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Single Parent and Caregiver Perspectives on the Effects of Caregiver Stress and IEP Meeting Eligibility

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This is to certify that the doctoral dissertation by

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Walden University
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Abstract

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MA, University of the District of Columbia, 1995

BA, George Washington University, 1982

Dissertation Submitted in Partial Fulfillment of the Requirements for the Degree of

Doctor of Philosophy

Psychology

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Abstract

The problem examined in this phenomenological study is how single African American parents and caregivers perceive the impact of caregiver stress on communications, trust, and intent to negotiate with school personnel after participation in their child's annual IEP eligibility determination meeting. This research is important because parents' and caregivers' perceptions of their IEP meeting engagement may identify and reduce impediments to the formation of successful alliances with school personnel. Attribution and self-determination theories were used to analyze, interpret, and codify the experiences of study participants. Purposive sampling was used to select 18 single, African American parents and caregivers for participation. Four key research questions explored perceptions of how caregiver stress impacted participant engagement with school personnel during the IEP meeting. Results showed that parents and caregivers who were determined to be competent advocates for their child and who were autonomous in their insistence on IEP team accountability, effectively negotiated and communicated with the IEP team. Contrarily, those who felt ineffective in advocating made more negative attributions of the team and distrusted the team's willingness to negotiate or communicate with them in good faith. School personnel have opportunities to create in school and community-based programs designed to improve relationships with less self-determined parents and caregivers while making the IEP meeting experience less intimidating through trainings about IEP meeting policies and processes resulting in positive social change.

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Dedication

This is dedicated to the memory of my great grandmother, Della Mae McAlister, who courageously and lovingly raised my grand mom and eight other children despite the many indignities she endured as a young woman in the segregated south. She lived with us during the final years of her life and those late summer evening stories she told about the importance of forgiveness and faith are priceless childhood gems.

Acknowledgments

I owe a debt of gratitude to several persons who have made successful completion of this journey possible. I would like to express sincere appreciation to my committee members, Dr. Henry Cellini, committee chairman, and second committee member and methodology expert, Dr. Rachel Moore, whose continued encouragement, and support sustained me during times when the end of this journey seemed distant.

I am grateful to the administrators at the Rehoboth Educational Center in Washington, D.C., for allowing me to recruit from among the ranks of parents and caregivers whose children participate in their childcare and enrichment programs. I am appreciative of those parents and caregivers who expressed interest in this research and took time out of their daily schedules to meet with me to participate in this research.

Finally, completion of this journey would not have been possible without the continuous love and support of two powerful women. My wife, Dawn Carter, has been a wellspring of loving support and has never wavered in her faith that this day would come. Despite my dad's untimely passing at age 32, my mother, Ina Carter, worked tirelessly to ensure that my brother Rick and I always knew that we were supremely loved and that our ancestors paid an incalculable price so that we could enjoy the fruits of our labor.

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Chapter 1

Introduction to the Study

The discovery that a child has a disability marks a significant transition in the life of a parent or caregiver and signals the onset of major changes in the functional capabilities of families in response to caregiver stress. Anclair and Hiltunen (2014) discovered that the parents of children with disabilities experience a variety of stress related symptoms, including fear, dejection, a poorer quality of life, and uncertainty about the future. Athay (2012) found that caretakers and parents of children with disabilities are faced with stressful challenges that diminish physical and psychological health. Gallagher et al. (2010) revealed that the compound stressors of single parenthood, minority status, and having a child with special needs can exacerbate the pressures of meeting that child's educational and personal needs. Among the most challenging of these adaptations is the forging of effective relationships with the school communities that serve special needs children.

Active collaboration between parents and school personnel exerts important effects on student outcomes (Underwood, 2010). This collaboration can assume even greater importance when students are either suspected of having a disability or have been determined eligible to receive special education services. Lo (2012) revealed that the families of children who are suspected of having a disability or who have been determined suitable for an IEP must participate in processes that begins with an evaluation of their child and culminates in the development and implementation of an IEP. Lamar-Dukes (2009) suggested that the necessity for interaction between families and school personnel during the IEP process sometimes illuminates different perspectives and values about special education, which can strain the relationship between family and school.

Underwood (2010) contended that the relationships forged between families having a child with a disability and school administrators are of immense importance because of the need for shared values and home/school consensus. Failure to achieve home/school consensus around a disabled child's educational needs and planning may yield future outcomes that negatively impact the student's quality of life as an adult (March & Gaffney, 2010).

Chapter 1 includes the problem statement, the purpose of the study, and background to support the need for doing this research. This chapter also provides definitions for key terms pertinent to this study in addition to research questions, the study's significance, assumptions, limitations, and delimitations.

The purpose of this research is to construct meaning from the experiences of single African American parents/caretakers who attended their child's annual IEP eligibility determination meeting. This research is significant for a few key reasons. First, the communication barriers that arise between African American parents/caretakers with special-needs children and school personnel can significantly diminish the quality of life for students with disabilities if not properly addressed. Trainor (2010) revealed that one of the major impediments to the formation of effective home-school collaboration between African American parents and caregivers and school personnel is the lingering effect of racism and historical disenfranchisement, resulting in distrust between the parties. The extant literature on this topic is limited. Wolfe and Duran (2013) reported that no literature review examining the IEP experiences of culturally and linguistically diverse (CLD) parents, including African Americans, has been conducted during the past decade. Second, research focusing on how these subjects view and approach communication during the IEP eligibility meeting as influenced by caregiver stress may elucidate barriers to the formation of effective home/school collaborations while identifying common interests between the parties. Third, as the number of minority students accessing special education services in public schools increases nationwide, school administrators will need to create ways of integrating the parents/caretakers of these students into the IEP team as educational planners and decision-makers who wield equal influence (Lamar-Dukes, 2009). In their review of nine recent studies that examined the IEP experiences of CLD parents, including African American parents with low incomes, Wolfe & Duran (2013) found that parents reported communication barriers with IEP teams, which impeded their ability to participate in IEP meetings. They reported that CLD families frequently found the IEP meeting process stressful because of lack of knowledge about the meeting, unfamiliarity with the jargon used by team members, language barriers, and school personnel’s disregard for requests made during the meeting (Wolfe & Duran, 2013). Similarly, Lo (2012) determined that because parent participation in a child’s IEP meeting is filled with uncertainties, which can increase caregiver stress, meaningful parent participation in IEP meetings may be difficult. Jung (2011) concluded that feelings of isolation and lower levels of IEP participation among CLD parents may result from communication barriers.

Several social change implications result from this proposed research. These changes could potentially move family-school relationships beyond legally mandated parent inclusion and in the direction of shared responsibility, collaborative decision making, and a healthy mutual respect for philosophical differences between families and school personnel. First, identification of the caregiver stressors that influence parent and caregiver engagement during the IEP meeting will provide IEP participants with important insights about the kinds of pre-meeting strategies that may reduce caregiver stress and increase team collaboration. In this way, parents and caregivers who are knowledgeable about the IEP meeting process can approach the meeting with the hope that team consensus can be reached on key issues. Second, the potential for enhanced family-school collaboration during the IEP meeting may be a prelude to family-school consensus around important decisions made during the meeting. A cohesive bond between family and school personnel enhances the prospects for unified implementation of IEP team decisions (Underwood, 2010). Third, when families are invested in acting collaboratively with school personnel to implement educational plans jointly negotiated and agreed upon during an IEP meeting, there are greater opportunities for favorable student outcomes than in cases where either party acted independently (Underwood, 2010). Fourth, the identification of barriers to effective communication between parents and schools relative to decision-making on behalf of special-needs students has important implications for the formation of post-meeting intervention strategies that diminish risk factors for non-disabled student populations (e.g., truants, gang members, etc.).

This chapter introduces the research problem and background for the formulation of the problem as related to current scholarly literature. A concise statement of the research problem is followed by a description of the purpose for conducting the study. Included in the description of the study’s purpose are the features of the phenomenological research approach employed, the reasons for conducting the study, and a summary of the research questions guiding this study. These research questions provide the rationale for seeking solutions to this research problem. The chapter then briefly provides the theoretical constructs that guide analysis of study participants’ lived experiences as reflected in parent and caregiver responses to four research questions. The rationale for and compositions of the methodological characteristics of the study are followed by definitions, assumptions, delimitations, and limitations of the research. The chapter concludes with a brief description of the social change implications and significance of the research.

Background

In recent years, studies about the importance of parent and family involvement in Individualized Education Planning and Eligibility Determination meetings have assumed greater importance with legislative reforms in special education. With the reauthorization of the Elementary and Secondary Education Act (ESEA) of 1965 as No Child Left Behind (NCLB) in 2002, and with passage of the Individuals with Disabilities in Education Act of 2004, considerable focus has been placed on the importance of student and parent participation in both the decision-making and planning aspects of the IEP eligibility determination process (Lamar-Dukes, 2009). With the passage of those reforms, Lo (2012) asserted that the federal government created higher standards for student and parent participation in the IEP eligibility and development process while demanding that teachers and school administrators demonstrate adequate yearly progress (AYP) of special education recipients through the collection of data on student achievement. While the policies underlying those legislative markers have created an atmosphere conducive to holding school districts more accountable for student achievement and for building more effective parent-school coalitions, cultural influences continue to shape special education identification and placement outcomes (Trainor, 2010).

Lamar-Dukes (2009) revealed that as the number of multicultural families rapidly rises across the United States, school districts are increasingly faced with the reality that these families present distinct values regarding their understanding of what is involved in their children's access to school-based special education support. The disproportionate representation of African American and other minority students in special education is well documented in scholarly literature (Sullivan, 2011). A greater proportion of minority students encounter more severe disciplinary responses to maladaptive school behavior than do Caucasian students, based upon the research findings of Krezmien et al. (2006). The 2013 Nation's Report Card issued by the United States Department of Education reflected continuing disparities in the academic achievement levels of African American and Latino students when compared with Caucasian students and noted that although minority students have evidenced some academic gains in recent years, they still lag significantly behind Caucasian students. Sullivan (2011) reported that the overrepresentation of African Americans among the ranks of special education students with disability classifications of emotional disturbance (ED) and intellectual disability (ID) remains a persistent reminder of the huge disparities in how minority students are viewed and categorized in schools across the United States. Blanchett (2006) concluded that the continuing problem of disproportionate representation of African American students in the special-needs population is reflective of an educational system that is marred by inequality.

Ward 8, one of eight wards that comprise Washington, D.C., is not unlike other poverty-stricken areas of major urban centers across the United States in that the public education system is besieged by a multitude of problems, including classroom overcrowding, high dropout rates, and the need for early identification of students with special needs (Tobai, 2011). Ward 8 is ravaged by social and economic ills that have dire consequences for the educational prospects of the children who reside there. The D.C. Department of Health’s 2015 Ward 8 Profile of Health and Socioeconomic Indicators reported that the ward’s unemployment rate of 25.2% is the highest unemployment rate of any urban region in the United States with a comparably sized workforce. There are additional socioeconomic and health indicators that reflect a diminished quality of life for Ward 8 residents. The D.C. Department of Health’s 2015 Ward 8 Profile of Health and Socioeconomic Indicators revealed that Ward 8 residents were found to be twice as likely to have incomes below the poverty level than residents of other D.C. wards and 11% less likely to be employed. Additionally, Ward 8 residents were found to have median incomes that were 38% lower than the median incomes for other District of Columbia residents. The Ward 8 Profile of Health and Socioeconomic Indicators also reflected alarming data related to the health status of Ward 8 residents. The report revealed that the HIV/AIDS death rate for residents of Ward 8 was 16 times higher than U.S. HIV/AIDS death rate, while deaths attributable to heart disease, diabetes, and homicide among ward residents were significantly higher than those death rates for residents of other wards. With all the parent and caregiver research involving participants residing in Ward 8, it will be particularly important to focus on the role that demographics and health factors play in how these individuals perceive the impact of caregiver stress during their interactions with school personnel. An examination of how those stressors impact parent and caregiver engagement during participation in their child's IEP meeting shall appear in Chapter 3.

The IEP is a legal document developed as an educational blueprint for students having disabilities that impede their ability to access a general education academic curriculum. Fish (2008) stated that the IEP must minimally address educational needs, academic goals and objectives, instructional levels of performance, supplemental services, and the least restrictive educational setting in which services should be provided. The document often reflects other areas of student need such as classroom accommodations/modifications, standardized testing accommodations, transportation arrangements, transition needs for students 14 years of age or older, and student eligibility for extended school year (ESY) summer enrollment to address areas of academic need (Fish, 2008).

Fish (2008) instructed that IEP team members are the driving force behind the development of an appropriate IEP and are the persons held primarily responsible for ensuring that the document is properly implemented in an appropriate educational setting. Special education laws necessitate that the IEP team be comprised minimally of: (a) the parent(s)/caretaker(s) of the student with a disability; (b) the student, if 14 years of age or older; (c) a school administrator; (d) a general education teacher, and (e) a special education teacher or persons knowledgeable about the student's educational needs, such as parent advocates, allied service providers, and community-based providers of related services or educational services, included at the parent's discretion (Fish, 2008). Although the student is the focal point of IEP team discussions, this study focuses exclusively on the IEP experience of African American parent and caregiver respondents as a homogenous sample. Focus on the IEP meeting experience of these respondents will promote greater understanding of a group that is underrepresented in the literature.

A school's effort to foster a collaborative and respectful relationship with the parents and caregivers of students suspected of having disabilities should begin well before the start of the IEP eligibility meeting. Lo (2012) provides a comprehensive overview of the responsibilities that schools have toward parents during the IEP process. Schools have an obligation to provide parents and caregivers with an IEP meeting invitation in advance of the meeting and are expected to convene the IEP eligibility meeting at a date and location that is agreeable to both parties (Lo, 2012). Parents and caregivers also have a right to know what administrative appeal options are available to them if they deem meeting outcomes to be contrary to their child's best interests.

Typically, these appeal options are described in a Procedural Safeguards Manual that school personnel provide. The manual is given to parents and caregivers prior to the meeting (Lo, 2012). Parents have the right to review information scheduled for discussion prior to the meeting, such as evaluations, an IEP draft, teacher summaries, and the like. This information should be provided to parents and caregivers along with a basic description of the IEP process before the meeting so that they can contact school administrators and seek clarification (Lo, 2012).

There is an extensive body of scholarly literature on participation in the IEP eligibility and development process that focuses on the relational aspects of the IEP team. Much of that research examines cooperative planning between parents and school administrators, strength-based IEP development, teamwork, cultural barriers to full IEP participation, and the inclusion of older students in transition planning and other phases of the IEP meeting (Underwood, 2010). While existing research literature broadly examines the relationship between parents and school personnel during the IEP meeting, there is little research that explores how parent and caregiver interactions during the IEP eligibility meeting are informed by caregiver stress, trust, and intent to negotiate with school personnel.

Parent and caregiver interactions during the IEP meeting can vary greatly depending upon how personal and demographic factors influence their individual circumstances. The identification of those factors that serve to promote mutual respect, effective communication, and collaborative decision-making between parent and caregiver and school personnel will establish a foundation for developing school-based interventions and outreach strategies. Improved collaboration between school personnel and parents and caregivers shall hopefully help to achieve the ideal of full parent and caregiver participation in the IEP meeting. Mortier et al. (2009) found that when schools afford parents and caregivers opportunities for participation in decision-making and school-based activities aimed at improving a child's learning environment, then the child becomes more engaged in learning, and parents and caregivers exert a greater influence on student outcomes. The significance of this research is that it fills an important gap in the literature in its potential to identify ways of strengthening the bond between parents and caregivers and school personnel during the annual IEP review meeting. Much of the extant literature on collaboration between schools and African American parents and caregivers of disabled children has focused on the challenges and negative reactions these families have encountered during interactions with school personnel. A strength-based approach to analysis and interpretation of the perceptions of parents and caregivers about the annual IEP review meeting will enable families to understand how the expression of personal values and experiences can serve to enhance meeting communication and negotiations. An additional benefit of a strength-based approach to analysis is in its potential to yield insights that may invigorate the efforts of school personnel to create more family-friendly and culturally competent outreach strategies that will persist beyond the eligibility process (Lamar-Dukes, 2009; Sullivan, 2011; Underwood, 2010).

Statement of the Problem

The paucity of scholarly research that currently examines how caregiver stress influences parent and caregiver communication during the IEP meeting suggests that efforts to promote parent and caregiver collaboration during the IEP meeting decision making process are lacking in many important ways (Lamar-Dukes, 2009; Lo, 2012). The primary problem examined in this research is how single African American parents and caregivers perceive the impact of caregiver stress on communications, trust, and intent to negotiate with school personnel during their child's annual IEP eligibility determination meeting. This research supplements extant literature on the study of African American families having school-aged children with disabilities by providing insights for the formation of effective school-based outreach strategies.

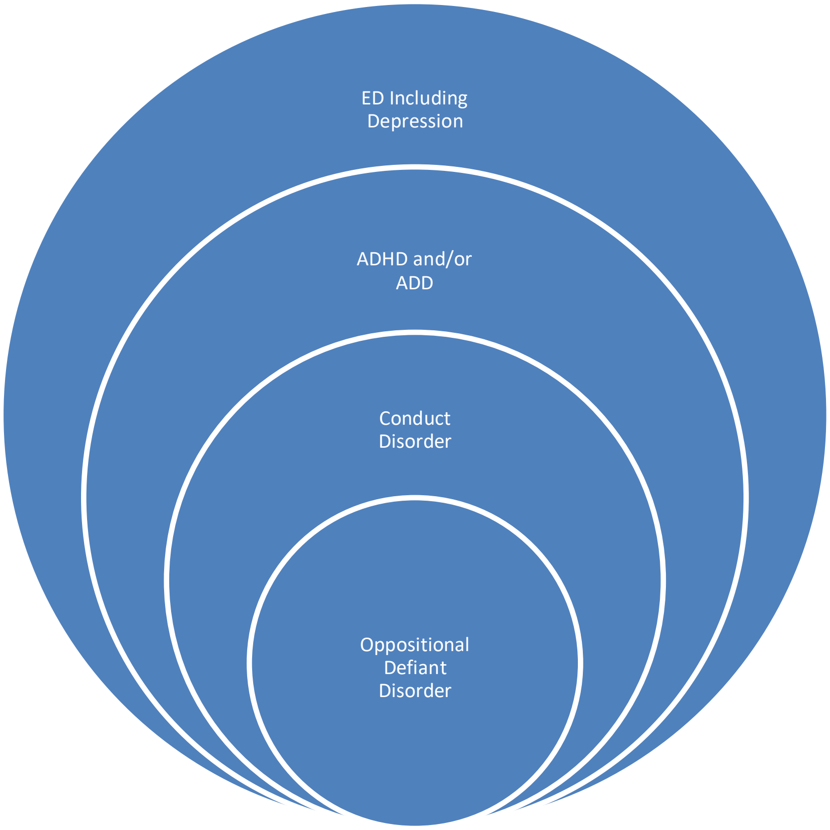
Purpose of the Study

The primary purpose of this phenomenological qualitative study is to construct meaning from the experiences of single African American parents and caregivers as described after participation in their child's annual IEP eligibility determination meeting. In this study, parent, and caregiver perceptions about the impact of caregiver stress on communication, trust, and intent to negotiate with school personnel during their child's annual IEP meeting was analyzed among a purposeful sample of 24 single, African American parents and caregivers who reside in the Ward 8 section of the District of Columbia. Each of the study participants has a teen with a behavioral or emotional disability who receives special education services within the District of Columbia Public School system. Further, each of the study participants has attended their child's annual IEP meeting during school year 2019-20, between August 2019 and February 2020. The hope in conducting this research is that the findings can be used among parents and caregivers having school-aged children with disabilities to identify factors that influence their engagement during IEP meetings while strengthening the bond between home and school.

Below is a diagram illustrating comorbidity with behavioral and emotional disorders.

Figure 1.

Behavioral and Emotional Comorbidity



A phenomenological qualitative approach to this study was adopted because it enabled the researcher to obtain parent and caregiver accounts of their lived experiences as participants in an annual IEP eligibility determination meeting. More specifically, this approach was selected because it provides the researcher with the ability to obtain thick, rich parent and caregiver descriptions of the perceived impact of caregiver stress on communications, trust, and intent to negotiate with school personnel during their child's IEP meeting. Qualitative data retrieved during parent and caregiver completion of a demographic questionnaire and their responses to four research questions underwent careful analysis. The goal of the researcher's analysis was to identify thematic patterns of response that are codified based upon the meaning respondents constructed from participation in their child's annual IEP meeting.

