disabilities are more definitively measurable and discernible (e.g., deafness, deaf-blindness, and orthopedic impairment) (Donovan & Cross, 2002; Ferri & Connor, 2005) and often are identified at an early age. High incidence categories are sometime labeled “judgmental” categories due to the criteria that are deemed to be more subjective when identifying cognitive impairment, learning disability, speech or language impairment, or ED. In
other words, when IEP teams determine if a child has a disability, there is often room for interpretation, particularly when the measures being used are not sensitive to cultural and linguistic differences.

In order to determine eligibility of ED, the members of the IEP team must agree that at least one of five possible criteria apply that would characterize a child as having ED. IDEA defines ED as:

A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child’s educational performance: (a) an inability to learn that cannot be explained by intellectual, sensory, or health factors, (b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers, (c) inappropriate types of behaviors or feelings under normal circumstances, (d) a general pervasive mood of anxiety, unhappiness, or depression, or (e) a tendency to develop physical symptoms or fears associated with personal or school problems. (U.S. Department of Education, 2007)

Interpretation of these criteria is dependent on the members of the IEP team that, given the description, make determination highly subjective. The list of the characteristics and the criteria of “over a long period” and “to a marked degree” leave a great deal open to interpretation and there is no guidance with regard to how to consider behaviors that may be attributed to a student who is experiencing difficulties due to a life change or life event. That is, students may potentially manifest one or more of the characteristics, yet may not have a disability.

Harry (2007) asserts that few would question the identification of those in the “low incidence” categories because those categories rely on “biological or organic anomalies” (p.66);
however, “high incidence” categories are determined by “clinical judgments” which lack proof of a disability (p.66). Students who experience educational, emotional, and/or behavioral problems have a higher potential for ending up incorrectly labeled.

Experiences of Students with Emotional Disturbance

The need to examine the outcomes for students with disabilities based less on biological evidence than on clinical observation is needed due to consistently poor outcomes in school and post-school life. There are many reasons to further examine this disability, but one especially important reason is that the outcomes of children identified with ED are often dismal. Wagner and colleagues (2006) examined data from the Special Education Elementary Longitudinal Study (SEELS), the National Longitudinal Transition Study-2 (NLTS2), and the National Adolescent and Child Treatment Study (NACTS). In their reviews of other scholars’ work and federal longitudinal databases, they offer a sobering profile for students with ED. When compared to other school-age students with disabilities, students with ED, spend less time in general education classes and thus often have less access to general education curriculum (Bradley, Doolittle, & Bartolotta, 2008). Students with ED are taught primarily with other students with ED (Henderson, Klein, Gonzalez, & Bradley, 2005) and typically receive poorer grades when compared with non-disabled peers (Bradley et al., 2008). They also experience higher suspension and expulsion rates (Skiba, Michael, Nardo, & Peterson, 2002; Townsend, 2000; Wong & Hughes, 2006), graduate high school less frequently (Bradley et al., 2008), and are employed significantly less than students without disabilities (Blackorby & Wagner, 1996; Wagner et al., 2006).
Experiences of African American Students with Emotional Disturbance

Most assume that as schools were desegregated following Brown v. Board of Education (1954), African Americans were given increasingly equal opportunities to a quality education in integrated schools, thereby increasing chances of pursuing higher education and, ultimately successful employment (Irvine & Irvine, 1983; Shealey, Lue, Brooks, & McCray, 2005). Prior to Brown v. Board of Education, which broke down the barriers of segregation and initiated school integration, African American students attended all-black schools led by African American professionals (Shealey et al., 2005). Siddle-Walker (2001) asserts that these schools held African American students to higher standards of excellence, a characteristic associated with cultural responsive teaching (Shealey et al., 2005). Some would argue that in fact, as schools became integrated, African American students began to be predominately taught by white women in unfamiliar environments and, hence, were increasingly labeled as educationally “deficient” and “uneducable” by many teachers (Dunn, 1968; Shealey et al., 2005).

Many researchers (Greenbaum, Friedman, Kutash, Brown, Lardierh, & Pugh, 1996; Kaufman, 1999; Wagner, 1995) point to ED as being an especially problematic label, and other researchers have extended this claim in order to better examine specific populations of students who are frequently labeled ED. In addition, researchers have pointed to the sheer frequency with which students who are culturally and linguistically diverse (CLD) are identified as needing special education services. Known as disproportionality, the phenomenon is that CLD students are represented in special education in disproportionately higher numbers than in the general population. Numerous research studies show that in specific disability categories, of which ED is just one, there is an over representation of African American students—higher than when compared to the overall numbers of African American students who receive special education
services (Coutinho, Oswald, Best, & Forness, 2002; Donovan & Cross, 2002; Hart, Cramer, Harry, Klingner, & Sturges, 2010; Skiba, Poloni-Staudinger, Gallini, Simmons, & Feggins-Azziz, 2006). In fact, African American students receive services for ED at a rate two and a half times that of other students (U.S. Department of Education, 2007).

According to the United States Department of Education’s Office of Special Education Programs (OSEP), the total number of students aged six to 21 years attending public and private schools in the United States, the District of Columbia, and the Bureau of Indian Affairs receiving special education and related services under IDEA is 6,109,569 students. African American students comprise 11.2% of all students six to 21 years receiving special education and related services, yet represent a risk ratio of 2.3 of those identified with ED. This means that African American students are almost two and one half times as likely to receive services for ED than all other students from all other racial/ethnic groups combined (U.S. Department of Education, 2007). Dunn (1968) was one of the earliest researchers to express concern about the overrepresentation of African Americans and other minorities in special education programs and classes. According to Dunn, these students, labeled “misfits” (p.5) came from impoverished backgrounds and lived in homes often headed by a single parent. He also included those children whose first language was not English in his analysis. Dunn’s study was a call for rethinking the manner by which educators determined a “deficit” within a child, whether real or “conjectured” (p. 8). His study also served as a cautionary note to educators, pointing to the longer-term consequences of labeling and placement: teachers would potentially perceive children who were labeled negatively, and children who had been so labeled would potentially have negative feelings about themselves. More recent work indicates that students from a lower socio-
economic status are also more likely to be labeled with a disability (Fujiura & Yamaki, 2000; Harry & Klingner, 2006; Trainor, 2010).

**Dynamics of Family Involvement**

When families and professionals work together, appropriate and timely educational and/or social supports is more likely. There is insufficient research about how school-based personnel and families with students with ED work collaboratively. Most research supports the notion that families of European American students are more involved with school professionals than families of African American students (Jeynes, 2003; Kohl, Lengua, & McMahon, 2000; Rao, 2000; Wong & Hughes, 2006). Yet little is known about the nature and differences among those communications and the subsequent outcomes; minimal research exists about how race and social class are interactive dynamics that drive those conversations. Knowing about how cultural norms and expectations may contribute to the frequency, quantity, and quality of communication could guide specific action (Fierro & Conroy, 2001).

Interaction between home and school has been the focus of numerous studies examining myriad factors and outcomes including student achievement (Hill & Taylor, 2004), social class differences (Hovat, Weininger, & Lareau, 2003), family demographic risk factors (Kohl et al., 2000), relationship building (Lewis & Forman, 2002), and parent liaisons (Sanders, 2008). Increased family-school involvement positively influences the child, family, school, and community. Schools seeking to increase family participation should be aware of families’ beliefs regarding their roles within the school, families’ sense of self-efficacy, and methods to encourage more family visitations (DePlany, Coulter-Kern, & Duchane, 2007; Hoover-Dempsey & Sandler, 1997).
Family involvement can be home-based or school-based, and initiated by either the professional or family member (Kohl et al., 2000; Lawson, 2003; McKay, Atkins, Hawkins, Brown, & Lynn, 2003). Some examples of family involvement activities are: attendance at school functions, communication with teachers and other school professionals, home academic assistance; informal meetings between parents and teachers, families acting as the teacher’s assistant or tutor, assisting with fund-raising; membership on school committees, attending field trips, and attendance at parent-teacher conferences (Finders & Lewis, 1994; Hill & Taylor, 2004). Some researchers have even expanded family involvement to include activities that can be done at home (Finders & Lewis, 1994; Lawson, 2003; McKay et al., 2003). This broader view of family involvement contradicts the claim that African American parents are not involved in the education of their children as many do indeed provide supports such as assuring that a specific quiet space is available for homework completion or that their children are well fed before going to school in the morning.

Lewis and Forman’s (2002) ethnographic study showed that in some instances educational personnel actually resisted parental involvement. Although teachers and parents in their ethnographic study acknowledged parental involvement as beneficial for children, teachers wanted to control the manner in which the families interacted with staff and children. Families desired more interactions with school personnel, but school personnel resisted due to power exerted through social networks. Hill and Taylor (2004) explain that family-school collaboration cannot be realized if there is no collaborative effort between home and school. Family involvement is not always advantageous to student achievement; the type of involvement determines whether the interaction will be favorable.
Dynamics of Family Involvement and African American Students

CLD family involvement with their children who have disabilities has been examined in the literature in many ways. Numerous researchers have examined a multitude of challenges to African American parent participation. Families believe schools are ultimately responsible for educating their children or that they lack the academic ability necessary to partner with schools (Epstein, 1996; Thompson, 2003). Personal constraints such as lack of child care, transportation, time, and knowledge of the language of the school are also deterrents to parent involvement (Harry, 1992; Smalley & Reyes-Blanes, 2001; Thompson, 2003). School personnel’s misconceptions have also been included as reasons for low parental involvement. When teachers believe families are not interested in their children’s education or believe families’ lack of involvement is due to families’ value of education being low, they may experience difficulties in collaborating with families (Bloom, 2001; Thompson, 2003; Trotman, 2001). Harry and Klingner (2006) also found school professionals did not always recognize the families’ high participation levels, families’ high status within the community, or families’ value of education.

Collaborative relationships between families and educational professionals may be affected by a variety of circumstances, beliefs, and assumptions of each other. Examples of deterrents to collaborative relationships between families and educational professionals include (a) lack of respect for children and families by school personnel (Zionts et al., 2003), (b) the imbalance of power between special education professionals and African American families (Harry, Klinger, & Hart, 2005), (c) difficulties in providing children with academic support, (d) racial tensions between families and professionals, (e) cultural conflicts between low SES families and professionals (McKay et al., 2003), (f) professionals’ associating low parental
“involvement” with parental values about education (Hill & Craft, 2003; Thompson, 2003) and (g) family intimidation regarding school and subject matter (DePlanty et al., 2007).

Given that students labeled ED experience such disheartening conditions and that excessive numbers of African American students continue to be labeled as ED, further research is needed to continue to build an understanding of how the ED label is determined, how the ED label affects students, what role family-professional collaboration plays in working with students identified as ED, and how overrepresentation of African American students occurs (Coutinho et al., 2002). It is in the context of these difficulties and the complicated history of special education and with regard to African American families that this study was conducted.

Given the lack of research about collaboration between school and families of youth with ED, research is needed to better understand the perceived barriers from different constituents’ perspectives. In this study, the perspectives of African American mothers in the families of youth with ED were examined. The main research question for this study was: How do African American mothers, of youth with ED, interpret their children’s educational experiences and how is this related to their interactions with school personnel? The sub-questions were: (a) What do African American mothers of youth with ED know about emotional disturbance? (b) What are these mothers’ understandings of their and their child’s involvement in the special education system? and (c) How do their understandings connect to their interactions with educational and medical professionals?
II. LITERATURE REVIEW

The special education process, from pre-referral interventions and assessments to the preparation of the Individualized Education Program, provides the context for where educational decisions are made (Smalley & Reyes-Blanes, 2001). Because the process of identifying students with high incidence disabilities is subjective, there is a greater chance for more students to be labeled with a disability. The subjective nature of the labeling process can also create a disproportionate number of minority students being identified with a disability (Harry, 2007). Disproportional representation is the over or underrepresentation of students who have specific characteristics or traits including, but not limited to, race, socio-economic status, physical ability, and native language (Salend & Garrick Duhaney, 2005). With regard to education, African American students are overrepresented in Emotional Disturbance and underrepresented in gifted programs and classrooms (Donovan & Cross, 2002; Hart, Cramer, Harry, Klingner, & Sturges, 2010; Salend & Garrick Duhaney, 2005; Skiba et al., 2006). Some experts argue that a leading cause of disproportionate representation in special education is that teachers and other educational professionals do not share the same cultural background as their students, which makes them less able to effectively communicate with and relate to students and their families (Donovan & Cross, 2002; Fierro & Conroy, 2001; Salend & Garrick Duhaney, 2005). In situations like those outlined by Salend and Garrick Duhaney (2005), a lack of accurate and culturally sensitive information can play into the creation and perpetuation of disproportionality. This review of literature will examine the background of the special education process, the readability of the procedural safeguards, eligibility determination and IEP process for families, the biases inherent in labeling, and examples of how family involvement is experienced by families and educational professionals.
The chapter is looking at more than just the disproportionate number of African American students with ED; it is also examining how parents interact with the system that has labeled these students. Additionally, the chapter explores the connections between professionals who are involved in creating IEPs and whose perceptions play a role in the process.

**Background on the Special Education Process**

Even before the start of the formal special education process, many children with biological disabilities are identified from a very early age and are placed into the appropriate programs (Turnbull & Turnbull, 1990; U.S. Department of Education, 2007). Students without visible disabilities, however, may attend school for months or years before a discrepancy is noted between the student’s assessed abilities and/or teachers’ and parents’ expectations (Donovan & Cross, 2002; Turnbull & Turnbull, 1990) and their achievement. Students are most often referred for special education services due to low academic achievement or disruptive and disturbing behaviors (Hosp & Reschly, 2003) and most often, by the general education teacher (Donovan & Cross, 2002; Harry & Klingner, 2006). Parent involvement is crucial, especially when a student is referred for special education services because the child will require direct academic and social supports (Salend & Garrick-Duhaney, 2005).

The pre-referral is often the first step in introducing a child to the special education process. A pre-referral team frequently consists of school personnel and sometimes the parents. The classroom general education teacher meets with the special education teacher and other school personnel who have some knowledge of the student. Positive Behavior Intervention Supports (PBIS) and Response to Intervention (RtI) team members typically provide educational supports to the student in the form of curriculum adaptations and accommodations. Interventions or strategies are intended to provide students with support while in the general education
classroom (Donovan & Cross; Turnbull & Turnbull, 1990). It has been demonstrated that pre-referral interventions are not consistently provided (Klinger & Harry, 2005). It is not uncommon for such teams in the pre-referral stage to meet without parental knowledge or attendance (Harry, Allen, & McLaughlin, 1995; Smalley & Reyes-Blanes, 2001). When parents are not given the opportunity to work with the school system prior to or during the pre-referral process, they are at a disadvantage. They are denied the opportunity to provide critical information regarding their children which may assist the school in providing a view of the total child, not just what is seen at school (Turnbull & Turnbull, 1990). These studies elucidate the importance of pre-referral process to the student and their families. Family involvement in the early stage of the special education process allows the parent opportunity to share pertinent information about the child. Pre-referral strategies employed in the classroom may not necessitate future special education services. Each of these studies discussed the significance of parental involvement and the consequences of professionals providing appropriate interventions.

When a referral is made, it can be initiated by parents, school personnel or non-school personnel, such as physicians and social agencies (Turnbull & Turnbull, 1990). If families believe that their children are struggling in school academically, socially, and/or behaviorally, they can request assistance from their local public school. Likewise, if a teacher or other school personnel is concerned about the student’s low academic performance or disruptive or disturbing behaviors that are not appropriate to the school environment, then a request can be made for a referral (Donovan & Cross, 2002; Hosp & Reschly, 2003). It is during the referral process that students and their families enter special education (Turnbull & Turnbull, 1990). There are various reasons for referral for evaluation to determine special education eligibility, some of which are thought to be occurring too often, such as (a) lack of qualified professionals to work
with at-risk learners; (b) lack of experience or knowledge of special education process or the referral process; (c) teacher bias, test bias, test errors, errors in decision making, academic reasons, academic and behavioral concerns; (d) lack of cultural exposure; (e) lack of knowledge of students’ learning styles; (f) misidentification of learning problems; (g) educators’ belief of genetic inferiority; (h) apathy of students or teachers; (i) low self-concept of students; (j) teachers not wanting the children in their class; (k) poor behavior of child; (l) need for one to one instructions; (m) discrepancy between ability and achievement; (n) skill deficits and (o) special education as the only option (Harry & Anderson, 1994; Kearns, Ford, & Linney, 2005; Mamlin & Harris, 1998; Salend, Garrick Duhaney, & Montgomery, 2002).

Attention to the circumstances surrounding referrals and the people involved is critical because most students who are referred for special education services are eventually placed in special education programs (Hosp & Reschly, 2003; Klinger & Harry, 2006; Turnbull & Turnbull, 1990). In many such instances, students are not afforded appropriate interventions or evaluations that would presuppose their need for special education services. Hosp and Reschly (2003) compared the referral rates to population rates of African American to European American students and Hispanic to European American students. The rate ratio is translated as the referral rate of the first group as compared to the second. The results specified a discrepancy in the referral rates of the racial groups. These comparisons illustrate that for every 100 European American students who are referred for assessment or intervention, 132 African American students and 106 Hispanic students are referred. These findings also indicate that for every 100 European American students found eligible for special education services, 118 African American students and 89 Hispanic students are found eligible for special education services. More African American students and similar numbers of Hispanic students are referred for
special education and more African American students than Hispanic students are found eligible for special education services (Hosp & Reschly, 2003). The findings from this study supported previous findings that African American students are referred at a higher rate than European American students. Hosp and Reschly (2003) noted the difference in the referral and eligibility rates of African American and Hispanic students may be explained by the disproportionate numbers of students receiving services for Title I and English Language Learners (ELL). Namely, that many students referred were poor and/or did not speak English as their first language. The numbers of studies analyzed were small compared to the number of students that are served in special education programs and many of them came from the same source. Another limitation noted was the potential for error due to the small sampling.

**Readability of Parental Documents**

IDEA (2004) mandates that parents or caregivers receive a document outlining the procedural rights of parents of children with disabilities at least once yearly, usually during the time of evaluations or annual review meetings. IDEA maintains Parents’ Rights documents are written in a language so as to be easily understood by the general public. It is vital that families can read and understand the information provided as it pertains to their child’s school program. Fitzgerald and Watkins (2006) examined the levels of the readability of Parents’ Rights documents from all states except Ohio, as it was in the process of being revised at the time of the study. Readability scores ranged from 5th to 6th grade to Grade 16. Examining other characteristics of the Parents’ Rights documents, the total number of pages ranged from 20 to 47, indicating large differences in the length of the documents.

The findings in this study show four percent to eight percent of the documents were at or below the recommended 7th to 8th grade reading level. Ninety-two to ninety-six percent of the
documents were at a 9th to 10th grade reading level or higher (Fitzgerald & Watkins, 2006). The scores suggest that 20% of the Parents’ Rights documents were written at least at the college reading level. Similar findings revealed higher Flesch Grade Level scores. This study suggests that Parents’ Rights documents are now more difficult to read than past documents even though they are shorter in comparison. Few documents provided suitable readability scores. Most of the documents failed to provide quantitative features that would enhance their readability. Families of children with reading problems may also experience reading problems. Fitzgerald and Watkins (2006) demonstrated the need for readability levels and more qualitative features that would assist families in reading the Parents’ Rights documents than are presently in use. In addition to providing families with Parents’ Rights documents, school professionals may need to read and/or discuss the information with the parents (Fitzgerald & Watkins, 2006).

**Implications of Assessment Bias**

Families who benefit from the support of understanding Parents’ Rights documents may also benefit from additional support in understanding the assessment process utilized in placing children in special education. The final decision to place a child in special education or provide additional support is determined by the testing process (Harry & Anderson, 1994). In the event an assessment is deemed necessary, a team of educators conducts a series of assessments with the intent of identifying the causes of the child’s academic or behavioral concerns.

In a great majority of Intervention Planning Teams, psychologists carry considerable weight in the decision making process (Harry & Klingner, 2006). Psychologists, in some instances, were found to have too much control over evaluations and decisions regarding placement (Harry & Klingner, 2006). One psychologist, in Harry and Klingner’s study of the special education referral and decision-making process, stated that although his team made
decisions, his opinions could sway the results. Also addressed was the autonomy of the psychologists in the selection and the use and interpretations of the assessments given. Serwatka, Deering and Grant (1995) also voiced concern of bias in assessment instruments while calling for schools to provide technically sound, norm-referenced instruments (Zhang & Katsiyannis, 2002). An African American mother, who participated in a study examining four African American parents’ perception of school efficacy, described the psychologist’s referral of her son for a behaviorally and emotionally handicapped program, as “a typical white woman’s view of a black man” (Williams, 2007, p. 254).

In a study seeking school psychologists’ perspectives on the disproportionate representation of African American students with mild disabilities in special education programs, Kearns and colleagues (2005) conducted a mixed methodology study. Using the National Association of School Psychologists’ database, which included 1,500 members, the researchers randomly selected 600 specialist-level school psychologists who worked in the Southeastern region of the United States and had at least five years of work experience. Psychologists were mailed surveys entitled, “Views on African American Students in Special Education: Response Form,” which consisted of ten questions addressing the contribution to academic failure and disproportionate representation of African American students in special education. They were then rated on a Likert scale of one to five which included open ended questions. One hundred and fifty-one psychologists completed the surveys.