Parents and caregivers were given four research questions designed to elicit their descriptions of participation in their child's annual IEP meeting. Their responses to the four research questions were recorded and used to generate transcripts. Transcripts developed from recorded transcripts contained the actual words used by study participants to describe participation in their child's annual IEP meeting. These transcripts were carefully examined for common themes. Transcripts were then codified based upon thematic similarities and used to create a description of participants' personal accounts of IEP meeting engagement as influenced by caregiver stress. In concluding this process, the researcher used common themes to write a general description of parent and caregiver accounts of their IEP meeting experience. Themes that were identified during this process had important implications for the ability of parents and caregivers to educate themselves about the availability of school-based resources that may diminish caregiver stress and promote greater IEP meeting participation.

Qualitative Research Questions

1. Did the stress of parenting a child with a disability have any effect on your communication with school personnel during the IEP meeting?

2. Were school personnel open to negotiating with you about changes to your child’s special education program during the IEP meeting? Provide examples of their willingness or unwillingness to negotiate with you.
3. During participation in your child’s IEP meeting, did you trust school personnel to make decisions that were in your child’s best educational interest? Explain.
4. What suggestions might you have for school personnel on the ways to help parents and caregivers feel more comfortable expressing opinions regarding their child’s educational needs during the IEP meetings?

Theoretical Foundation and Conceptual Framework

The theories used to facilitate examinations of how parents and caregivers perceived the impact of caregiver stress on communication, trust, and intent to negotiate with school personnel during their child’s annual IEP meeting are self-determination theory (SDT) and attribution theory (AT). These theories provided a framework for understanding parent and caregiver perceptions regarding communications, trust, and negotiations that occurred during the IEP meeting. SDT and AT also facilitated the researcher’s interpretation and codification of respondent themes that result from the parent and caregiver focus group.

Heider (1958) is credited with developing AT and believed that in human beings’ efforts to make sense of a complex world, they attempt to simplify human behavior. Heider posited that human behavior is simplified by broadly categorizing it as normal or abnormal before drawing causal inferences about the intentions of persons being observed. The fatigue and anger that typically result from caregiver stress can affect the causal inferences that parents and caregivers draw about the intentions of IEP team members during the eligibility meeting. Attribution theory provided a theoretical lens through which to analyze and codify themes that originated from parent and caregiver responses reflected in the response to research questions. SDT is a theory of motivation that examined how intrinsic and extrinsic motivation influences individuals to behave in ways that promote individual growth and the achievement of personal goals (Deci & Ryan, 2008). Parents and caregivers affected by caregiver stress may not always behave in ways that result in successful IEP meeting outcomes. SDT provided a theoretical framework for analyzing parent and caregiver descriptions of how caregiver stress and its impact on communications, trust, and intent to negotiate with school personnel during participation in their child's IEP meeting. Emergent themes arising from parent/caregiver responses to the research questions were analyzed and codified based upon whether the reported parent and caregiver perceptions promote collaborative decision-making with IEP team members. Chapter 2 provides a comprehensive review and description of the evolution of SDT as a theoretical construct from derivation to modern-day applications in education and psychology. Chapter 2 also examines how AT as a theoretical construct can be used to understand how persons engage in social situations and make sense of those situations.

Nature of the Study

A phenomenological approach to examining parent and caregiver perceptions about the impact of caregiver stress on communications, trust, and intent to negotiate during their child's annual IEP meeting was selected for this research. A qualitative research methodology was selected because it enabled the researcher to understand the identified phenomenon from the perspectives of lived experiences communicated by key informants selected for participation in the study.

The key phenomenon studied in this research, parent and caregiver engagement during their child’s annual IEP eligibility determination meeting, is a complex phenomenon that was experienced differently by the participants in this research. The use of a phenomenological research approach ensured that parents and caregivers had the opportunity to describe how each of them experienced engagement in their child’s IEP meeting.

Parents and caregivers’ descriptions of the IEP meeting generated narratives which were analyzed and grouped. The analysis and codification of that data was used to enhance the researcher’s understanding of the IEP experience from the perspectives of key informants.

Definition of Terms

Definitions of several terms referenced throughout this study were provided for two key reasons. During special education eligibility determination meetings, special educators frequently use specific terms to describe many aspects of their professional functions, including but not limited to assessment, educational planning, instructional strategies, and disability categories. Clarification of these terms through definition will assist readers unfamiliar with special education processes to understand this study. Second, terms may sometimes assume multiple definitions, so the provision of the researcher's operational definition of terms minimizes the potential for reader misinterpretation.

Individualized Education Plan (IEP): This acronym references the yearly educational plan developed by both school representatives and the parents or caretakers of a child with a disability that identifies the full range of academic goals and objectives, related services, classroom accommodations/modifications, testing accommodations, transportation needs, assessment tools, and school setting in the least restrictive environment (LRE) necessary to promote student progress during a twelve-month period (Kauffman, 2008).

Multidisciplinary team (MDT): This is the collective of stakeholders invested in the educational welfare of a child having a disability that is convened for educational planning and decision-making and that serves to determine the nature and location of a student's educational program and school placement. This body of educational professionals is typically comprised of the parents or caregivers of a child having a disability, a special education coordinator, a school administrator, a minimum of two instructors representing both the general education and special education departments of a school program, a school psychologist, related service providers, community-based professionals having specific knowledge about the student's educational needs, and other individuals, included at the discretion of the parents or caregivers, who are knowledgeable about the student's educational needs (Lo, 2012).

Student support team (SST): This acronym references the team of school-based educators, psychologists, administrators, and related service providers that are assembled to discuss and consider ways to provide additional academic and/or social-emotional supports to students identified as presenting with learning challenges that are too great to be addressed in a general education setting (Lo, 2012).

Related Service: This refers to specialized services such as speech language pathology, occupational therapy, physical therapy, adaptive physical education, and transportation provided to students with disabilities to enhance their ability to access a general education curriculum (Ming-Hui & Rust, 2013).

Eligibility determination: The process whereby members of an MDT review and discuss a compilation of empirical and psychometric data, student history, and anecdotal information to determine whether a student meets the criteria to receive special education services (Lo, 2012).

Referral process: The process whereby parents or caregivers make a formal verbal or written request for school assistance in determining whether a child has a disability (Lo, 2012).

The least restrictive environment (LRE): Federal law (Individuals with Disabilities Education Act) mandates that schools make every effort to educate students with disabilities alongside their non-disabled peers and that they exercise the option of total removal of disabled students from a regular education setting as a last resort if and only if the severity of a student's disability is not sufficiently mitigated by supplementary aids and services to enable that student's access to the regular education curriculum (National Association of State Directors of Special Education, 1987).

Reauthorized Individuals with Disabilities Education Act (2004): Legislation originally passed in 1975 and subsequently amended and reauthorized in 2004 that affords every student with a disability the right to a free and appropriate public education (Aron & Loprest, 2012).

Individuals with Disabilities Education Act (IDEA) (1975): Federal legislation that ensured the right of children with disabilities to attend public schools and to have their educational needs met at no cost alongside non-disabled students (Aron & Loprest, 2012).

Section 504 of the Rehabilitation Act of 1973: Federal legislation that prohibited organizations receiving federal funding from discriminating against persons with disability in education, housing, and employment (Aron & Loprest, 2012).

Parents: This term refers to any person who has legal guardianship over a minor (IDEA, 2006).

Disability classification: For purposes of this study, this term refers to students having one or more of the following conditions: intellectual disability (formerly known as mental retardation), specific learning disability (SLD), emotional disturbance (ED), Other Health Impairment (OHI), developmental delay (DD), autism, and schizophrenia (National Association of State Directors of Special Education, 1982). *Attention deficit hyperactivity disorder* (ADHD): A neurocognitive disorder that is characterized by raised levels of inattention, hyperactivity, and impulsivity (Cullinan, 2004).

Assumptions

1. Research participants/respondents will present honest personal accounts of their interactions with school personnel during participation in their child's annual IEP eligibility meeting.
2. The similar demographic profiles shared by participants suggest the existence of similarities in both social and educational values.
3. The researcher is the primary instrument of data collection and will conduct this inquiry with integrity while maintaining awareness of personal biases.
4. Parents/caretakers in this study experience caregiver stress.

These assumptions were necessary for one key reason. A primary hypothesis of this research was that because single African American parents and caregivers may have experienced IEP meeting communication differently due to the influence of caregiver stress, some participants might portray themselves as not having been unfavorably influenced by caregiver stress and may have refrained from providing answers they believed would tarnish their image.

Scope and Delimitations

The primary purpose of this phenomenological study was to construct meaning from the experiences of single African American parents and caregivers as described after participation in their child's annual IEP eligibility determination meeting. Data collection procedures were limited to the administration of a 15-item demographic information questionnaire and parent and caregiver response to four guiding research questions.

The sample size for this research consisted of twenty-four African American parents and caregivers from Ward 8 in the District of Columbia. Because of the sample size, study design, and sampling procedures of this research, caution was exercised not to generalize research findings to other ethnic groups and other locations in which similar research has been conducted.

The use of SDT and AT as theoretical lenses through which to interpret and codify qualitative data was believed to be more effective than the use of a single theory to explain the phenomenon observed in this study. Other theories such as caregiver stress theory and swift trust theory could have been used in this study but contained theoretical assumptions that would have prevented this researcher from focusing on parent and caregiver perceptions of their child's IEP eligibility. For example, caregiver stress Theory, as described by Tsai (2003), examines the origins of caregiver stress but assumes that caregiver stress arises from caring for chronically ill individuals. Swift trust theory (Meyerson, 1996) posits that trust may develop within temporary organizational groups (e.g., IEP teams) but that trust must be assumed at the outset of those groups, and those assumptions may be challenged and reformed after group participation. The effects of caregiver stress on participants in this study cannot be assumed at the outset and is best reflected in the personal descriptions of IEP meeting engagement provided by parents/caregivers.

Limitations

There were several limitations of this research that suggest that the results should be viewed cautiously. First, the use of purposive sampling and the selection of a relatively small sample size were deemed useful in examining the attitudes of single African American parents and caregivers relative to their child's IEP meeting. Because this research was conducted in a small geographical region within Washington, D.C., the researcher refrained from generalizing the findings of this study to parents and caregivers with similar demographic profiles residing in different locales. Second, the use of a relatively small sample size of only twenty-four participants was another limitation that justified the use of caution in reviewing results. A larger sample would have yielded more generalizable findings about the perceptions of parents and caregivers during participation in their child's IEP meeting. Third, because participants in this research attended their child's IEP meeting between August 2019 and February 2020, it was important to note that the time which transpired between participants' IEP meeting attendance and participation in the study may have impacted their recollection of events occurring during the IEP meeting.

There were limitations in the data reflected in the demographic information sheet and the parent/caregiver responses to the research questions. Although these assessment tools exposed aspects of parent and caregiver perceptions about their children's annual IEP meetings, there were other facets of their meeting experiences that were not captured. Researcher observations of study participants during initial meetings which included administration of the demographic information forms, and participant responses to the research questions were not recorded.

To establish the trustworthiness of this research endeavor, this researcher remained mindful of personal values and biases that might diminish the credibility and/or transferability of the research findings. This researcher bracketed and referenced these potential sources of bias throughout the research process to minimize their impact on the research.

Significance of the Study

This research intended to explore parent and caregiver perspectives regarding the impact of caregiver stress on the communications, trust, and intent to negotiate exhibited by single African American parents and caregivers during their child's annual IEP eligibility meeting. The overrepresentation of African American youth among students diagnosed with behavioral/emotional disabilities and/or intellectual disabilities is well documented. In his research on the disproportionate representation of minority students in special education nationwide, McKenna (2013) revealed that although African American students comprised 17% of public-school students in the U.S., they were disproportionately represented among the ranks of all public-school students receiving special education services under the disability classification of emotional disturbance. Ford (2012) found that although black students represented 17.13% of all minority students attending public schools in the United States, 32.01% of them were identified as students with intellectual disability (ID), 28.91% were identified as students with emotional disturbance (ED), 20.66% were identified as developmentally delayed, and

20.23% were identified as having a specific learning disability. African American males were found to be the most over-represented minority group in disability classifications of ED and ID when compared to Hispanic Americans and other minority groups nationwide (Ford, 2012). The disproportionate representation of African American students in special education is also a reality in the District of Columbia Public School system. According to enrollment statistics reflected on the District of Columbia's 2016 website homepage, African American students constitute 74% of the school system's 48,434 students. The District of Columbia Public School's website unfortunately does not publish information on the breakdown of special education recipients according to ethnicity or ward but does report that 15% of its total enrollment receive special education services. More specifically, 4,522 students are labeled as having a specific learning disability, 1,478 students are reported to have an emotional disturbance, and another 1,400 students have multiple disabilities. Because the majority of District of Columbia public school students are African American, the disproportionality of African American students receiving special education is to be to be assumed.

McKenna (2013) revealed that when compared with Caucasian students, African American students are 1.92 times as likely to receive a disability classification of emotional disturbance (ED). Kafele (2012) reported a high school graduation crisis among African American males as reflected in a 47% graduation rate nationwide as compared to graduation rates of 57% among Hispanic males and 75% among Caucasian males. These disparities suggest the likelihood of inequities in the special education identification and determination processes.

An examination of how African American parents/caretakers engage with school staff during IEP meetings may help to illuminate specific impediments that diminish prospects for good communication, participant trust, and collaborative decision-making during IEP meeting negotiations. Additionally, this research contributed to existing scholarly literature through the exploration and identification of protective factors, which provide a firm foundation on which to establish productive relationships between parents and caregivers with disabled children and school personnel.

The focus of this research project is significant for several reasons. First, this study closely examined the response of a unique population, single African American parents/caretakers, to a process (annual IEP eligibility determination meetings) that can have important social and psychological implications for adolescent youth with emotional, learning, and behavioral disabilities. The study of this population in the Ward 8 region of Washington, D.C. assumed even greater importance given the increase of single African American mothers as heads of households with diminishing incomes as outlined in the D.C. Department of Health's Ward 8 Profile of Health and Socioeconomic Indicators (2015). Additionally, Harry & Klingner (2006) and Zoints et al. (2003) revealed that cultural differences between African American families and school staff can often result in the emergence of misconceptions about the support that families desire and value from school administrators. This implies that research aimed at identifying ways to bridge differences between parents. caregivers and school personnel in ways that promote greater collaboration can improve prospects for successful educational outcomes for special-needs students. Although the District of Columbia Public Schools declined participation in this study, the perspectives of parents and caregivers on their IEP meeting participation yielded insights about how to improve the relationship between parents, caregivers, and school personnel. Second, research on the relationships between parents and caregivers having children with special needs and schools has primarily examined structural barriers to negotiations during the special education eligibility process but has rarely looked at the effects of a single interpersonal factor—caregiver stress—on how parents and caregivers engage during the IEP meeting. Third, while researchers have extensively examined the role of culture in the relationships forged between schools and families relative to special education matters, little was known about the perspectives of participants in this study on the IEP meeting experience. This research fills a gap in the literature by exploring the impact that caregiver stress has on single African American parents and caregivers with special-needs children during IEP meeting participation.

Summary

Scholarly literature is replete with studies that examine the composition, function, and outcomes of IEP teams in their efforts to determine the eligibility of students to receive specialized instruction and related services. The significance of this study was that there was a dearth of literature that examined the role of caregiver stress on single,

African American parents and caregivers engaged in their child's IEP eligibility meeting. Given the widely documented overrepresentation of African Americans and other minorities among the ranks of students receiving special education nationwide reported by Sullivan (2011), it is important that additional research be done to examine the impact of caregiver stress and other factors on parent and caregiver engagement with school personnel. This study focused on parent and caregiver communication, trust, and intent to negotiate with school personnel during their child's annual IEP eligibility meeting. Improved understanding of how parents and caregivers perceive the impact of caregiver stress on trust, negotiation and communication during the IEP meeting may inform efforts to improve relationships between parents/caregivers and school personnel both during and after the IEP meeting. Improved meeting communications between parents, caregivers and school personnel may result in more collaborative decision-making and better academic outcomes for students.

This study fills a gap in the literature by having examined the unique perspectives of parents and caregivers on their IEP meeting experience and school personnel efforts to foster partnership during their child's IEP eligibility meeting. The extant literature on parent and caregiver participation in IEP meetings typically focused on structural barriers to full parent participation in IEP meetings. This study also promoted the identification of protective factors that served to foster enhanced home/school communication and improved IEP meeting outcomes that can provided a foundation on which to develop future school-based strategies designed to strengthen home/school alliances. Improved IEP eligibility meeting outcomes enhance the potential for greater home/school consensus around the implementation of academic and social-emotional supports for students who are at-risk academically and behaviorally. Katsiyannis, et al. (2008) and Krezmien et al. (2008) reported that without sound educational support resulting from effective home/school collaboration and clear school-based behavioral expectations, atrisk students would remain at greater risk for delinquency, recidivism, and other negative outcomes.

Chapter 2 reviews scholarly literature on Attribution theory and self-determination theory as they relate to the engagement of parents and caregivers during the annual IEP eligibility review meeting. The chapter examines these theoretical constructs in ways that help to elucidate the influence that caregiver stress has in shaping parent and caregiver engagement during the IEP eligibility determination meeting. Additionally, these constructs facilitate the interpretation of qualitative data obtained during this study. This chapter also reviews extant literature on caregiver stress, family/caregiver inclusion in IEP meetings, the disproportionate representation of African American students in special education, and the impact of single parenting within African American families. Chapter 3 provides an overview of research design, methodology, data analysis plan, threats to validity, and ethical procedures.

Chapter 2:

Literature Review

This chapter contains an exploration of the constructs of SDT and AT as reflected in the scholarly literature of educational psychology and research studies. These constructs are examined in the context of the problem addressed by this research: the impact of caregiver stress on how single African American parents and caregivers perceive communications, trust, and intent to negotiate with school personnel during an annual IEP eligibility determination meeting on behalf of their sons. Additionally, extant literature on the effects of caregiver stress on caring for a child with a disability and the experiences of African American and other culturally and linguistically diverse families during IEP meetings shall be reviewed.

A review of the literature on the two theoretical constructs used in this research was amassed by referencing pioneering studies conducted prior to 2008. SDT and AT, as represented in scholarly literature and contemporary research projects, provided a solid theoretical foundation for proceeding with this research and for analyzing research results. The key words used to direct the searches for academic literature were self-determination theory, attribution theory, special education, individualized education plan (IEP), eligibility determination, disabilities, disproportionate representation, disability classification, inclusion, mainstream, caregiver, and racial identity. Additionally, references to the research purpose statement, research design, social change implications, and research questions were instrumental in shaping the direction of this search process.

Literature Search Strategy

The information compiled in this literature review was obtained from multiple sources. Books, doctoral dissertations, and peer-reviewed journal articles pertinent to self-determination theory, sense of belonging, attribution theory, and issues pertaining to special education served as the primary sources of information. The information extracted from these sources was supplemented by reference to documents that define federal guidelines for disability categories, documents about the special education eligibility process within the District of Columbia Public School (DCPS) system, and documents that examined the key theoretical constructs of sense of belonging, self-determination, and attribution of interpersonal power. Another key resource in this chapter was utilization of online research databases. Among the Walden University, Behavioral Studies and Psychology databases accessed were Psych Book, Psych Info, Psych Articles, Psych Tests, and Psychology: A Sage Full-Text Collection. Studies referenced in this chapter were reviewed and referenced with emphasis on the characteristics of their research designs, data collection methods, data analysis, research findings, and recommendations for the direction of subsequent research efforts.

Theoretical Foundations

The contributions of SDT and AT as the theoretical foundations of this research project are considerable. An understanding of the origins, contemporary applications, and evolution of each of these theories assisted the reader in understanding how caregiver trust and other factors impact parent and caregiver communications, trust, and intent to negotiate with school personnel during their child's annual IEP eligibility determination meeting.

The theoretical origins of SDT may be traced back to the Functionalist and Behaviorist movements in modern psychology. Theorists of the early 20th century demonstrated an understanding of motivation rooted in humanity's quest to remain secure and safe through the satisfaction of physiological drives such as hunger, sex, and pain avoidance (Hull, 1943). In this way, human motivation was believed to be driven basically by extrinsic factors. As behaviorism became the prevalent school of thought during the mid-20th century, motivation, as described by Skinner (1953), was understood as an outgrowth of a human being's yearning to have their efforts met with favorable outcomes. Human behavior in this view was believed to be influenced by the possibility of either threat or reward, which maintained the assumption that behavior is extrinsically motivated. With the evolution of behaviorism and the increasing reliance of behaviorists on empiricism, behaviors were observed that could not be explained by the supposition that extrinsic motivation was the sole causative factor. Psychologists hypothesized that some behaviors emanated from forces within the individual.

The evolution of behaviorism and the concomitant rise of humanism spawned the emergence of theories of motivation that made provisions for the coexistence of both intrinsic and extrinsic motivation. Abraham Maslow’s well publicized “Hierarchy of Needs" suggested that he embraced the importance of prioritizing human needs and understood that fulfilled individuals were motivated and successful in meeting their essential needs in order of priority (Maslow, 1943).

Edward Deci and Richard Ryan, generally regarded as the fathers of contemporary SDT, fashioned a theory of motivation that explained how environmental influences served to shape the motivation of individuals in ways that met their key psychological needs and influenced efforts to achieve personal goals (Deci & Ryan, 2008). These theorists differentiated between intrinsic and extrinsic motivation, thereby providing a frame of reference from which to examine how motivation could be shaped by human relationships, autonomy, and competence (Deci & Ryan, 2008). Contemporary SDT research reflects many parallels between key theoretical elements of Deci and

Ryan’s conceptualization of SDT as they relate to the connection between motivational level, willful parent activity, and successful outcomes as parents advocate for their special-needs children within educational settings.

There is limited research examining how parents and caregivers view self-determination as exhibited during participation in their children’s annual IEP meetings. Shogren (2012) conducted research that examined the perceptions of seven Latino mothers of children with severe developmental disabilities. The research was intended not only to explore these mothers’ perceptions about self-determination as an outcome of their child’s school-based transition activities, but also to explore how they perceived self-determined behavior in schools as they advocated for the development and adoption of IEP transition goals for their child.

A primary criterion for the researcher’s selection of the seven participants in this study was that each of the mothers was determined to be actively involved in advocating for their child’s special education needs at school. Each of the research subjects volunteered to participate in interviews of 2 to 3 hours with the researcher during which they talked extensively about their perception of the role that self-determination played in their child’s transition activities at home and at school. The data gathered from parent interviews resulted in the emergence of several themes, including parent definitions of self-determination, the creation of school-based opportunities for self-determination, the cultural influences of self-determination, and disparate views about self-determination between the mothers and school personnel (Shogren, 2012). Research subjects reported that cultural differences in how they perceived self-determination compared with school personnel led to disagreements with school personnel about appropriate educational goals for their children. For example, Shogren (2012) reported that mothers participating in the study hoped to promote the development of educational goals that fostered interdependence of their children at school, whereas school personnel preferred the development of educational goals that promoted students' independence. As these mothers became more adamant in promoting the development of educational goals reflective of student interdependence, they perceived that school personnel became less respectful of their perspectives. Conflicts between these mothers and school personnel arose, which challenged parent initiatives taken during educational planning for their child. Consequently, this approach makes collaborative educational decision-making between parents and school personnel more difficult (Shogren, 2012).

Abernathy and Bingham (2009) expanded the concept of self-determination to include parents and caregivers of children with special needs by embarking on research that resulted in the development of activities intended to educate parents about topics germane to special education. The expanded concept of SDT also served as a catalyst for parent and caregiver insights about ways to enhance self-advocacy skills while better coping with the stresses of having a child with a disability.

The parent activities toward healthy self-determination (PATH) was a test developed by Abernathy & Bingham (2009) that enabled parents and caregivers with a school-aged disabled child to assess knowledge of their child's disability, personal competency in advocating for their child, and resilience in coping with their child's disability. In developing this assessment, Abernathy & Bingham (2009) anticipated that parents and caregivers would be more receptive to using PATH if allowed to participate in its development and to score their assessment results.

PATH is comprised of three 10-item surveys that allow parents and caregivers to self-assess their competence in coping, knowledge, and advocacy domains by providing responses of *true* or *false* to each question. Questions in each of the surveys are intended to identify parent and caregiver beliefs and behavior regarding personal resilience in coping with a child's disability as well as parents'/caregivers' special education knowledge and advocacy on behalf of their child. The PATH tool's small size and use of respondent self-assessment to gather data compromise the reliability of the instrument. Consequently, I opted to use focus groups and questionnaires to gather data from participants in this study.

LaGuardia and Patrick (2008) asserted that SDT provides a critical tool with which to understand what drives individuals' behavior within personal relationships. Rather than focusing exclusively on interactional behavior in the context of what separates or attracts individuals to one another, LaGuardia & Patrick (2008) suggested that additional effort should be focused on the study of motivation underlying interactive behavior to understand how people attempt to meet their three core psychological needs – competence, autonomy, and relatedness. In this way, rather than assessing the quality of relationships based upon apparent emotional distance or proximity, group behavior could be researched and understood in terms of how motivation was tied to the attempt to satisfy specific needs.

Wehmeyer's (2003) theoretical conception of SDT also underscored the importance of autonomous action and viewed the major appeal of the theory primarily in relational terms. By carefully identifying the differences between healthy autonomous action and action motivated by self-interest, Wehmeyer laid the groundwork for later research that focused on the interplay between motivation, human behavior, and the quest to satisfy core psychological needs as individuals grow from dependence to relative independence (Wehmeyer, 2003).

Anderson et al., (2000) provided a theory of motivation that described human behavior as significantly influenced by the types of attachments that human beings form with one another. Their theory of motivation influenced Deci and Ryan's SDT, and that influence is prominently reflected in Deci and Ryan's inclusion of the concept of relatedness in their more recent formulations of SDT. Deci and Ryan's theory of SDT evolved with the integration of precepts described by Anderson et al. (2000) about the role of relationships in shaping human motivation with their theories about the influence of intrinsic and extrinsic motivation in shaping behavior. Deci and Ryan's (2008) re-conceptualized theory of SDT described human behavior as influenced by a continuum of motivational states rather than as a dichotomous construct in which behavior is shaped by intrinsic or extrinsic motivation. Moreover, their re-conceptualized theory of SDT demonstrated how behavior is influenced by psychological needs and environmental influences.

SDT as outlined by Deci and Ryan (2008) provided a dynamic theory of motivation that examined how human behavior is shaped within the context of a social milieu, which bodes the potential to support individuals in ways that promote the maximization of their potential in any number of personal activities. One of the important dimensions of this contemporary formulation of SDT theory is an a-priori assumption that individuals who function within social contexts are inherently motivated to understand others who also function within that context in very specific ways (Deci & Ryan, 2008).

The research undertaken by Guay et al., (2008) reviewed patterns reflected in a compilation of studies intended to determine the impact of influences on the motivational trajectories of high school and college students. Guay et al., (2008) found that the defining characteristics of students' contexts as they relate to both the structure and level of personal support that they received significantly influenced how motivation influenced their behavior. Having been taught by teachers who exhibited an autonomous-supportive style of interaction frequently resulted in students feeling empowered to take on challenging academic tasks and to initiate independent exploration of new learning in related subject matter. Guay et al., (2008) also revealed that parents exhibiting an autonomous-supportive style of parenting were equally likely to influence the motivational styles of their students/children in ways that promoted independent learning and fostered student appreciation for challenging academic tasks. This research also found that parents and teachers who demonstrated autonomous-supportive styles of interaction with students could maximize the outcomes for these students/children by establishing a highly structured learning environment characterized by identifiable objectives, high expectations, and ample resources and supports (Guay et al. 2008).

Another premise of Deci and Ryan's (2008) SDT was that individuals who function within a social context are endowed with specific psychological needs that must be addressed if they are to realize their potential as self-actualized persons. Ratelle et al. (2007) conducted research on German university students and found that increased levels of autonomous motivation within a classroom setting yielded significant personal and social outcomes. Ratelle et al. learned that students who demonstrated higher levels of self-determining motivation exhibited more positive emotions and higher levels of subjective well-being among their classroom peers. Another important psychological benefit demonstrated by these students was increased retention of information and the capacity for more creative applications of learned information (Ratelle et al., 2007). These findings are consistent with Deci and Ryan's (2008) assertion that a dynamic interplay exists between core psychological needs and the achievement of a self-determined state.

The core psychological needs that must be satisfied for individuals to achieve a state of self-determination characterized by success and well-being are competence, autonomy, and relatedness (Deci & Ryan, 2008). Deci and Ryan's formulation of SDT suggests that effective analysis of a social context involves examining the extent to which that context creates an atmosphere conducive to meeting the basic psychological needs of its members. Ryan and Niemiec (2009) corroborated Deci and Ryan's beliefs about the role of social context in addressing core psychological needs in their supposition that the social context in which individuals find themselves wields enormous power to influence motivation and behavioral outcomes in both constructive and destructive ways.

The connection between social context and human motivation as envisioned by both Niemiec (2009) and Deci and Ryan (2008) provided an important reference point for assessing how the views of parents and caregivers regarding their child’s educational challenges are shaped by social and environmental influences. The willingness of school personnel to delve deeper into how the views maintained by parents and caregivers take shape has the potential to create opportunities for greater collaboration during the eligibility meeting process.

Satisfaction of individuals’ needs for competence, relatedness, and autonomy, the core psychological needs in SDT, holds important implications for how people function within the environments in which they find themselves and how they develop psychologically over time. Sheldon & Gunz (2009) reported that if the basic mental needs of SDT go unmet, persons are likely to develop restorative responses aimed at meeting those needs which may impair their ability to function optimally in their environment. For example, persons denied opportunities to function autonomously will frequently act out their desire for social experiences while failing to reap the psychological dividends resulting from autonomous action (Sheldon & Gunz, 2009). The research of Sheldon and Gunz (2009) underscored the importance of schools’ outreach efforts aimed at educating and empowering the parents and caregivers of students with special needs about the special education eligibility process. By educating parents and caregivers about policies and practices guiding the IEP eligibility meeting and by maximizing opportunities for parent and caregiver participation, parents and caregivers are more likely to approach the meeting with a greater sense of self-determination. This diminishes prospects for parent and caregiver alienation and opposition to deliberations resulting from decisions made during the meeting (Sheldon & Gunz, 2009).

SDT research in some schools has revealed that teachers gained as much psychological benefit from functioning within a school that supports autonomy for them as did the students. In their efforts to identify those instructional strategies most likely to result in successful student outcomes for special needs students, Skinner et al. (2009) examined teachers' use of academic case study review sessions of several special needs high school graduates that demonstrated different post-graduation trajectories. Skinner et al. (2009) revealed that teachers were directed to use case study review sessions to identify classroom characteristics, teacher learning modalities, and teacher interventions that were most often associated with favorable student outcomes. Research findings affirmed the importance of autonomy as a vital psychological need for teachers. Skinner et al. (2009) found that the ability of teachers to deviate from preconceived curriculum content and to improvise in their creation of more individualized methods of presenting and assessing student knowledge was highly liberating and frequently led to more favorable student outcomes. Another psychological benefit resulting from this research was the teachers' collective sense of relatedness and well-being in having successfully shared strategies that led to the identification of strategies that enhanced post-graduation success (Skinner et al., 2009).

While SDT research has established that individuals with sufficient environmental supports are more likely to meet their core psychological needs and to thrive, there is evidence to suggest that persons in need of excessive support within a social context have unmet psychological needs. These unmet needs may potentially thwart personal growth and perpetuate excessive dependence on other individuals (Deci & Ryan, 2008). For this reason, Deci and Ryan (2008) emphasized the importance of social contexts possessing sufficient supports to facilitate the growth and integration of its individual inhabitants.

Deci and Ryan (2008) posit those social contexts that afford inhabitants sufficient supports have a high probability of meeting persons' core psychological needs as described in SDT. Environments lacking in sufficient social and emotional supports stand a greater chance of producing persons that experience various forms of maladaptive behavior. The underdeveloped psychological and social functioning that is exhibited by persons exhibiting this form of maladaptive behavior diminishes self-esteem, produces feelings of powerlessness and leads to identify crises (Ryan & Deci, 2008). Ryan and Deci's explanation of the importance of environmental supports in psychological wellbeing is particularly important in understanding the potential of some study participants to adopt suboptimal views regarding their involvement in the IEP eligibility process. Because the parents/caregivers who will participate in this research are from culturally and linguistically diverse backgrounds, Jung (2011) reveals that they are likely to face obstacles from school personnel stemming from differences in communication style and values. These differences can frustrate their efforts to assert themselves during IEP meetings. The perceived lack of school support by parents and caregivers may lead to feelings of powerlessness that negatively impact meeting outcomes.

Ryan and Deci (2008) describe autonomy as arising from how individuals perceive the cause of events in their lives to have occurred from external or internal processes. Ryan and Deci (2008) define autonomy as the individual exercise of personal choice in ways that affirm the inner desires and drives of a person. They also assert that autonomy is preserved to the extent that persons are successful in adjusting to changes in the social context and the internalization of a value and regulatory system that allows for adaptations to changes occurring within their environment.

The satisfaction of competence as a psychological need is achieved when the individual continuously receives esteem-building and affirmative feedback from the social environment in which s/he exists (Ryan & Deci, 2008). Competence is defined as the sense of efficacy achieved during the execution of desired tasks, which leads to affirmative and esteem-enhancing feedback from other individuals (Ryan & Deci, 2008). The third psychological need proposed by Ryan and Deci (2008), relatedness, was defined as an individual's acquisition of meaningful and enduring relationships with a core group of persons with whom stable relationships have been achieved. Deci and Ryan (2008) also found that individuals with a secure relational base that were afforded opportunities for autonomy typically satisfied their psychological need for connection with other persons.

SDT provided an important conceptual tool with which to undertake this study. Recent research established that there is a strong connection between the types of motivation that compel individuals to action and the attitudes they adopt toward the individuals with whom they interact (Overstreet et al. 2005). Sheldon and Schuler's (2011) understanding of the social and emotional connections that bind individuals together warrants the use of a theory that provides a framework for examining the dialectal relationship between individuals. More specifically, Sheldon and Schuler (2011) offered that individual behavior was greatly influenced by different underlying motivations arising from the types of supports available to persons within their social milieu.

Ryan and Deci's (2002) formulation of four basic sub theories of SDT – organismic integration theory (OIT), causality orientations theory (COT), cognitive evaluation theory (CET), and basic psychological needs theory (BPNT) – enhanced researchers' ability to examine how locus of control, social context, psychological need, and personal attributions shape the motivations behind individuals' actions.

OIT as a sub-theory of SDT achieves important practical objectives and promotes understanding of how parent and caregiver perspectives in this research may change from the impact of external factors (e.g., school's family outreach, school staffs' attitudes towards special education, knowledge of special education, etc.). OIT suggests that the phenomenon of extrinsic motivation is not a singular event but rather a continuum of events during which the regulation of behavior is influenced by a range of emotional states. Extrinsic motivation may begin with a lack of motivation (amotivation) and conclude with an optimal state referred to as integration. OIT as defined by Deci and Ryan (2008) has important implications for this study regarding how parents and caregivers perceive factors influencing their IEP meeting participation and how those factors influence their motivation and engagement with IEP team members. Based upon

Deci and Ryan's (2008) description of OIT, parents and caregivers demonstrating increased levels of motivation to participate in their child's IEP meeting would behave in ways that promoted greater school/family collaboration.

Ryan and Deci's (2002) cognitive evaluation theory (CET) provides a frame of reference for understanding how parents'/caregivers' assessment of the social context in which the IEP eligibility meeting occurred shaped their intrinsic motivation to engage in that process. Their theory warranted that attention be devoted to how the culture and policies of the school personnel impacted the motivation of parents and caregivers to engage in that process. During the researcher's initial meeting with study participants, they will learn about the nature, scope, and objectives of the proposed study, provide signed consent for release and authorization forms, complete a 15-item demographic questionnaire and share impressions or concerns about the proposed study. During the exit focus group, parent and caregiver perceptions of the factors influencing participation in their child's IEP meeting shall be reflected in the thick, rich descriptions of the IEP meeting they provide during the focus group convened at the end of the study. Detailed descriptions of their IEP meeting participation will assist in identifying those factors that influenced meeting participation while also providing an understanding of aspects of school culture tied to communication and home/school relationships. Application of Ryan and Deci's description of CET suggests that parents and caregivers who perceived fewer factors impeding IEP meeting participation would view the IEP meeting as a supportive social context that was conducive to family/school collaboration.

Deci and Ryan’s (2002) causality orientation theory, if used in this study, would examine how personality type influences the drives, actions, and choices exercised by parents and caregivers during the study. Because this phenomenological study examines the perceptions of parents and caregivers about their IEP meeting experience, it is difficult to determine how the personality types of those study participants impact their drives and personal choices unless reported during the focus group. For that reason, CET is of limited use in this study.

Finally, Deci and Ryan’s 2002 basic psychological needs theory (BPNT) established the connection between fulfillment of basic psychological needs and the attainment of purposive action propelled by intrinsic motivation. Ryan et al., (2005) researched how emotional reliance on other people would impact how those persons assessed their own capacity for self-determination. Because the primary purpose of this study is to construct meaning from the experiences of single African American parents and caregivers as described after participation in their child’s annual IEP eligibility determination meeting, emotional reliance is not a construct of significance.

Shogren et al. (2008) envisioned STD as a construct that examined dispositional characteristics possessed by individuals who could enhance the quality of their lives through willful action. This conceptualization of self-determination was not limited to specific age groups but was applicable to persons at any point along the developmental continuum. The quest for self-determination as outlined by Shogren et al., required that individuals acquire skills that improved a variety of personal competencies, including decision making, problem solving, goal setting, goal attainment, self-advocacy skills, self-efficacy, and internal locus of control.

Abery (1994) was among the first self-determination theorists that developed an ecological approach to SDT. He theorized that SDT was comprised of three domains: attitudes, knowledge, and skills. Abery and Stancliffe (2003) described the attitude domain as the catalyst for individual action and as a major determinant of how effective persons were in marshaling intrapersonal and environmental resources in pursuit of goal attainment. Self-knowledge, the second domain, referenced individual cognizance of those personal qualities that can be used in service to goal attainment. Procedural knowledge and skills, the third domain, describes the self-determined individual's ability to navigate the environmental demands of a challenge and to demonstrate an understanding of how to access supports and resources at hand.

Abery's ecological conception of SDT was evident in the phenomenological research conducted by Frick et al. (2012) on the post-hoc perspectives provided by elementary school principals regarding administrative decisions they made on behalf of special education students. These researchers revealed that in analyzing decisions made on behalf of the students, school principals expressed that they frequently felt torn between acting in the interest of the special needs' student and acting in the best interest of mainstream students. The pressures that the principals felt to include disabled students in mainstream classes and activities significantly contributed to their divided loyalties. The attitudes and knowledge of these principals were challenged by their own concepts of ethical decision-making as well as ecological factors, which strongly influenced them to act in ways that would ensure inclusion of disabled students in mainstream activities (Frick et al. 2012). In situations where it was evident that a special needs student's educational needs exceeded the capabilities of mainstream educators, principals acknowledged great difficulty in making decisions (Frick et al. 2012). The research of Frick et al. (2012) provides insight into the kinds of considerations that influence how school personnel negotiate with parents/caregivers during IEP meetings and how those negotiations can underscore differences in values.

One of the primary shortcomings of SDT apparent in this study is in the dearth of research establishing how cross-cultural influence impacts hedonic well-being relative to other key features of SDT's psychological well-being, including autonomy, competence, and relatedness. While extant research demonstrates that individuals' adherence to cultural values typically correlates positively with autonomy, relatedness, and competence, there is little evidence to suggest that the nature of the relationship between adherence to cultural values and the defining features of psychological well-being are dependent upon how persons perceive them. Studies on SDT revealed that there are differences in the way that distinct cultural groups view and describe hedonic well-being, which makes it difficult to predict how culture impacts autonomy. The broader significance of this shortcoming is that current and future researchers must remain mindful of the importance of rejecting generalizations about the impact of cultural influence on the key markers of psychological well-being.

Implicit in this shortcoming of SDT is the reality that African American parents and caregivers may be impacted by the stresses of parenting a disabled child very differently despite their many demographic and experiential similarities. Differences in how parents and caregivers respond to caregiver stress in addressing their child’s educational needs may make it difficult for them to subjectively assess their own psychological well-being in favorable terms during interactions with school personnel. The parent and caregiver focus group will elicit thick, rich descriptions of their perceptions and understanding of participation in their child’s IEP meeting. Given the diversity among study participants, review of those descriptions may reflect variations in the psychological well-being of study participants.

Attribution theory (AT) provides a theoretical lens through which to analyze those forces influencing the behavior, values, and ideas demonstrated by individuals either singly or within a group framework. The act of drawing causal inferences about the forces underlying human behavior is a complex endeavor that addresses the innately human instinct to make sense of the things that people do and say. The variety of personal interests, motives, styles of conflict, negotiation styles, and the propensity for isolation or alliance formation helps to understand how people see themselves and others during social interactions. The contributions of Fritz Heider (1958) are cited when examining the origins of Attribution theory because Heider is regarded as the earliest and one of the most influential architects of it. Heider (1958) surmised that there were informal rules and patterns of perception and interpretation that provided an understanding of how causal inferences were made about human behavior. A strong adherent of a common-sense approach to understanding the psychology of Attribution theory, Heider (1958) claimed that causal inferences typically arose from the perception that some internal characteristic of a perceived subject was the underlying cause of behavior. Heider also proposed that only two loci of causation, internal or external, were factored into an assessment of why an individual behaved or thought in specific ways. Heider theorized that individuals tend to perceive behavior as either normative or counter-normative, and such categorization significantly instructs the causal attributions made about the behavior or disposition of the observed.