The study completed by Kerns and colleagues (2005) sought to understand the psychologists’ views of disproportionate representation of African Americans students in special education and to determine the relationship between cross-cultural competence and perceptions. Respondents believed that the cross-cultural competence of school psychologists strongly
influenced psycho-educational referral decisions for African American students. The participants viewed cross-cultural competence as critical in the role of a school psychologist, yet their perception of their own cross-cultural competence was low. Almost 22% of the psychologists did not believe there is disproportionality among African American students. The participants’ responses to the open ended questions listed the following elements as having the most influence on African American student underachievement: lack of parental involvement, broadly defined cultural disadvantages, failure of regular and special education systems, and pressures from parents and teachers to place African American students in special education programs.

According to the participants, biased referrals from teachers and parental pressure to place children in special education did not have a major impact on disproportionate representation. Several psychologists stated that parents’ inferior intellect was passed down to their children.

Students’ lives are affected by the decisions made during the special education process. IDEA (2004) mandates that parents are active participants in the team process of identifying the needs and supports of students. Harry (1992) acknowledged that our assessment system is not without severe limitations in defining the educational abilities of our children.

The assessment process is often a determinant factor in the placement of students in special education programs or services. The Intervention Planning Team, sometimes referred to as the IEP Team, consisting of the general education teacher, special education teacher, related service personnel, and the psychologist, assess the child’s needs, but it is often the psychologist’s assessments that carries higher implications for placement. Psychologists’ judgments and testing instruments have been determined by some to be biased in relation to minority children. There has been a call for more norm-referenced instruments that are technically sound (Harry, 1992).
Family Involvement in Children’s Education

Parent involvement is necessary for students’ academic success and adds to cognitive development (Turnbull & Turnbull, 1997). When looking at special education, positive family involvement is even more important, especially for students without biological disabilities, because the determination process is subjective and parents need to advocate for their children and understand the options provided through the special education program (Turnbull & Turnbull, 1997). Also, research has shown that African American parents are not as involved in the school system as European American parents and other minorities (Jeynes, 2003; Rao, 2000; Wong & Hughes, 2006) which can lead to further disconnections between the special education process and family knowledge of the process and its consequences. For instance, many African American parents are not aware that during the 2002-2003 school year, 55.9% of students over the age of 14 receiving services for ED dropped out of school and that ED has been the special education group with the highest dropout rates (U.S. Department of Education, 2005).

With regard to general parental participation, Mo and Singh (2008) examined parental involvement and its effect on children’s school engagement and success. Using the database containing the entire Wave I data from the National Longitudinal Study of Adolescent Health, the researchers looked at data from 1,235 7th and 8th grade middle school students assessing school performance, parent relationship and involvement, and student school engagement. The findings of their study indicated that parental involvement has a positive effect on school engagement and performance of middle school students.

In a three year longitudinal study, Nzinga-Johnson, Baker, & Aupperlee (2009) investigated the relationship between parents and teachers, the relationship’s effects on home-school interaction, and its effects on race or socioeconomic status. Using the data from the
National Center for Early Development and Learning Multi-State Study of Pre-Kindergarten (Clifford et al., 2005; NCEDL Pre-K, 2005), participants were randomly selected from 225 schools. Included also were 483 parents, mostly mothers and 431 teachers of pre-kindergarten students. Parents were selected if their children were African American, Latino, or white. Fifty-two percent of family respondents were from low-income homes, 49% completed high school, 39% completed post high school education, and 14% did not graduate high school. The teacher respondents were 98% female; 80% white, 9% Latina, 7% African American, 3% multiracial, and 1% Asian American. Teachers completed the Family Involvement Scale and the Home-School Relationship Scale, whereas parents completed the Relationship with Child’s School Scale. Their results suggested that teachers’ reports of higher levels of school involvement may be influenced by the quality of the relationship between home and school. The teacher respondents revealed that parents with post high school education and white parents were more involved than parents with a high school education or less. Additionally, teachers believed African American and Latino parents were less involved in school than were white parents.

Hill and Craft (2003) conducted a study on the effects of parent/school involvement on children’s academic or social competence among African American and European-American parents of similar socioeconomic status and teacher beliefs. Using mothers’ and teachers’ perspectives, these researchers investigated multiple dimensions of parental involvement on children’s academic and social outcomes. Fifty-four African American and 49 Euro-American mothers with similar socioeconomic status, levels of education, employment and occupational status, number of children, and children’s school attendance prior to kindergarten were interviewed and given three subscales of the Parent Teacher Involvement Questionnaire along with 17 teachers (Conduct Problems Prevention Research Group, 1995; Kohl et al, 2000).
Children’s educational achievement was assessed using two subscales of the Metropolitan Readiness Test, Level 2 (Nurss & McGauvan, 1995). School involvement, home involvement, and teachers’ perception of parents’ value of education was surveyed. Mothers and children were interviewed in their homes simultaneously and teachers completed surveys for their students. The authors noted that parents’ home-school involvement and teachers’ perceptions regarding parental involvement seemed to increase students’ ability to achieve because it helped students to develop academic skills and social understanding. Teachers perceived that Euro-American children had higher academic skills than did African American children. Euro-American and African American students compared similarly in their reading performance, but Euro-American children attained higher math scores than did African American children. The authors found a positive connection between student achievement and the way that teachers perceived parental involvement. The connection shows that teachers’ attitudes have importance and an impact on students’ ability to achieve academically.

Boykin, Tyler, Watkins-Lewis, and Kizzie (2006) conducted a study on teachers serving low income African American students to determine the types of activities and culturally-based practices occurring in the classroom. The study focused on 81 general education teachers of which 75 were female. Fifty-six African Americans and 25 European Americans completed a questionnaire. The study revealed that most teachers, including the African Americans, exposed their students to mainstream behaviors exclusively. The study revealed that African American teachers focused exclusively on mainstream behaviors in order that their students would be able to navigate the world once they left the classroom or moved to other schools.

Also relating to differing perspectives between educators and that of families, Harry and colleagues (2005) set up a series of case studies using three schools (one predominately African
American, one of Mixed Ethnicities, and one predominately European American). The study showed that school personnel had a “we” versus “them” attitude. This attitude caused school personnel to judge families based on status, class, and education, which served to give the school power over the parents. Even families that had cultural capital within the neighborhood, the school personnel were only able to view the families in the most negative light despite positive attributes of the families. The schools never took the time to learn about the families. Additionally, the school put pressure on the psychologist to put students who did not need special education services into special education. In one situation a student was deemed eligible for ED services, without taking into regard the teacher’s ability to work with students and manage the classroom. This study’s outcomes also resemble the work of Hill and Craft (2003) when it comes to show the effect of teacher’s perspectives on students and their academic outcomes.

Blue-Banning and colleagues (2004) looked at the indicators of professional behavior that were required for family-professional collaboration. The study included the opinions and experiences of 137 families and 53 professionals using focus groups and in depth interviews. The group determined that professionals needed communication, commitment, equality, skills, trust, and respect in order to work with families. This study showed that professionals need to create a cooperative and safe environment if they want parents and families to become part of the educational process and participate in their students’ learning.

**Involvement of African American and Other Minority Parents in their Children’s Special Education**

Harry and colleagues (1995) wanted to determine the factors that affected low income African American parents in the early years of their children’s special education placement. This was the first longitudinal study that examined how the role of minority parents has changed
during the special education decision making process. The purpose of the study was to
determine parents’ expectations, participation, changes in students, and compare the data from
minority students in special education with students in general education. This qualitative study
relied on interviews, observations, and documentations over a three year period for 42 families.
Findings from the study indicated that African American families, with students in special
education, had the ability to assist their students, and work with professionals in the special
education process, but the schools were not as willing to let them participate. The study also
showed that professionals hid the labels from parents by mentioning the benefits of smaller
classrooms, but did not discuss the long term effects of being labeled. Professionals also
assigned labels to students to which families may not have agreed. Additionally, when parents
advocated for the rights of their children, school professionals would make it clear that parents’
opinions were not valued because they, unlike the school personnel, are not seen as
professionals. This study, similar to Blue-Banning et al. (2004), showed that professionals need
to have clear lines of communication and respect for families if they are going to create a
positive and useful learning experience for students with disabilities and their families.

Smalley and Reyes-Blanes (2001) conducted a small survey on rural, low income, low
educated African American parents with children in the special education system. The study
included nine parents and 36 children. They found that most parents found themselves to be
highly involved with the school personnel and their children’s education, but the parents did not
feel that the school personnel was as interested as the parents. Also, the parents asked the
researchers to review parent’s rights, school and classroom procedures, and other areas of
confusion or misinformation. Some of the parents had seven children who were all in the special
education system. The findings of this study contradicted the stereotypical belief that African
American parents are not as invested in their children’s education, but the authors concluded that due to the small sample size, more research needs to be conducted.

Further examining the connection between African Americans and the special education process, Serwatka and colleagues (1995) discussed the importance of having African American teachers in general education classrooms. Yet, they also indicate the decline of African American teachers entering the profession. Serwatka and colleagues (1995) believed that African American teachers would understand the cultural behaviors of African American students, be more positive role models, and be less inclined to place large numbers of students in special education programs, especially related to ED. Placement decisions of minorities to special education programs and services often involve subjective assessments, as well as subjective views of the psychologists who use those instruments.

Although Serwatka and colleagues (1995) showed a pattern of disproportionate representation of African American students in various disability categories, more research is needed to substantiate these findings. Many of the results discussed were estimations of factors that may have been the cause of disproportionality. Further research needs to be conducted in order to solicit definite answers. Also, without qualitative results in a study such as this, it would be difficult to make summations Serwatka et al., 1995

Continuing with an examination of the connection between culture/ethnicity and family involvement, Wong and Hughes (2006) suggest that psychologists may assist in bridging the cultural gap between minorities and school personnel. The participants in this study were parents and teachers of first graders who attended one of three diverse elementary school districts in East Texas. Twenty-two percent of the 481 parent participants were African American, 34% were Hispanics, and 44% were white. Forty-four percent of the 71 Hispanic parents spoke Spanish
only. The teacher sample was primarily White. Parents and teachers completed questionnaires, which measured their involvement in their children’s education. When looking at frequent communication with the school, African American parents reported more contact than the Hispanic parents but, teachers viewed African American parents as the least involved of the racial ethnic groups included. Teachers have indicated that African American parents have lower levels of participation than Asian/Pacific Islander and Hispanic parents, yet African American parents perceive themselves as having more participation than Hispanic and Asian/Pacific Islander parents. Although the researchers concurred there may have been many reasons why teachers reported a low involvement of African American parents, they highlighted that one reason may have been the small percentage of African American teachers in the study. The researchers additionally submitted that parents of difficult ethnicities do not share a common culture. Their conclusions suggested that school psychologists could play a key role in assisting teachers in making positive connections with minority parents and families. Minority parents appear to recognize the cultural differences between home and school sooner than teachers, possibly due to their perceptions of the manner in which they are treated by school personnel. More research needs to be conducted to fully examine the discrepancy between African American families’ beliefs and those of teachers and other educational professionals.

Many minority families may not know how to fully participate in the process of developing an appropriate program defining special education, related services, and general education services. Parents may be unaware of their rights, lack the supports needed, or not recognize their own power. If parents are not knowledgeable about or do not understand the definitions of the exceptionality assigned to their child, they are less likely to engage intensely in the development of an IEP (Harry & Klingner, 2006).
Lea (2006) conducted a study that focused on six adolescents’ mothers between the ages of 16 and 18 at the time of the study. The ethnicities of the mother included one Caucasian, three African Americans, one Jamaican-American and one French-Guiana. They were all participants in an early intervention program for their children who were developmentally delayed. Each mother received support from various service provider, some more than others. Early childhood intervention took place in the participants’ homes because of the focus on family learning. The study followed the complaints of disrespect toward the mothers by the service providers who averaged 40 years old. The service providers focused on what the families needed, but the mothers did not view family centered learning as a positive experience because the professionals consistently told the mothers what to do and did not respect them as mothers because of their age. The mothers believed their roles were that of passive observers during the interventions and the professionals believed their roles were to work with the child, provide information to the mothers regarding their children, and leave written follow up instructions with the mothers. The mothers and professionals did not achieve collaborative relationships. The service providers knew very little about the mothers, i.e.,” their lives, experiences, beliefs, hopes, or dreams” (p.277). Due to the interactions between the mothers and the service providers, it appeared that the service providers contained all of the power, which reinforced the idea that professionals have all the power and the parents none (Lea, 2006).

Pruitt, Wandra, and Hollums (1998) identified 78 families with children with disabilities (CLD, ED, Learning Disabilities) between the ages of 3 and 29 years old who agreed to be interviewed in response to the question, “How can educators be more sensitive to the needs of your family?” College students conducted the interviews and the respondents were friends, neighbors, or acquaintances of the interviewers. The participants, whose racial/ethnic
backgrounds were not shared, identified the following common themes: the families wanted professionals to listen to them, to develop effective communication between the two groups, they wanted professionals to teach them about the different labels and disabilities, they wanted the professionals to be more sensitive, they wanted their children to be respected, and they wanted to see improvement of the entire IEP process (Pruitt et al., 1998).

Lake (2000) found results similar to Pruitt and colleagues (1998) by interviewing 22 parents, whose racial/ethnicities were not identified, including 21 mothers and one father who had responded to a study notification by the Bureau of Special Education Appeals. The participants were 18 families from two parent homes, 16 school officials, and six mediators. The study was conducted to understand the factors that contribute to parent-school conflicts in special education and the balance of power between parents and professionals. All of the parents were involved in a special education appeals process and had asked for mediation as a part of the process and had rejected the IEP program assigned to their child. All of the parents except for one had finished high school or higher and seven of the parents had been through the appeals process more than once. The school officials were made up of 13 principals and three special education directors. The researchers used individualized open ended questions for each of the three groups and each interview was audio recorded and transcribed. The following categories that intensified conflict were identified: “discrepant view of the child or his needs; education provided to parents; delivery of services; constraints of time, money, personnel and material; valuation as a partner in the parent-school relationship; reciprocal power; communication and trust” (Lake, p.8, 2000). An issue that also added to conflict was that teams had to defer to administrators when making decisions related to the cost of special education. The researchers found that trust and communication were vital in decreasing conflict across all eight areas and
fostering stronger relationships between parents and professionals and that if professionals put more effort into building a relationship with parents, there would be fewer conflicts over power.

Zionts and colleagues (2003) have argued that some school personnel and parents exhibit bias in judgments and interactions with one another. Their study consisted of the urban African American parents of the twenty-four children with moderate to severe disabilities who were recruited from parent support groups and after school community programs in two large urban cities. Parents of varied socioeconomic status were interviewed to examine their satisfaction with the special education system as it related to cross-cultural sensitivity. The promotion of building better relationships between African American parents and school personnel were identified within six themes: (a) respect for parents and children by school personnel, (b) perceived negativity toward children and/or parents by school, (c) need for information and assistance using community support services, (d) desire for greater cultural understanding and demonstrated acceptance of differences by school personnel, (e) issues of quality and training among teachers and other school personnel, and (f) improved teacher-parent and parent-teacher partnerships (Zionts et al., p.44, 2003).

Overstreet and colleagues (2005) conducted a study to find behaviors that are conducive to fostering home-school relationships among economically disadvantaged African American families. The participants were 159 African American mothers from ages 20 to 78 who lived in public housing, 38% had less than high school education, 58% completed high school, and 4% had some college, and 93% were single parents. The average annual income of the families was $6,000 and all were receiving some type of public assistance. The children ranged from kindergarten to 12th grade and 65% of the children were in elementary school with the remaining 35% in middle and high school. The researchers trained and employed seven people as
interviewers for six to eight weeks to conduct interviews with the families. The survey asked parents about their own educational aspirations, if the school listens to parents, and if the school provides parent centric activities. The study found that parents with higher educational attainment had higher educational aspirations for their children, and that if parents felt they were heard by the school, they were more likely to participate in their child’s education.

Hess and colleagues (2006) sought to understand parents’ perceptions relating to the parental responsibilities in making educational decisions and their attitudes towards the different models of special education services. The study used 27 caregivers of children from a large school district in a southwestern state with various learning disabilities, cognitive disabilities, and emotional disturbance. Each of these diverse families from CLD backgrounds was selected by the school psychologist to represent the diverse makeup of the school district. The parents were arranged into focus groups. The themes that emerged revolved around the parents, teachers, and schools. The parent theme united passive compliance with educational decisions and learning to become an advocate for the child. The teacher theme connected teachers as an expert and main support for the family. The school theme looked at the organization and climate of schools and the manner in which schools address families’ needs.

Parents in this study perceived teachers as partners in creating a successful environment for their children. They looked more to the teachers’ empathetic side rather than the years of experience or expertise. Parents looked to teachers to provide support for their child and in educating them about their child’s special needs. The communication factor was of utmost importance (Hess et al., 2006). The researchers sought to explicate parental concerns of their children with special needs. The parents, although from different ethnicities, shared the same dreams and aspirations for their children, teachers, and school staff. School professionals must
learn to better interact with parents, to assist them in finding their voices in order to advocate for their children, and to rethink their own perceptions about power, position, and advocacy for better communication with parents (Hess et al., 2006).

Lewis and Foreman (2003) spent two to three days a week for four months acting as an assistant in an upper-middle class first grade classroom where they asked many open ended questions, attended parent-teacher school events, and formally interviewed the principal. They also spent time at a small, lower income, alternative school maintaining similar functions as in the upper-middle class school. Parents were frequently involved in the classroom activities in the lower-income school where the researchers spent time in an early education classroom. The schools boasted positive staff to student ratios. In the upper-middle class school, the student body was 88% white. The lower-income school’s student body was mostly Latino and black and shared a rundown building in the inner city with three other small schools. The upper-middle class school, despite high parent selection for the school and neighborhood, had issues with family-school collaboration. The principal noted that parents’ efforts to help the school made the staffs’ positions more difficult because parents were at the school whether they were wanted or not. The parents rarely came to a consensus with the teachers or other school staff when deciding how they were going to participate, which lead to a power and autonomy struggle for the teachers and took attention away from the teachers. The lower-income school also had a large parent participation, but the school viewed itself as a community school and worked with the parents as much as possible. The school took its” open-door policy” so far that the main office had no doors or walls and the school hosted a weekly parent breakfast to ensure community members took ownership of the school. At the end of the study researchers concluded that socio-economic status deficits and racial/ethnic cultural differences could be overcome in the proper
environment. Basically, if schools and families are going to build working relationships, they have to be based out of common respect and similar goals.

Spann, Kohler, and Soenksen (2003) conducted a study with 45 parents who belonged to a Parent Support Group for children with Autism and Persuasive Developmental Disabilities to examine parental involvement in and perceptions of special education programs. Several of the parents admitted that there was a lack of involvement in the IEP process and that the documents they needed to sign and review were created without their consultation or involvement. Other parents addressed apprehension regarding school personnel’s lack of concern about meeting IEP goals. The participants also discussed the need for social capital when it came to navigating the IEP process and found their support group of over 500 members useful because the support group assisted families in developing the social capital and knowledge resources needed for helping their children to do well and improving families’ and children’s interactions with school personnel.

The families in the above mentioned studies provided methods to promote family-professional collaboration and decrease conflict between parents and school. Although race was listed as a deterrent to parental involvement (McKay et al., 2003), it was not central to each of these studies. Communication was of utmost importance, namely parents’ ability to be heard and to receive increased information about their child’s disability reverberated throughout. Sensitivity to cultural differences was a request of the families, along with an understanding of constrictions that would lead to conflict (McKay et al., 2003). These studies can assist in building positive and sustaining relationships between families, with or without children with disabilities and school personnel (Trainor, 2010).
The studies covered in this review of literature explain that it has been over 50 years since *Brown v. The Board of Education* and there is still disproportionality. Although it is not clear why disproportionality occurs, there is a need to explore what factors contribute to disproportionality and how the families with a student labeled ED navigate the educational system. As the literature shows, the majority of children of color are served in urban, poor schools and there is a correlation between lower SES and high incidence disabilities. Also, families who have higher social capital, support outside of the home, or speak with others inside the school and understand the language of the school appear to have better interactions with school personnel (Harry et al, 1995; Lareau, 1987). The aims of this investigation are to address what types of supports are provided to families of students who have already been identified as having an emotional disturbance, what the families know about ED in general and more specifically how families interpret the special education process, and how they interact with school personnel.
III. METHODOLOGY

The purpose of this study was to understand and describe the experiences of African American mothers of children with Emotional Disturbance (ED), discover what the families know about ED, and explore how the families interact with school personnel. This study’s design is based on the use of qualitative inquiry, specifically narrative and semi-structured interviews combined with field notes and written documents to interpret the voices of the participants. This chapter begins with an overview of qualitative methods and the benefits of narrative inquiry including the trustworthiness and credibility of the data and the role of the researcher as instrument. This is followed by a description of the settings, participants, data sources and procedures, and data analysis.

Qualitative Inquiry

Qualitative research is often referred to as a naturalistic or “non-scientific inquiry” that is, “a commitment to studying human action in some setting that is not contrived, manipulated, or artificially fashioned by the inquirer…” (Schwandt, 1997, p. 102). Scientifically sound evidence can be derived from qualitative inquiry and to do so, it is essential that the researcher is knowledgeable in the systematic use of the proper research tools (Brantlinger, Jimenez, Klingner, Pugach, & Richardson, 2005). Creswell (1998) provides multiple reasons for conducting qualitative research beginning with the type of research question being investigated. He notes that if a “how” or “what” answer is needed, if the topic needs to be “explored,” or requires a detailed view, then qualitative inquiry is appropriate. Another reason for using a qualitative approach is the investigator’s responsibility of telling the participant’s story from a learner’s and “non-expert” point of view (Creswell, 1998, p.18). This rationale for use of qualitative research
complemented my research questions, as well as the format for presenting my findings of the families’ experiences in their own words.

Denzin and Lincoln (2005) assert that qualitative research is a set of practices that are used to interpret and make the parts, linkages, and wholes more visible to the world. They state that qualitative research transforms the world into field notes, interviews, and conversations that can be studied at different times and places. In the present study, through the use of narrative and semi-structured interviews, this researcher was able to gain insights into the lives and perspectives of the families. Basically, qualitative research is studying the world in natural settings and trying to find meaning and how people create meanings from their surroundings and actions. My approach to this qualitative inquiry involved using the voices of the participants and myself as an instrument for data collection to create detailed description (Creswell, 2007).

Qualitative research methods were chosen for this study because “human development is a social process involving individuals, institutions, and culture and, therefore, requiring multiple levels of analysis” (Daiute & Lightfoot, 2004, p. xiii). When examining families and their interactions with schools regarding their children who are labeled Emotionally Disturbed, qualitative research methods allowed the researcher to fully explore the connections between individuals, institutions, and culture that Daiute and Lightfoot describe. Also, the qualitative method allows flexibility for working on a nuanced topic because the researcher is the main instrument of research. This means that research is shaped around the researcher’s abilities, resources, and interests (Patton, 1990).

This investigation is directly based on the work of Harry (2008) who explains that her work is focused on students who are disproportionally placed in special education programs and ED. Harry also focuses on the perspective of parents and their view of and roles in having their
children placed into the special education process. Likewise, this study is using the voices and understanding of mothers whose African American sons had been placed into the ED disability category and the way that they understand their continuing role in the process. This study uses the voices of African American mothers to share their perspectives on the special education process and their interactions with the school personnel who provide services.

**Narrative Inquiry**

Narrative inquiry was selected as one method of research for this investigation because it allowed the respondents to construct their stories in the manner that reflected their experiences. Respondents who were able to describe or share their experiences with minimal interruption or having to reply to specific questions were free to provide more of their own story. According to Milinki (1999), “Narrative research questions ask how events become meaningful in a particular way, objectively geared toward understanding not just ‘stuff’ of experience, but what can be learned through opening up the ‘forms of telling’ about the experience” (p. 27). The narrative method explores why a story is told in a specific manner and how that shapes meaning and understanding.

This investigation was focused on experiences and perceptions which exist outside of traditional, scientific constructions of truth. The goal was to explore how the families were experiencing their interactions and how they crafted their feelings about the ED label and the education process. Instead of being true or false, “Narratives are interpretive and, in turn, require interpretation: They do not ‘speak for themselves’ or ‘provide direct access to other times, places, or cultures’” (Riessman, 1993, p. 22). The role of the researcher is to examine the narrative, identify the core themes or patterns, and find the parts of the respondents’ stories that are significant and most telling of their experiences. It is also important to consider why the
respondents have constructed the story in the way that they have and what underlying values or understandings are being reflected through the way they have put their experiences together.

When conducting a narrative inquiry, the investigator can see facial expressions and gestures, hear pauses in speech and voice inflections, hear and make meaning in the story construction, and have a better chance to understand how and why the person is telling his or her story (Patton, 1990).

Weiss (1994) argues that through interviewing we can learn about what people think, why they think it and their particular thoughts about an event and that these can be pieced together into a comprehensive whole. Adding to this idea, is the work of Luff (1999) that suggests that each person’s perspective is a “fractured subjectivity” and that “participants—both researchers and respondents—speak to each other not from stable and coherent standpoints, but from varied perspectives” (Warren, 2002, p. 84). The interview process can help to connect all of these different perspectives into a cohesive whole.

Finally, Rapley (2004) contends that it is important to consider how the respondent will view the interviewer with regard to race, social class, shared experiences, and potential judgment calls. Rapley (2004) also posits that the interviewer is creating a relationship between him or herself and the person being interviewed. He continues by arguing that although interviews should be as similar as possible across interviews, there are many occasions and reasons to change tactics and styles in order to accommodate the respondent and help him or her become comfortable in sharing his or her story. Rapley’s (2004) most helpful advice is “Stay loose, be flexible” (p.30). The use of narrative inquiry in this investigation allowed the researcher and respondents to create a relationship across the two interviews and gave the investigator the
flexibility to seek additional information as needed to gain understandings regarding the research questions.

**Research Questions**

The central question of this investigation explored: How do African American mothers of youth with ED interpret their children’s educational experiences and how is this related to their interactions with school personnel? The sub questions were: (a) What do African American mothers of youth with ED know about emotional disturbance? (b) What are these mothers’ understandings of their and their child’s involvement in the special education system? and (c) How do their understandings connect to their interactions with educational and medical professionals? These questions helped guide how the respondents structured their discussion about their children’s diagnosis and educational experiences and their overall perceptions and experiences with school personnel.

The motivation for the study’s central research question was the researcher’s own professional experiences. According to Warren (2002) a research question should also include parts of the researcher’s own experience and interests, which this question has been designed to reflect. Following the path of Warren, this question was directly influenced by the researcher’s over 30 years of experience as both a teacher and working with children with ED diagnoses. Essentially, this study began as a way for the researcher to further her knowledge about students with ED and assist families and school personnel in promoting student success. Beyond the original impetus for research, this study provided insights into the nuanced and unique factors regarding ED eligibility determination. For instance, because ED determination is based around subjective decisions, it is important to use the narrative format to get a clearer understanding of how the parents understood their participation in the process. Although the IDEA (2004)
mandates parental partnership in the IEP process, it is important to explore how parents interpret their role and professional interactions in a process that assigns them a fairly ambiguous role. According to Warren (2002) research questions should also include parts of the researcher’s own experience and interests, which these questions have been designed to reflect. As noted above, this investigator was motivated to seek further knowledge to inform subsequent work with families and school personnel in promoting student success.

**Setting and Participants**

This study was conducted with approval obtained from the university Institutional Review Board (IRB) which can be found in Appendix B. Purposeful sampling process was used to select the African American families with students of middle school, between the ages of 11 and 15, who had already been determined eligible for ED and who were willing to share their experiences about ED and their relationships with school personnel. Patton (2002) contends that purposeful sampling is useful because, “The logic and power of purposeful sampling lie in selecting information-rich cases for study in depth. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of inquiry, thus the term purposeful sampling (p. 230).” The experiences of families who had middle school aged children with ED were central to the focus of this study, which further cemented the usefulness of purposeful sampling in this study.

The selected site was in the vicinity of a major Midwestern metropolitan area where diverse families of middle school students with ED resided. The district’s student enrollment reflected a diverse student population. The district included students who were culturally and linguistically diverse learners 27% AA, 33% Hispanics, 1% Asian, 2% Multiracial, and .5% American Indian. A substantial number of students (i.e., 62%) were of low SES.
Within the selected district, the investigator identified families by contacting an administrator of the school district, discussing the study, and requesting permission to meet with the teachers of students with ED to discuss the study. A copy of the IRB-approved Recruitment Script for Superintendents can be found in Appendix C. The researcher sought recommendations of possible families who met the criteria for selection and requested that teachers send home a description of the study to elicit interest in participation. The IRB-approved Teacher Recruitment Script can be found in Appendix D. Mothers of African American middle school students, between the ages of 11 and 15, who were identified ED prior to this study were selected for inclusion in the study because it was likely that they would have sufficient prior experience in the special education system to have developed a coherent or extensive set of perceptions regarding ED, schooling, and school personnel.

Families with children outside of the 11 to 15 age range and those who had not been identified as ED prior to the interviews were excluded from the study. No particular demographic criteria were mandatory of participation in this study although the study’s sample included African American families from the same school district to increase the likelihood that variances in socioeconomic status would be minimized. The reason for using the term “family” as opposed to “parent/s” is to capture a wider range of participants’ home structures. Family members are defined as those individuals who possess the care-taking responsibilities of the student. Therefore, families could encompass parents, grandparents, foster parents, adopted parents, step-parents, relative or non-relatives, guardians or individuals who assume parental responsibilities for the child. The participants in this study included seven biological mothers and one foster mother of African American sons with ED.
Permission was granted for the investigator to meet with a district administrator who provided the researcher with a list of interested families who had middle school children classified as ED. All mothers had previously received a study information letter written by the researcher and the administrator gathered the names and contact information of those who agreed to participate. The IRB-approved Parent Research Information Letter can be found in Appendix E. The researcher contacted the interested mothers, provided additional information about the study, and confirmed their interest in participation. Appendix F is the IRB-approved Parent Recruitment Script. When these mothers agreed to participate, the researcher made arrangements to meet them. Upon meeting in a mutually agreed upon location, the researcher worked to develop rapport with each respondent before the study commenced while discussing the study’s purpose. A copy of the IRB-approved Research Information and Consent for Participation can be found in Appendix G. The researcher orally read a copy of the consent form which addressed the purpose, expectations of participation, and confidentiality procedures. Participants signed one copy and returned it to the investigator and each respondent was given a second copy of the consent form to retain for herself. At this meeting, the first interview was conducted. At the conclusion of the initial interview, the participants agreed to a second interview.

Ten respondents originally agreed to participate in this study. Due to work schedules and time constraints, one mother was unable to schedule an appointment that was mutually feasible with the investigator. A second respondent agreed to participate and signed the consent form; however, when the recording began, she refused to talk. Once the recorder was silenced, the mother resumed speaking. Although this respondent shared rich details concerning her son, family, and school, her voice was not included in the analysis for this study.
The group of respondents for this study was comprised of eight adult African American family members of middle school students labeled ED who attended a school district where students labeled ED are educated within the public school system. The names of the participants and their sons have been changed to protect their identities. Pseudonyms were used for both mothers and sons. Table I provides descriptive information about participants.

**Data Sources and Procedures**

This section describes the interviews, written documents and field notes that served as sources of data, as well as, the procedures that were used to collect the data. This study relied on audio recorded interviews, transcriptions of the interviews, written documents, field notes, and the researcher’s personal journal as data sources.

**The researcher as instrument.** Throughout the study, it was necessary for the researcher to become a data collection instrument (Brantlinger et al., 2005; Kvale, 2007; Patton, 2002; Rapley, 2004). Guba and Lincoln (1981) claim that the investigator in a naturalistic inquiry “is at once and the same time instrument administrator, data collector, data analyst, and data interpreter. He is, in the methodological terminology of traditional educational research, both an independent variable and an interaction effect” (p.128). One of the methods of this study calls into question the researcher as a subjective participant in the research process. As a subjective participant, it is important to discuss the researcher’s point of view and interpretation of this study.
Table I  

*Description of Participants*  

<table>
<thead>
<tr>
<th>Mother Pseudonym</th>
<th>Son Pseudonym</th>
<th>Child’s Age</th>
<th>Co-Morbid Disabilities</th>
<th>Siblings</th>
<th>Grade Identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Libra</td>
<td>LeeVert</td>
<td>11 years</td>
<td></td>
<td>Twin Sister, Brother 12, Brother 15</td>
<td>Kindergarten</td>
</tr>
<tr>
<td>Karin</td>
<td>Kenyun</td>
<td>13 years</td>
<td>PTSF</td>
<td>Step-Sister 8, Sister 10, Brother 15</td>
<td>5th Grade</td>
</tr>
<tr>
<td>Charlotte</td>
<td>Will</td>
<td>11 years</td>
<td>S/L</td>
<td>Step-sister 1, Brother 10, Step-Brother 14, Sister 15, Sister 16</td>
<td>3rd Grade</td>
</tr>
<tr>
<td>Beatrice</td>
<td>Brian</td>
<td>13 years</td>
<td>S/L, ADHD, SLD</td>
<td>Older Sister, Older Brother</td>
<td>1st Grade</td>
</tr>
<tr>
<td>Giselle</td>
<td>Marc</td>
<td>12 years</td>
<td>ADHD</td>
<td>Sister 7, Sister 9, Brother 11, Brother 13, Sister 15</td>
<td>Kindergarten</td>
</tr>
<tr>
<td>Name</td>
<td>Nickname</td>
<td>Age</td>
<td>Relationship</td>
<td>Grade</td>
<td>Notes</td>
</tr>
<tr>
<td>-------------</td>
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<td>-------</td>
<td>--------------</td>
<td>-------</td>
<td>----------------</td>
</tr>
<tr>
<td>Geraldine</td>
<td>Tyson</td>
<td>14</td>
<td>Sister 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sister 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Brother 9</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Sister 11</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Brother 13</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Brother 16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simone</td>
<td>Quincy</td>
<td>14</td>
<td>SLD</td>
<td>Sister 21</td>
<td>7th Grade</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sister 31</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sister 32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Micki</td>
<td>Derrick</td>
<td>13</td>
<td>Brother 18</td>
<td></td>
<td>4th Grade</td>
</tr>
</tbody>
</table>

ADHD = Attention Deficit Hyperactive Disorder, PTSD = Post Traumatic Stress Disorder, S/L = Speech or Language Impairment, SLD= Specific learning disabilities

Finally, it is important to note the past experiences that may contribute to the lens through which the researcher is conducting this study. The investigator has more than 30 years’ experience as an educator and administrator. Throughout these years, the investigator taught general and special education classes to students in elementary and high school with and without disabilities. She taught students with numerous abilities and identified in high and low incidence disability categories. Of the numerous factors that contribute to children’s school success, this investigator can attest to the benefits of family-professional engagement. Families have expressed appreciation for relationships that have been built around their children, even if the home-school engagement began as or revolved into an adversarial engagement. Administrators,
families, and other school personnel have observed and commented on the benefits produced through the advocacy efforts of this researcher.

Interviews. The researcher engaged in a field test interview with a special education professor, who is an expert in qualitative inquiry and a parent of a child with disabilities, to approximate responses to the researcher’s interview style and qualitative questioning methods. Questions and behaviors that negatively impacted or impeded the flow of the respondents’ narratives were reformatted or removed from the interview process. Additionally, this researcher had previously conducted a pilot in which similar techniques were employed, thereby providing the researcher with relevant experience in the present process. The interview questions and probes used to solicit information can be found in Appendix A.

Upon meeting the respondents, the researcher first established rapport by thanking each mother for her participation, sharing introductions, and explaining the study. This was followed by the investigator orally reviewing the consent process including the purpose, procedures, risks, confidentiality, and benefits of participation. At this point, the respondent was asked if she had any additional questions. The interview began after the respondent again provided oral permission to audio record the interview. The audio recorders were placed in open areas that allowed for ease of recording. It was expected that the majority of the participants would be willing to share their experiences with the researcher because of the voluntary nature of the process and the narrative inquiry approach, which put less stress on the participants because they were sharing their experiences and understandings with only general guiding questions.

Question#1, (see Table 2) the initial narrative interview question, was the probe and focus of the first interview although this generated information from the respondents that related to questions 2 - 8. The researcher examined the transcribed interviews from the first interview
(question #1) and decided what areas needed more clarification and additional detail. From that understanding, the questions were developed as a way of reconnecting families’ narratives back to the research question without entirely reshaping the topics in which the respondents wanted to focus. One respondent refused to speak during the audio recording. She was very forthright in providing information once the recording was stopped. Her information was not included in the study because she withdrew her consent to audio record the interview. A second respondent participated, albeit minimally. Micki often responded with short phrases and was extremely reluctant to elaborate when asked to provide more details instructions. At the end of the narrative interviews, the researcher asked participants if they had any additional questions, restated the confidentiality agreement, again thanked them for their participation, and discussed the proposed time frame for the next interview. The second set of interviews was not conducted until each of the initial interviews was completed. The length of time between the two interviews was approximately 10 - 12 weeks. Questions two through eight were semi-structured interview questions and prompts (see Table 2) employed to help initiate discussion, obtain a complete story from each respondent, and maintain engagement. The second interview consisted of specific questions, as needed and probes to elicit more information or clarification. This set of questions (# 2-8) was developed as a part of the coding and field note review process.

Additionally, during the first interview, the investigator requested that respondents share any documentation that supported the child’s ED classification and respondent’s levels of interaction with school personnel by bringing any documents to the next interview session. Interviews were conducted at the convenience of the respondents. Two were in fast food restaurants, one in a public library and five were conducted in various locations within the homes of the participants. Of the second set of interviews, seven of the participants invited the
researcher into their homes and the eighth participant again requested to be transported to and from a neighborhood fast food restaurant. The time of day that the interviews were completed varied dependent upon the respondents’ work and personal schedules. The majority of interviews took place during evening hours and the researcher was often given short notice of time changes to accommodate the respondents’ work schedules or personal preferences.

After the completion of the first interview, the researcher reviewed field notes and audio recordings of the interviews to determine if the mother had a comprehensive story. A comprehensive narrative consisted of information about the child’s entry into special education; family experiences prior to and post special education; supports offered and accepted by the family within and outside of the educational community; a broad view of the child, including his role within the family, school, and community, and the nature of home-school interactions. If sections of the story were missing, the researcher made notes and included it in the second interview. The goal was to use the second interview to secure a “member check” with regard to the accuracy of the first interview. The second purpose was to fill in the gaps and assist the respondent in submitting a full version of her story, make sure that everything was gleaned from the first interview, confirm if the respondent had more information to share, and create clarification in potentially ambiguous descriptions.

Although there was a general framework for each interview, the process and the questioning changed depending upon the respondent’s communication pattern. Some respondents needed to talk more generally before beginning their narrative and others needed to build a better rapport with the researcher before they were willing to share freely. Gubrium and Holstein (as cited in Warren, 2002) rationalize that respondents may work from different perspectives when speaking, which makes it important to allow respondents the opportunity to
share their stories in a natural manner. Participants were provided a $50.00 bill as a token of appreciation upon completion of their interviews.
Table II.

*Narrative and Semi-structured interview questions and the rationale for inclusion*

<table>
<thead>
<tr>
<th>Questions</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tell me about your child and his educational experiences in school.</td>
<td>1. This was the essential question that was used to open up discussion by focusing the respondent in the general direction of the topic that the researcher explored, the child’s educational experience. Upon being asked the question, the respondent was immediately focused on her child and the experience of ED in the school. When the respondent began sharing stories from the beginning of her child’s educational experience, there was a wealth of information provided that also set the stage for the respondent’s feelings about education and her child’s experiences in special education.</td>
</tr>
<tr>
<td>2. This is what I heard from you during our last meeting. Is there anything else that you would like to add?</td>
<td>2. The purpose of this question was to ensure that the researcher properly understood and recorded the story and experiences of each mother and also to create opportunities for the mothers to clarify or expound on their stories. This question served as a member check.</td>
</tr>
<tr>
<td>3. Please describe to the best of your ability, the kinds of services that your child is receiving from the school?</td>
<td>3. The focus of this question was to ascertain the respondent’s support system. Families identified their supports and the levels of those supports. The investigation sought to discern if the support received assisted in home-school interactions.</td>
</tr>
<tr>
<td>4. With regard to communication from the school, who is most likely to contact you (Principal, teacher, social worker, etc)?</td>
<td>4. This question was intended to identify those individuals who parents contacted most often to identify the type of interactions they had with school personnel.</td>
</tr>
<tr>
<td>5. How are you involved in your child getting special services? What was your role in getting your child labeled as having ED?</td>
<td>5. This question relates to the overall research question and includes the parents’ involvement with the school and education personnel. It is expected that families will provide accounts of</td>
</tr>
</tbody>
</table>
6. What does it mean to you to hear that your child has ED?

6. This question explores the families’ knowledge of ED and actually got the families to explain what ED was and how they understood and felt about the label. Also, if families experienced stigmas, the question allowed them to voice their concerns related to special education or the ED label.

7. Can you describe the IEP meeting when your child was first labeled? As clearly as you can remember, please tell me who was talking and involved in the IEP meeting?

7. By answering this question, families were able to explore their feelings about the IEP process and demonstrate how involved they were in the process of labeling and special education. It also assisted families in explaining the power dynamics of the IEP meetings and in examining their own role in the process.

8. On a scale from 1 to 10, how would you rate your relationship with the school? Your child’s interactions with the school? Your child’s comfort in school?

8. This question provided a general gauge regarding families’ relationships with the school.

The interviews were comprised of a four step process. First, an audio recorded interview was conducted in an open format that allowed the respondents to share their experiences based on Interview Question #1. Second, the researcher reviewed field notes and the recorded interviews for points that would require clarification and topics that could be more fully explored within 24 hours of the interview. Third, interviews were transcribed and initial analysis was conducted. Fourth, the researcher returned to the respondents and conducted a second interview using it as an opportunity to clarify her story and answer additional interview questions to assure attention to a set of points across all interviewees, in an unfiltered manner, to maximize their perspective, and then clarify points that may have been relevant to the research process.
This study consisted of eight narrative interviews that lasted an average of 31 minutes ranging from 11 to 53 minutes. These narrative interviews were followed by a second set of semi-structured interviews that averaged 23 minutes in length with a range of 11 to 42 minutes. In addition to the time spent formally interviewing the mothers, the researcher spent additional time with each participant. In seven of the eight first interviews, excluding Micki, and six of the eight second interviews, excluding Micki and Geraldine, the researcher was invited to continue conversations with the mothers. This time period lasted even longer when I was invited to meet the mothers in their homes where they wanted to continue conversing after the interviews because they felt more comfortable and felt more freedom to share without being asked questions. During this period, each mother shared additional concerns, questions, and continued to speak candidly about their personal lives and the experiences of their children in the educational system. The researcher informed the mothers that the information provided after the recordings ceased would be included in the data analysis.

For example, Beatrice continued to talk after the recording ceased, the researcher was cognizant of her recent surgery and attempted not to prolong the visit, however Beatrice shared she was comfortable and continued to speak. Additionally, Karin, Charlotte, Giselle, and Simone continued to speak long after the recordings ceased. Even Libra, who implicitly stated that she did not have much time due to her need to report to work, continued to speak after I removed the audio recordings. She thought it important that I include her comments and suggestions promoting more collaborative relationships among educational personnel and families. Although Geraldine continued to speak after the recording ceased, she did not discuss her son, but she shared her health concerns. Each of the mothers detailed in this paragraph continued to speak
because they felt comfortable with the researcher and wanted to be sure the researcher understood what they were trying to say.