Weiner (1995) expanded Heider's formulation of AT and developed a theory that emphasized how emotion and motivation incline individuals to describe their experiences in terms of success or failure. Weiner's AT was particularly well suited for the study of personal achievement in academia and other organizations. In his examination of studies on achievement as influenced by emotion and motivation, Weiner (1995) postulated that individuals that made positive attributions tended to feel successful and that success-oriented emotions often yielded motivations resulting in successful outcomes. Moreover, Weiner (1995) claimed that in attempting to understand the causal attributions made by persons about a phenomenon, it was important to consider the locus, stability, and controllability of causality. Successful achievement outcomes are often manifested within individuals with an internal locus of control who perceive themselves as having control over causality and acting within a stable environment (Weiner, 1995).

Kelly (1993) adopted the basic tenets of Heider's formulation of AT but undertook a more expansive look at the interplay between internal and external causation as it influenced behavior. Although Kelly's contribution to the expansion of AT is not contemporary, the importance of his expansion of Heider's formulation of AT and modern scientific evidence of the influence of his formulation of AT warrants closer examination. A basic premise of Kelly's (1993) expanded theory of attribution was that causal inferences about the behavior of others arose from how individuals perceive themselves and others. Kelly's expanded version of AT became known as variation theory because of his hypothesis that a singular effect may at first be perceived as the cause of specific behavior. In this way, Kelly believed that it was possible for multiple effects of behavior to be perceived as the primary effect, depending upon the time when that behavior was observed and the context in which it was observed.

Kelly (1993) described a second important factor that must be assessed as a prelude to making causal attributions. Consensus information, the extent to which individuals perceive behavior in different situations in similar fashion, is another important predictor of the kinds of causal attributions that individuals make. A third measure which Kelly believed had predictive value in determining the type of causal attributions that individuals make upon perceiving behavior is distinctiveness. Distinctiveness was described by Kelly as the extent to which individuals respond to different types of dispositional and environmental stimuli. Each of the three factors which Kelly felt potentially influenced causal attributions impacted the attributions made by parents and caregivers about school administrators and special educators in this study.

Kelly's attribution theory has relevance to this study in its ability to inform the interpretation of focus group descriptions of factors that influenced parent and caregiver participation in the IEP meeting. In the interpretation and subsequent categorization of parent and caregiver focus group responses to questions about factors influencing IEP participation, the researcher can identify those factors that had the greatest influence on them during participation in the IEP meeting.

Attribution theory has significant explanatory value in its examination of why individuals perceive and react to other individuals or groups of individuals assuming causal inference. Fiske and Taylor (1991) instruct those attributions are most likely to be made to a perceived individual when the exchange between the perceiver and the perceived creates a degree of uncertainty about the outcomes from that exchange. Fiske and Taylor (1991) explain that the uncertainty that results from such exchanges creates a need for the perceiver to control the exchange and to have a reasonable chance of predicting the outcome of that exchange. This theoretical premise has important applications when individuals or groups engage in meetings (formalized exchanges) during which exchange outcomes are not predictable. One of the limitations of this premise is that there is little scholarly literature on the types of attributions made when there is variation in the level of uncertainty during exchanges.

Attribution theory may be a useful tool that assists interpretation of parent and caregiver themes that emerge during the interview and focus group portions of this study. Important insights can be gained about how pre-meeting levels of caregiver stress influenced parent and caregiver willingness to negotiate with and trust school personnel during the IEP eligibility review meeting.

The utility of AT in research has been primarily in helping social scientists to gain improved understanding of human behaviors as mediated by the personal bias and intentionality of onlookers. While recognition of the scientific benefits of this theory was significant, it was equally important to identify the theoretical and methodological limitations that potentially impacted the applicability of the theory in research.

Literature Review Related to Key Variables and Concepts

In addition to examining the theoretical relevance of SDT and AT to this research project, it is also important to review extant literature about the relationship between caregiver stress and parenting a child with a disability, as well as to provide confirmation of the dearth of literature on the IEP experiences of African Americans and other culturally and linguistically diverse families.

The demands of parenting a child with a disability can substantially elevate levels of caregiver stress. Parent and caregiver engagement in a child’s annual IEP eligibility determination meeting is filled with uncertainties, which can increase caregiver stress and make meaningful parent and caregiver participation a challenge (Lo, 2012). In their study of 109 mothers, having children ages 8 through 12 with Attention Deficit Hyperactivity Disorder, Whalen et al., (2011) used electronic diaries to monitor maternal stress response to fluctuations in child behavior and mood at half-hourly intervals during a seven-day period. These researchers found elevated levels of caregiver stress in all respondents but noted that the maternal response was strongly associated with the severity of the behavior or mood observed. Whalen et al. (2011) reported that elevated parent and caregiver stress had also been associated with several other unpleasant outcomes, including discordant parent-child relationships and diminished health of the parent and caregiver. In their implementation of a mindfulness-based stress reduction program for the caregivers of individuals with developmental disabilities, Bazanno et al. (2013) examined levels of caregiver stress among 76 caregivers to individuals with a variety of developmental disabilities. The researchers found that parents/caregivers all exhibited varying degrees of diminished quality of life and other adverse psychological effects. The researchers also found that there were distinct differences in caregiver effects based on the severity of the disabilities of those they cared for. For example, the caregivers of persons with developmental disabilities such as autism spectrum disorders, cerebral palsy, and epilepsy were more likely to evidence pervasive symptoms related to adverse mental health and physical symptoms. Parents/caretakers having children with less severe disabilities were found to evidence less significant impacts on quality of life and health indicators.

Out of concern for the reported decreased levels of physical and psychological health among caregivers to disabled persons, Athay (2013) used the Satisfaction with Life Scale (SWL) in her study of 383 adult caregivers to youth with emotional, behavioral or substance abuse disorders. Her primary objective in conducting the study was to assess the association of youth symptom severity with caregiver satisfaction. Athay (2013) found that those caregivers who were entrusted with caring for youth with clinically significant challenges consistently demonstrated lower levels of life satisfaction for the duration of the youths' treatment as compared with non-caregivers. The study led to

Athay's finding that symptom severity of the youths being cared for was frequently a major determinant of caregiver life satisfaction. More specifically, the researcher found that there was an inverse relationship between the initial life satisfaction reported by caregivers and the symptom severity of the youths they served. Further, Athey (2013) reported that caring for a child with mental health issues represents a significant change in life circumstances, which can create considerable stress for a caretaker.

In a qualitative study of professional caregivers assisting persons with learning disabilities who exhibit challenging behaviors, Cudre-Mauroux (2010) examined these direct caregivers' usage of self-efficacy to mediate the effects of caregiver stress. This researcher recruited 10 direct care workers from three different social service agencies located in Switzerland. Cudre-Mauroux (2010) conducted seventy minutes of semi structured interviews with each of the respondents aimed at retrieving ecological data related to a specific encounter each had with their charge in response to a challenging behavior. In assessing caregiver stress and reported feelings of caregiver competency during the interviews, Cudre-Mauroux found that increased levels of self-efficacy were associated with diminished caregiver stress. The researcher employed a case study method to examine how respondents viewed and reacted to the ecological data related to their encounter. In conclusion, this research discovered that respondents who maintained strong self-efficacy beliefs were more likely to view their charge's behaviors as the result of external events, which could be remedied with the appropriate use and identification of resources within that environment. Respondents demonstrating lower levels of self-efficacy evidenced higher levels of caregiver stress and were more likely to attribute their charge's behavior to internal events and circumstances beyond their control.

Cudre-Mauroux's research has implications for the effect of parent and caregiver self-efficacy/self-determination to mediate the impact of caregiver stress. Parents/caregivers can conceivably impact the outcomes of their child's IEP eligibility determination meeting based upon their feelings of self-efficacy going into the meeting. Using Cudre-Mauroux's 2010 conceptualization of the role of self-efficacy in mediating caregiver stress, parents and caregivers must engage in self-inventory prior to the IEP determination meeting to assess their feelings about that meeting from an emotional, cognitive, behavioral, and well-being standpoint. In this way, parents and caregivers who determine that they harbor emotional, cognitive, behavioral, or well-being feelings that cause high levels of caregiver stress can work on replacing counterproductive beliefs with promoting coping efficacy. The success of parents and caregivers in demonstrating coping efficacy during the IEP eligibility meeting should be reflected in themes that emerge in the qualitative data retrieved in this study.

As single African American heads of household contemplate participation in annual IEP eligibility determination meetings on behalf of their child, the extant literature about the participation of culturally and linguistically diverse (CLD) peoples in IEP meetings suggests that many barriers preclude meaningful participation. Wolfe and Duran (2013) reported that during the past decade, no literature review has been done that examines the IEP experiences of CLD families. In a review of the literature on the topic during the past decade, Wolfe and Duran (2013) identified several recurring themes regarding barriers to meaningful IEP participation in the nine studies they reviewed. CLD parents reported being denied information about special education laws, perceiving negative school attitudes toward their child, receiving dismissive responses from school staff after making comments, and being subjected to subtle and blatant forms of disrespect by school staff. In a similar study, Cobb (2013) reviewed 20 articles published in eight reputable journals between 2000 and 2010. The journal articles pertained to the participation of CLD families in the special education process, including IEP meetings. Among the themes identified in those articles addressing the perceptions of African American families through the IEP process, the authors noted that these families felt that a sense of alienation was the greatest barrier to meaningful participation in the IEP meetings.

To expand the literature about the participation of parents with low social economic status (SES) in IEP meetings, Jones & Gansle (2010) recruited 41 parents of special education students in five urban schools located in central Texas to participate in a mini conference. The mini conference was intended to give them opportunities to learn more about the IEP process and to practice communicating information about their children’s educational plans prior to IEP meetings. Parents and caregivers participating in the study received the SES designation based upon educational level and their child’s receipt of free school lunch. Researchers found that parents identified as having low SES as reflected in a parent's educational level and student receipt of free and reduced lunches demonstrated no benefit from participation in the pre-IEP mini conference. Parents with low SES did not evidence improved participation at their child’s IEP meeting despite participation in the mini conference. In the wake of their study, Jones and Gansle (2010) recommended that school administrators create ways to improve the participation of low-SES families in IEP meetings.

Parents and caregivers having African American adolescent males with suspected disabilities were selected for participation in this study in part because of the unique plight of African American male students in special education. Extant literature on this topic is replete with confirmation of the disproportionate representation of African American male students in select disability categories. The Schott Foundation's 2010 50 State Report on Public Education and Black Males, reveals that African American male students are three times more likely to incur disciplinary action in the form of suspension or expulsion than their Caucasian peers. The report also underscored the problem of disproportionality of African American male students in special education as reflected in the revelation that African American male students comprise 20% of all students in the U.S. classified as intellectually disabled, although they only constitute 9% of the student population nationwide. Further, the report revealed that African American and Latino male students comprise nearly 80% of the students enrolled in special education programs nationwide. Kafele (2012) reports that the crisis of disproportionate representation of African American males in special education leads to unfavorable adult outcomes such as unemployment, underemployment, incarceration, substance abuse, and higher rates of mortality. The U.S. Census Bureau (2012) reports that 50% of all African American students in the U.S. live in homes without a father figure present. Kafele (2012) suggests that the absence of a father figure in the homes of African American male students may deny students access to leadership and guidance that may help them to maximize their educational opportunities.

In this study's examination of the subjective experience of African American parents and caregivers who are single parenting an adolescent with suspected disability, it is important to weigh the impact of challenging social conditions on families having students being considered for special education placement. Hibel et al. (2010) studied data from a childhood longitudinal study of kindergarten students during the 1998-1999 school year to identify variables that placed students at risk for later special education placement. They found that social conditions such as being raised in a single parent household or in poverty were risk factors that could result in lower academic and behavioral performance. They also found that these risk factors increased the likelihood of special education placement.

The prevalence of single-parented African American homes and poverty in Ward 8 of the District of Columbia provides fertile ground for recruitment of participants for this study. There is an abundance of literature on the disproportionate representation of minority students in special education and his or her life trajectories, but very little evidence-based research on the subjective experience of their single, African American parents/caretakers. This phenomenological qualitative study will help to construct meaning from the IEP experiences of single African American parents and caregivers as described after participation in their child's annual IEP eligibility determination meeting. An important outcome of this proposed research shall be the identification of those impediments to effective IEP communication, mutual trust and respectful negotiation between parents/caregivers and school personnel.

The U.S. Department of Education’s annual report in 2011 revealed that minority students were becoming the majority population among public school students nationwide. In fact, Ford (2012) did identify African American students as already having become the majority public school population in urban cities like Los Angeles, Atlanta, and Chicago. This growing trend, coupled with the ongoing disproportionality of minority students in special education, enhances the potential of this study to supplement the extant literature on the experiences of minority families during IEP eligibility meetings.

Summary and Conclusions

The literature review provides key insights that instruct the formulation of research questions as they relate to how single African American parents/caretakers having adolescents with suspected emotional and behavioral disabilities perceive factors influencing their participation in their children’s annual IEP eligibility meeting. The methods of scholarly inquiry reflected in this literature review provide a starting point from which to commence research that shall increase the body of knowledge on this subject.

The literature presents a summation of the key components and foundational theorists instrumental in developing the constructs of SDT and AT, while also referencing scholarly studies that illustrate the derivation and application of each of the constructs.

The utility of these constructs is in their use as tools with which to analyze and interpret parent and caregiver responses and emergent themes in qualitative data collected in this study. Review of the literature also provided a rationale for the recruitment and selection of single African American parents/caretakers for participation in this study. As referenced in Chapter 1 of this dissertation, participants for this study were recruited from the Ward 8 section of the District of Columbia. The poor socioeconomic and health indicators of Ward 8 residents as compared with residents of other parts of the District of Columbia provided a fertile participant pool for this study. Review of the literature confirmed that there were gaps in the literature regarding how single African American caretakers/parents having children with suspected behavioral and/or emotional disability communicate, trust, and negotiate with school personnel during an annual IEP eligibility determination meeting. Much of the literature on this issue examines the structure, function, and climate of IEP meetings as they relate to the inclusion or exclusion of minority groups, but little research considers how caregiver stress affects engagement of African American heads of household with school personnel during annual IEP eligibility determination meetings.

There are scholarly studies employing the constructs examined in this research, but little research that examines the confluence of these constructs as they shape individual motivation and the education-related perceptions of African American caretakers having adolescents with suspected disabilities. There are also scholarly studies in which comparative analyses of two or more culturally distinct groups were made relative to each of the constructs within an educational arena. However, none of these studies were broad enough to enable findings to be generalized across cultures. The extant literature on these constructs was bereft of research in which these constructs were used as an interpretive lens to analyze parent and caregiver themes pertaining the impact of caregiver stress on trust, negotiation, and communications during the annual IEP eligibility meeting. An important byproduct of improved educational outcomes for the children of this study's respondents shall be the reduction of their prospects for joining the ranks of juvenile offenders, high school dropouts, substance abusers, and the unemployed.

Chapter 3 will provide the reader with a description of the research setting, followed by a description of the research design rationale, the researcher's role, research methodology, recruitment procedures, data analysis plan and threats to validity.

Chapter 3: Research Method

Introduction

The purpose of this phenomenological study was to construct meaning from the experiences of single African American parents and caregivers after participation in their child's annual IEP eligibility determination meeting. Parents and caregivers selected for participation in this research have adolescents with one or more disabilities including ED, ADHD, ADD, and SLD. Although these diagnoses are distinctive, evidence suggested impressive levels of comorbidity between ADHD and psychiatric disorders, which sometimes results in the assignment of disability classifications such as ED, other health impairment (OHI) for students with ADD or ADHD, and even multiple disabilities (MD).

Biederman et al. (2008) found that between 10% and 40% of children and adolescents with diagnoses of ADHD also exhibited symptoms of depression. Similarly, Larsen et al. (2007) revealed comparable levels of comorbidity between ADHD and oppositional defiant disorder (ODD) as reflected in their finding that between 21% and 60% of children with ADHD diagnoses also exhibit symptoms of ODD. In their study on the prevalence of comorbidity between ADHD and conduct disorders in children, Kunawar et al. (2007) found that approximately 20% to 45% of children with ADHD also met the diagnostic criteria for conduct disorders. Given the rates of comorbidity revealed by Kunawar et al., eligibility meetings for students suspected of having emotional and/or behavioral disabilities may be similar in terms of team discussion about students' presenting symptomology, disability impact, and the academic and social-emotional supports necessary to adequately address student learning challenges.

Setting

I selected District of Columbia Public Schools within the Ward 8 section of the District of Columbia as the site of this research because it faces many of the challenges that plague urban school districts throughout the nation and because of the unique challenges faced by students receiving services within this jurisdiction. Kafele (2012) reported that the high school graduation rate for African American males nationwide is 47%, which is considerably lower than the 57% graduation rate for Latino males and the 75% graduation rate for Caucasian males. The high school graduation rate for African American male students drops substantially in urban school districts such as DCPS, as does the prevalence of suspension rates, expulsion rates, and special education referrals

(Kafele, 2012). There is a dearth of current literature on the educational plight of African American male students attending DCPS.

The DCPS Homepage (2013) reported that DCPS is composed of 103 schools, which include elementary schools, middle schools, high schools, and four separate special education school programs, with an enrollment of 45,000 students and slightly more than 6,600 teachers, administrators, paraprofessionals, and support personnel. Student enrollment has steadily declined over the past decade from changing city demographics and a steady stream of charter school openings. The DCPS Homepage (2013) revealed other information about the composition of the DCPS student populace. Minority students, 69% African American and 16% Hispanic, constitute most of the student population whereas 11% of DCPS students are Caucasian, and the remaining 4% identify with other ethnic groups. Seventy-seven percent of the students enrolled in DCPS schools qualify for free or reduced-cost meals. The effect of poverty on low income DCPS students and their families is apparent.

Poor academic outcomes as reflected in standardized test scores and low graduation rates remain a continuous challenge for DCPS school officials. Steadily declining enrollment and shifting demographic characteristics have compounded these problems in recent years. DCPS reported a 56% graduation rate in 2011, a decline of 20% from 2008, when the school system boasted a graduation rate of 70% (DCPS Homepage, 2013).

During the 2012-2013 school year, 18% of DCPS' student enrollment, some 8,221 students, received special-education services (DCPS Homepage, 2013). One of the major priorities expressed by the school system's former Assistant Chancellor for Specialized Instruction, Dr. Nathaniel Beers, and the city's former mayor, the Honorable Vincent C. Gray, was to reduce the number of students found eligible to receive special education services and to reduce the number of DCPS students being funded to attend private special education schools.

In the District of Columbia, Ward 8 has a rich and relevant research setting for a few important reasons. First, DCPS's history of failure in identifying students with special needs and then providing suitable school programs for those students provided fertile ground for my research. *The Examiner* reported in 2012 that DCPS's problems with meeting the obligations of its students with special needs resulted in more litigation through administrative hearings than in any of the 50 states in the nation. DCPS spent an estimated 300 million annually on its students with special needs. In the District of Columbia, where public school students are plagued by exceedingly poor graduation rates of approximately 50%, nearly half of its students are unable to meet grade level standards in reading, writing, and mathematics.

Because significant numbers of DCPS students were unable to meet minimal standards for academic proficiency, the city's leadership asserted that meaningful educational reform must be pursued by policies resulting in the reduction of services to students who may be eligible for special education services. Given the present reality that large numbers of DCPS students are unable to meet grade level standards for academic proficiency, more students may need to be tested to determine whether their academic deficits are attributable to undiagnosed disabilities.

Tuths (2016) reported pockets of poverty within the District of Columbia that result in the disproportionate representation of minority children among the ranks of students subjected to substandard housing and poor educational alternatives. Judith Sandalow, Executive Director of the Children's Law Center in the District of Columbia, reported that students who come from low-income families are more likely to be diagnosed with a disability, in part because of the trauma arising from exposure to the effects of poverty and familial violence. Ward 8 is one of the poorest sections in the District of Columbia and is, therefore, a preferable location from which to recruit this study's pool of participants.

Given the importance of collaboration between the families of students with disabilities and school personnel for the study, it was scientifically prudent to enlist the participation of both DCPS personnel and parents and caregivers having children with disabilities. To ensure that the perspectives of both school personnel and study participants were reflected in this research, I forwarded a letter of inquiry to the Director of Special Education/Assistant Chancellor of DCPS, Dr. Beers, on March 2, 2014, regarding interest in recruiting DCPS personnel for participation in this study. In this letter, I described the study, referenced the social change implications, and offered to present the study results to DCPS personnel upon conclusion of the study. The assistant chancellor responded to the inquiry the same day and stated that the demands placed on DCPS staff did not allow supporting the doctoral studies of students not employed by

DCPS. Consequently, I was unable to include the views of school personnel in this study.

Research Design and Rationale

In this study, I examined how caregiver stress exhibited by single African American parents and caretakers affects communication, trust toward school personnel, and negotiations during an annual special education eligibility meeting on behalf of their adolescent children. The conceptual framework that guided this research and provided a tool for understanding the meanings of perspectives held by parents and caretakers during the eligibility process consisted of attribution theory and self-determination theory.

The use of a phenomenological qualitative research design and its emphasis on documentation of the lived experience of participants during the IEP meeting made this research design well suited to examine the experiences of parents and caregivers participating in this study. The selection of sample size is an important step in phenomenological qualitative research. Mason (2010) stated that saturation should be among the key considerations in determining sample size in phenomenological research. According to Mason, saturation in qualitative research is achieved when sufficient data have been collected to cease data collection and to begin analysis of the data. Mason specified numerical sample sizes in qualitative research with sample sizes ranging from five to 25 participants being sufficient to conduct robust research of a topic.

Boddy (2016) refrained from proposing a specific numerical range for sample sizes in qualitative research but asserted that that the selection of sample size in qualitative studies depends on several factors that should be left to the discretion of the researcher. Factors such as the representativeness of the sample, the amount of time the researcher spends with each participant and the homogeneity of the sample population should be considered in selecting sample size. Further, Boddy suggested that researchers select the smallest possible sample size needed to achieve an in-depth understanding of the studied phenomenon. In describing how researchers should justify their selection of sample sizes, Boddy also proposed that sample sizes vary based on the scope and nature of a qualitative study.

In this study, I examined the meanings that single African American parents and caregivers with a child having learning or emotional/behavioral disabilities derive from participation in an IEP eligibility determination meeting. I examined how caregiver stress affected parent and caregiver perspectives on communication, trust, and willingness to negotiate with members of the IEP team during their child's annual IEP meeting. To generate the research data, I used four guiding research questions to elicit participant response. To ensure the data's accuracy, I recorded and transcribe audiotapes of parent/caretaker responses to the four research questions.

Qualitative Research Questions

1. Did the stress of parenting a child with a disability have any effect on your communication with school personnel during the IEP meeting?
2. Were school personnel open to negotiating with you about changes to your child's special education program during the IEP meeting? Provide examples of their willingness or unwillingness to negotiate with you.
3. During participation in your child's IEP meeting, did you trust school personnel to make decisions that were in your child's best educational interest? Explain.

4. What suggestions might you have for school personnel on the ways to help parents and caregivers feel more comfortable expressing opinions regarding their child's educational needs during the IEP meetings?

I used a phenomenological qualitative research design to converge data while also enriching the research process by using multiple theories and sources of data (Torrence, 2012). Self-determination theory and attribution theory provided theoretical lenses through which to interpret and codify parent and caregiver descriptions of their participation in an IEP meeting as reflected in their responses to four research questions. I used several methods of inquiry including interviews, questionnaires, researcher observations, and focus groups. To examine the relationship between parents/caretakers and caregiver stress as evident in communication, trust, and intent to negotiate with school personnel during participation in an IEP eligibility meeting, I conducted careful analysis of parent/caregiver responses to the four research questions.

Triangulation was a key component of the methodology used to examine the data obtained in this study. Triangulation, as described by Creswell (2014), has four distinctive features that set it apart from other methodological approaches. First, triangulation is characterized by the acquisition of data from multiple sources. Second, this approach facilitates the identification of discrepant accounts of the phenomenon under examination. Third, triangulation promoted the use of several investigative tools (e.g., interview, focus group, questionnaire) and thereby improved researchers' prospects for gaining new insights into the studied phenomenon. Last, triangulation involved the use of multiple theories to describe a research problem.

The triangulation of multiple data sources in this phenomenological qualitative study was beneficial because the parents and caregivers participating in their child's IEP eligibility meeting were likely to experience the meeting differently, resulting in discrepant accounts of that phenomenon. Creswell (2014) instructed that use of this methodology also gives the researcher the investigative advantages of using qualitative methods of inquiry and triangulating the data obtained from that inquiry to increase validity of the study.

Role of the Researcher

I have been involved with special education organizations for the past 25 years, initially as a clinician at a Maryland nonpublic high school for students with serious emotional disturbances and, for the past 13 years, as an education advocate representing the interests of DCPS students with special needs who have been denied their right to a Free and Appropriate Public Education (FAPE). During my time as an education advocate, I have been a participant in hundreds of IEP meetings convened to determine the eligibility of students suspected of having a variety of disabilities warranting school intervention. Because of the costs associated with providing students with special education services and the stigma occasionally attached to identifying students with disabilities, annual IEP eligibility meetings are often contentious in ways that make it difficult for parents and caregivers to communicate with school personnel.

During my time as an education advocate representing the families of students with special needs filing complaints against the DCPS, I participated in hundreds of special education eligibility determination meetings and IEP meetings at several DCPS schools. My participation in those meetings has been on a professional basis, and I did not establish personal or financial relationships with DCPS personnel at any school that would ethically compromise this research project. The parents and caregivers selected for participation in this study were recruited at the Rehoboth Educational Center in southeast, Washington. None of the parents and caregivers that I selected for participation in this study had past or current affiliation with the special education law firms with whom I have been previously employed, or with my current employer. My professional experience as an education advocate potentially creates biases, which might adversely affect the study. Consequently, throughout the process of data collection and analysis, I bracketed my biases, attitudes, and personal experiences relative to the phenomenon to lessen the impact of personal bias as recommended by Gearing (2004).

As the research began, I scheduled individual meetings with research participants during which several important objectives were accomplished. I described the nature of the research and how the research findings might improve the experiences of African American single parents and caregivers during their children's IEP meetings while fostering trust with school personnel. I described the scope and protections of confidentiality before seeking signed consent from study participants.

I asked research participants to complete a 15-item demographic questionnaire that provided basic information regarding ethnicity, gender, economic status, religious affiliation, political affiliation, family composition, educational background, and knowledge of the special education eligibility process.

Methodology

Daly and Lumley (2002) opined that a phenomenological approach to studying an experience such as parent and caregiver perspectives on participation during an IEP meeting involves the manifestation of experience through words, feelings, values, attachments, and activities. The primary benefit of using a qualitative approach to parent and caregiver engagement in the IEP meeting process is that it generated rich descriptions of the parent and caregiver IEP meeting experience, which could potentially promote a better understanding of their engagement during the IEP process.

To assist me in gaining greater clarity about the context for parent and caregiver engagement with school personnel during IEP meetings, I consulted Hatch's (2002) work, which recommended that researchers familiarize themselves with school systems' policies and procedures by reviewing official documents containing that information. The DCPS generates a "Parents' Rights and Procedures Manual" every few years, which reflects policies and procedures pertinent to parent and caregiver participation in IEP meetings. Study participants are not required to read the document prior to the IEP meeting but are strongly encouraged to do so by school personnel. some may be familiar with it from having received copies from school personnel prior to their child's annual IEP meeting. I reviewed a March 2019 publication of that manual for enrichment purposes. Review of the manual enhanced my understanding of the bureaucratic challenge that parents, and caregivers may face as they participate in their child's IEP meeting.

As the primary instrument of data collection in a study that involved a group of participants with different educational views and values, it was important that the researcher adopted an individualized approach to establishing rapport with each of the participants. Bogdan and Biklen (2003) concluded that a researcher's ability to individualize how study participants are viewed and initially approached lays the foundation for establishing rapport that impacts communication during the study.

My extensive involvement in special education advocacy and participation in many discussions about the challenges African American families encounter during IEP meeting participation undoubtedly influenced my perspectives on this research. To manage researcher bias during this study and to monitor how the beliefs and lived experiences of this researcher shape perspective about the study, I engaged in careful self-examination of personal experiences, prejudices, personal values, and political views that might diminish an objective view of the research. In addition, I also maintained a journal to document personal impressions and challenges encountered during the study to manage bias. Finally, Gearing (2004) described reflective bracketing as an effective tool for bringing participant bias into clear view. More specifically, Gearing (2004) suggested that reflective bracketing involved the identification of participant history, assumptions, and personal beliefs that could potentially obscure the phenomenon being studied. I employed reflective bracketing with participants to control against researcher bias. I enacted additional measures to control researcher bias, which included member checks, documentation of research experiences during the study, and self-examination of prejudices, values, and experiences that may have precluded objective involvement in this study.

Participant Selection Logic

The use of a phenomenological qualitative research design and its emphasis on the documentation of participants' lived experiences makes it important to identify potential study participants who have personally encountered the experiences being researched. A purposeful sample of 24 single, African American parents and caregivers having African American children between the ages of 13 and 17 years with behavioral, and/or emotional disabilities were identified and selected by this researcher. The researcher anticipated that some study participants may have a child with multiple disabilities including specific learning disability along with emotional and behavioral disabilities. The rationale for selecting single, African American parents and caregivers of African American adolescent students pertains to the educational risk factors inherent in that population and their likelihood of being stressed. The Schott Foundation's 50 State Report on Public Education and Black Males published in 2010 revealed that African American boys are three times more likely to be expelled or suspended from schools than their Caucasian peers. The report also revealed that African American and Latino boys make up nearly 80% of youths in special education programs nationwide and that less than half of African American males graduate from high school on time.

The research participants selected for this study were single African American parents or legal caregivers/guardians of any age having an adolescent student between the ages of 13 and 17 with suspected emotional or behavioral disability. The researcher anticipated that many study participants will have children with multiple disabilities which include specific learning disability along with emotional and behavioral disability.

First, parents and caregivers participating in the study must have had an adolescent child enrolled in a District of Columbia Public School. Second, study participants must have attended their child's annual IEP special education eligibility meeting within ten months of their participation in the study. Third, research participants must have committed to participation in every phase of the research process. Parents and caregivers participating in the study received a $10.00 financial inducement in the form of a gift card for their participation. Parents/caregivers selected for participation in the study were also informed that should they opt to discontinue participation before completion of the study, they would still receive the $10.00 financial inducement.

The selection of 24 parents and caregivers for this study was deemed sufficient to obtain thick, rich descriptions of these individuals' experiences for the duration of the IEP eligibility meeting. Creswell (2014) recommended selection of a sample size of 6 to 10 participants to achieve saturation for phenomenological research, whereas Mason (2010) recommended a sample size of between 5 and 25 participants. I anticipate that saturation should be achieved with a sample size of 24 participants.

Lincoln and Guba (1985) suggested that dependability and transferability of qualitative research are comparable measures of reliability in qualitative research. Lincoln and Guba (1985) found that dependability and transferability ensure that research findings obtained in one setting are likely to be similar if the research is conducted in a comparable setting. Lincoln and Guba (1985) also recommended that rigor and trustworthiness in qualitative research may serve as the equivalent of validity in quantitative research.

Instrumentation

I developed a 15-item demographic questionnaire to obtain parent and caregiver information about age, gender, family composition, income range, educational level, employment status, ethnicity, and years of knowledge about the special education process. The instrument will also solicit participants' opinions about familial and general supports required to care for a child with learning or emotional/behavioral disabilities.

Four guided research questions were used to elicit responses from parents/caregivers during individual meetings. The guided discussion questions were used to assess participant perceptions of how caregiver stress impacts IEP meeting communications, parent and caregiver trust in IEP meeting decision making and school personnel’s engagement of parents and caregivers during the IEP meeting. Additionally, the questions elicited parents’ and caregivers’ perspectives on changes that school personnel can make to improve study participants’ engagement and comfort with sharing opinions at future IEP meetings.

Research Questions

1. Did the stress of parenting a child with a disability have any effect on your communication with school personnel during the IEP meeting?
2. Were school personnel open to negotiating with you about changes to your child’s special education program during the IEP meeting? Provide examples of their willingness or unwillingness to negotiate with you.

3. During participation in your child’s IEP meeting, did you trust school personnel to make decisions that were in your child’s best educational interest? Explain.
4. What suggestions might you have for school personnel on ways to help parents and caregivers feel more comfortable expressing opinions regarding their child’s educational needs during IEP meetings?

Procedures for Recruitment, Participation, and Data Collection

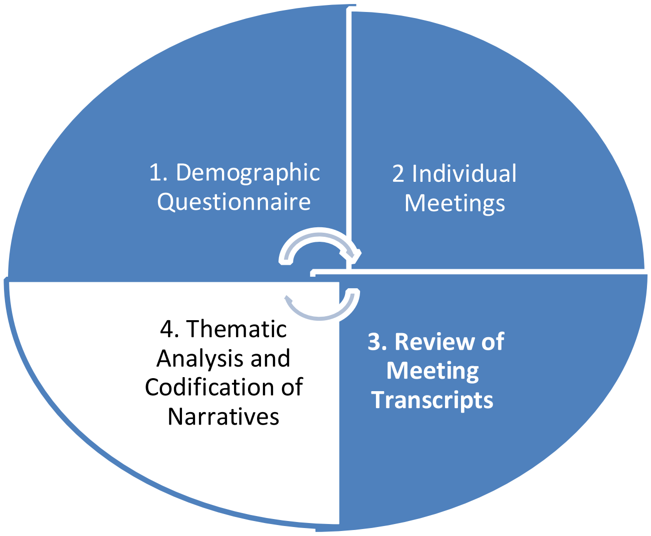
Subjects for this research project were parents and caregivers having adolescent aged children enrolled in District of Columbia Public Schools (DCPS). The participants in this study resided in Ward 8 of the District of Columbia. Washington D.C.’s public school system is comprised of approximately 45,000 students and 6,600 teachers and staff. DCPS’ student population consists primarily of minority students, with some 69% of its students being African American, 16% Latino, and 11% Caucasian. Single African American parents and caregivers having children enrolled in DCPS were targeted for recruitment in this research project. Parents and caregivers meeting the demographic criteria for participation in this study will have a child between 13 and 17 years of age with a learning, emotional, or behavioral disability who receives specialized instruction and related services as warranted.

Efforts to recruit parents and caregivers for participation in this study involved recruiting parents and caregivers having children at the Rehoboth Child Development Center in southeast Washington, D.C. This center is located in Ward 8 in the District of Columbia and provides subsidized childcare, meals, tutorial services and recreational activities to students ages 6 to 19 both before and after school. Given that the center is in the heart of the location in which participant selection shall occur, it seemed fertile ground for the recruitment of study participants.

An initial meeting was arranged with each of the parents and caregivers who provided preliminary interest in study participation by responding to posters describing the scope and nature of the study displayed on the announcement bulletin board at the Rehoboth Child Development Center. Prospective participants in the research phoned the researcher to express interest and to ensure that they met criteria for participation. Individual meetings with parents and caregivers were held at the Anacostia Neighborhood Library. During each of the meetings with study participants, an overview of the nature and purpose of the research project was provided. I described the scope and protections of both confidentiality and informed consent prior to requesting signatures. Prospective research subjects who agreed to proceed with participation in the study were reminded that participation in the study was voluntary and that they are at liberty to withdraw from the study at any time. Upon signature of the informed consent form, research subjects were be asked to complete a fifteen-item demographic information questionnaire followed by their verbal response to four guided research questions. Their responses to the research questions shall be audiotaped. Research participants shall receive a $10.00 gift certificate at the end of the focus group.

Figure 2

Data Collection Sequence



Data Analysis Plan

To understand the perceptions of parents and caregivers about the IEP eligibility determination meeting, semi-structured interviews will be used to identify the perspectives of each of the research participants in ways that allow them to guide the direction of introductory interviews. Bryman (2004) described the semi-structured interview as an effective qualitative research tool for understanding the perspectives and priorities of respondents as they perceive an experience. This method of data acquisition promoted respondents' provision of rich and detailed descriptions of their experiences with the special education eligibility meeting and provide additional insights into those aspects of the process that participants perceived as valuable. The theoretical basis for the method of data analysis is consistent with Creswell's (2014) phenomenological data analysis methodology. This method involved the initial extensive review of respondent transcripts and subsequent organization of broad preliminary thematic groups into categories, followed by the determination and elimination of data deemed to be extraneous. The theories that inform this study, SDT and AT, provide a theoretical lens with which to interpret and codify the themes that emerge from parent and caregiver discussion during the focus group.

This reductive process will result in the creation of categories that assist with identification of salient transcript themes as reflected in common phrases and experiences. Continued careful review of the thematic categories yields a textual description of the special education eligibility process as experienced by respondents. I shall employ a systematic coding scheme and a detailed transcription technique to ensure the ready identification and alternative explanation of deviant case data arising from focus group discussions. The provision of alternative explanations for deviant case data will enhance the meanings that parents and caregivers assign to their IEP participation. The process concludes with a detailed description of respondents' lived experience of their child's annual IEP meeting as captured in their own narratives of that experience.

Parents and caregivers were given a 15-item demographic questionnaire designed to obtain basic information regarding participants' age, gender, family composition, income range, educational level, employment status, ethnicity and years of knowledge about the special education process. This questionnaire was administered during my initial meeting with each of the parents and caregivers selected for participation in the research. Upon completion of the demographic questionnaire, participants in the study were asked to respond to 4 research questions. Their responses to those questions were audiotaped.

Issues of Trustworthiness

Lincoln and Guba (1985) suggested that in conducting qualitative research, it was possible to supplant usage of validity and reliability, concepts traditionally used in quantitative research, with alternative criteria for measuring those constructs in qualitative studies. They developed four alternative criteria for evaluating the validity and reliability of qualitative studies. Given that this study is a qualitative phenomenological study, it will reference Lincoln and Guba's alternative criteria for validity and reliability of qualitative research. First, they proposed that credibility, or believability of a study, could be substituted for internal validity in qualitative research. Lincoln and Guba also proposed that transferability, the ability of a researcher to generalize the findings of a qualitative study to other contexts, should be substituted for external validity. They proposed that the dependability of a qualitative study, the ability to obtain the same results if the same phenomenon were observed twice, be used as an alternative to reliability. Lastly, Lincoln and Guba proposed that confirmability of qualitative research, defined as the degree to which the research results were confirmed by others, be used as a replacement for objectivity. Additionally, Lincoln and Guba stated that as respondents and stakeholders in the social construct being studied, it was important for researchers to query respondents. The technique to accomplish this ensures that respondents provide honest responses.

Creswell (2014) defined construct validity as a measure of the congruence between what a study intends to measure and what it measures because of the principal terms and data-gathering tools used to execute that measure. Creswell asserted that studies that are deficient in their use of definitions and measures pose a threat to construct validity, which may compromise research findings. In keeping with Trochim and Donnelly's (2008) suggestion that construct validity be established by making certain that research questions address research problems, and because of this study's emphasis on the communication aspects of research participants' IEP experiences, it was important that the two research questions guiding this study addressed the research problem. Further, the four guiding focus group questions and a subsequent debriefing period provides parents and caregivers with multiple opportunities to share their perceptions about how caregiver stress influenced communications, trust, and negotiation with IEP team members.

The two theories on which this research is based, self-determination theory and attribution theory, served primarily as the basis for developing questions contained within the introductory questionnaire, the focus group questionnaire, and analysis of themes derived from the focus group discussions. Focus groups provide an opportunity to engage research participants in discussion, which may generate thematic perspectives about the research problems (Creswell, 2014). After the emergence of participant themes, SDT and AT shall be used as theoretical guidelines for interpreting and codifying the themes in categories.

Lincoln and Guba (1985) stated that the equivalent of external validity in qualitative research involves the use of transferability, or the ability to generalize research findings from one setting to another. In this study, I anticipate that the findings of this research can be generalized to single African American parents and caregivers residing in large urban districts that also have adolescent children with emotional/behavioral disabilities. By constructing a detailed narrative of the social construct that reflects highly individualized perspectives, I will avoid the risk of generalizing research findings. My success in achieving transferability shall be based upon how effective data analysis procedures, sampling procedures, and data measurement instruments are at accomplishing the objectives for the research project.

Lincoln and Guda (1985) have defined dependability as the construct equivalent of reliability in qualitative research. Creswell (2014) defined reliability as the ability to replicate research and achieve the same or comparable research findings with use of the same sampling procedures, data measurement instruments, and data analysis procedures. Careful researcher review of narrative themes and multiple revisions of the codes assigned to those themes is a critical first step in the process designed to achieve dependability. I will also aim to engage study participants in discussion about the compatibility of coding with narrative themes. Identification of the congruence between respondent themes and the codes designated for those themes by study participants and me is deemed to be an integral part of the process. This process culminates in the achievement of reliability. Coding of narrative themes will be the responsibility of a single researcher assisted by a research aide who will be responsible for audio-taping the focus group and collecting focus group questionnaires from parents and caregivers.

Although not a threat to the validity of this research, the compound effects of personal caregiver stress and uncertainty about how participation in the research will improve participation in subsequent IEP meetings may cause some subjects to drop out of this study. Parents and caregivers selected for participation in this study were informed that should they opt to discontinue participation in the study at any time, they would not be penalized and would still receive the $10.00 financial inducement.