**Written documents.** Families were asked to bring any written documentation to the interviews that could be used as prompts for discussion or to help them remember dates and events. The documents also served to provide background for the researcher. Documentation could have consisted of prior IEPs, school work, assessment results, progress reports and/or correspondence between home and school. They also could have included written correspondence between the school and home, such as student journals, scheduled meetings, information from school or home, and electronic transmissions. Seven of the mothers provided documentation. These included copies of previous IEPs, invitations to the IEP meeting or other information pertaining to the IEP. One mother declined to share documentation citing that the information was too personal to share.

**Field notes.** Patton (1990) notes that the fundamental work of the observer is taking field notes and the notes should include data of all that the observer believes is relevant. He cautions, “Don’t trust anything to future recall” (p. 239). For the purposes of this investigation, field notes were taken before, during (limited), and after each interview to enhance the researcher’s understanding and to aid in the generation of interpretative analyses (Patton, 2002). Patton (2002) asserts the importance of recording what is said and how it is said to provide context for data analysis. In a similar fashion, the field notes from this investigation were brief because of the necessity of remaining focused on the conversations and because of the reliance on the audio recordings. Kvale (2007) argues against taking large amounts of notes during interviews in order to not divert attention from the interaction and points out that “taking extensive notes during an interview may, however, be distracting, interrupting the free flow of conversation”
Field notes were used to remind the researcher of interview settings, problems that arose during the interview, and non-verbal cues that needed recording. These included observer’s insights, interpretations, beginning analyses, and working hypothesis about what is happening in the setting” (Patton, 1990, p. 242) as a way of furthering the research process and enhancing future interviews.

Another aspect of the field notes was the research journal in which the researcher recorded her feelings and thoughts on the research process, respondents, and content of their responses. It was in this journal that a steady source of notes and ideas for clarifying the points of focus for various stages of the research process were noted.

**Data Analysis**

Patton (1990) argues that “the first task in qualitative analysis is description” (p.374) and “description must be carefully separated from interpretation” (p.375). Data analysis was ongoing during the course of this investigation and was not separate from data collection. An important aspect of the data analysis process was in choosing the best method for transforming audio recorded interviews into transcriptions that would capture the tone, voice, and nuances of the respondents’ voices (Kvale, 2007). “Rather than being a simple clerical task, transcription is an interpretative process where the differences between oral speech and written text give rise to a series of practical and principal issues” (Kvale, 2007, p. 92). The transcription itself is an important step in the analysis process because of the differences in oral and written speech. Basically, there are mistakes and differences that will show up in any transcription because of differences in hearing, sounds of speech, and the non-verbal communication styles that are difficult to translate into written text (Kvale, 2007). This researcher’s transcriptions relied on the
audio taping and field notes that were used to recapture most of the original feelings provided by
the live interview process.

As the interviews were completed, a digital format of the interview was sent to be
transcribed. Two transcribers were employed, one for the narrative interviews and a second one
for the semi-structured interviews. The researcher unintentionally sent the narrative, rather than
the semi-structured interviews to the second transcriber, thereby producing two transcribed
copies of the first set of narrative interviews. Reliability was established among the transcribers
(Kvale & Brindmann, 2009) in that the work of both transcribers proved to capture content, tone,
nuances, and voices of the respondents (Kvale, 2007). As the transcriptions were returned, the
researcher read each independently and then again while listening to the audio-recording to
ensure accuracy and to become even more familiar with each case interview.

Once the transcription was complete, the researcher listened to the tapes yet again while
reading the transcripts in order to check the accuracy of the recorded data. Informal analysis
began at the conclusion of the first interview (Dillaway, Lysack, & Luborsky, 2006). Once the
researcher verified that the notes and the recordings were complementary, she reviewed the
recording yet again, to immerse herself within that family’s story and to listen for subtle nuances
in speech that implied interest and significance.

The researcher tagged, highlighted, or marked information which appeared significant to
the families and those which were common or outliers among families. The researcher chose
codes that may have been a word, line or phrase that she believed relevant to the research
question. Passages which appeared interesting were also marked (Seidman, 2006). The
researcher listened to the audio recordings while reading the transcript of each family and chose
codes of significance. The researcher analyzed the data carefully by reading and re-reading continuously and analyzing systematically, using explicit comparisons (Flick, 2007)

Thus, the first part of the analysis involved creating detailed descriptions that provided a sense of the respondents and their stories. The researcher read and reviewed interviews highlighting and noting points of interest relative to the research questions. This search yielded both similar and irregular data that was relevant for future analysis. Once the similarities, differences, and outlier data were noted, the data was coded and named for organizational and ease of interpretation purposes (Flick, 2007). The coding process involved the researcher and a colleague who read and code separate copies of the same case to check for similarities in coding and to ensure that the researcher was not biased towards her goals. The coding process involved looking for themes, coherent ideas, explanations, and noteworthy insights. Agreement reliability was not calculated in the conventional agreements divided by potential agreements, but rather, the two coders discussed the notes and emergent findings based on a portion of the initial transcripts. Direct quotes were provided as a means to establish credibility for the reader.

The first set of interviews were narrative inquiry, which meant there were minimal prompts provided to the participants and the information received was varied, as each family shared information that was of significance to them. After summaries of each case were created, the researcher thoroughly reviewed each and identified gaps which informed the content of the second interview questions.

Before beginning the second set of interviews which were semi-structured, the researcher conducted a member check by sharing a written summary of the first interview. This allowed the
participant to agree, revise, delete, or add to her original content. The semi-structured interview questions were derived from the gaps in the narratives generated by the mothers and provided an opportunity to gather more data.

The same coding process was followed as with the narrative interviews. After each interview, the researcher reviewed her written notes taken during the interview. Upon checking each audio-recording to ensure there was at least one complete audio version of the interview, the researcher listened to the audio recording of the interview numerous times to immerse herself in the family. The audio interviews were transcribed. The researcher read the transcription separately and again while listening to the audio version. During the reading and reviewing, the researcher tagged and highlighted words, lines, or phrases that were relevant to the research questions. Codes were clustered around the themes identified. An outline was created with themes under each of the research questions. Finally, the researcher read and reviewed the entire data set yet again.

Analysis yielded two levels of descriptions. First, each family case was described in terms of a coherent case using their own words from interview transcripts to summarize their perspectives of their knowledge and experiences. This process gave the researcher a sense of each of the eight families as individual entities. Second, tables were created that included each of the main themes derived under each of the sub questions with corresponding quotes from all of the participants. With familiarity of each individual case, the investigator was able to check that the tables were representative and inclusive of the narratives from each family. Field notes were reviewed before returning to second interviews to help produce second interview questions and reacquaint the researcher with the unrecorded concerns of each mother.
Trustworthiness and Credibility of Data

The main issue that influences negative connotations of qualitative data is the topic of trustworthiness. Guba and Lincoln (1981) provide specific definitions regarding the four aspects of rigor and the scientific and naturalistic terms that corresponds to each. The first aspect is truth value. It corresponds to the scientific term internal validity and to the naturalistic term credibility. Internal validity is concerned with the authenticity of the findings and the match with reality. Within the scientific paradigm, truth value or internal validity, as it is characteristically called, is concerned with one reality. The naturalistic investigator seeks multiple realities and tests the credibility of those findings and interpretations with other sources from which his data was derived (Guba and Lincoln, 1981; Merriam, 1988, p.166). Next, reliability determines if the same results would hold true if the investigation were duplicated. Reliability was not calculated in a quantitative research manner. Rather, through the transparent use of actual words, the investigator sought to establish trustworthiness and credibility of the findings.

Third, transferability, the preferred term for external validity, questions the generalizability of a study; “can the findings of one study be applied to other situations” (Merriam, 1988, p.166). The fourth aspect of rigor is confirmability, the ability of another researcher to confirm this researcher’s interpretation of data. Despite the strong desire for strict scientific methods, Flick (2007) explains that “the necessary degree of standardization is not compatible to qualitative methods or questions of their actual strengths” (p. 15). However, this does not mean that the data is any less valid than that gathered from quantitative methods. To the extent to which the findings of this study provide understandings regarding the experiences of families of students with ED and to future research, will be left to the criteria of the consumers of this study’s results. The trustworthiness of data was verified by having member checks before
and after the second interview and the data was triangulated between interviews, field notes, and an additional coder.

Qualitative methods, especially narrative inquiry, gave the participating families a chance to share their stories. When someone tells a story, narrative inquiry allows the researcher to understand the importance in how the story was created and what that says about the values of the speaker. Hence, using qualitative methods and more specifically, narrative inquiry, allowed me to understand how respondents construct significant events, based on their experiences, and through their stories.

This chapter explored the origins of the study, the methodology, and the participants involved in this study. The next chapter presents the results of the study and completes a further exploration of the research question, the sub-questions, related themes, and the actual responses and stories of the families.
IV. RESULTS

This study focused on one research question: How do African American mothers of youth with ED interpret their children’s educational experiences and how is this related to their interactions with school personnel? The sub-questions were: (a) What do African American mothers of youth with ED know about emotional disturbance? (b) What are these mothers’ understandings of their and their child’s involvement in the special education system? and (c) How do their understandings connect to their interactions with educational and medical professionals?

Because the children had all been identified with ED in the past, it was assumed that the families had experience with the special education system and some knowledge of the ED label and its impact on the lives of their children. The study also explored how the mothers’ understanding of ED affected the interactions of their children and themselves with educational professionals. Overall, the goal of this study was to give mothers a platform where they could share their experiences without being forced into a narrative that was not their own. This chapter will present the findings based on the main research question and the three sub-questions.

Family Introductions to Special Education and Emotional Disturbance

As the mothers shared their experiences, three themes emerged that revealed how they understood ED, namely, (a) the varied pathways to initial diagnosis, (b) the mothers’ attempts to grasp “the ED label,” and (c) the presence of additional disabilities.

Varied pathways to initial diagnosis

All of the participants involved in the study had children who were placed into special education to receive services that would help them operate in the educational environment. Out of the eight participants, only two were able to identify that their child had a disability before he
was placed into special education. When these children were placed into the special education system, families and educators or medical personnel were mandated by law to meet as equal partners to determine if their child had a disability, the specific nature of the disability, and how that disability influenced their child’s learning process. Complicating the work of the families and educational professionals is the difficulty of properly diagnosing ED, which is more difficult to note than more obvious mental or physical disabilities, typically diagnosed at birth or shortly after. A part of this increased difficulty was that the school personnel and families needed to develop individualized plans and monitoring strategies for each child. Additionally, as partners, the families and educational personnel needed to forge a working relationship that was based upon mutual trust and shared communication.

Throughout the study, the eight mothers chronicled their unique accounts of how they and their children became involved in the special education system. For example, Karin described her four year old son’s introduction to special education services, but, according to her, he was not initially identified as a student with ED:

When Kenyun was about four, I had some issues with like…suicidal issues with him, like him saying he wants to kill himself, and things like that. So, I started taking him to an out-patient program for students with emotional problems at [well-known and respected children’s hospital]. …after he did the out-patient there for like two weeks, they referred me to another program called [a therapeutic school]. ….the psychiatrist there was treating him for Oppositional Defiant Disorder and Post Traumatic Stress Disorder.

Karin described Kenyun’s educational experiences, which took place within the general education classroom, but which were fraught with behavioral concerns. She stated that Kenyun always displayed behavioral issues from kindergarten through 4th grade, but “he wasn’t
receiving any special education services or anything;” however, he spent an inordinate amount of time with social workers, and little time in the classroom.

Karin attempted, for more than two years, to get special education services for Kenyun. Upon receiving a report card in which “he wasn’t passing much of anything, he told the principal that he would kill himself if his grades didn’t improve.” Karin explained that it wasn’t until that incident that “the ball started rolling towards the special education services and he finished out the remainder of that school year in that particular program. It was a program outside of the school district for students with emotional disorders.”

Giselle was another parent who actively sought assistance for her son, Marc, who demonstrated a combative attitude and anger issues as early as two years of age. Giselle believed that Marc acted more like an enraged five year old, than an angry two year old boy. When she noticed these problems, she enrolled Marc in a group therapy for young children with similar concerns where he participated until he entered first grade and was able to take medication that helped with his anger issues. During that time, he also participated in smaller classes within a self-contained program.

Libra, like Karin and Giselle, recognized early in her son’s life that he required support. LeeVert’s pre-school screening signified that he required assistance in developmental skills. He first attended a pre-pre-school program. After two years in pre-school, he entered kindergarten. It was in kindergarten that “it became noticeable that he had behavior problems and was placed in a special education kindergarten.” During first grade, LeeVert was placed in a “behavioral program inside of the special education program.”

Charlotte noticed that at an age when most young children were forming sentences and speaking that Will, her youngest son, was unable to do so. He spoke words in isolation, such as
“mama,” “dada” and “baba,” but was unable to formulate sentences. Charlotte made an appointment with her neighborhood school and took him to a pre-school screening evaluation on his third birthday. She shared:

I made an appointment when he turned three, on his birthday. He actually went to school. I had an interview. He had seen the speech therapist, the speech pathologist, the psychiatrist, the social worker, the special education teacher, and the principal. It was like an entire gang of people. …When they heard him talk, they couldn’t understand what he was saying. …He was put in a special education class for speech, which was a smaller class.

Charlotte continued by saying that Will attended pre-school for about two and a half years before moving on to kindergarten. He received only speech services until the third grade. About that time, Will’s classroom behaviors had deteriorated and he, with Charlotte’s consent, was placed in “a class for kids with behavioral problems and emotional problems … I was kind of offended, but at the same time, I knew Will had some anger issues. And I felt like if it was going to help him, you know, it couldn’t hurt. And the only way to see was it going to help him was to let him be a part of the program.” She continued by stating that classes for emotional problems were unfamiliar to her.

Beatrice also spoke quite candidly about her son’s introduction to special education. While enrolling her middle child in kindergarten, Beatrice was pulled aside by one of the workers, who confronted her and said:

Lady, your son can’t talk. Baby, you can understand him because you’ve been around him, but he’s not talking. He has a disability. He also has a speech impediment. Can we
take him in the back and run some tests on him to see if he qualifies for pre-school, for early learning?

After Brian’s pre-school screening Beatrice was told that Brian “failed everything.” She was told that Brian didn’t know colors or anything and that he had a speech impediment. Brian was not able to articulate correctly. Brian immediately began pre-school that year, but was not able to return the following year due to Beatrice’s difficulties with Lupus, an autoimmune disease. He did not return to school until his kindergarten year, at which time, Beatrice received a constant barrage of calls from Brian’s teachers regarding his inappropriate behaviors.

Resembling Beatrice, Simone began our first interview session with a description of her son’s entrance through LD services. “Okay, well my son started in the 3rd grade. They put him in a slow class.” The principal and social worker approached her and requested a meeting to discuss her son, Quincy. She remembered attending his initial IEP meeting with the principal, social worker, and his teacher.

They told me that Quincy wasn’t learning as fast as the other children and that he wasn’t functioning like the rest of the class. They were just asking me a whole lot of questions about, you know my background. And asking me, you know, was it hard for him to pick up when he was in preschool and all that. And I told them; no, he didn’t have a problem with all that then. So they put him in there and then they let him go back to regular classes after he did, you know, the LD class when he got to 4th grade.

Simone’s example highlighted Quincy’s continual movement between LD and regular education before he was placed in an ED program.

Micki’s son, Derrick, had a slightly different introduction to the system which seemed to be a result of his inappropriate remarks to other students. Derrick’s first and second grade
teachers used to tell Micki about the comments Derrick made to his classmates; they reported that Derrick often told his classmates, “Don’t touch me, you stink.” Micki communicated that Derrick “did have some issues” while in third grade and later repeated third grade. Derrick transferred to a new school in fourth grade. Instead of failing fourth grade, it was suggested that Derrick may benefit from a special education program. School personnel conducted an IEP meeting with Micki and her husband. The end result was a placement in a program with a smaller class size and more adults to assist him with his academics and behaviors. Before entering the special education program, Derrick’s general education class consisted of approximately one teacher and 30 or more students. His ED program was a self-contained class with approximately 12 students and three adults.

Unlike the other mothers, Geraldine, was a foster parent. As such, she was unaware of specific information regarding his entrance into the special education system. Her foster son, Tyson, entered Geraldine’s life after he had just completed sixth grade. He began his seventh grade year in general education, but the school discovered early during that year through a previous IEP, that Tyson had been diagnosed with a disability. Tyson was placed in a self-contained ED program to address his difficulties in moving about the general education classes and the numerous conflicts he experienced with adults and peers.

Through the above descriptions, the students’ entrance into the special education system varied. Two mothers, Karin and Giselle recognized early on that their children, Quincy and Marc, needed support and contacted medical personnel for help. Charlotte and Beatrice were introduced into the special education system through early intervention testing. Their sons, Will and Brian, were found in need of speech/language therapy when they were tested for pre-school services. LeeVert, Quincy, and Derrick were receiving general education services before they
were introduced into the special education system. Tyson’s foster mother was unable to furnish information about his entrance to special education, so there was no clear indication as to when he actually entered into the special education system.

**Mothers’ Struggles to Grasp “Emotional Disturbance”**

Since the children were already labeled as having ED prior to the study, it was important to understand how parents viewed the ED label and what they understood as its meaning. To determine the families’ knowledge of ED, each mother was queried about her involvement in getting her son labeled ED and what the ED label meant to her. Mothers were also asked to describe the IEP in which their sons were first identified as ED. In order to capture the true essence of each mother’s response, all of their voices are included below and summarized, where warranted. As the mothers shared their perception of ED, they also included information concerning their sons’ entrance into school and into special education. Although only half of the mothers (Libra, Karin, Charlotte, and Beatrice) noted that their sons experienced “emotional” difficulties, all eight of the parents felt that the ED label was appropriate for their sons because it helped them to receive needed supports.

Libra had faith in the professionals’ knowledge of ED. She explained that she was willing to follow the lead of the professionals. She stated, “The school explained ED and I agreed with them. Anything they [the school personnel] suggested, I went along with. They had knowledge of these kinds of children.” She added that she used her judgment based on what the professionals recommended and what she believed would best assist her son. Libra said there was nothing she could do to change LeeVert’s ED label. The school noticed his behavioral issues once he attended pre-school and before he began kindergarten. Libra explained that although he was not identified as having ED in kindergarten, LeeVert was placed in a half-day kindergarten
class, rather than a full-day class because he was too agitated with the other children and there were more teacher assistants available.

I think right before he got ready to go to first grade, he had so many outbursts and kind of emotional issues throughout kindergarten that they [school personnel] advised that I maybe take him to see a psychiatrist. They ended up having to put him into… he was already in special education in first grade. They put him into a behavioral program inside of the special education program so he could work on his behavior skills…

Karin reported that her son, Kenyun, was identified as ED and BD after fourth grade when he threatened suicide because he received a disappointing report card. He was sent to [name of school omitted] and “a program that they have for the kids who have, you know, who have emotional disorders….” Having her son identified as ED hurt Karin, but did not surprise her. She said, “I knew there was something wrong.” Kenyun’s initial IEP, where he was identified as ED, was an emotional experience for Karin; however, she was happy that the school acknowledged that he had emotional problems and that something was finally done for him.

Charlotte, who also felt that being labeled would help her son, stated, during her discussions about the ED label, “At first, I wasn’t interested. I was already not fond of the principal because of the label that she [principal] gave to the students living in housing projects.” Charlotte felt that the principal had probably suggested giving her son, Will, the ED label. Originally she was offended, but she “believed that it [ED label] would help his anger problems and that it would benefit him.” Additionally, part of her reason for accepting the label was the encouragement of a teacher who had taught several of her children and who had also believed that Will would benefit from the program. Since Charlotte had already anticipated leaving the school district, she was more willing to accept the ED label because she did not foresee any long
term consequences of working with a new staff. When asked how she understood the ED label, Charlotte explained that “ED means that kids act out a lot. He needed to come into himself and learn to deal with his emotions.” Charlotte said that her son had some “emotional problems” and that “he could go from zero to ten in seconds;” therefore, she “… decided to put him in that class [the behavioral class]. So it was a personal choice. They didn’t force it on me. I thought he [Will] could benefit from that class, so he was put in that class. I think it was the third grade.”

Taking a slightly different perspective, Beatrice revealed that she blamed herself for her son being labeled with ED. When asked about her role in getting her son, Brian, identified as ED, Beatrice said:

What was my role? I was using drugs and alcohol. I feel guilty because I gave birth to a child that was addicted to cocaine and alcohol. He wasn’t like addicted. I just used it. As far as him being labeled ED, I helped him with his homework, and he did his homework, so he was doing a good job.

During a conversation about his being labeled ED and when he was first identified, she replied: … he was so young. I think he was in first grade. They don’t label them Learning Disability in kindergarten. But in first grade, that’s when they first start getting evaluated. And that’s when I first found that he was having learning problems.

Brian’s identification of ED was, in his mother’s words,

…a consequence of his behaviors. He was put in a special class, which he liked. And he would go down to the principal’s office, which he liked. And when he had outbursts, he would go down and see the social worker, which he liked. So those were his consequences. His behavior didn’t improve at all…he was still exhibiting behavior
problems. You know, just as far as being impulsive and not wanting to …anger was a big deal.

Giselle described her role in Marc’s ED identification. She asked her pediatrician to test her then two-year-old son because:

I just noticed, when he was young, there were some issues that …I would just say weren’t like…normally, a child his age would do. …I mean, he had a temper like a five year old would. He would throw things, hit people. He busted his, at two years old; he busted his older brother upside the head and split his head open. …Something’s not right, because I’ve never seen any child…if he didn’t get, like one little thing he wanted, he would fly into a rage.