I took steps to ensure trustworthiness of this study by adopting Lincoln and Guba’s (1985) criteria for trustworthiness of qualitative research. Transferability of the study was achieved by bracketing and prominently displaying personal and professional biases that might contaminate the research process. Additionally, a thorough description of the setting in which meetings with parents and caregivers occurred was provided. I attempted to achieve dependability by providing a description of how changes within the research setting would impact how the study was undertaken. Additionally, credibility and transferability of the study were enhanced through the triangulation of multiple data sources and subsequent verification that the study was believable from the vantage point of study participants. Finally, confirmability was achieved by reviewing deviant case data throughout the study and by conducting a data audit trail to ensure that the data collection and analysis procedures have not created a bias. The provision of thick, rich descriptions of the research participants’ IEP meeting experience and thorough description of the data collection and analysis procedures ensured that the proposed research could be audited and understood. The use of frequent member checks ensured that both the researcher and research participants have a shared understanding of the participants’ description of their IEP meeting experience.

Ethical Procedures

I took steps to maintain the ethical integrity of this research during the recruitment and implementation phases of the study. Study participants were recruited from the Rehoboth Child Development Center. I will phone an administrator from the Rehoboth Child Development Center to describe the nature of this study and to extend an opportunity for prospective study participants to contact the researcher. I was instructed to leave a flyer describing the study on the announcement bulletin board of the center. Because prospective participants in the study and staff at the Rehoboth Child Development Center were key stakeholders in potential findings from the study, I committed to scheduling a presentation of the study and key findings upon completion of the study.

After parents and caregivers were prescreened and selected for participation during an introductory phone call with the researcher, the nature, scope, and objectives of the study were described. During individual meetings with each of the parents and caregivers at the Rehoboth Child Development Center, I reiterated the nature, scope, and objectives of the study. I reiterated the right of each study participant to withdraw from the study at any time and described how study data would be collected, analyzed and codified based upon emergent themes reflected in their responses to four research questions. Further, I apprised study participants of how data would be stored and maintained confidentially. Finally, I obtained informed consent from parents and guardians before proceeding with data collection.

A school's determination of a student's disability can be an uncomfortable and potentially embarrassing development for parents and caregivers. Concerns may arise about who is aware of a child's disability and how that knowledge will be handled within the school community. To respect the sensitive nature of a child's designation as disabled and the stigma that may result, pseudonyms were assigned to protect the identities of parents and caregivers involved in this study.

I used Walden University's Informed Consent form, which describes the purpose of the research, the potential risks and benefits of the research, participants' right to withdraw from the study, costs and compensation associated with the study, how confidentiality of research documents shall be maintained, and whom participants can contact at Walden University if concerns with the study arise.

Finally, data was retrieved from multiple sources, including parent and caregiver responses to demographic questionnaires and narrative themes derived from parents and caregivers' responses to four research questions. Study data and signed consent forms were maintained in a secure location so that access was limited to the researcher and study participants as warranted. Study participants were informed of their right to request a review of secured research data and I informed participants that research data would be destroyed in five years.

Summary

Chapter 3 examined the methodological approach employed in this study, including the role of the researcher and research design, research methodology, threats to validity, and issues of trustworthiness. Chapter 4 will examine application of the research methodology during the study itself to include discussion of the research setting, sample demographics, data collection procedures, data analysis, and study results.

Chapter 4: Results

Introduction

The purpose of this phenomenological study was to construct meaning from the lived experiences of single African American parents and caregivers attending their child's annual IEP meeting. More specifically, this study examined how caregiver stress impacted IEP meeting communication, trust, and negotiation with IEP team members from the primary caregivers' perspective. In addition to describing the purpose of this study, Chapter 4 provides an overview of the demographic characteristics of study participants, data collection methods, data analysis and justification for any variance from the data collection process outlined in Chapter 3. Finally, data analysis outcomes and a discussion about evidence of trustworthiness, dependability, transferability, and confirmability are also discussed in this chapter.

Setting

I recruited parents and caregivers for participation in this study from the Rehoboth Educational Center located in southeast Washington D.C. within Ward 8 of the city. Interviews with parents/caregivers selected for participation in the study were conducted at the Anacostia Neighborhood Library located in ward 8 of the District of Columbia. The researcher believed that convening participant interviews at this location would afford participants easy access to the Anacostia Neighborhood Library. Sixteen of eighteen study participants participated in individual interviews at the library, while two were unable to travel to the library at the scheduled interview time and requested that interviews be conducted at their homes due to childcare challenges. The researcher accommodated both requests for in-home meetings.

I communicated with personnel at the Anacostia Neighborhood Library to reserve use of one of their meeting rooms twice a week for a period spanning twelve weeks beginning the third week of September 2019. Meeting rooms were reserved in blocks of 4 hours on Thursday evenings and on Saturday mornings. The library meeting rooms offered ample space, excellent lighting, and a private setting within which to conduct meetings with participants in this research. Meeting rooms were comfortably furnished with good lightening, a large table with chairs and electrical outlets to accommodate recording devices. This researcher easily established rapport with parents/caregivers who participated in the study at the library, and based on their level of participation, the library appears to have been a setting which was conducive to parent/caregiver engagement in the study.

As data collection got underway, two subjects expressed great interest in participating, but said that they faced childcare challenges which prevented them from interviewing at the local library and were concerned about a significant spike in influenza cases in the District of Columbia and surrounding regions which had received coverage by local media outlets. Consequently, both parents expressed reluctance to participate in the interviews at the local library and requested that they be interviewed at their homes. To support those subjects' desire to participate in the study, I accommodated them by interviewing them at their homes. The two in-home parent/caregiver meetings were conducted in home settings that were quiet and distraction free. In both instances, parents/caregivers prepared other occupants in the home for their participation in the meetings by explaining that they were taking part in a study and could not be interrupted for 45 minutes. One meeting occurred in the living room of P13's home, and the other meeting occurred in the dining room of P4's home. The change in meeting venue from library to home setting seemed to have no impact on participant engagement in the study as participants appeared to provide honest responses during conversation and in their responses to the research questions.

It is important to note that the IRB (Institutional Review Board) was apprised of the fact that the interview of these two subjects was a departure from my IRB approved interview protocol. After responding to IRB inquiry about the reasons for deviation from the IRB approved interview protocol, permission was granted to proceed with completion of this research.

Demographics

Participants in the study were single African American parents/caregivers at least 21 years of age who resided in Ward 8 of the District of Columbia. The Ward 8 section of Washington, D.C. was believed to provide fertile ground for the selection of research participants because of the concentration of poor residents as well as the number of public and charter schools with large percentages of students performing below basic academic standards and/or receiving special education services.

Each of the parents/caregivers selected for participation in this study had an adolescent child between the ages of 13 and 21 years of age receiving special education services under the disability classifications of ED, OHI (ADHD or ADD), SLD, or MD. To elicit rich parent/caregiver descriptions of their IEP meeting experience, four research questions were asked during the data collection phase of this study. The research questions presented to study participants were as follows:

1. Did the stress of parenting a child with a disability have any effect on your communication with school personnel during the IEP meeting?
2. Were school personnel open to negotiating with you about changes to your child's special education program during the IEP meeting? Provide examples of their willingness or unwillingness to negotiate with you.
3. During participation in your child's IEP meeting, did you trust school personnel to make decisions that were in your child's best educational interest? Explain.
4. What suggestions might you have for school personnel on the ways to help parents and caregivers feel more comfortable expressing opinions regarding their child's educational needs during the IEP meetings?

Data Collection

This study sought to understand how caregiver stress influenced the experience of single African American parents/caregivers attending their child's annual IEP meeting through examination of participant responses to a demographic survey, individual interviews, and participant response to four research questions. Data for this study was collected from eighteen single African American primary caregivers of adolescent students with an IEP disability classification.

Prior to selecting study participants, I obtained IRB approval and met with an administrator at the Rehoboth Child Development Center to obtain permission to post research flyers on the main bulletin board to recruit study participants. Flyers were posted on an announcement board at the Rehoboth Child Development Center after the researcher's receipt of IRB approval. The flyers described the scope and nature of the study while providing contact information for the researcher.

In response to the recruitment flyers posted at Rehoboth Child Development Center, prospective study participants phoned the researcher to express interest in study participation. I conducted brief phone interviews with each of the prospective participants to ensure that they met sampling criteria for participation in the study. Prospective participants that met criteria for participation in the study were scheduled for a face-to face interview with the researcher at the Anacostia Neighborhood Library in the ward 8 section of southeast, Washington, D.C. Due to childcare concerns, two participants were unable to meet the researcher at the library and requested that face-to-face interviews occur at their homes. The researcher accommodated both requests. A nineteenth participant was scheduled to meet at the Anacostia Neighborhood Library for an interview but failed to make the meeting. The researcher's attempt to reschedule the interview was unsuccessful.

The Anacostia Neighborhood Library appeared to have been a setting which was conducive to parent/caregiver engagement in the study. Each of the parent/caregiver meetings convened at the library was completed within a 30-to-45-minute time frame. The research questions asked of participants evoked thick, rich descriptions of the IEP meeting experiences. A few of the participants digressed from the topic while responding to the research questions to express frustration about specific concerns with the IEP team but immediately returned to the topic when prompted to focus by the facilitator. For example, P16 provided thick, rich responses to each of the four research questions but repeatedly referenced the school's failure to inform her of a critical incident resulting in injury to her son which occurred prior to the annual IEP meeting. On three occasions as she responded to the research questions, she digressed and referenced this incident and the distrust in school personnel which emerged as a result. I was able to redirect and get her back on task by reminding her that one of four research questions she would answer allowed her to express her frustration as it pertained to communication with the school's IEP team or the lack thereof.

Two parent caregiver meetings were held at the homes of the participants as requested because they had childcare challenges which prevented them from meeting at the library. Both meetings proceeded without delay or distraction, and the researcher completed both meetings within 45 minutes.

Before interviews were conducted, I established rapport with the study participants by thanking them for participating in the study and asking what motivated their participation. As parent/caregiver meetings got underway, the study was described to participants, and I obtained signed consent. The researcher asked participants each of the research questions exactly as they were written. Two parents asked for clarification about what I meant by the word *negotiation* in RQ3, and the researcher explained that negotiation referred to school personnel's willingness to discuss their child's special education needs in hopes of working towards an agreement that was satisfactory to both parents/guardians and school personnel. Both participants stated that they were clear after the researcher explained what was meant by *negotiation*.

As the researcher, I took steps to ensure the safekeeping of collected data and other items instrumental in conducting this research. I used a hand-held recording device to record meetings with each parent/caregiver. Audio recorded interviews were transcribed into a Microsoft Word document and saved in a locked computer. Additionally, the interview protocol, recording device, participant list, laptop computer and flash drives were kept in a locked cabinet in the researcher's home.

Despite having the shared characteristics of Ward 8 residency, single parenthood and having an adolescent child with special needs, the parents/caregivers who participated in this study also had distinguishing characteristics pertinent to income, educational level and household composition which were worthy of note. Table 1 reveals considerable variation in the educational backgrounds of study participants. Educational attainment among study participants ranged from individuals who failed to complete high school to a single college graduate. High school graduates comprised the largest group of study participants with 11 persons having earned a high school diploma. Two study participants earned General Equivalency Diplomas (GEDs) while two participants dropped out of high school in the 10th and 11th grades, respectively. Two study participants reported having attended college but never having earned a degree, while a single study participant completed college and earned a bachelor's degree. The educational levels of the study participants did not appear to hinder participation in the study as each of the participants exhibited literacy levels which enabled them to understand the research questions and to respond.

Variation among study participants was also evident in their income ranges. Income ranges varied from the $10,000-20,000 range and peaked at the $50,000-60,000 dollar range with the largest number of participants, eight, found in the $30,000-40,000 dollar range. Finally, chart 1A exhibited variation in household composition with a minimum of two persons and a maximum of 6 persons. The median household composition was 3.3 persons.

The participant demographic information reflected in Table 1 provides descriptive information about the participants in this study and was used for the purpose of providing the reader with an appreciation for the diversity of participants from an educational, age and economic standpoint, although all were residents of Ward 8 in the District of Columbia. The demographic information survey, while not directly tied to the research questions, yielded information which may have had implications for the stress level of participants in this research. For example, study participants with lower educational levels, lower incomes and higher household compositions might have experienced caregiver stress differently than participants whose demographic survey responses reflected different indices in those areas.

Table 1

Participant Demographic Information

Identifier	Income Range	Age	Sex	Employment Status	Household Composition	Educational Level
P1	20-30K	50-60	F	Employed	4	GED
P2	30-40K	30-40	F	Employed	3	HS Grad
P3	20-30K	30-40	F	Employed	4	HS Grad
P4	10-20K	50-60	F	Unemployed	4	HS Grad
P5	10-20K	30-40	F	Unemployed	6	10th grade
P6	20-30K	30-40	F	Employed	NA	HS Grad
P7	40-50K	40-50	F	Employed	3	HS Grad
P8	30-40K	30-40	F	Employed	2	HS Grad
P9	30-40K	40-50	F	Employed	2	HS Grad
P10	20-30K	40-50	F	Employed	2	HS Grad
P11	40-50K	40-50	F	Employed	3	Some college
P12	30-40K	40-50	F	Employed	4	HS Grad
P13	40-50K	40-50	M	Employed	3	GED
P14	30-40K	50-60	F	Employed	2	HS Grad
P15	10-20K	30-40	F	Employed	6	11th grade
P16	30-40K	50-60	F	Employed	2	HS Grad
P17	30-40K	30-40	F	Employed	3	Some college
P18	20-30K	40-50	F	Employed	2	BA Degree

The sample group in this research was comprised of 18 single African American parents/caregivers having an adolescent child with identified disabilities (*n* = 18). Each of the participants in this research lived in the Ward 8 section of the District of Columbia and enrolled their special needs child in a District of Columbia Public School. It is important to note that although each of the study participants resided in Ward 8 of the city, the public schools that their children attended were in different wards within the District of Columbia.

Chart 4A highlights demographic variation among the study participants. Aside from the similarities that study participants shared relative to ethnic identity and the region of their residence, there was variation in the demographic characteristics of these individual which were noteworthy. The participants in this study were overwhelmingly female, with only one male participant among the sample size of 18. The ages of study participants ranged from 31 years of age to 58 years of age, with the largest participant block consisting of 8 females whose ages ranged from 31 to 40 years of age. The second largest block of study participants, the 40- to 50-year-old range, was comprised of 6 females and the lone male participant in the study. There were 3 female study participants in the age range 50 to 60 years of age.

Table 1 reveals considerable variation in the educational backgrounds of study participants. Educational attainment among study participants ranged from individuals who failed to complete high school to a single college graduate. High school graduates comprised the largest group of study participants with 11 persons having earned a high school diploma. Two study participants earned General Equivalency Diplomas (GEDs) while two participants dropped out of high school in the 10th and 11th grades. Two study participants reported having attended college but never having earned a degree, while a single study participant completed college and earned a bachelor’s degree. The educational levels of study participants did not appear to hinder participation in the study as each of the participants was able to understand the research questions and to respond appropriately.

Data Analysis

To understand the perceptions of parents/caregivers about their child's annual IEP eligibility determination meeting, an introductory interview was conducted with each study participant during which a 15-item demographic questionnaire was completed followed by respondent provision of verbal responses to four research questions.

I employed a phenomenological approach to analyzing and interpreting the data collected from parents/caregivers. The researcher's approach to conducting this research was rooted in the five steps for conducting qualitative analysis described by Creswell (2007). The first step involved assessing whether a phenomenological approach was best suited for examining the IEP experience of single African American parents and caregivers. In this study, the experiences of single African American parents/caregivers during their child's annual IEP meeting is particularly well suited for this approach because it allows study participants to provide in-depth descriptions of their IEP meeting experiences.

Single parents/caretakers having a child with a disability often shoulder the compound burden of providing for that child's material needs while also making certain that the child receives the educational supports through special education that are needed to ensure that they can access curriculum. These parents/caretakers are oftentimes the most accurate and descriptive informants of their experiences at their child's IEP meeting. The second step involved deciding about which aspect of a phenomenon to focus on during the research. In this study, the IEP meeting experiences of single African American parents/caretakers was of interest to the researcher, but with specific focus on how participants' negotiation, trust and communication with IEP team members may have been impacted by caregiver stress. The researcher believed that the IEP meeting experiences of these parents/caretakers would provide insight into how caregiver stress was manifested during their child's annual IEP meeting. The third step in the phenomenological approach to research involved selecting study participants who had lived the experience/phenomenon being researched and could provide a detailed account of that experience. The selection of single African American parents/caregivers residing in Ward 8 of the District of Columbia who have an adolescent child with special needs created a study participant pool of individuals who were able to provide thick, rich descriptions of their IEP meeting experiences.

The fourth step of Creswell's 2007 phenomenological approach involved identification and review of participant narratives in search of words and phrases which might help to identify commonalities in the quest to derive meaning from the IEP meeting experiences of study participants.

The fifth step of this phenomenological approach involved the transcription and synthesis of collected data into themes that reflect the meanings study participants assigned to their IEP meeting experiences. The fourth and fifth steps of Creswell's 2007 five steps in conducting phenomenological research are described in greater detail in the upcoming section.

In accordance with Creswell's steps for phenomenological analysis of data the researcher used phenomenological research methodology to analyze how caregiver stress impacted negotiation, communication and trust of parents/caregivers attending their adolescent child's IEP meeting. The utility of this methodology was in its primary assumptions that individuals use language to experience the world around them and that language facilitates their knowledge of that experience.

I created hard copies of the parent/caregiver transcripts made from audio recorded parent/caregiver interviews and responses to research questions. I read the transcripts multiple times to gain a clearer understanding of the lived experiences of parents/caregivers in their child's annual IEP meeting. I used my review of the transcripts to begin thematic analysis of the text by writing down key words and phrases that parents/caregivers used during their interviews and responses to research questions. I examined key words and phrases for similarities, differences, and the frequency with which they appeared in the text. I eliminated statements that had little or no relevance to parents/caregivers' IEP meeting experience as reflected in their research question responses. As key words and phrases repeatedly appeared in the text, I used a reductive process to identify the emergence of primary themes in the text based upon secondary or subthemes reflected in the transcripts of parent/caregiver narratives. These themes were used to establish categories and subcategories based upon their differences and similarities.

To minimize the impact of examining parents/caregiver's IEP meeting experience through the lens of the researcher's prior knowledge of the phenomenon, the researcher bracketed his personal perspectives about the study participants' views as reflected in the transcripts. This was done to guard against the impact that the researcher's personal bias might have, creating bias from values, personal beliefs or experiences.

Table 2

Reductive Process from Data Cloud to Theme

Raw Data from P12	Line Coding	Codes	Themes
They (the IEP team) didn't think that in their eyes she (my daughter) had a disability, so I went through a lot with that until I got some help. It was kind of hurtful, but I had to learn to deal with it because I couldn't let anybody stop me because I had to advocate for her. The thing that I did at the last meeting is what I've been doing the past few years and that is always keeping in contact with my lawyer (special education lawyer). If I felt that I couldn't handle things, I would let my lawyer know and things always came out on top with my lawyer's help. They (IEP	Felt that the IEP team minimized her daughter's learning challenges, and although that was painful, she adapted by retaining the services of an education advocate. She believed that retaining an education advocate has resulted in better IEP meeting outcomes for her daughter.	IEP team minimizes students' needs, which was hurtful and challenging. Perceived challenge promotes the need to become proactive. I can't do it alone, so I'll adapt by enlisting external support.	Adversity warrants adaptation and action.

team) negotiated with me, but only because my lawyer was there.			

My analysis of the transcripts and subsequent thematic categorization yielded 4 primary themes and 14 sub themes. Table 3 reflects the transcript/narrative main themes and the sub-themes that were reduced to derive the main themes.

Table 3

Main Themes and Subthemes

Main Themes	Subthemes
IEP meeting stress obscures caregiver stress.	• Caregivers are accustomed to IEP team resistance. • IEP meeting fight or flight response from caregivers. • Denial of caregiver stress prepares caregivers for the IEP meeting stress.
Past IEP team failures diminish willingness to negotiate.	• Past IEP team behavior is predictor of caregiver expectations. • Caregiver distrust of IEP team lowers caregivers' student outcome expectations. • Past IEP failures have an alienating effect on caregivers and their children.
Past IEP team failures promote caregiver distrust.	• Poor IEP team communication with parents before meeting fosters suspicion of school's motives. • IEP team's failure to ensure that school staff knowledgeable about the student attend the meeting erodes parent trust in the process.

	• The IEP team's failure to provide proof of student performance at meeting (test scores, assignments, etc.) erodes parent confidence in staff.
Adversity fosters adaptation.	• Caregivers cannot handle IEP team alone. • Caregiver empowerment results from caregiver education about IEP process. • Caregiver expectations dictate IEP team responses. • Improved IEP outcome requires refined parent strategy.

Individual Interview

The researcher audio-recorded interviews with 18 single parent/caregivers that lasted approximately 35-40 minutes. During each interview, participants completed a 15item demographic survey and subsequently provided their response to four research questions. The research questions were designed to elicit participants' thick, rich descriptions or their IEP meeting experiences relative to how caregiver stress impacted trust, communication, and negotiation with school personnel.

Research Participant Profiles

P1 is a 53-year-old foster mother, mother and grandmother who completed the process of adopting her 13-year-old foster son, Keith. P1 resides in a townhouse dwelling in southeast, Washington, D.C. that she shares with her 31-year-old daughter and her daughter's 11-year-old son who has Down's syndrome. P1 became Keith's foster mom nearly four years ago. Keith is a 7th grade student who has a disability coding of Other Health Impairment for ADHD. For the past decade, P1 has worked as a classroom aide at a D.C. Charter School and was familiar with the special education eligibility process prior to becoming Keith's foster mom. She attributes her familiarity with the special education eligibility process not only to her work as a classroom aide, but also to the assistance she has given her daughter in seeking special education services for her son.

P2 is the 37-year-old mother of Sharon, a 17-year-old high school senior who receives specialized instruction in reading and written expression. Sharon also has a disability coding of Other Health Impaired for ADHD. P2 works as a Hospitality Support Specialist at a luxury hotel in Washington, D.C. She rents a 2-bedroom apartment that she shares with Sharon and a 20-year-old son who currently attends college in the District of Columbia. P2 first became aware of the special education eligibility process and IEP meetings when her son received specialized instruction from 6th through the 10th grade. P2 is distrustful of the IEP team at Sharon's school and felt excluded at her IEP meeting during October 2019. She felt that IEP members were impatient and opinionated.

P3 is a 38-year-old single mother of a 15-year-old African American male, Robert, who receives specialized instruction as a 9th grade student. She is the mother of two boys and has a 6-year-old daughter. In addition to her children, she lives with her mother who is a recent post office retiree. P3 is employed as youth counselor for a nonprofit organization in Washington, D.C and recently purchased a townhome with her mom's financial support. She expressed great distrust in the IEP meeting process and attributes improvement in the IEP meeting process to her retaining the services of an education advocate last school year. P3 states that before retaining an advocate, the IEP team was dismissive of her input. She reports that because Robert's education advocate accompanied her to his IEP meeting in May 2019, the team was open to hearing her feedback and attempting to make changes to the document based upon her recommendations.

P4 is a 51-year-old single mother of a 17-year-old African American female, Barbara, who receives special education services as a student with specific learning disabilities in reading and math during her 11th grade year in high school. P4 says that Barbara is the youngest of her three children and the remaining child living at home with her. She is currently unemployed and lives in a 2-bedroom apartment with her daughter. She has two older sons, aged 20 and 26. Her 20-year-old son is a college student in New York and her eldest son works as a barber in Maryland. P4 works as a part-time aide at a daycare program in northeast Washington, D.C. P4 describes her experience at Barbara's September 2019 IEP meeting as favorable. She reported that she retained the services of an education advocate in 2018 and that her advocate has attended Barbara's last two annual IEP meetings. P4 believes that the IEP team has been much more receptive to hearing her views since hiring an advocate.

P5 is a 32-year-old mother of 15-year-old Richard, a 9th grade student with multiple disabilities including Emotional Disturbance and Other Health Impairment for ADHD. P5 is currently unemployed and resides in a subsidized 3-bedroom apartment. P5 has 4 other children living with her whose ages range from 16 to 5 years of age. She reported significant frustration with the IEP team during Richard's September 2019 IEP meeting. She said that during Richard's IEP meeting, team members did not seem to know very much about the behavioral problems resulting in her son's initial eligibility for special education services nor did they seem to have much knowledge about how those behaviors impacted his learning. P5 says that team did not seem aware that during a meeting convened during May 2019, school personnel promised that Richard would receive a dedicated aide to support him behaviorally during the school day. She reported that the IEP team's failure to install the dedicated aide is typical of other broken promises at prior IEP meetings.

P6 is a 40-year-old counselor at a group residence facility for court-involved adolescent females in the District of Columbia. She is assigned to work with a 16-yearold 9th grade student, Sylvia, with multiple disabilities. Sylvia receives special education services as a student with emotional disturbance, specific learning disabilities in reading and written expression as well as Other Health Impairment for ADHD. P6 expressed frustration with Sylvia's IEP team during her IEP meeting during the fall of 2019. P6 revealed that the school was insensitive to Sylvia's need for smaller classroom sizes and did not appear to make sufficient classroom accommodations to address Sylvia's ADHD. P6 felt that the comments and observations she made during the IEP meeting were ignored by the team and they made decisions without her input. P6 self-disclosed that as an adult with ADHD, she experienced being ignored by the IEP more intensely than other caregivers might have because she recalls the frustrations of not having the academic accommodations she needed as a high school student.

P7 is a 53-year-old single mother of a 19-year-old high school senior, Charles, who is a student with multiple disabilities, including Other Health Impairment for ADHD and a specific learning disability in mathematics. She is employed as a dedicated aide to an emotionally disturbed middle school student who attends a nonpublic school in Fairfax County, Virginia. She rents a two-bedroom condo where she resides with Charles and his 14-year-old sister. P7 reports that Charles was initially found eligible for special education services as a 7th grade student. She said that he never had behavior problems and she believes that is why the school made it so difficult for him to get special education services despite poor grades. P7 says that because Charles' teachers seem to be fond of him, his IEP meetings the past two years have been successful, and the team has listened to what she has had to say about his educational needs.

P8 is a 39-year-old single mother of a 20-year-old African American male, Darnell. P8 rents a two-bedroom duplex home and works as a pharmacy technician at a drug store chain. Darnell is a high school senior who receives specialized instruction in reading, written expression and math as he has specific learning disabilities in each of those academic areas. He is also classified as a student with Other Health Impairment for Attention Deficit Disorder (ADD). P8 states that Darnell has struggled academically since initially receiving special education services 7 years ago. P8 expressed frustration with Darnell's IEP meeting convened during April 2019 and felt that although his teachers seemed competent and concerned about his wellbeing, they deferred to the recommendations proposed by the IEP Coordinator and Assistant Principal. P8 believed that, although the communication with the IEP team occurring during the April 2019 meeting was improved from the prior year, the team still did a poor job of considering her input into the decisions made during the meeting.

P9 is a 42-year-old divorcee and mother of Eric, a 17-year-old 11th grade male. Eric's 20-year-old brother and her eldest son was shot and killed 7 months ago because of drug related violence. P9 reported that Eric has had difficulty dealing with his brother's death. P9 works as a Licensed Practical Nurse (LPN) at a nursing facility in Washington, D.C. and lives in a two-bedroom condominium with her son. Eric had been a student with multiple disabilities including Emotional Disturbance and Other Health Impairment for ADHD until his last IEP meeting during April 2020. He received special education services under that classification for three years preceding his April 2020 IEP meeting. During his April 2020 IEP meeting, the IEP team expressed that Eric had demonstrated enough improvement academically and behaviorally to convert from an IEP to a 504 plan. She did not dispute the IEP team's representations about Eric's improvement but felt that she was "caught off guard by their decision to transition him to a 504 plan." She expressed cautious optimism about the change but wished the team would have discussed their intent prior to the IEP meeting. P9 feels that Eric remains emotionally vulnerable and could easily regress without an IEP.

P10 is a 47-year-old divorcee and mother of 17-year-old Kim, a 12th grade student who receives special education services under the disability coding of Emotional Disturbance. P10 lives in a subsidized three-bedroom apartment and works as a food service employee at an elementary school. P10 said that Kim was initially found eligible to receive special education services during her 7th grade year. She also reported that Kim was always "smart" and never had difficulty learning but has allowed her "mouth" to keep her in trouble at school. P10 believes that Kim's current IEP team has not taken her feedback seriously before or during IEP meetings. She feels that the IEP team's failure to see Kim as a "whole person" has resulted in their overemphasis on her maladaptive behavior and very little emphasis on ways to further develop her academic potential. P10 believes that Kim is not academically ready for college because the IEP team has focused almost entirely on her maladaptive behavior, failing to provide her with opportunities to further develop academically in classrooms with mainstream students.

P11 is the 41-year-old single mother of a 17-year-old African American male, Victor, who has dyslexia and receives specialized instruction as a student with specific learning disabilities in both reading and written expression. Victor is currently an 11th grade high school student who, according to P11, continues to struggle academically and has had to attend summer sessions the past two school years to pass to the next grade. P11 is a bus driver with Metrobus Transit and currently rents a three-bedroom duplex home which she is in negotiation with the owner to purchase. She lives in the home with Victor and his 13-year-old brother. Victor was initially found eligible to receive special education services as an 8th grader. P11 is an ardent supporter of parent accountability and believes that the parents of special needs students do not have the right to complain to school personnel about IEP concerns if they do not first educate themselves about the IEP eligibility meeting process. She reports that she had difficulty getting Victor eligible for special education services four years ago but learned a lot about the process after retaining the services of a special education advocate to guide her through Victor's eligibility for special education.

P12 is the 49-year-old single mother of a 17-year-old African American female

11th grader, Adrienne, who received education services as a student with Other Health Impairment for ADHD and has specific learning disabilities in reading written instruction. P12 works in retail at a mall in neighboring Prince George's County, Maryland and lives in a 2-bedroom apartment with Adrienne and two younger sons, ages 12 and 7. P12 reported that her daughter struggled academically in all areas for the past few years and had been referred for the school system's extended school year program for each of the past three years. P12 also said that she had grown frustrated with the IEP team's unwillingness to provide Adrienne with more support until she retained the services of a special education advocate nearly 2 years ago. Since retaining the services of an education advocate, P12 reports that the IEP team has been much more responsive to her daughter's educational needs and listens to her during the IEP meetings. She said that she likes Adrienne's teachers this school year (2019-2020) and believes that she will have one of the best academic years that she has had in some time.

P13 is the fifty-year-old father of a 15-year-old 7th grade son, Edward, who has multiple disabilities, including specific learning disabilities in reading, math and written expression in addition to Other Health Impairment for Attention Deficit Hyperactivity Disorder. P13, the only male participant in this study, is widowed and rents a single family home in southeast D.C. that he shares with Edward and his twenty-year-old daughter, a junior at a local university. P13 is a vocal critic of Edward's IEP team and believes that their resistance to listening to his input and providing his son with the level of academic and behavioral support needed has cost his son years of academic growth. P13 says that he suspected that his son had serious learning and behavioral challenges as far back as third grade, but repeated requests that the school test his son went unanswered until Edward was retained as a fifth-grade student. P13 states that his efforts to secure special education services for Eric have been a continuous struggle and that he is currently looking into securing the services of an education advocate.

P14 is a 54-year-old widow and mother of a 19-year-old male, Jalen He, who is in his final year of high school and is a student with multiple disabilities, including specific learning disabilities in reading, written expression and math. Jalen has a slight Leg Length Discrepancy (LLD) which causes him to walk with a noticeable length. His reports state that his LLD does not prevent him from participating in school activities or accessing curriculum, so he does not receive occupational or physical therapy. P14 revealed that Jalen has begun to experience some behavioral difficulties during the past school year, which resulted in the IEP team's decision to add counseling to his IEP during his 2019 IEP meeting. P14 says that her son does not have "behavior problems" and that behaviors school staff observe arise when other students tease and attempt to bully him. P14 raised this concern at his IEP meeting in September but says the IEP team "sees it differently."

P15 is a 30-year-old unemployed single mother to a 14-year-old son, James, who receives special education services as an 8th-grade student with a disability classification of emotional disturbance. P15 resides in a three-bedroom apartment complex and has four other children in addition to James, whose ages range from 3 years of age to 10 years of age. P15 believes that the IEP team has failed her son and has never been invested in his educational wellbeing. She revealed that her son was suspended on three occasions during SY 2018-2019 and that he was usually sent home without a suspension letter or classroom assignments to work on during suspensions. James was found eligible to receive instruction as a student with emotional disturbance as a 6th grader. His mother said that as the suspensions mounted along with poor grades, she felt it important to bring her concern to the attention of the IEP, but they seemed unconcerned and advised her to focus on what could be put in place for her son behaviorally moving forward. P15 grew more frustrated and retained the services of a special education advocate to assist her in obtaining better outcomes at IEP meetings.

P16 is a 51-year-old mother of a 19-year-old son Marcus, who is in his final year of high school. Her son Marcus was initially found eligible to receive special education services as a 4th grade student. Marcus currently receives special education services as a student identified with specific learning disabilities in reading, math, and written expression. P16 says that educational testing conducted on Marcus last spring revealed that he is functioning in the borderline range of intelligence, a finding that P16 believes may not be accurate. P16 is a retired postal worker and reports that her husband passed away three years ago and reportedly left she and her son financially comfortable. Since her husband's passing, P16 says that she has been able to devote more time to monitoring her son's educational progress and has been very dissatisfied with the school system's failure to communicate with her about the challenges Marcus encountered at school.

P17 is a 39-year-old divorced mom with a 16-year-old son, Ibrahim, in his 10th grade year. Ibrahim is a student with multiple disabilities, including specific learning disabilities in reading and written expression and Other Health Impairment for Attention

Deficit Disorder. P17 completed a year of college and currently works as a Pharmacy Technician at an area drug store chain. She owns a single-family home and reports that she has able to provide a reasonable quality of life for her son and her 18-year-old daughter, currently a college freshman. P17 has been dissatisfied with the school system's implementation of Ibrahim's IEP since he was initially found eligible to receive special education services as a 7th grader. She is distrustful of the school system's motives and afraid that the school system's failure to implement Ibrahim's IEP as written in recent years diminishes his chances for community college or trade school after graduation.

P18 is the 44-year-old divorced mother of a 19-year-old young man Scott with multiple disabilities, including specific learning disabilities in reading and written expression in addition to Other Health Impairment for Attention Deficit Hyperactivity Disorder. She has a bachelor's degree and is the lead paralegal at a D.C. based law firm. She reports that she has been "battling" the District of Columbia Public School System since Scott was in second grade. This is her son's final year in high school, and his mother believes that with greater awareness of her son's educational needs and frequent communication with his teachers, she now has a right to expect a prepared IEP team and an organized IEP meeting. P18 explained that her improved view of special education services for her son was very challenging during his initial year of eligibility but that the IEP eligibility meeting processed has become easier as she has increased her knowledge about the process and the laws governing that process.

Results

Analysis of the responses to research questions provided by the eighteen parents and caregivers participating in this study reflected a broad range of perspectives about their IEP meeting experiences. Not all of the participants felt that caregiver stress impacted their IEP meeting experience while others did not seem to experience caregiver stress at all.

Each of the participants in this study discussed experiencing stress during their child's annual IEP meeting that they attributed to the school team's failure to properly prepare for the IEP meeting, to communicate important information during the meeting and to ensure that staff persons knowledgeable of their child's educational needs attended the meeting. A few study participants suggested that parents/caregivers that fail to communicate with school staff and educate themselves about the IEP meeting process disadvantage themselves in ways that can make IEP meeting participation stressful. Many study participants expressed that caregiver stress had no bearing on their IEP meeting experience because they had learned to navigate the demands of caring for a special needs child years before their child attended school. A few of the study participants who inherited caregiving responsibilities (e.g., grandparents and foster parents) claimed that they had parented a child with special needs previously and felt that caregiver stress was not a factor impacting participation in their child's IEP meeting.

Research Question 1: Did the stress of parenting a child with a disability have any effect on your communication with school personnel during the IEP meeting?

Theme 1: IEP Meeting Stress Obscures Caregiver Stress

Participants in this study responding to RQ1 unanimously denied that caregiver stress had any impact on communications, trust or negotiations occurring during their child’s annual IEP meeting. A recurring theme among some study participants was that participation in their child’s annual IEP meeting was itself stressful and that this adversely impacted their participation in the meeting. The responses of these participants to RQ1 confirmed that they attributed the stress of the IEP meeting to concerns occurring during their child’s IEP meeting and not to external sources of stress emanating from caregiving. The origins of IEP meeting stress described by these parents/caregivers were varied and included concerns such as poor school preparation for the meeting, lack of student work samples, insufficient meeting time and attendance of educational staff who either did not work directly with the student or who had no knowledge of the student. There were other parents/caregivers whose responses reflected denial of both caregiver stress and IEP meeting stress, these parents/caregivers asserted that familiarity with the IEP meeting process and preparation for the IEP meeting enabled them to approach the meeting with a confidence that eclipsed stress. P11 was among those who denied the existence of either caregiver or IEP meeting stress in describing her experience at her 17year-old son’s annual IEP meeting last spring. P11 stated:

> No, I didn’t experience any caregiver stress because I took over. I reached a point where I’d grown so frustrated with V’s past IEP meetings that I decided that I would have to take over. Instead of them (IEP team members) telling me how they wanted it done, I took it over. Before his last IEP in

> May (2019), I scheduled a meeting with the coordinator (IEP) and a few of his teachers' days before the meeting to tell them what my concerns were and what I wanted done at the meeting. Some of his teachers didn't like it, but they came to the IEP meeting prepared and ready to talk about what I felt was important. I needed to take over in that way so that all of us could be on the same page. I was tired of coming to IEP meetings when some staff weren't familiar with V and others didn't bother to show up and asked to participate by phone.

P1 also denied experiencing caregiver or IEP meeting stress during her foster son's annual IEP meeting. She was a vocal proponent of parent preparation for IEP meetings and also implied that knowledge of the IEP meeting process derived from previous experiences can be beneficial in diminishing stress. P1 commented:

> No, I didn't feel any stress. As a matter of fact, I always go to the IEP meeting with my own list of concerns and the school helps me with these. As a parent with a disabled child, I feel it's my responsibility, not the school's, to be on top of what's going on with the child. If I know what's going on with Keith at school every day and stay in touch with his teachers, there is no reason for me to be stressed out at his IEP meeting because they can't surprise me with anything. My grandson has a disability, so I'm used to this. I was helping my daughter with getting my grandson special education services long before I got Keith (foster son).

P7 similarly denied the existence of stress going into her son’s annual IEP meeting and expressed that she is familiar with the IEP meeting process from years of experience and is accustomed to battling with the school IEP team to get her son’s educational needs met. P7 remarked:

> No, it (the IEP meeting) didn’t stress me because I have another child with a disability, and I’m used to it. I’ve been fighting District of Columbia Public Schools (DCPS) for at least the last 5 years, so they know they got a fight on their hands when I come. The last meeting was a pretty good one and they seemed more prepared than they usually are. All of his teachers were at the meeting, and they gave me his work samples and a draft of his IEP a few days before.

P13, the father of a 15-year-old seventh grader with multiple disabilities, was among those study participants who referenced the stress of participating in the annual IEP meeting. P13 said:

> I didn’t feel any caregiver stress, but his last IEP meeting was really stressful. I’m sick of having to fight them (IEP team) for things that everyone at the school should see. My son is supposed to be in high school but can barely read and write. They keep trying to say he’s not learning because of behavior, but I know it’s more than that. I’m the one that sits up with him at night crying because he can barely read homework assignments. I told them about how embarrassed he is about being in a class with

> younger kids, but they (IEP team members) keep saying the service he gets on his IEP will help him get in his right grade when his behavior improves. I don't have money for a lawyer, but I'm going to have to find money for one because he's getting robbed. He needs a special school that knows how to work with kids like him, but they don't want to pay for that.

P13 denied experiencing caregiver stress during his son's annual IEP meeting but provided a vivid description of his frustration with the IEP team and how his son's annual IEP meeting was conducted. P13's comments underscore a common concern echoed amongst parents/caregivers who expressed that their stress was a result of the school's poor preparation for the annual IEP meeting as well as their lack of knowledge of the student. P13 described the frustration and stress he experienced at his son's IEP meeting. He commented:

> The meeting (IEP) was stressful, but it wasn't caregiver stress. The school staff really didn't know too much about my son, so I had to ask them questions about what he was learning and whether he was making progress. A month before the meeting, I went to a meeting at school, and they told me that they were starting a behavior intervention plan the day after that meeting. I get to the IEP meeting, and they tell me that they didn't have the staff to begin the behavior intervention plan they promised and that was upsetting. Some of the things that I found out about my son during the meeting, I never knew about. I found out that he had been bullied and hit in the face by another student. The school never reached out to tell me about

> that and hearing about it for the first time ticked me off. It seemed like the teacher that mentioned the incident didn't know she probably wasn't supposed to say anything because everyone looked at her funny.