Marc was originally placed “in a therapy group with other children like him …” He received “talk therapy” outside of the school system while in pre-school and kindergarten. Giselle then gave conflicting reports regarding the beginning of Marc’s ED services. She originally thought it was during pre-school and later said, “I believe his first[ED] services were in kindergarten.” When asked about Marc’s special education classification, Giselle replied, “Let me see what they put on here” (looking at a recent IEP) and confirmed that it was ED. In describing what it meant that her child has ED, she replied,

You know what? I mean, it’s just a work in progress, really. I don’t look at it like it’s something he can’t deal with or the family can’t deal with. We just all have to work together and let him know that, you know what, you’re different and then you’re not.

Overall, she claimed to be satisfied with the label and understood how it was useful for her son’s development.
Simone and Geraldine told of their sons’ participation in behavior disorder programs. Simone shared, “My understanding is that he [her son, Quincy] don’t like it. But it’s ok with me. I don’t know too much about it. I trust the school.” She continued, “They put him back into this program he’s in. I think it’s a nice program for him. They put him in a behavior program.” She accepted Quincy’s shift to an ED program from an LD program “Because he was acting up.” When prompted to describe “acting up” she replied, “Talking back. He would do his work, but he would always get smart when they asked him a question and he wouldn’t know how to sit down. That’s why he’s in this class now. He’s got a very bad behavior problem, they said.” Simone also shared that the ED class is the same as the LD class with the exception of the time-out room within the ED class.

When questioned about the services Tyson received, Geraldine replied, “He’s not receiving services, but he’s in BD for behaviors. He no longer receives outside counseling.” Geraldine said that Tyson, her foster son, unknowingly arrived with an ED label from his previous school, but that he was first placed in the general educational classroom until they [school] recognized that he should have been receiving special education services. Geraldine explained that the [ED] label was necessary because “he has that problem; I think it’s really needed. It’s needed for him because it really keeps him…It motivates him to do better.” She explained further that since they [school] gave Tyson special education services, he had adjusted quickly to attending a self-contained class. He benefitted from having a smaller class size without having to travel from class to class.

Micki reported that her son, Derrick, entered a special education class for his behavior when he started fourth grade, after he had already repeated the third grade. While in the fourth grade, Derrick’s teacher spoke to Micki and requested an IEP meeting. Micki did not know what
the program was and the school called it a modified curriculum. She believed that Derrick was getting the best services and would be prepared to participate in mainstreamed classes next year. However, she was still very positive about the ED label and its effect on her son. She explained that “if it’s working for him, that’s good” and that she felt that “he’s getting the best services.” She also explained, “I see more improvement since he’s been in the program. He’s matured and he’s able to react better.”

All parents believed that the program and the ED label are helping their sons. Seven of the mothers clearly supported their child’s participation, with the exception of Beatrice who would rather that Brian not have a need for any special education services. While sharing their perceptions of ED, four families concurrently spoke about other disabilities which their sons were diagnosed.

**Presence of Co-morbid Diagnosis**

Four out of the eight mothers have children who began with labels other than ED, which added additional complications to their interactions with the system. Charlotte described Will’s introduction to speech therapy. He began receiving services at age three and continued through 5th grade. According to Charlotte:

Speech therapy was wonderful for him. He did so good with speech therapy that he’s no longer in speech therapy. He actually graduated out of speech therapy. But that was something that kind of like ran in the family. I went to speech therapy. I stuttered when I was little. My youngest daughter went to speech therapy. So, I kind of feel like speech therapy... I had cousins that had speech therapy, so I think it was kind of like something that was like, in the family.
Beatrice shared her recent discovery of Brian’s diagnosis of ADHD and her feelings about the label.

I had been thanking God that I wasn’t getting a check for a special education child. You know, I knew that he had… and on his report card, it says modified classes. I just got a child with modified classes, not a child with a learning disability; until this year, which is glaring at me, that I had a child with a learning disability.

She thought that because she was not receiving a monthly Social Security Supplemental check for Brian that he was doing well in school. Additionally, the school psychologist shared “…that he [psychologist] has ADHD, and he added also that it’s not a death sentence. He has ADHD and he’s a psychologist. And so it can be dealt with, you know, he [Brian] just needs medication to help him.” The idea of a psychologist sharing the same disability as her son helped her to realize that Brian’s label was not necessarily a negative thing.

Giselle’s account of her son, Marc’s behaviors was often peppered with references to ADHD, more so than ED. She spoke of children with ADHD needing order and consistency, as well as their need to be kept busy. She explained, “You have to understand, if you read up on ADHD, children that are ADHD, no matter what their parents instill in them or teach them, their mindset is, if they don’t feel as if you’re listening to them, they will yell.”

Simone made several references to Learning Disabilities (LD) when discussing Quincy’s services. She stated numerous times that Quincy struggled with reading and math. A review of his IEP confirmed that his initial services began with LD and ED was later added. Simone also shared that Quincy’s ED class is the same as the LD class with the exception of the time-out room within the ED class.
This section has demonstrated that although the families have similar experiences, their individual experiences are worthy of examination. These mothers were all committed to working with the educational system to help their children despite the difficulties. For instance, Beatrice, who bears the guilt of her drug addiction and its effect on her son (as introduced to her by her first IEP team), continues to trust the ED program and label to provide her son with additional educational support. Also, highlighted were the mothers’ understandings of their children’s entrance into special education services and their feelings regarding the services offered them. Despite the potential of a stigma being applied to their children, all of the parents viewed the introductions to the system as eventually being of benefit to their children. The third, and final, aspect that this section revealed is the high prevalence of additional disabilities that children labeled with ED sometimes experience. Here again, the families trusted the schools to help their children succeed despite possessing learning deficits.

**Understanding Relationship of Behaviors and Emotional Disturbance**

As the mothers revealed their perceptions of their own and their child’s involvement in the special education system, four themes emerged: (a) mothers’ perspectives of their sons’ home behaviors, (b) communication of students’ aggressive and disruptive behaviors shown at school, (c) mothers’ attribution of their sons’ behaviors to negative influence of fathers and/or peers, and (d) sons’ positive social behaviors noted by others. Specifically, this section will cover the characteristics of ED and the four themes mentioned above.

An identification of ED is marked by a display of one or more of six characteristics endured for a period of time and to a marked degree that adversely affects a child’s educational performance (IDEA, 2004). According to their mothers, the boys exhibited at least one characteristic. At very young ages, Kenyun, LeeVert, and Marc demonstrated extreme behaviors
characteristic of ED. Will and Brian’s speech and language classification preceded the characteristics which led to their ED identification. Quincy, Derrick, and Brian’s struggle with academics were coupled with inappropriate behaviors and interpersonal relationships with peers and/or adults. Will also grappled with maintaining relationships with peers and adults. Tyson, according to Geraldine, “is always in other peoples’ business, both at home and school.”

Children’s behaviors are one of the measures employed in determining an ED classification, as evidenced by the circumstances endured by the families in this study.

**Mothers’ perspectives of their sons’ home behaviors**

Each of the mothers was provided an opportunity to describe how they viewed the behavior of their sons in relation to what was reported at school. One of the main points of contention from this theme was the way that mothers described their son’s behavior as different from that shown at school. For example, Charlotte, Karin, and Beatrice explained that their sons are helpful and kind at home and in the neighborhood; both accounts that are in direct contradiction of what is reported by school personnel.

Invariably, those same mothers described their sons’ behaviors as inappropriate, yet not as offensive as those described by the school. LeeVert’s home behaviors were very similar to those he displayed at school. Only his twin sister, who has cognitive and physical disabilities, was exempt from his wrath. Libra shared,

He gets along really well with her [his twin sister], but his brothers; it’s the same thing as the kids at the school. He thinks that someone’s always bothering him, someone talking about him; that they don’t like him. He’s pulled out knives on my kids. He’s started fires at home. He can get really violent at times.
She stated that there are always problems with him and his brothers. She did not understand why LeeVert felt that his brothers should do everything for him because he is the youngest brother. LeeVert and his brothers regularly engaged in arguments and fights regarding trivial things, such as not assisting LeeVert in preparing for school and disagreements regarding playing with video games. Libra said that she could share countless examples of behaviors that LeeVert had exhibited including running away from home, jumping out of windows, and punching holes in the walls. Libra further shared that, when home, LeeVert interacted well with her and his father, but that he does not like being around other people. Libra stated that LeeVert was a nice person to be around, who shared anything and everything that he had, as long as he was not aggravated. She said, “At the drop of a hat, he would just turn from being a sweet little boy to like a little devil. He gets upset a lot of the time because he can’t control it.”

Kenyun only exhibited aggressive behaviors towards his siblings in 5th grade during the same time that he had difficulty remaining in the classroom for an entire school day. Karin reported that Kenyun was “definitely going through some things.” Kenyun was the only one of her four children who she did not have to give reminders. She said Kenyun is not troublesome and is indeed very mild mannered.

Charlotte described all of her children as spoiled, but said that Will was the only one of her five children who has a temper that could go from 0 to 60 in a short amount of time. Although Charlotte shared what she believed to be the basis for Will’s anger, she reported that he did not exhibit any negative behaviors at home, other than the “usual sibling rivalry.” She stated that he did not disrespect adults or relative while at home, nor did he talk back while at home or church. Charlotte explained that she does not see any of those behaviors reported at school displayed at home. She described Will as,
…he’s just the sweetest little thing you’ll ever come across. He’s such a gentleman. He’ll open your door. He’ll get your chair. He’s Mr. Compliments on your hair.

Beatrice reported that Brian’s “comfort zone was being around adults.” She reported that adults love him. “They just suck him up.” She spoke of how she enjoys spending time with him. Beatrice described Brian as follows, “He’s not in any gangs. He doesn’t run the streets. He’s not ignorant. He’s not rude and so very mannerable.”

Giselle stated that Marc “has a very good outlook on himself.” She had not experienced any of his noted school behaviors at home. She explained, “He needs everything to be in order. If it does not, there’s going to be a problem with him.” Marc follows a routine at home concerning study, homework, leisure, and bed time. When things are not in place for him, “he will just run around and try to boss everybody around because things are just not what he’s used to.”

Simone shared that Quincy wanted to have things his way when at home. She said, “If he can’t have his way, it ain’t no way” when describing his home behavior. Quincy fuzzed and pouted at her and especially his father. She also shared that she had not experienced any of the behaviors that he displayed while in school.

When Tyson became Geraldine’s foster son, he exhibited various behaviors that she described as “his getting out of hand.” He was often angry, argumentative, and aggressive. Tyson acted as if he wanted to “take over” her home. On numerous occasions, he tried to fight Geraldine’s grandsons, who visited often, on numerous occasions. Geraldine reported that his home behaviors mirrored those at school. She shared, “He jumps in conversations which he shouldn’t and he really gets into other people’s business. He really needs to mind his own business.” Tyson is the oldest of five children living in the home.
Micki described Derrick as strong, stubborn, and one who likes to be a leader. She reported that he knew the difference between right and wrong and was a passionate person who did not believe in harming humans or animals.

Three mothers described their sons’ home behaviors as similar to those behaviors shown at school. LeeVert engaged in aggressive behaviors at home, as he did in school. Although Tyson’s home behaviors had improved, he continued to be impulsive and engaged in everyone else’s affairs, as he did in school. Derrick was outspoken both at school and at home. He was stubborn and believed he had the right to question adults.

Four of the mothers described home behaviors that were less problematic or no problems than those described at school as in the behaviors of Kenyun, Will, Brian, Marc, and Quincy. Karin, Charlotte, Beatrice, and Giselle were quite explicit when speaking of what was or was not tolerated in their homes. Simone reported that she never experienced as home behaviors those attributed to Quincy at school, however, she did share that Quincy was quite stubborn and gave her and his father a difficult time.

**Communication of students’ aggressive and disruptive behaviors shown at school**

In addition to the home behaviors reported by mothers, another theme explored the patterns of aggressive and disruptive behaviors reported to the families by school personnel and how that behavior was communicated. For instance, families noted that their children’s behavior described by the school was more exaggerated than what they actually experienced at home, and often did not correlate with what they knew or expected from their children.

Libra explained that LeeVert’s behaviors surfaced while he attended pre-school and before he entered kindergarten. According to Libra, when in school, “He would throw tantrums and things of that nature. He would have frequent outbursts and had a really hard time being
around other children. Other children really aggravate him.” At times, LeeVert would be so upset that he threw tables and chairs. He once exited his school bus, went into his house, picked up some knives and went back to the bus with the intention of stabbing staff and peers who had angered him. He was restrained while riding the school bus “for months at a time” because he banged on the windows. Consequently, for safety purposes, LeeVert was transported to and from school alone, with only the driver and the attendant.

Before LeeVert was transferred to the therapeutic school, Libra was often called to “pick him up every other day. Either that or he was being taken to the police station, or every couple of weeks, they [school] were taking him to the hospital.” There were instances in which LeeVert was unable to control his temper. He became frustrated when he was made to complete assignments that were previously covered in class. LeeVert continued to lose valuable class time due to his uncontrolled behaviors.

Kenyun often displayed inappropriate behaviors during kindergarten, when he was about six years old. His teachers often contacted Karin to complain about his class behavior. His aggressive behaviors intensified, which caused more school and bus suspensions and even less time spent in class. Kenyun often refused to speak to anyone while at school and when he did, he became violent and aggressive. Kenyun was scheduled for social work therapy for a period of 16 weeks. He attended the sessions weekly, but did not ever speak to the therapist.

Will began experiencing behavioral problems in third grade. His teachers often called Charlotte to complain about his attitude. It was reported that he was disrespectful, talked back to his teachers, told them what he would and would not do, and did not listen to them. He also had begun to engage in fights and kick or knock over chairs and desks. Charlotte reported that most
behaviors in which Will engaged were because he would retaliate and hit those children who first hit him and he had trouble controlling his anger:

…most of these incidents are at school. Like if he’s trying to explain himself and if he feels like he’s not getting his point across, and then, there goes the attitude where he’ll walk off. You know, he gets so mad and he just goes off and, you know, and then something little turns into something big. And I noticed that, with Will, the more people that get involved, the worse the situation gets.

Charlotte explained that his school behaviors were situational and created by the classroom environment, not her son’s innate attitude.

Beatrice’s son, Brian, engaged in many impulsive behaviors. At five years old, he would get up and walk around the room while the teacher was talking. He would “have a fit,” when things didn’t go his way, and he would “throw tantrums,” whenever he was reprimanded. Brian was often sent to the principal’s or social worker’s office for disrupting the class and for “putting his hands on other children.” Brian’s kindergarten teacher often carried “him around on her hip” to assist in controlling his behavior and to keep him engaged. Brian continued to be disruptive in school through third grade. He failed third grade and continued to spend much time outside of class because of his disruptive behaviors and academic challenges. Brian was often disrespectful to his teachers. He had bullied other students, taken things from the teachers’ desk, and whistled in class. He shut down and disengaged when he was upset and argued with his teachers. Brian was often given detentions and suspensions and lost some bus privileges because of his inappropriate behaviors.

Giselle’s son was another child who displayed bullying behaviors to other students and disrespectful behaviors to his teachers. While in pre-school, Marc “got into a little scuffle with
another child.” While riding the school bus, he had taken the belt off of one of his classmates and hit another classmate with it. Recently, Marc had thrown a desk in the classroom. Teachers had complained that Marc exhibited disrespect by yelling, rolling his eyes, and being disruptive in the classroom. Marc’s teachers complained about his impulsiveness and his leaving his seat at will. He was quite argumentative with other students. Additionally, Marc had recently been suspended from school because he stole money from a classmate’s locker. Marc engaged in a series of inappropriate classroom behaviors that caused the school to frequently contact his mother.

Another student who had disruptive behavioral problems in the classroom was Simone’s son, Quincy. She reported that the school said that Quincy had “a very bad behavior problem” and “causes a lot of problems in the classroom.” She provided examples of instances in which Quincy refused to take off his coat when requested by his teacher and other instances where he had been extremely rude. Quincy had also been suspended numerous times that year. Simone further described his behavior as, “He’s a very good person. He wants to do what he wants to do whenever he wants to.” Simone noticed that her son had problems in school, but focused on the more positive aspects of his character.

When 12- year- old Tyson moved into Geraldine’s home the summer following his 6th grade year, she was unaware that he had an IEP. Upon entering his new school district, he was placed in general education classes without any special education services. Within a few weeks the school reported to Geraldine that Tyson “was acting out in the different classes and [he] couldn’t get along with anyone.” Tyson was quite argumentative with his teachers. According to Geraldine, he would sometimes go “toe to toe with the teachers.” He also had difficulty
completing his assignments and changing classrooms. Geraldine reported that she recognized this behavior in him, but also that he had shown steady improvement.

Micki reported that Derrick was placed into a special education class because of his behavior. His teacher described first grader, Derrick, as “high maintenance.” His mother said that as a first and second grader, Derrick spoke his mind. He didn’t want to be touched by his classmates because he said they stank. Micki described Derrick’s behaviors as a response to those who bothered him. If someone hit or talked about him, he retaliated by hitting or talking back to them. Derrick, is like other children with “smart mouths,” reported Micki. He often questioned adults and did not easily respond to their requests without questioning their rationale for making the requests. “He speaks his mind.” Micki reported, “He did have some issues, they [school] recognized his issues, and confronted me with it. So we had a meeting about it, and they put him in a new program.” Derrick entered a self-contained program with three adults and approximately 12 students.

Seven mothers, Libra, Kain, Charlotte, Beatrice, Giselle, Simone, and Micki described sons who displayed extreme behavior problems while at school. However, Geraldine’s descriptions of Tyson’s behaviors were less extreme and rather matter-of-fact.

**Mothers’ Attribution of their Sons’ Behaviors to Negative Influence of Fathers or Peers**

Three out of eight mothers provided direct rationales for their sons’ adverse behaviors. Libra, Charlotte, and Beatrice discussed the influence of their sons’ fathers on their behaviors. Libra explained that LeeVert must go to his grandmother’s house during those instances when his mother is working and his father was not able to cope with his behaviors or his negative interactions with his brothers. Libra stated,
Sometimes I have to take him to Grandma’s because Dad has behavioral issues, also. It’s just that when I’m not there, sometimes Dad can’t handle it. He has bouts with schizophrenia disorder. Sometimes he gets really upset, too, with maybe the fighting, the arguing of the children, and he just can’t handle it. But, if it gets to the point where Dad gets aggravated, then Grandma has to step in.

Since her son’s father had his own “behavioral issues,” she believed that he was a negative influence on their son and frequently has to find a more supportive and helpful environment for her son.

Charlotte expressed that Will’s negative behaviors were similar to his father’s. Will was the child who was more involved and alert during the disintegration of her marriage. She said of him:

Actually, to be honest, Will is a lot like his father. He has a lot of his father’s ways and I think a lot of his anger issues stems from me and his father’s relationship. Yeah, he was seeing and hearing a lot of things because our relationship was coming to an end and things in our house was very hectic and chaotic. And he’s seen a lot of things he shouldn’t have seen. He heard a lot of things that he shouldn’t have heard. And I really think that’s what started a lot of things with Will.

Charlotte noted that her son’s behavior is directly related to his father and the things that his father had exposed him to while he was growing up.

Unlike the first two mothers who placed blame on the fathers, Beatrice also blamed herself for the trials that Brian faced. She also believed her estranged husband carried partial responsibility for Brian’s behaviors. She explained that Brian was aware that she attended weekly meetings for sobriety, but that he was unaware that she was once a drug abuser. His
father, an active drug user, was allowed visitation rights and had custodial privileges. Beatrice reported the following about her estranged husband:

He still had custody of the children, with all that poison that he had, you know. But all of that stuff he had in his body, he was spewing it out and my son was sucking it up. I know he[husband] was because he[Brian] would come home and tell me what Daddy did and how Daddy was acting. My son learned to be a bully. He saw his father bullying other men. He saw his father doing things, the same things that were totally opposite from my household. His father had anger management problems.

While Beatrice blamed herself for her son’s problems because of her past drug use, she also explained that his father set a bad example for him.

Karin, Giselle, and Beatrice spoke of how their sons were influenced by the behaviors of their peers. Karin stated that Kenyun, who had been diagnosed with a depressive disorder and was quite withdrawn, began to behave like his peers once he entered in the behavioral program. According to his mother, “He did a 360.” Kenyun had not been displaying negative behaviors in the classroom. It wasn’t until he had been in attendance in the ED program for more than a year that his school behaviors worsened. He told his step-dad that he was performing in the same manner as his classmates. He disrespected his teachers and staff by swearing and being disruptive. Karin believed Kenyun was trying to be cool, especially since he was still learning how to socialize with the other students. Kenyun told his peers that he and his family were gang members. Giselle attributed some of Marc’s inappropriate behaviors, such as recently throwing a desk, to his desire to impress the girls in his class.

Beatrice acknowledged that Brian struggled emotionally and behaviorally before transferring to the therapeutic school in 6th grade. However, she became more anxious because
she believed that he was influenced negatively by his peers there. She worried that he would
succumb to the pressure of the children from the neighborhood whom she knew were raised in
homes with drug and alcohol abuse and little, if any, parental guidance. Beatrice also accredited
her mother’s death to Brian’s emotional distress. While repeating third grade, Brian’s
grandmother died suddenly. It was an emotional time for Beatrice and her children, as Beatrice
relied heavily on her mother, due to her own problems with Lupus. Beatrice had a difficult time
coping with her mother’s death and she often left town to visit her mother’s grave with her
children in tow. During that time, Brian struggled academically, behaviorally, and emotionally.
His school principal told Beatrice that Brian suffered from Post Traumatic Stress Syndrome and
suggested she seek psychiatric help for him.

Mothers provided examples to illustrate the influences on their sons’ behaviors by
showing the factors in their son’s lives that took place outside of the school and, often, home
environment.

**Sons’ Positive Social Behaviors Noted by Others**

Three parents believed their sons were very popular with their classmates. Giselle and
Charlotte stated Marc and Will were very popular, especially among the girls in their classrooms.
Charlotte described Will as being the popular child at school; the one everyone wanted to play
with and the one that all the girls liked.

Charlotte shared that the school office personnel spoke highly of Will. He was always
complimentary to them, acknowledging them each morning and afternoon with kind words and
hugs. Will was always interested in giving birthday and anniversary gifts to his office friends.
Beatrice admitted Brian’s popularity among students was a form of bullying. Brian’s classmates learned early to comply with him in order to remain in his favor and not become a victim of his anger. She explained,

If you said something to him, he couldn’t get the words together in time; but he could try to manipulate other kids to get on his side, and get against this one child that might have been picking on him. …you know, more kids did gravitate towards him, you know, because if he wasn’t picking on you, you were safe.

Beatrice also shared that Brian’s teachers and social worker saw Brian as a well-mannered child who sat and spoke to them about specific teachers who offended him in some way. Although he was disruptive in the classroom, they [other teachers and social worker] never observed him in uncompromising circumstances. Additionally, Brian’s neighbors and elders consistently gave Beatrice favorable reports about his relationships with them, in the neighborhood. He was particularly popular with older adults in the neighborhood, whom he addressed as “Ma’am” and “Sir.”

Libra stated that people loved LeeVert wherever he went. “And he’s a nice kid to be around. I mean, they love him to death, wherever he goes.” Libra reported that the school staff was quite fond of LeeVert. Karin shared that everyone at Kenyun’s school was “crazy about him.” The school staff assured Karin that they understood Kenyun’s character, if not his actions. Simone said that other people bragged about Quincy and told her that he was a nice boy. Micki shared that Derrick’s teacher had complimented her on his cleanliness.

As explained earlier, this section of the results explored the contradictions that arose from the way that parents understood the behavior of their children and what was reported by the school. Although five of the mothers claim the differences between the home and school
behaviors were great, upon reflection, two of the mothers reported similar behaviors, but assessed them differently. Several parents explained that their children were well behaved, but also noted behaviors that were directly related to what was being reported by the school without making a connection. Other parents, like Beatrice, believed that the school was working against their children and struggled with what to do in such a situation. Some parents, like Giselle, tried to help the school to work with their children, but found their suggestions and support ignored. The main commonality between all the families was the positive nature and attributes they saw in their children. Each and every one of the mothers saw their sons as good people who had much to contribute to their family, their school, and their community.

**Effects of Mothers’ Understanding on Their Interactions with Educational Personnel**

The mothers’ interactions with the school personnel were demonstrated in the manner that families perceived school personnel’s interest in and commitment to their children. The children’s behaviors at school, and the support and the consequences they received from school personnel, were viewed as indicators of how the parents’ perceived their relationship with school professionals. Additionally, the students’ entrances into their respective ED programs had also greatly impacted the mothers’ view of their relationships with the school. The following paragraphs include the three themes which surfaced in examining the mothers’ interactions with school personnel regarding their sons with ED. Those themes were (a) mothers’ perspectives of the school supports provided by the school personnel, (b) mothers’ perspectives of behaviors initiated by school procedures/activities, and (c) the mothers’ perspectives of their interactions with school personnel.
Mothers’ Perceptions of School Supports

This section provides an overview of the types of support offered to students and families by the school, the supports that parents advocated for themselves, and the way that parents interpreted the value of the supports provided to their children. Overall, the parents were pleased about the support offered to their children, but wanted the school to work towards keeping their children on track and explained supports in a way that was more conducive to family understanding. This section also highlights the attempts parents made at home collaboration with school support systems as a way of improving the compliance and academic achievement of their sons.

LeeVert was assigned special education support as early as kindergarten, when his behaviors originally surfaced. He was placed in an ED program while in kindergarten and provided with increased support as needed. He entered a behavioral program in his home school. As his behaviors increased, so did the level of support provided by the school. He was provided support through a smaller class environment and increased teacher and teacher assistant support. After leaving his home school, LeeVert was sent to a behavioral school outside of his school district. He traveled more than 20 miles each way to attend a therapeutic diagnostic and treatment center, which provided a more “specialized academic, developmental, and functional curriculum.” He began medication the summer following his kindergarten year; however, Libra reported that although LeeVert benefitted from the medication, it was no longer effective after a few weeks and required consistent monitoring to ensure its effectiveness. She continued to experience difficulties in securing the appropriate medication to assist in controlling LeeVert’s behaviors.
Libra was confident that LeeVert was being supported at his therapeutic school. She understood that his movements were more confined, but that the school provided more individualized instruction to assist him from home to school and back. LeeVert was transported to his twin sister’s school at the end of his school day. He was allowed to perform the duties of a teaching assistant for one hour before he joined his sister and the other developmentally delayed students on the school bus. The students considered him as a big brother. LeeVert worked well with that group of students. When he worked with his sister and her class peers, he maintained a calm demeanor and displayed a position of authority.

Kenyun and his mother, Karin, were receiving ED support through a cooperative group of several school districts. When Kenyun began in the program, he progressed both socially and emotionally. He easily became comfortable with the social worker and “he did really well.” Karin shared, “They [school personnel] worked very, very good with us. You know, they know whenever it’s an issue, no matter when, they call me.” Karin explained how she learned to trust Kenyun’s new school administrator and how they learned to work together, even when they didn’t fully understand each other’s methods. Karin, on more than one occasion, spoke of an administrator, whom she considered her “lifeline.” Karin acknowledged that her relationship with the program administrator was instrumental in Kenyun’s opportunities for mainstreaming.

Charlotte recognized the supports she and Will received from the school; one of which was speech therapy. Will, a 6th grader, had received speech language therapy from pre-school through 5th grade, when, as Charlotte proudly declared, “He graduated speech therapy in the 5th grade.” Charlotte acknowledged the benefits Will received from participation in the ED program; one being that he learned to cope with his anger. Charlotte reported that Will had
learned to trust and had established a better working relationship with three staff members; namely, his special education teacher, general education teacher, and especially his social worker. Will was also provided with bus transportation to and from school.

Beatrice, who had recently participated in parenting classes, coordinated with the teaching staff in maintaining the consequences that Brian received due to inappropriate school behavior. When she received unfavorable reports, he lost privileges at home. Brian received weekly social work services at school and met with a therapist regularly during non-school hours.

Marc’s teaching staff contacted Giselle when Marc experienced problems or deserved praise. She, too, contacted his teachers to keep them abreast of any changes which may have affected his behaviors. She was encouraged by Marc’s teachers to observe him in class. Marc’s teachers allowed him to nap in class, as they were aware that certain medications caused drowsiness, and once awakened he was more focused and alert. He was also allowed to walk around the classroom or take a break before getting back to the task at hand.

Quincy, Simone’s son, received ED services in his home school. Simone was appreciative of the support provided through the program because she believed it assisted him in managing his behavior. She believed that Quincy had a better chance of graduating by attending the ED program.

Tyson, Geraldine’s foster son, was placed in an ED program, which provided him with small group instruction, more personalized instruction and the daily support of a teaching assistant within the classroom. Tyson had fewer classes in which to “act out.” He basically remained in one classroom and was only mainstreamed as warranted. Tyson’s special education teacher provided him with one-to-one instruction, when necessary. He was isolated if he became
unmanageable and was not allowed back with the group until he was able to maintain self-control. Since enrolling in his present school district, Tyson also received bus transportation to and from school. Geraldine reported that Tyson was “receiving all the help that he needs from this school. You have teachers there; they are really concerned and very helpful to my son. They’re understanding. They have patience and they’re really great people to work with.”

Micki believed Derrick’s participation in the ED program had assisted in helping him to move to a higher grade level. She believed the smaller class size and the self-contained classes assisted in improving his behavioral issue. Derrick had become more adept at maintaining a calm demeanor.

The mothers were all grateful for the supports provided to their sons in a very general sense; in other words, they were all happy that something, anything, was offered to their sons as an opportunity for improvement. While they were happy to receive any kind of support, mothers like Beatrice, Karin, and Libra specifically spoke of school personnel who made an attempt at a relationship with them and their sons. For instance, Beatrice spoke fondly of the African American administrator who worked with her son and spent time speaking with him about his behaviors. Karin, also, spoke about an administrator as her “lifeline” because of the way that she supported Kenyun. Libra shared her positive experiences with a school counselor who frequently contacted her about LeeVert and served as his advocate. Bus transportation was an additional support provided by the schools for those students who required it. The mothers, who had someone advocating for them and working with their children as individuals, were the ones who felt the most benefit from the school and its support systems. As the mothers shared the supports they received from the school and the school district, they also provided illustrations of concerns which exhibited damaging or unconstructive influences on their children.
Mothers’ Viewpoints of Behaviors Influenced by School Procedures/Activities

Three mothers were disturbed about the amount of academic time their sons lost due to behavioral difficulties. One other mother, whose son missed a great deal of time out of school due to suspensions, did not mention his school absences as problematic.

Libra was concerned about the level of academics provided for her son, LeeVert. Because of the behavioral challenges he experienced, Libra did not believe he was receiving as much academic support as he was entitled. LeeVert, according to this mother, was a “real good student, an A and B student.” He spent the majority of his time outside of the class because he was often in trouble. Libra was also concerned that LeeVert was not provided with enough academics and especially homework. On occasion, he was given extra credit or an experiment to try at home, but generally homework was not assigned and he did not spend a sufficient amount of time in class.

Brian was a struggling student who had recently received two failing grades. He, like LeeVert has lost academic class time because of the time he spent outside of the classroom. Brian was provided ED support within the general education class by a special educator.

Beatrice shared,

He gets bad grades because of not turning in assignments. And he don’t turn in the assignments because he don’t know what to do. He don’t know what to do because of getting put out of the class, you know.

Beatrice expressed that she requested on numerous occasions that Brian be given homework. She shared her struggle in not knowing what Brian had learned or what he needed to learn and not having anything with which to gauge his academic level. She was concerned that the school district was unable to afford enough books to send home. Beatrice provided a list of concerns
that she hoped to investigate. She explained how one incident could lead to others. She planned to observe his class in order to monitor his and the teacher’s activities. She explained,

He gets upset when he doesn’t understand and then when he goes to ask the teacher what’s the problem, the teacher doesn’t want to answer him. Because she [teacher] said that if you were listening, you would know. So he would tell her, “I was listening.” And she would say, “No, you were back there talking.” And he would tell her, “No, I wasn’t back here talking. That was So & So talking.” And she would just say, “No, you’re a liar. That was you talking and I’m not explaining it over again. Get it from one of your classmates after class. Don’t disrupt my class trying to get the work.” So, he puts his head down, ‘cause he’s mad and he doesn’t know what to do. So they’ve [teachers] put another strike against him because he got his head down. So then I get a phone call, and their version of it is, he was being disruptive. He didn’t get the lesson. He put his head down. So now, he’s got a detention. When all he did was, he asked if he could get some help.

Additionally, she spoke of an instance when Brian became upset because he was given a detention and requested a cool-down time out. He was refused the time out and told that he had earned the consequence which further distressed him, because his educational plan included time-out sessions. She acknowledged that his behaviors could create a chain of events that were detrimental to Brian and which did not assist him educationally.

Karin explained that she was extremely disheartened with her school district when the district refused to provide her son, Kenyun with special education services before he threatened suicide. During the two years she attempted to obtain services, while her son was experiencing extreme behavioral difficulties, he had lost valuable time in the classroom. Most of his school
day was spent in the social worker’s office, when he attended school, because he was often suspended. Karin believed that Kenyun, who had always been academically successful, was denied a quality education during that time in which she “cooperated with everything.”

Charlotte opposed the techniques used by the school staff in the ED program. She believed the staff should expect students to accept responsibility for their actions. She stated that the students in the [ED] program are pacified. When pressed for an explanation, she said,

They pacified him like, “Well, he gets upset so we want him to go to a place where he can calm himself.” and “We give him time. We let him walk away.” Things that he doesn’t do at home, that he knows he can get away with at school.

…They should let them accept responsibility; which is something they teach them, but at the same time, to me as a mother, they like pacify them and hold their hands. Because things he does at school; he don’t dare do at home. But he knows, because he’s in the special class…Like I said, my son’s extremely smart. Just because he’s in this class, he can get away with so much. …He gives us attitude at home, and he will, like talk back to his sisters, but he knows not to do that with me, because he knows that I don’t tolerate it. But, like at school, he does all of these things at school, things that he would never do at home. And I kind of felt like that ‘cause he knew they would be, “Oh don’t worry about it. It’s going to be ok. Go to your…”go to a place where you can calm down and settle yourself”! And I told them like how I felt like they was babying him and pacifying him. ‘Cause I told them, “Will don’t do that at home. Will is not going to knock over a chair or kick over a table. And I’m going to tell him, “Go to your quiet place and calm down, Will”? No, No. I just couldn’t agree with some of the things that they were doing.
Charlotte was unwavering in her outlook concerning the school’s treatment of the students in the ED program. She believed the school personnel created labels for her son as she explained while discussing her administrator.

“Oh, Will has anger issues.” And I kind of felt like, they kind of fed it to him, that he had, like anger issues. And I would tell him, like, You don’t have anger issues, because if you had anger issues, you would have anger issues all the time, and not just at school. …If he had behavior problems …he would have behavior problems all the time. Will knows what he can get away with and what he can’t. He knows, I can get away with this, that and the other at school. They’re not going to touch me. They’re not going to do anything to me. But he knows, at home, I don’t have those kinds of problems with Will at home. But he doesn’t really have those incidences where he blows up and gets so upset, because I don’t make excuses for him.

According to Charlotte, the school staff allowed Will to use anger as an excuse, and that she did not. Instead she explained that although Will may be angry, that she would have given him the freedom to walk out of a class or to be disrespectful because he did not behave in that manner when home.

Giselle, like Charlotte, believed that some of Marc’s professional staff coddled him and needed to demonstrate to Marc that there were consequences for his actions. According to Giselle, there were school personnel who provided excuses for Marc’s behaviors, such as saying he had a bad day or that he forgot to take his ADHD medication. Giselle wanted the staff to stop blaming Marc’s actions on his disability, but recognize his actions were based on the choices he made. She said that she and his father were trying to modify his behaviors, but certain school personnel provided him with ways to excuse his behaviors.
Giselle believed there were too many educational personnel that “don’t actually understand the scope of children with anger issues or disabilities like that.” She reported that she would like teachers not to declare, “That’s a bad child.” She said that she wished teachers would spend more time with the children and try to understand their problems by first asking the children and then listening to them and resolving the problems instead of repeatedly calling the parents and complaining about “little tiny stuff.” Giselle believed there were far too many teachers who lumped children together by labeling them. She was disappointed by the numbers of teachers who have called her and complained about behaviors she considered “itty-bitty.” She believed that it was difficult to find professionals that “actually want to take time and put in the work to help a child that has disabilities.”

While five of the mothers were able to provide examples of behaviors which they deemed as negative influences occurring within the schools, three mothers did not. Simone, Geraldine, and Micki did not communicate any negative influences by the school on their sons. Still, for the other five parents, there seemed to be a conflict between the school culture and the way that the families believed their children should be treated.

**Mothers’ Perspectives of Interactions with School Personnel**

The following is a synopsis of the mothers’ views of their relationship with the school personnel who interact with their children. Even the families who felt that the school negatively influenced their children or ignored the advice offered by families rated their interactions and relationships with school personnel highly. Regardless of personal feelings regarding school personnel, families continued to speak positively of the school personnel’s expertise and used this as a major criterion when rating their interactions with school personnel.
Libra recognized her involvement with LeeVert’s school personnel as positive. She rated her interactions with school personnel as 8 out of 10. She trusted the school personnel’s judgment, in addition to her own, based on the information they provided to her as knowledgeable professionals. Libra believed that she had a good relationship with the school personnel at LeeVert’s past and present schools. Regarding his former school, she said, “They’ve done so much to try to individualize his learning plan. Really, they had no choice but to take him out of that school.” She did not blame the school for any problems that he encountered and communicated most often with his case manager. She believed her child was well-liked by school personnel and that he liked them in return, except during the times he was out of control. Libra was pleased that the personnel at LeeVert’s school created means of engaging him, thus eliminating some of the negative behaviors in which he engaged. LeeVert was transported to his twin sister’s school at the end of each school day. There, he was allowed to assist her teachers and work with her and her peers with developmental delay. LeeVert and the students enjoyed each other and he was most calm when working with them for one and a half hours daily. Riding the school bus with them was the only occasion in which LeeVert shared a bus with other students. LeeVert was thought of as a big brother to his sister’s peers.

Karin also appreciated the attention Kenyun’s teachers provided him. She reported they sought opportunities to reward and compliment him. They allowed him to listen to his MP3 player, discussed television and neighborhood events with him, and even allowed him to use his personal skills to assist in the classroom, such as repairing his teacher’s computer.

Libra believed families and school personnel could engage in more cohesive relationships if school personnel would view children as individuals, instead of looking at their behaviors.
She believed that professionals should anticipate the needs of children, by looking at the individual child. Libra maintained that professionals should listen to parents’ suggestions.

Karin reported that her interactions with school personnel have improved. During Kenyun’s earlier years in school, she experienced a disconnection with some members of the school staff. Karin believed that Kenyun’s teachers and principal did not understand him nor try to get to know him. He was suspended so often that she was forced to change her hours of employment to accommodate the demands his school made on her. As his behaviors escalated, he was often suspended and Karin was forced to leave her job and pick him up from school, as in many instances, he was not allowed to complete his school day. She spoke of the hours spent on public transportation to and from school and the many occasions she was forced to walk because she did not have money to pay for transportation. She continued in her attempts to share her knowledge of her son with the school district in the hopes that they would better understand him and heed her suggestions. She described a teacher and principal who, in her opinion, were unwilling to accept that she knew her son well and recognized his needs. She was concerned that “those young, white women” and others like them, had little concept of how to relate to her son.

Charlotte provided the lowest ratings of all the families. She rated her interaction with school personnel a 2 out of 10. She shared that communication between herself and some members of the school staff had deteriorated. Charlotte was very steadfast in her decision to maintain some distance between herself and certain school personnel, mainly the principal and the office staff. She had overheard an administrator making, what she believed were derogatory comments about a group of students and had confronted her about it. Since their conversation, the principal has maintained very limited interactions with Charlotte and the office staff would even ignore her on occasion. Charlotte described differences within the school’s policy and her
fundamental policy regarding discipline. The school’s policy stated an adult was to be alerted if one student was hit by another. Charlotte taught her children to hit back if they were hit by a peer. Will had suffered numerous consequences due to following his family’s rule rather than the school’s discipline policy. Charlotte had since softened her stance and specified that Will should follow the school’s rules, regarding reporting, if it is a “minor” incident. However, Charlotte expected Will to respond in same to any child who first hit him.

Charlotte related an incident in which she was infuriated with school staff, one in which Will was restrained by several staff members. As she attempted to discover the crux of the problem, she found that Will and an administrator shared conflicting accounts. The administrator told Charlotte that Will must not have remembered the incident correctly. Charlotte believed her son’s version and was angry and did not understand why the school’s rule forbid children to hit those who hit them yet, staff was allowed to touch and pull children. She informed the school personnel that she would rather they contact her or even to call the police rather than they “put their hands” on Will. While at that meeting, staff confronted Charlotte with previous altercations with which Will was involved. When she asked why they decided to share that information with her that time, rather than when each event took place, personnel reported that they preferred to handle things on their own. She believed they spoke in retaliation because they would not respond to her questions regarding why she was not contacted immediately following his altercations.

Charlotte reported that she related well to only two staff members and neither were Will’s special education teacher or principal, two crucial members of his school team. She believed one AA staff member took the time to speak with her son. Charlotte said of the school personnel,
“This school does not respond to parents’ inquiries about their children” and this school does not welcome you.”

Beatrice believed her conversations with Brian’s teachers, more specifically, his special education teacher was positive because they talk “all the time.” Although she was very concerned about Brian’s interactions with the school personnel, she rated her interaction an 8 out of 10. She understood that the teachers wanted to keep their lines of communication open, but she was frustrated that Brian’s teachers contacted her about 15 times with negative reports and only twice with positive reports about Brian. She expected them to provide her with opportunities “to praise and support him more at home.” Beatrice was torn between showing support of her son and his teachers. She did not know which of them she should believe. She was in turmoil because she realized that her son had lied about his school activities in the past, but she also knew that he did not exhibit those school behaviors in their home or in the neighborhood. She recognized that he did not respect his teachers, but she was unsure of the reason; if it was because they were young, white women or because they picked on him. Brian had provided her with many stories of mistreatment within the classroom, some of which had been corroborated by his classmates, verifying that Brian was not the troublemaker in all instances. Beatrice was concerned that Brian’s teachers were not providing him with a fair chance. She said of them,

I do know that they are women. And I don’t want to be prejudiced, but they are white women and they see this black boy and they may have already labeled him and so they’re already giving him a rough way to go. The detentions are 10 minutes long. My son serves 30 and 40 minute detentions all the time. They always give him 30 - and 40 - minute detentions.
Giselle rated her interaction with school personnel as 9 out of 10 because she believed she and they work collaboratively for Marc. She took pleasure in knowing that they respond to her requests even if she did not speak to them directly and had to leave a message. She said of them,

…I believe we have a very open relationship now because they’ve called me on my cell phone. They’ve asked me if I can come to certain meetings and whatever. They know I’ll come. If they ask me to come up there and just observe him in the classroom, they know, I’ll be up there. And actually this principal had told me…she really appreciates me because of the fact that I come up there pretty much anytime they ask me to, if they need me to [come].

Simone rated her interactions with school personnel similarly to Giselle. The 9 out of 10 rating she provided was “because they help him. They try the best they can to help him.” She said she reported to the school when requested and attended any meetings the school schedules.

Geraldine was the only parent who rated her interaction with school personnel as 10 out of 10. Very early during her interview and several times afterwards, she indicated that Tyson “is receiving all the help that he needs from this school.” She provided several accolades for the staff.

You have teachers there who are concerned and very helpful to my son. They’re understanding. They have patience, and they are really great people to work with. They are really good people, great people to work with. …And the teachers that he have at this school, they are very helpful. If it’s any kind of problem, they let me know right away. And he gets one-on-one help.
Geraldine further explained that Tyson received more help at his present school than he had received at his previous school.

Although Micki admitted to not spending much time with school personnel, she rated her interaction with them as 7 out of 10. She stated, “…I work. His dad is more interactive with the school. He picks my son up and drops him off.”

Aside from noting the value of expertise, families also explained that they wanted to see school personnel work harder to treat their children as individuals and not just disabilities. Mothers also explained that they wanted to see more of their knowledge about their children being used and accepted by school personnel. The families used frequency of communication to help explain what they saw as fostering positive relationships with the school. Those who had frequent communication were more likely to perceive their relationship with the school as positive. Of the entire group, only one mother, Charlotte, had a truly negative view of the school and school personnel because she felt that her voice was unheard and disrespected in addition to the school personnel treating her son unfairly. The remaining mothers, even if they had some negative experiences, viewed the overall relationship as positive and beneficial for their sons.

This chapter has catalogued the different responses and feelings that mothers expressed regarding their sons’ involvement with ED and special education. In exploring the themes related to the research question, this chapter has attempted to make the mothers’ thoughts, stories, and experiences clear to the reader. The next chapter will attempt to elucidate meaning and implications of the mothers’ statements and provide a detailed interpretation of what their stories mean for educational professionals.
V. DISCUSSION

The knowledge and perceptions of ED among African American mothers and their relationships with school personnel were examined in this study. Through the use of narrative inquiry procedures, African American mothers were interviewed regarding their youth’s school experiences. I also conducted a document analysis of key materials shared by the mothers as they told of their experiences and perceptions. The aim research question for this study was: How do African American mothers of youth with ED interpret their children’s educational experiences and how is this related to their interactions with school personnel? The sub-questions were: (a) What are these mothers’ understandings of their and their child’s involvement in the special education system? (b) What do African American mothers of youth with ED know about emotional disturbance? and (c) How do their understandings connect to their interactions with educational and other professionals?

In this chapter, I discuss the major findings of this study relative to previous research literature. This is followed by a description of some of the implications of this work. I conclude with the limitations of the study and suggestions for future research.

The pivotal importance of family and school connection for the success of students with disabilities has become increasing clear (Summers, Hoffman, Marquis, Turnbull, Poston, & Nelson, 2005; Park, Turnbull, & Park, 2001). Three major themes emerged from the interviews of the eight mothers: (a) families’ introductions to Special Education and ED, (b) understanding the relationship of behaviors and ED, and (c) effects of mothers’ understandings of their interactions with educational personnel. These were described in the previous chapter under Results. The following findings emerged from the analysis of the results outline in chapter IV: (a) parental involvement, (b) parents’ responsiveness to school personnel, (c) family
understanding of ED, (d) differences in behaviors, (e) cultural differences, (f) interactions between mothers and school personnel, (g) parents’ perspectives of interactions with school and children, and (h) constraints placed on parents because of school policy.

**Introduction to Special Education and Emotional Disturbance**

Throughout history, families have played pivotal roles in the lives of their children. Turnbull, Turnbull, Erwin, and Soodak (2006) identified eight roles in which parents have engaged: (a) parents as a source or cause of their child’s disability, (b) parents as organization members, (c) parents as service developers, (d) parents as recipients of professionals’ decisions, (e) parents as teachers, (f) parents as political advocates, (g) parents as educational decision maker, (h) and families as partners. For a variety of reasons, the mothers in this study did not engage in all of the roles identified by Turnbull and colleagues. Of the eight roles listed, there were two definite roles that all of the mother shared: that of teacher and partner. Mothers are a child’s first teacher because of the time she spends with the child. Even if a child is not biological, the person who raises him teach the fundamental rules of their household, by telling or showing those things to do or what not to do. The other role shared by the mothers was that of school partner. Each mother viewed herself as a school partner in her son’s education. Some mothers identified with other roles listed.

Family and school partnership is most critical especially when the child has a disability which implies an intrinsic deficit (Harry & Klingner, 2007). The manner in which families and professionals interact affects not only their relationships as individuals, but more importantly, it affects the entire family (Turnbull et al., 2006). The initial meeting of family and professionals in the identification of a child’s disability leaves a lasting impression and affects the manner in which families and professionals relate. The circumstances in which three of the mothers were
introduced into special education left impressions that remained with them and affected their relationships with school personnel.

Without realizing that a person who was present during kindergarten registration was a member of a special education team, Beatrice was insulted and disturbed by the statements she heard. First, she was told, “Lady your child can’t talk.” Then, she was told, “He failed everything.” Upon the advice of “that lady,” Beatrice immediately enrolled her son into preschool where he received speech and language services. Beatrice reported that the next major interaction she remembered having with her son’s school personnel was what she believed to be his first IEP meeting. There she was told that she was the cause of his having fetal alcohol syndrome because she drank and used drugs while carrying him in the womb. Beatrice continued to carry the guilt placed on her. As she partnered with the school personnel, those initial interactions remained in her thoughts.

Charlotte also entered special education through a pre-school screening and was pleased, though not surprised, that her son was recommended for speech language services. She believed personnel at her son’s school were mainly responsible for his ED identification. She viewed herself in partnership with school personnel; however, she does not trust the school personnel and believed that she must remain vigilant as she worked to move her son out of special education into full integration into general education. He no longer needed services for speech and language impairment.

Karin recognized very early in her son’s life that he required emotional support. Throughout his early school years, she was consistently denied assistance and did not receive services for ED until his early middle school years. Although she believed she partnered with
school personnel, she, like Beatrice and Charlotte, did not fully trust her school partners. She, too, believed that she must be vigilant in her efforts for continued supports for her son.

Turnbull and colleagues (2006) assert that trust is the cornerstone of the relationship between families and professionals, as well as being “essential to all positive human relationships” (p. 178). The manner in which the aforementioned mothers entered into the special education process was not indicative of a trusting relationship. To the contrary, Beatrice felt blame, Charlotte felt anger, and Karin felt neglected. These mothers, as did the others believed themselves to be responsive to school personnel as well as in partnership with them because all the mothers responded to all staff requests for meetings regarding conferences and IEPs, in addition to the calls they received concerning their sons’ behaviors.

**Relationship of Behaviors and Emotional Disturbance**

Mothers were asked to share their perspectives about ED and their involvement in their sons’ placement. When a child is identified as having a disability, it is crucial that collaboration exists between the family and the professionals. Collaboration between home and school is necessary to assure student stability and achievement (Blue-Banning et al., 2004; Hess et al., 2006; Overstreet et al.; Turnbull & Turnbull, 2001). IDEA (2004) mandates that parents are to partner with schools in all matters relating to identification and placement into special education. Five mothers were unable to successfully articulate ED. Three of the mothers were able to explain ED and articulate their sons’ needs and the services they received. Many of the mothers addressed other disabilities, such as Learning Disability, Attention Deficit Hyperactivity Disorder (ADHD), Post Traumatic Stress Syndrome, and Oppositional Defiant Disorder, but were unable to provide relevant information about ED. All the mothers agreed to their sons’ ED placement because it was the program recommended by the school personnel. The mothers
believed that school personnel were more knowledgeable about children with ED than themselves, who were knowledgeable about their own children, but trusted the professionals who placed their children in programs believed to be most beneficial to them. In order for families to successfully collaborate with school personnel, especially regarding children’s disability, families should be knowledgeable about the disability. Although every mother could not articulate ED, each recognized that their sons’ ED placement was connected to their sons’ negative school behaviors.

The boys’ negative school behaviors were the basis for most, in some instances, all of the interactions between families and school personnel. The families and school personnel often did not agree upon the severity or equality of the behaviors. In other words, school personnel may have viewed the behaviors as noteworthy and families may have viewed them as petty or “itty bitty” or vice versa.

Two mothers agreed with the school personnel’s judgment of their sons’ school behaviors. Libra admitted that LeeVert experienced violent episodes at home as he had in school. She shared LeeVert did not have any behavioral occurrences when interacting in a one-to-one situation with her or her husband. She also maintained that he never became violent or angry with his twin sister, but would often engage in disputes with his brothers. Geraldine also agreed with school personnel regarding her foster son, Tyson. The school reported that he was impulsive and often involved in other students’ affairs. She agreed that his behavior was the same at home.

The other mothers, with the exception of Micki reported their sons’ home behaviors did not mirror those seen by school personnel. What should be noted is the opinions of Giselle and Charlotte, who believed that the school personnel assisted in creating their sons’ negative school
behaviors. They believed that by allowing their sons freedom to react, rather than providing them with consequences when engaged in inappropriate activities at school, that the school personnel was responsible for the continuation of those behaviors. The mothers claimed that their sons’ medication was used by school personnel as an excuse for their negative behaviors in school. On separate occasions, school personnel asked Marc and Will if they had taken their medicine and how they were feeling rather than issuing a suspension or detention for stealing a large sum of money, storming out of the classroom, and throwing a table while in the classroom. The mothers, in all examples, reported their son’s feelings were irrelevant as were their medicinal intake. What they believed important was that their sons’ behaviors were inappropriate and totally unacceptable. The mothers wanted school personnel to stress the inappropriateness in order to prevent reoccurring behaviors. Both mothers reported those were behaviors that would not have happened at home and certainly not more than once. These were just a few examples of the disconnection between the families and the school service providers.

The mothers described their sons’ behaviors much differently from their school personnel. They described their sons as sensitive, kind, helpful, friendly, and mannerable. They discussed boys who were able to move about the community without incidents; sons who participated on church committees, and who were helpful to their siblings.

**Interactions with Educational Personnel**

Additionally, the interviews revealed mismatched perspectives and interpretations about behaviors between school and family. Often the mothers spoke of how what they heard from school personnel about unacceptable behaviors were, in fact, acceptable to them in the home environment. Moreover, they spoke of behaviors they heard happened in school that they never saw happening at home. While they listened and responded to school personnel, they shared that
they at times were mystified as to why a particular behavior or comment was found to be offensive.

Cultural differences were noted by the mothers. Several of them spoke of the young, white teachers who did not trust that the mothers had intimate knowledge of their sons. Some of the mothers were concerned that the school personnel did not take the time to know the boys as individuals, but only saw them for the behaviors they exhibited (Trainor, 2010). The mothers did not want their sons judged only by their behaviors or the color of their skin. This was especially true of Beatrice, who believed that Brian’s school personnel may have been intimidated by his size. He is taller and at least one hundred pounds heavier than the majority of his classmates. She believed that even though he was only 13-years-old, his teacher may have viewed him as a “black man.” Teachers’ attitudes are essential to students’ academic growth (Hill & Craft, 2003). The mothers had an innate knowledge of their sons and expected an acknowledgement from their service providers (Trainor, 2010). This is a clear example of a disconnection between home and school. Villegas (1988) asserts that a mismatch of culture between school and home is not beneficial to families or professionals. The culture of the school could be a mismatch to families who do not know how to navigate the school system.

Other researchers have found similar evidence of home-school mismatches in language as well as cultural norms and routines. In the 1980s, Heath (1983) found differences in two Appalachian communities in terms of how they raised their young children, for example. In homes of the white children, particular literacy behaviors and overall language use was used (e.g., repeating letters, looking at print.) In the other community of African-American families, oral language was emphasized. Children went to the village center and overhead specific ways of using language that symbolized important political and social ideas, for example. While
culturally useful and very appropriate, those skills and uses of language were not celebrated in school. Students faced different norms and expectations between home and school.

Many challenges, however, exist for fostering and facilitating those connections. That is especially true for minority families. We see less interaction in terms of the quantity of conversations and visits with school personnel (Jeynes, 2003; Rao, 2000) and the quality of those interactions in terms of how problems are explored and solved (Delpit, 1995; Wong & Hughes, 2006).

My findings contribute to understanding communication between families and school personnel by allowing the authentic voices of African American low-income family mothers to be heard. The findings emerge from an opportunity for persons to be heard clearly, utilizing thick, rich, descriptions in the participants’ own words that requires little research clarification (Cresswell, 1998). The narrative inquiry design enabled the families to share their sons’ educational experiences, using in-depth descriptions of those occurrences which were significant to them and allowed as much time as they deemed necessary to tell their stories.

Many explicit and implicit assumptions mark family-school interactions, and participants in this study shed light on those by sharing their perceptions. Findings from Jeynes (2003), Rao (2000), and Wong and Hughes (2006) suggest that AA families are not as involved in schools as other minorities and white families. This study, however, illuminates a contrasting viewpoint. The mothers’ beliefs in their involvement and collaboration with school personnel were evident. Although all of the parents responded to school personnel directives, two spoke especially of the high frequency of their requests to schools for assistance for their sons’ extreme or negative behaviors. Another persisted with her hope to seek services for her son, and needed to wait until his threatened suicide to get it. The mothers believed they needed to comply with all requests,
regardless of their own beliefs in order to receive services for their sons that would eventually allow them to return to the general education classes. Beatrice and Charlotte, for example compromised their viewpoints, at the expense of their relationships with their sons, in order to connect with school personnel. Charlotte recanted her original decision to disregard the school’s policy against fighting. Instead of giving Will directives to defend himself, she instead told him to follow the school’s policy of alerting an adult, instead of retaliating. Beatrice gave Brian consequences at home for his school infractions even though she worried about losing his trust. One mother described giving advice to her son’s service providers, who she believed lacked specific knowledge of how to work with children “like him.” That same mother happily recounted receiving positive phone calls regarding her son’s behaviors, in addition to the negative calls. She also shared that she, also, called her son’s teachers to keep them abreast of his counseling sessions, medication changes, and other things she deemed significant. Geraldine believed her interaction with school personnel was wonderful. She believed they kept her abreast of everything that happened at school. They allowed her to stay connected by phone, which assisted in alleviating the burden it would cause her to leave home, due to her health and young children at home. She also noted the positive behaviors she observed in her foster son, Tyson, which was corroborated by his most recent IEP, which indicated that he would be provided with minimal ED services in the next school year.

Some research findings suggest that family expressions of satisfaction signified collaboration between home and school (Singer, 2002). Mutual collaboration between home and school requires commitment, equality, skills, trust, and respect from both entities (Blue-Banning et al. (2004). However, this study highlights that the parents’ presumed satisfaction is better interpreted as a form of deference. One mother (and her boyfriend) altered their work schedules
continually to pick up their son when the school called to have him picked up. Karin never understood why Kenyun was never allowed to complete his school day, or why he was deprived of educational opportunities because of circumstances in which he had no control. Other mothers shared similar concerns of lost educational opportunities which they recounted happened much too frequently. To provide a measure of understanding of the amount of time her child was denied educational opportunities, one mother spoke of her son’s needs for social work services. He was assigned a social worker and met with him weekly; however, the social worker spoke English with a thick accent, which the boy never understood. Thus, he not only did not receive the needed social work services, but he was denied access to academics due to the time spent with the social worker. Another youth was often put out of class for infractions involving behavioral issues which his mother believed could have been easily resolved if his teachers would have attempted to reason with him. One interpretation of this seeming deference to the school is that these families did not understand their rights. At no time, did any of the mothers challenge the school authority nor assume that she or her son was entitled to individual rights.

**Responsiveness to school personnel.** Rather than confirming past research that African-American families experience low engagement with school personnel (Nzinga-Johnson et al., 2009), participants offer contrasting evidence because they participated in and, in many cases, went beyond what was expected of families. Even the two mothers who reported the least interaction and school visits also reported how they responded immediately to calls from school personnel, whether about their sons’ behaviors, parent-teacher conferences, or IEP meetings. All the mothers, even those who did not feel a strong connection with school personnel, followed the school’s lead. Listening to the stories of each mother, it was apparent that these women, in the
interest of supporting their sons, had invested in their children's learning by engaging or attempting to engage in relationships with school personnel.

As stated previously, three mothers were able to articulate their knowledge of ED; however five could not. Those three mothers fit the role of parents as decision makers. Each of them made their decisions to place their sons in programs for ED, based on the knowledge their obtained from school personnel or on their own. They clearly communicated that the placement decision was their own. In light of Charlotte’s disappointments and low regard for her son’s service providers, she reiterated that she, not them, made the decision to place him in an ED program. Geraldine discovered shortly after receiving Tyson that he previously had an IEP. The remaining four mothers fit the role of recipients of professionals’ decisions. These mothers made the decision to place their sons in an ED program because they believed the school personnel would place their sons in programs that would assist them in changing the behaviors seen at school and reduce the number of negative phone calls they received. Like Simone, all the mothers believed if they complied with school personnel, their sons would be able to graduate or at least to remain in the schools where they were provided service. Previous research has illuminated a myriad of factors that impact parental participation. All of the mothers believed the schools were more knowledgeable than themselves and were responsible for educating their children, however, similar to previous research (Thompson, 2003a), some mothers were afraid if they did not follow the lead of the educators, their sons would be penalized. Poverty was another factor that affected these mothers as evidenced by the area in which they lived, their lack of transportation, and in some instances, the lack of basics within their homes. Some of the mothers shared snippets about their own schooling. In some instances, they were able to sympathize with their sons because they, also, had experienced some difficulties. The mothers in
this study faced numerous constraints, which also impacted the roles of mothers as cited by Turnbull and colleagues (2006).

An additional role, (Turnbull et al., 2006), that of parents as a source of disability, was a role apparent among three of the mothers in this study. Beatrice believed she was the primary source of Brian’s disability due to her use of drugs and alcohol while carrying him in the womb, her inability to care for him properly while she battled Lupus, and her neglect in seeking services for him and herself when her mother died. Beatrice also contributed Brian’s disability to his father, who engaged in negative behaviors while Brian was present. Charlotte also attributed her son’s behaviors to her and her former husband. She regretted that Will witnessed and experienced many things that he should not have. Libra attributes LeeVert’s behaviors to his father, whom she reports suffers from mental health problems also. She also believed that LeeVert carries the burden of tremendous guilt from being physically and intellectually superior to his twin sister. The mothers were immersed in their families’ daily struggles to survive life’s circumstances, educate their children, while taking care of their families. To my knowledge, none of the mothers engaged in activities that would constitute their membership in the three other roles not discussed; parents as an organization member, parents as service developers, and parents as political advocates.

Limitations

The findings from this study contain certain limitations. Although the results are drawn from a sample of eight African American mothers of sons with Emotional Disturbance, rich narrative descriptions were provided. Deeper understanding could have been obtained if individual were interviewed across time, more often, and if the sons had also been interviewed. This study yielded results of the mothers’ perspectives of their and their sons’ relationships with
school personnel. There was no information provided directly by the boys regarding their perspectives. While some may view as limitations to this study, the small sample, from one school district, where only the mothers were interviewed and no school personnel were included, that was not the purpose or design of this inquiry.

**Educational Implications**

The results of this study have implications for professional practice to promote more positive and collaborative interactions between families and school personnel. Previous research has stressed the importance of family and school partnerships. Hill and Craft (2003) stress the need for educators to assist parents in understanding the nature and implications of their children’s disability in order to be effective partners.

Although all of the mothers had sons who were identified as having ED, all mothers could not articulate what it meant. Families of students with disabilities should know what those disabilities are, how they impact their children, the services needed to support the children, the approximate amount of time the services may be needed and the expected benefits from the services provided. Additionally, families should be provided information regarding all aspects of the specific disability. Students with ED have the most dismal outcomes of all disabilities (Wagner et al., 2006). Disability labels are oftentimes stigmatizing; therefore, adolescents should also be educated about the disability label they have and their responsibilities as a student. Families should be made aware of their rights as the parents of a child with a disability.

Educators should create opportunities to meet with families of children with disabilities. Time should be provided to schedule meetings with individual families or with small groups of families. The child’s primary teacher would be the most ideal person to provide the training because that person would have the most contact with the child and parents. Since all families
may not have engaged in positive interactions in schools, educators must be open to conducting the gatherings in a neutral environment. A mutually agreed upon location should be used. Instead of providing them with a copy of their rights, educators should read them with the parents, or at the very least discuss each point with them.

The mothers reported responding immediately to service providers regarding their sons. Most often those conversations were regarding the boys’ inappropriate school behaviors, which sometimes meant immediate removal from school. Other contacts made by educators were requests for IEP meetings or parent conferences. Educators should promote opportunities for families to visit the school for activities unrelated to behaviors or mandatory meetings, such as, IEPs, conferences, or curriculum nights. Families could be invited to the school in order to promote opportunities for positive interactions.

Cultural dissonance was a factor in the mothers’ interactions with their sons’ service providers. Families were sensitive about their beliefs regarding the young, white teachers and their views of discrimination. Schools and school districts must provide cultural awareness training to families, educators, administrators, and pre-service teachers. The training should take place away from the school and conducted on non-school days. This would allow both families and educators to view each other on an equal basis. Trainers of various ethnicities should be utilized.

Some of the mothers were concerned about the lack of homework their sons received, their lack of knowledge regarding their son’s educational levels, and the loss of educational opportunities. Educators could survey their families to determine the most beneficial means of supporting their children outside of the classroom. Create mutually agreed upon times to call, email, or meet with the parents and the child. This time could serve multiple purposes. It could
be used as: (a) a check-in, to provide families with an update on classroom activities; (b) a study session, to review material taught in the classroom; or (c) a time to socialize and get to know the family better.

**Future Research**

Numerous researchers have explored family-school interactions for a variety of reasons. Based on the findings from this study, the viewpoints of the mothers of African American sons with Emotional Disturbance, there are several areas of needed research. An investigation comparing the perspectives of African American families of children with ED and the perspectives of their service providers, i.e., special educators and general educators would provide results laden with rich information containing home and school practices. The participants can be recruited from multiple environments including schools, churches, and community (Brandon, Higgins, Pierce, Tandy, & Sileo, 2010). This would provide a broader understanding of African American family perspectives across SES and varying school district services.

The findings from this study illuminated some of the practices in schools concerning students with ED, such as the loss of educational opportunities for children, suspended or expelled students required to leave the building before the end of the school day, and ineffective services provided. An investigation of the use of academic time with students receiving services for ED would yield results that could be used to determine best practices versus the practices that work best. A comparison study of several middle school districts that provide services to students with ED would provide a more generalized view of district practices.

Some of the mothers’ introduction into the special education system left them feeling hurt, angry, and neglected. It is during this initial meeting that family and professional
partnerships should be formed. An investigation of the Student Support Teams (SST) who meet and make the determination decisions with families should be investigated. This study could be conducted in one of two manners. First, if the school district is large and has several SST teams, each team should be studied and a comparison made. Another study could compare comparable sized districts.

Finally, a comparative study of African American families with ED and European American families with ED may yield results different from those reported in this study since European American families were not utilized.

Conclusions

The eight mothers who comprised this study presented themselves as families who interact with their school personnel in order to increase their son’s academic success. All mothers responded to educators requests, although most of the requests concerned behavioral issues. Educators must make a priority of partnering with families in ways that will promote better communication, professional competence, respect, commitment, equality, advocacy, and trust (Turnbull et al., 2006). The mothers expressed their need to do whatever was expected of them in order to help their sons. Educators must take the lead and assist families in engaging in collaborative interactions to promote the success, stability, and success of African American boys with ED (Blue-Banning et al., 2004; Turnbull & Turnbull, 2001).
APPENDIX A

Narrative Inquiry Protocol

Interview 1

1. Tell me about your son/daughter and his/her educational experiences in school.

2. This is what I heard from you during our first interview. Is there anything else that you would like to add or remove?

3. Can you describe, to the best of your ability, the kinds of services that your child is receiving from the school?

4. How are you involved in your child getting special services?

5. What was your role in getting your child labeled as having ED?

6. What does it mean to you to hear that your child had ED?

7. Can you describe the IEP meeting when he was first labeled?

8. As clearly as you can remember, please tell me who was talking and involved in the first IEP meeting?

9. On a scale from 1 to 10, how would you rate your relationship with the school?

10. On a scale from 1 to 10, how would you rate your child’s relationship with the school?

11. On a scale from 1 to 10, how would you rate your child’s comfort in school?
APPENDIX A (Continued)

Interview Probes

Interview 2

1. Tell me more.
2. I see.
3. I understand.
4. Can you tell me more?
5. Oh.
6. Okay.
7. Ummm
October 1, 2012

Renee Smith-Quinn, MA
Special Education

RE: Protocol # 2011-0677
“Emotional Disturbance and School Personnel's Interactions: Perspectives of Families of Youth with Emotional Disturbance”

Dear Ms. Smith-Quinn:

Your Continuing Review was reviewed and approved by the Expedited review process on September 24, 2012. You may now continue your research.

Please note the following information about your approved research protocol:

**Protocol Approval Period:** October 4, 2012 - October 4, 2013

**Approved Subject Enrollment #:** 12 (Limited to data analysis for 9 enrolled subjects)

**Additional Determinations for Research Involving Minors:** The Board determined that this research satisfies 45CFR46.404, research not involving greater than minimal risk. Therefore, in accordance with 45CFR46.408, the IRB determined that only one parent's/legal guardian's permission/signature is needed.

**Performance Sites:** UIC,

**Sponsor:** Not Applicable

**Research Protocol:**

a) Emotional Disturbance and School Personnel's Interactions: Perspectives of Families of Youth with Emotional Disturbance; Version 1; 07/26/2011

**Recruitment Material:**
APPENDIX B (continued)

a) N/A – Limited to data analysis

Informed Consent(s):

a) N/A – Limited to data analysis

Your research meets the criteria for expedited review as defined in 45 CFR 46.110(b)(1) under the following specific categories:

(6) Collection of data from voice, video, digital, or image recordings made for research purposes., (7) Research on individual or group characteristics or behavior (including but not limited to research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Please note the Review History of this submission:

<table>
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<tr>
<th>Receipt Date</th>
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Please remember to:

→ Use your research protocol number (2011-0677) on any documents or correspondence with the IRB concerning your research protocol.

→ Review and comply with all requirements on the enclosure, "UIC Investigator Responsibilities, Protection of Human Research Subjects"

Please note that the UIC IRB has the right to seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

Please be aware that if the scope of work in the grant/project changes, the protocol must be amended and approved by the UIC IRB before the initiation of the change.

We wish you the best as you conduct your research. If you have any questions or need further help, please contact OPRS at (312) 996-1711 or me at (312) 355-2764. Please send any correspondence about this protocol to OPRS at 203 AOB, M/C 672.

Sincerely,

Betty Mayberry, B.S.
IRB Coordinator, IRB # 2
APPENDIX B (continued)

Office for the Protection of Research Subjects

Enclosures:

1. UIC Investigator Responsibilities, Protection of Human Research Subjects
2. Data Security Enclosure

cc: Elizabeth Talbott, Special Education, M/C 147
    Lisa Cushing, Faculty Sponsor, Special Education, M/C 147
APPENDIX C

Recruitment Script for Superintendents – Email

Dear Dr._________________: 

My name is Renee Smith-Quinn. I am a doctoral student in special education at the University of Illinois at Chicago, preparing to conduct a dissertation project. The purpose of this descriptive study is to use narrative and semi-structured interviews to explore, understand, and describe the experiences of the families of African American youth identified with Emotional Disturbance, discover what the families know about emotional disturbance, and investigate how the families interact with school personnel. This study will also examine how families perceive their interactions with personnel, their roles within the Individualized Educational Program process, and the types of support the families receive from the school and educational professionals. The questions that this qualitative study hopes to answer are: What do families know about emotional disturbance? How do families understand their and their child’s involvement in the special education system? And how does families’ understanding affect their interaction with educational professionals?

I have identified your school district in which to conduct my research and would very much appreciate your consent in allowing me to engage subjects for the project. I am seeking only 12 African American adults as participants for this study. I am looking for individuals who assume parental responsibilities for the child. These caretakers could encompass parents, guardians, grandparents, relatives or non-relatives.

I am interest in interviewing families of middle school students, aged 11-15 years old, who are classified as having an emotional disturbance. Students must have had Emotional Disturbance eligibility for at least one school year. Students would not be a part of this study, nor would I have any involvement in the schools.

This study, Emotional Disturbance and School Personnel’s Interactions: Perspectives of Families of Youth with Emotional Disturbance (UIC#0211-0677), would entail my conducting two 60-90 minutes interviews with each adult participant. This research may contribute to the understanding of African American families’, of youth with emotional disturbance, perspectives of their interactions and collaboration with school personnel. This study may allow illuminate interactions perceived central by the families and could possibly highlight families’ strengths. Upon the completion of the interviews, I will use qualitative data analysis to identify consistent themes that may emerge. Each participant will receive $50.00 at the end of the final interview for their time and participation.

If you would grant permission for me to conduct my study in your district, I ask that you allow me to meet with the teachers of students with emotional disturbance to explain my study and request they send information letters home to the families, explaining the study. Interested families would contact me and arrange a meeting at a site determined by them. If families agree to participate in the study, I will obtain consent and conduct a narrative interview which will last approximately 60-90 minutes. The second meeting would consist of a 60-90 minute semi-structured interview of no more than six questions. No person will be identified by name or
APPENDIX C (continued)

district in any published or non-published reports. Participant will be identified by number or alias. Taped interviews will be used and later transcribed.

I anticipate this research could contribute to the understanding of increased interaction/collaboration between families of students with emotional disturbance and the professionals who serve them. Thank you for your consideration. If you need more information or would like to speak with me in person or by phone, please contact me.

Respectfully,

Renee M. Smith-Quinn
Doctoral Student
University of Illinois at Chicago
Department of Special Education
Hello,

My name is Renee Smith-Quinn. I am a doctoral student at the University of Illinois at Chicago. I am conducting a research study to better understand the perspectives of African American families of children with emotional disturbance who are between the ages of 11 and 15. I am interested in interviewing 12 adult family members about their views of emotional disturbance, special education, their understanding of their roles and levels of involvement within the special education process, especially in regards to the emotional disturbance determination, and the types of support they receive for their children with emotional disturbance. The family members could be parents, guardians, grandparents, foster parents, adopted parents, or those individuals who are charged with care-taking responsibilities.

The study would involve my conducting two interviews with family members. The interviews are not expected to last more than 60-90 minutes per each interview. The interviews would take place at a site determined by the families. I will pay each participant $50.00 in consideration of their time and commitment.

I am seeking your support because you teach students who have been identified as having an emotional disturbance. I am asking you to distribute to your students, a letter explaining my study. I am not asking you to contact the families; only to send the letters home by your students. If parents are interested, they can contact me by phone or email. I will require only two visits per each participant.

If I can answer any questions you may have, please tell me. I believe this study could contribute to the understanding of families’ perspectives of their interactions and collaboration with school personnel and families’ telling their own stories through narrative inquiry.

Thank you for your consideration. Please do not hesitate to contact me for any reason relating to this study.

Renee M. Smith-Quinn
Doctoral Student
Special Education
University of Illinois at Chicago
APPENDIX E

Parent Research Information Letter

Dear Parents/Guardians:

You are invited to participate in a research study. I am looking for African American adult family members who have children between the ages of 11 and 15 years that receive services for Emotional Disturbance. I am a doctoral student at the University of Illinois at Chicago and would like to interview you about your experiences. I am interested in learning your thoughts and opinions about the disability of emotional disturbance and your relationship with your son’s or daughter’s teachers, therapists, and administrators who work closely with you and/or your child.

Each of the two interviews can take approximately 60-90 minutes each. Participants will be paid $50.00 for their time. If you would like to participate in this study or would like more information about the study, please contact me, Renee M. Smith-Quinn, Principal Investigator,

I look forward to speaking with you and welcome the opportunity to provide you with more detailed information.

I hope you will consider participating in this study.

Thank you,

Renee M. Smith-Quinn
Doctoral Student
University of Illinois at Chicago
Department of Special Education
Dear Parents/Guardians:

My name is Renee Smith-Quinn. I am a doctoral student in special education at the University of Illinois at Chicago. You are invited to participate in a research study conducted by me. I would like to interview you in order to understand your experiences with school personnel, mainly the teachers and related service personnel to provide services to your son or daughter.

You are receiving this letter because your child is receiving special education services and have been identified under the label of Emotional Disturbance. I would like to understand what you know about this category of special education.

Your participation would include meeting with me on two occasions for approximately 60-90 minutes each time. I will audio-record our conversations (interviews). During the first interview, you will talk, mainly uninterrupted. During the second interview, I will ask you about seven questions. I will also request that you bring along any documentation that you would like to share that shows your interactions with school personnel.

Because these interviews will be audio-recorded, a quiet place is needed to minimize distractions. We can meet at a site of your choosing; a library, restaurant, or your home. I realize that your time is valuable and will provide each participant with $50.00 at the end of the second interview.

At no time will the names of families, children, or the school district be used in any published or non-published reports. Participants will be identified by number or alias. After the interviews, I will analyze the data to identify any consistent themes that may emerge. This study may assist in better understanding family-school relationships.

I appreciate your taking the time to read about my study. If you would like more information or would like to participate, please contact me.

Thank you,

Renee M. Smith-Quinn
APPENDIX G

University of Illinois at Chicago
Research Information and Consent for Participation in Social Behavioral Research
Emotional Disturbance and School Personnel’s Interactions: Perspectives of Families of
Youth with Emotional Disturbance

You are being asked to participate in a research study. Researchers are required to provide a consent form such as this one to tell you about the research, to explain that taking part is voluntary, to describe the risks and benefits of participation, and to help you to make an informed decision. You should feel free to ask the researchers any questions you may have.

Principal Investigator Name and Title: Renee M. Smith-Quinn, Doctoral Student
Department and Institution: Special Education Department, University of Illinois at Chicago
Address and Contact Information:

Faculty Advisor: Lisa Cushing, Ph.D
Special Education Department, University of Illinois at Chicago

Why am I being asked?

You are being asked to be a subject in a research study seeking to better understand the perspectives of families of African American children, aged 11-15, identified with Emotional Disturbance. As a parent/guardian of a child categorized with Emotional Disturbance, I am interested in understanding your views about ED, special education, your roles and levels of involvement within the special education process and the types of support you receive for your child. Please read this form and ask any questions you may have before agreeing to participate in this study.

Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future dealings with the University of Illinois at Chicago. If you decide to participate, you are free to withdraw at any time without affecting that relationship.

Approximately twelve (12) subjects may be involved in this research at UIC. Your positive response to the letter explaining this study indicated your interest in participating in the study.

What is the purpose of this research?
APPENDIX G (continued)

The purpose of this research is to understand the beliefs of the care-takers of African American students with emotional disturbance regarding emotional disturbance, special education and the interactions between families and the professionals that provide services to them. The information from this study will assist in gaining knowledge about African American families’ beliefs about home-school relationships involving students with emotional disturbance, as well as informing the field of special education.

What procedures are involved?

This research will be performed at a site determined by you. I can meet with you in your home or at a public institution such as a library or a restaurant.

You will need to come to the study site two times over the next three months. Each of those visits will take about 60-90 minutes.

If you agree to be in this research, I would ask you to do the following:

1) During the first or second session, bring any documentation that you would like to share that shows your interactions with school personnel. You will tell me about each.
2) During the first session, participate in a narrative interview with me, Renee M. Smith-Quinn. You will share any information that wish regarding your child’s educational experience. The interview will last approximately 60-90 minutes.
3) During the second session, participate in an open-ended interview with me. The interview consists of no more than 6 questions. The interview will last approximately 60-90 minutes. All conversations between us will be audio-taped.

What are the potential risks and discomforts?

The research has minimal risks to you. To the best of our knowledge, the things you will be doing will have no more risk of harm than you would experience in everyday life. The research presents the risk of a breach of privacy and/or confidentiality. All the information you provide to me is confidential. All identifying information will be deleted. Participants will not be identified by name, but by number. Audio recorded interviews will be transcribed and then the recordings will be destroyed. Your employer, the UIC special education faculty, or any other individual will not have access to any of the data.

Are there benefits to taking part in the research?

Taking part in this research study may or may not benefit you personally, but we [researchers] may learn new things that will help others. No benefits are guaranteed. The information you provide may help inform the field of special education. This research could contribute to the understanding of African American families’ perspectives of their interactions and collaboration
with school personnel. This study may also illuminate interactions perceived central by the families and may also highlight family strengths.

**What other options are there?**

You have the option to not participate in this study.

**What about privacy and confidentiality?**

The people who will know that you are a research subject are members of the research team. Otherwise information about you will only be disclosed to others with your written permission, or if necessary to protect your rights or welfare or if required by law.

The State of Illinois auditors may also monitor identifiable information. Study information which identifies you and the consent form signed by you will be looked at and/or copied for checking up on the research by: UIC OPRS. When the results of the research are published or discussed in conferences, no information will be included that would reveal your identity.

Participants will not be identified by name, but by number or alias. Audio recordings will only be used for educational purposes. Audio recorded interviews will be transcribed and then the recording will be destroyed. Participants may review the transcription and provide clarification, if necessary.

The data will be stored in a locked file cabinet in the office of my advisor on the UIC campus. The taped interviews will be transcribed and stored in password protected files on the computer. No direct participant identifiers will be used on the data sheets. The audio tapes of the interviews and the password-protected computer files will be disposed of within 3 years.

**Will I be paid for my participation in this research?**

Upon completion of the final interview, you will be given $50.00 as a token for participating in this research. If you make a “good faith” effort and begin the interviews and withdraw before completing the interviews, you will be provided $25.00. All research question need not be answered in order for you to be compensated.

**Can I withdraw or be removed from the study?**

If you decide to participate, you are free to withdraw your consent and discontinue participation at any time. You have the right to leave a study at any time without penalty. You may also refuse to answer any questions you don’t want to answer and still remain in the study. The Researcher also has the right to stop your participation in this study without your consent if it is in your best interest or if circumstances arise which warrant doing so.

**Who should I contact if I have questions?**
APPENDIX G (continued)

Contact the researcher Renee M. Smith-Quinn at or email address
You may also contact my advisor, Lisa Cushing, PhD.,
• if you have any questions about this study or your part in it.
• if you have questions, concerns or complaints about the research.

What are my rights as a research subject?

If you feel you have not been treated according to the descriptions in this form, or if you have any questions about your rights as a research subject, including questions, concerns, complaints, or to offer input, you may call the Office for the Protection of Research Subjects (OPRS) at 312-996-1711 or 1-866-789-6215 (toll-free) or e-mail OPRS at uicirb@uic.edu.

Remember:

Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University. If you decide to participate, you are free to withdraw at any time without affecting that relationship.

Signature of Subject or Legally Authorized Representative

I have read (or someone has read to me) the above information. I have been given an opportunity to ask questions and my questions have been answered to my satisfaction. I agree to participate in this research. I will be given a copy of this signed and dated form.

_________________________________________  _____________
Signature                                    Date

_________________________________________
Printed Name

_________________________________________  __________________
Signature of Person Obtaining Consent        Date (must be same as subject’s)

_________________________________________
Printed Name of Person Obtaining Consent
CITED LITERATURE


doi:10.1177/0042085909338686


Dunn, L. M. (1968). Special education for the mentally retarded- Is much of it justifiable? 

*Exceptional Children, 35*, 5-11.


Mamlin, N., & Harris, K. R. (1998). Elementary teachers’ referral to special education in light of inclusion and prereferral: Every child is here to learn…but some of these children are in real trouble. *Journal of Educational Psychology*, 90, 385-396. doi:10.1037//0022-0663.90.3.385

support from the parent community. *American Journal of Community Psychology*, 32(1/2), 107-114. doi:10.1023/A:1025655109283


VITA

Renee M. Smith-Quinn

EDUCATION

DOCTOR OF PHILOSOPHY, Special Education, 2007-2012
University of Illinois at Chicago, OSEP Leadership Scholar, Chicago, Illinois

MASTER OF ARTS, Education Administration, 1991
Northeastern Illinois University, Chicago, Illinois

MASTER OF EDUCATION, Educational Therapy, 1982
National College of Education, Evanston, Illinois

BACHELOR OF ARTS, Psychology, 1976
St. Mary’s College, Winona, Minnesota

PROFESSIONAL EXPERIENCE

2010- Present
Special Education Resource Teacher
Oak Park Elementary School District 97, Oak Park, IL

Summer 2010
UNIVERSITY OF ILLINOIS AT CHICAGO
Co-Taught SPED/EPSY 582
Forging Collaborations with Families, Professionals, and Community Members

2004-2010
Special Education Coordinator
Oak Park Elementary School District 97, Oak Park, IL

2002-2009
Special Education Mentor
Oak Park Elementary School District 97, Oak Park, IL

2004-2008
Teacher Leader for Curriculum Adaptation
Oak Park Elementary School District 97, Oak Park, IL

2006-2007
Summer Site Supervisor
Oak Park Elementary School District 97, Oak Park, IL

1992-2004
Special Education Instructional Teacher
Oak Park Elementary School District 97, Oak Park, IL

1979-1992
Special Education Instructional Teacher
Wendell Phillips H.S., Chicago Public Schools, Chicago, IL
**Facilitator of Individualized Education Plans**
Chicago Public Schools, Chicago, IL

1979
**General Education Cadre Substitute Elementary Teacher**
Chicago Public Schools, Chicago, IL

1977-1979
**Administrative Assistant/Acting Assistant Director**
Westside Parents of Exceptional Children, Chicago, IL

**HONORS**

Golden Apple Award Nominee, 2002

**PROFESSIONAL SCHOLARSHIP**

Presentations:

Smith-Quinn, R.M. (2011, April). *Perspectives of Family-Professional Interactions and Disproportionality of Emotional Disturbance in African American Students.* Poster Presentation accepted to present at Council for Exceptional Children Convention, National Harbor, Maryland.

Smith-Quinn, R.M. (2010, March). *The Interaction Between Family-Professional Involvement, the IEP, and Disproportionality in Emotional Disturbance.* Superintendents’ Commission for the Study of Demographics and Diversity Annual Regional Conference, Tinley Park, IL.


**RESEARCH EXPERIENCE**


Principal Investigator, *Perspectives of Family-Professional Interactions and Disproportionality of Emotional Disturbance in African American Students.* (doctoral student research project), University of Illinois at Chicago, 2009.
INTERNSHIP EXPERIENCE

City of Chicago Mayor’s Office for People with Disabilities, Joe Albritton, Deputy Commissioner, Chicago, IL, 2008
Illinois Autism/PDD Training & Technical Assistance Project, Kathy Gould, Director, Lombard, IL, 2009

PROFESSIONAL AFFILIATIONS

Council for Exceptional Children
   Division of Children with Behavior Disorders

Illinois Education Association/National Education Association

Proposal reviewer for Kaleidoscope, Student Organization; Council for Exceptional Children, 2009