P16 also denied that caregiver stress impacted her experience during IEP meeting attendance but went on to clarify why participation in her son's IEP meeting had been stressful. In response to RQ1 and inquiry about whether caregiver stress had impacted her IEP meeting experience, P16 said:

> It does. No, I would say that it does for sure. I don't stress about caring for him, (my son) cause even though he's special needs, I'm used to it. I've been caring for him his whole life. When we're in these meetings, they (IEP team) really don't know too much. They can't tell me much, so I got to ask them questions. If I didn't know better, I would think they never taught him. The things I found out about him and how far behind he had really bothered me. Why I got to wait to get to the meeting to hear he isn't making the kind of progress we hoped he would? Hearing that stuff for the first time at the meeting really upset me.

Research Question 2: Were school personnel open to negotiating with you about changes to your child's special education program during the IEP meeting? Provide examples of their willingness or unwillingness to negotiate with you.

Theme 2: Past IEP Team Failures Diminish Willingness to Negotiate

P18 has acknowledged having experienced a stressful IEP meeting because of the school's failure to apprise her of a critical incident her son was involved in prior to the

IEP meeting. Despite their failure to disclose information about the critical incident that her son was involved in, she felt that the IEP team was willing to negotiate with her. Her distrust of the school IEP team was evident based on her response to RQ1, but in her response to RQ2, she felt that the school was open to negotiating with her about making changes to her son's IEP during the meeting, perhaps as recompense for their failure to tell her about her son's critical incident. Because she was among a minority of study participants who experienced a stressful IEP meeting yet felt that the IEP team had negotiated with her to make changes to her son's IEP, hers was a discrepant case. P18 said:

> The IEP team was willing to negotiate with me. The principal and the teachers apologized to me for not informing me of the incident before the IEP meeting. They said that they would see to it that nothing like that ever happened again. I guess because of their embarrassment about the incident, they were pretty much open to changing whatever I wanted changed on his IEP. My son is very smart even though he has a disability, so it's important to me that they don't just regard him as a throwaway.

P18 is among those study participants who had been an ardent supporter of holding school personnel accountable for their actions relative to the IEP meeting and has expressed her belief that parents/caregivers hoping to achieve results at the IEP meeting must be prepared to do battle with school personnel. Her response to this research questions reflects that her practice of holding school personnel accountable has paid dividends. In response to this research question, she responds:

> Yes, I didn’t get any pushback from the team at his IEP. I told them that I wanted more speech time and more OT time for him, and they agreed with me. A few years ago, that wouldn’t have happened that way because I had to fight for everything, I got for him. At his meeting this school year, every time I asked for something, they agreed. When I told them that I wanted to get him more acclimated to the community, they agreed and coordinated a plan to have him participate in their weekly outings to the dollar store where he could utilize basic reading and math skills.

P12 expressed that school personnel’s willingness to negotiate with her was based primarily on her decision to retain the services of a special education lawyer who has attended her daughter’s IEP meetings with her in recent years. Her distrust of school personnel resonates in her response to this research question, but it appears as though she has found some guarantee of fair play on behalf of the school so long as her attorney attends IEP meetings. P12 said:

> At times I didn’t think they were because they didn’t think that in their eyes, she (my daughter) had a disability. So, I went through a lot with that until I got some help. It was kind of hurtful, but I had to learn to deal with it because I couldn’t let anybody stop me because I had to advocate for her. The thing that I did at the last meeting is what I’ve been doing the past few years and that is always keeping in contact with my lawyer (special education lawyer). If I felt that I couldn’t handle things, I would let my lawyer know and things always came out on top.

P1 expressed her view that school personnel were willing to negotiate with her in making changes to her foster son's IEP. She commented:

> Yes, they were. They had some suggestions. We went by the goals from his IEP from last year and based on his progress this year, they suggested that if he continued to make progress that I consider switching him from an IEP to a 504 plan. We're going to be looking into this over the next few months and hopefully that will happen.

P13's response to this research question revealed a deep distrust of school personnel. He revealed that school personnel were unwilling to negotiate with him about changes to his son's IEP at his most recent meeting and that this was consistent with a general pattern of neglect of his son's educational needs.

> The school is tired of me and I'm tired of them. I asked for the same thing I've been asking since last year's meeting --- I asked that they put him (my son) in a special education school, but they said he's not ready for that yet and they weren't going to change his IEP. I don't know what to do. I don't think I can't afford a lawyer, but I don't know any other way to get him what he needs.

Research Question 3: During participation in your child's IEP meeting, did you trust school personnel to make decisions that were in your child's best educational interest? Explain.

Theme 3: Past IEP Team Failures Promote Caregiver Distrust

A salient theme recurring in many of the responses provided by parents/caregivers for RQ3 was that IEP school officials could not be trusted because of a variety of missteps committed during past IEP meetings. Among the missteps referenced in parent/caregiver responses were poor IEP team meeting preparation, poor pre-meeting communication with families, failure to provide student work samples and IEP drafts during the meeting as well as failure to invite staff knowledgeable of the student to the meeting. Further, some of the parent/caregiver responses alleged that school personnel had concealed important information regarding critical incidents, special education staffing changes and suspension of related services without parent notification. Many study participants conveyed a mixed message in denying that stress impacted communication, negotiation, and trust during their child’s annual IEP meeting, yet they simultaneously expressed some level of distrust for the IEP team in accounts of how they experienced the IEP meeting. A few study participants felt that through lessons learned over the course of participation in several years of IEP meeting attendance and through educating themselves about the IEP meeting process, they had grown to earn the trust of the school IEP team and had grown to trust the school IEP team. P11’s response reflects the perspective of those parents/guardians who denied stress yet maintained a level of distrust towards the IEP team. P11 commented:

> I would say I didn’t trust them because a few days before the meeting (IEP),

> I got an email from my son’s teacher telling me she planned to continue giving him the same number of hours (specialized instruction) on the IEP as last year. When I saw that, I had to go over the teacher’s head and get the Principal and School CEO involved to let them know that wasn’t acceptable. First of all, I had to remind them that my son was scheduled to be reevaluated during March 2019, and his teacher shouldn’t be telling me how much special instruction he needs until they tested him. They got him tested quickly and did another draft of his IEP before the meeting. They rescheduled the meeting, but I asked them to reschedule it a second time because two of his teachers emailed and said that they were on leave the day of his meeting. That’s unacceptable and it seems that a few of his teachers are absent from the meeting every year. The IEP meeting finally happened at the end of May (2019).

P13 was the only male participating in the study and alluded to the challenges of single parenting as a widower who lost his wife a few years ago. His son, a 15-year-old, a twice-retained student who has specific learning disabilities in reading, writing and written expression, continues to receive failing grades. P13 strongly feels that school personnel/the IEP team cannot be believed and are unable to make decisions that are in his son’s best interest educationally. P13 remarked:

> I don’t trust them (IEP team) and I don’t know what to do about it. Everybody wants their child to be normal, but I know my son has some serious learning problems. He’s been kept back twice, and you’d think that

> the school would do right by him, but all they do is lie to me, call me at work whenever he acts up. They can’t give him what he needs, but they refuse to put him in a school that can help him. They spoke real nice to me in the IEP meeting at first, but when I told them how mad I was about them saying he doesn’t need a special school, they got quiet. I told them the only IEP change that I wanted made was one that would get him in a school that could help him.

P18 was a discrepant case and was one of two respondents who trusted the IEP team and reported that she had a positive IEP meeting experience. She reports that the team was communicative prior to the meeting and appeared to make decisions in her son’s best interest. P18 said:

> Um… yes. I felt comfortable going into his IEP meeting this year. There was a time when that wasn’t the case a few years ago when they’d tell you one thing, and you’d get to the IEP meeting, and it would be something else. It’s always been my push to get him more speech and occupational therapy hours, but I always used to get push back from the team (IEP). Since his school got a new IEP Coordinator, things have been much better. This year there was such a good IEP team and a good vibe. I never had any problem with the coordinator or his teachers communicating with me. They made sure that I got a copy of the draft IEP a week before the meeting, and I had plenty of time to review it. His teacher called me to discuss the draft the day before the meeting. The team fully supported the recommendations

> that I made for additional occupational therapy and speech hours. During the meeting, his teachers thought that he needed a little more time in the general education classroom setting and I agreed with them. The coordinator disagreed at first, but after hearing from his teachers, he agreed with us.
>
> That's how an IEP team is supposed to work.

P1 was one of only two study participants who fully trusted the IEP team to make decisions that were in her foster son's educational interests. Implicit in her response to RQ3 was the notion that parents/caregivers who take initiative in maintaining lines of communication with school staff and who have a greater awareness of the IEP meeting /eligibility process are more likely to experience favorable educational outcomes for their child. In other words, P1 firmly believed that parents/caregivers must earn the trust of school personnel by becoming knowledgeable of the IEP process and proactive. P1 remarked:

> Yes, I do. I had no problem with the IEP team's decisions. I don't wait for his teachers to communicate with me and make it a point to call them at least once a week, so I'm not surprised by anything they bring up at the meeting (IEP). They sent me a draft IEP a few days before his IEP meeting. Once I got to the meeting and talked about his IEP, they waited another day before putting it in effect so they could call and make sure I still agreed with the changes.

P6 was tasked with attending her student's annual IEP meeting as her counselor at a local group residence facility for adjudicated adolescent girls. Her response to RQ3 reflected her perspective that the school's IEP team was unwilling to negotiate with her in pursuit of IEP modifications that would benefit the student she represented. P6 said:

> No, they weren't open to anything I said because they wanted to try what they wanted to try first, before even considering putting her in a smaller classroom setting. They were determined to try things their way and even though they listened to what I said, I could tell by looking at their faces that they didn't plan on making any changes to her IEP. I'm around her all the time in the group home, so I knew how hard it was for her to focus on what you tell her even if only two or three other people are around.

Research Question 4: What suggestions might you have for school personnel on ways to help parents and caregivers feel more comfortable expressing opinions regarding their child's educational needs during IEP meetings?

Theme 4: Adversity and Adaptation

Parent/caregiver responses to this research question revealed unanimity around the need for school IEP team improvements in communication. Some of the participant responses to this question revealed a level of anger and distrust in school personnel that made it more difficult for them to recognize the importance of personal responsibility in both initiating communications with school personnel while maintaining the expectation that school personnel also initiate communications about student progress both in preparation for IEP meetings and during the meetings themselves. Other parent/caregiver responses reflected a more balanced view of communications with school personnel. Those research participants stated their belief that parents/caregivers are responsible for initiating communication with school personnel in preparation for the IEP meetings and during the meeting itself. Their responses also reflected a belief that parents/caregivers have an unconditional responsibility to hold school personnel responsible for communications with them in preparation for the IEP meeting and during the meeting.

One participant felt that school/family communication would improve and might promote greater parent/caregiver participation in the meeting if school personnel provided a preliminary IEP meeting for the purpose of helping parents/caregivers understand the terms that would be used during the meeting. P12 said:

> I feel like they should have a little class or session and bring parents in to at least explain to them what certain things mean and how they're going to move on certain situations because not everyone is smart enough or equipped to understand what the terms mean. Also, I think they need to make sure that everyone that is supposed to be in the meeting is there, teachers and the parents. When my daughter has an IEP meeting, I like to see her teachers' facial expressions so I can tell if they're really there for my child of if they are there for a paycheck.

P5's response reflected a measure of frustration with the school system's communication prior to the meeting and implied that problems with school/family communication had served to erode her trust in the school system. Despite her distrust in the system, P5 still voiced her preference for improved school communication. P5 remarked:

> I did trust them (school personnel) at one point, but because they weren't communicating with me and I didn't find out stuff until I got to the meeting, I would say I lost that trust. The school needs to communicate with the parents more. I know that they don't like to call the parents, especially the kids that have behavior problems like mine, but I would feel better if the school would communicate with me more before the meeting.

P6 is a residential counselor who attends annual IEP meetings for one of the teen girls to whom she is assigned. P6 also voiced her distrust of school personnel relative to the IEP meeting but expressed that school personnel would be better served by paying closer attention to what parents/caregivers have to say during IEP meetings. She said:

> I think that if you're a parent or caretaker of a person with a disability, you're with them a lot, you're spending time with them, and you know them probably better than most. By actually taking the time to listen to what we say about these kids and doing something with it, that would help students a lot. If I'm telling you that it's in the child's best interest to be in a smaller setting or pulled out of class so they don't get distracted, then I think that they (the school) should do it. It really wouldn't take much, and a lot of kids would be helped.

P15's response to this research question revealed that her trust of school personnel had eroded to the point where she felt incapable of initiating any measures personally that would result in improved communications with school personnel, but she did assert that the only way that she had been able to ensure improved communications with school personnel about her grandson's IEP meeting was to hire an education advocate. P9 remarked:

> I don't know what to suggest to trust them (school personnel), so honestly, I don't do anything without help. I would tell any parent with a special need child to get yourself a special education lawyer. I don't do nothing at the school unless my lawyer tells me to do it. He (my lawyer) don't play. He won't let me do any IEP meeting at the school without him there. He is my lawyer and I'm the parent, so I'm following what he tells me. That's the only way I got the school to give my grandson what he needs on his IEP. If I don't understand something at the meeting (IEP,) I let my lawyer take the floor and speak for me.

P11's response to this research question reflects a belief shared by a few other participants that parents/caretakers must shoulder an inordinate amount of responsibility for seeing to it that the school personnel communicated with them regularly about their child's educational needs and is responsive to parental requests and concerns regarding those needs. P11 encourages parents/caretakers to be prepared to struggle with school personnel and also to be prepared to hold them accountable. P11 said:

> I would suggest that when the school doesn't appear to have your child's best interest at heart, you've got to be ready to push back. I would say always stand your ground if you think that your child should have X, Y and

> Z and the school isn't providing it. Don't leave the IEP meeting until you get what you want because you're the best advocate for your child. If you want something and they (school personnel) didn't do it, then you have to come back to the table (IEP meeting) and insist that they do it. Get a communication book and have the teacher write every day what is going on in your child's classroom. As a parent, you can't trust that the school is going to do right. You have to show up, you have to write notes, you have to call and do whatever else it takes to get results.

Results

Evidence of Trustworthiness

Trustworthiness in qualitative research is an important characteristic because it provides assurance that the findings of this study are a direct reflection of the participants' description of the phenomenon being studied and not influenced by the researcher's professional and personal biases. Trustworthiness is comprised of four indicators, which include transferability, credibility, dependability, and confirmability.

Credibility

Credibility is an important feature of phenomenological research. Credibility, according to Creswell and Poth (2018), is used to establish a clear link between the phenomenon being studied as reflected in thick, rich descriptions of the phenomenon provided by research participants and the research findings. To ensure that this research was credible, I used the methods of triangulation, member checks and reflexivity. To gain a thorough understanding of how caregiver stress impacted study participants' IEP meeting experiences relative to trust, negotiation, and communication with school personnel, I used the method of triangulation. Use of triangulation involved my examination of multiple data sources, including participant surveys, participant responses to research questions and individual meetings with each study participant (Creswell & Poth, 2018).

I also used member checking during data collection by eliciting study participants' clarifying statements about responses they provided to research questions. Member checking as described by Creswell (2016) is a process enabling study participants to check for the accuracy of their responses to research questions in order to validate those responses. Accordingly, after data was obtained, I sent each of the study participants transcripts of their research question responses and invited feedback on whether their intent was accurately reflected the in their responses.

Finally, a reflexive approach to this research was adopted. Reflexive journaling is an often-used practice which promotes transparency in qualitative research while enabling the researcher to remain mindful of how personal bias and subjective experience may impact research (Ortlipp, 2008). As such, for the duration of the research I maintained a journal which reflected my experiences, values, and assumptions about the research at every stage. In this way, I attempted to remain mindful of how my personal values, experiences and assumptions impacted engagement in the research process. As an education advocate having attended hundreds of IEP meetings, it was important that I used journaling to achieve a degree of transparency regarding how I experienced the research as a result of my personal experiences and beliefs. Further, I reflected on my own professional experiences as an education advocate in hopes of determining whether bias stemming from my professional background might have influenced the participants' responses to research questions.

Transferability

Transferability is a feature of qualitative research that also helps to establish the trustworthiness of the research. According to Creswell (2016), transferability demonstrates that research findings are applicable to other contexts where similar populations, phenomena or situations may be studied. According to Creswell and Poth (2018), one way of ensuring transferability of a qualitative study is to have study participants provide thick, rich descriptions of the phenomenon being studied so that researchers conducting similar studies may assess whether the results from one research project are applicable to research they may conduct.

Dependability

Merriam and Tisdale (2016) described dependability as the process whereby data obtained is such that the research could be replicated by other researchers embarking on similar studies and the same findings would be obtained. To ensure that dependability was achieved in this research, I had a psychologist and a clinical social worker not involved with this research review this research with emphasis on processes involved with data collection and data analysis. Having other social scientists review the processes the researcher used in collecting and analyzing data was done to ensure that research findings were consistent and replicable.

Confirmability

Confirmability in qualitative research is another indicator of trustworthiness in research according to Creswell (2016). Confirmability exists within a qualitative study if the research findings are based upon the narratives provided by study participants and are not an outgrowth of the researchers' biases (Merriam & Tisdell, 2016). I utilized three tools in my effort to ensure that this research reflected confirmability. First, an audit trail was used to record the processes involved in data collection, data analysis, coding, and analysis of the data. Additionally, I continued my use of reflexivity as described by Merriam and Tisdell (2016), by maintaining a journal to record my thoughts and values relative to the processes involved in this research. Use of this tool involved reflection on my thoughts and values about the research as well as my relationship with the research participants. The objective in using this tool was to remain aware of biases that impacted how the research was conducted. Finally, I enlisted the assistance of a psychologist and a clinical social worker not involved in this research to review the data and provide a means of validating my interpretations of emergent themes.

Summary

The primary purpose of this phenomenological qualitative study was to construct meaning from the experiences of African American parents and caregivers as described after participation in their child's annual IEP eligibility determination meeting. Parent/caregiver perceptions about the impact of caregiver stress on communication, trust, and intent to negotiate with school personnel during their child's annual IEP meeting was analyzed among a purposeful sample of eighteen single, African American parents/caregivers who reside in the Ward 8 section of the District of Columbia. I opted to use a qualitative design for this research because it allowed me to obtain rich descriptions of the IEP meeting experiences of participants who met the selection criteria for participation in this study.

Chapter 5 will discuss an interpretation of the study findings, an examination of those findings relative to the conceptual framework of this research, limitations of the research, recommendations for future research and the implications of this research for positive social change.

Chapter 5

Discussion, Conclusions, and Recommendations

The purpose of this phenomenological study was to construct meaning from the lived experiences of single African American parents and caregivers attending their child's annual IEP meeting. This study examined how caregiver stress impacted IEP meeting communication, trust and negotiation with IEP team members from the primary caregivers' perspective. I conducted this study because extant literature about African American parent/caregiver participation in IEP meetings focused primarily on the disproportionate representation of minority students in special education as well as the structure, function, and legal aspects of the meeting. There is a dearth of literature that examines how the caregiver stress of single African American parents/caretakers impacts their IEP experiences with school personnel. This study's emphasis on how caregiver stress impacts parent/caregiver communication; negotiation and trust provided insights into factors that undermine parent/school collaboration during IEP meetings and illuminated measures that can be taken to make the meeting less stressful for parents/caregivers.

Analysis of the data yielded four key findings. First, parents/caregivers either denied or minimized the existence of caregiver stress while acknowledging having experienced stress resulting from participation in their child's IEP meeting. It is not clear whether the denial and/or minimization of caregiver stress reflected their efforts to conceal vulnerability, or if they indeed experienced caregiver stress and were not able to differentiate between caregiver stress and other forms of stress. Second, parents/caregivers who felt that school personnel were unwilling to negotiate with them believed that the school's resistance to negotiation was the cumulative effect of past IEP meetings marked by poor staff communication, poor staff preparation and school staffs' unfamiliarity with the unique special education needs of the child. Third, parents/caregivers who expressed deep distrust of the IEP team as experienced during their child's IEP meeting tended to remain distrustful of the IEP team and school personnel's motives. Several of those parents/caregivers believed that the only hope for securing a favorable IEP meeting outcome for their child was to enlist the assistance of external forces (e.g., special education advocate or a special education attorney). Fourth, parents/caregivers who experienced a productive annual IEP on behalf of their child attributed their IEP meeting experience to having become more knowledgeable about the IEP meeting process and more assertive by holding the IEP team and school personnel accountable. These findings will be discussed at greater length with exploration of their relevance to the major theoretical perspectives, Self-Determination Theory and Attribution Theory, in the Interpretation of Findings section.

Interpretation of the Findings

The major findings of this research were interpreted through the lens of the two major theories reviewed in Chapter 2, SDT and AT. In their description of AT, Fiske and Taylor (1991) reported that whenever exchange between perceiver and the perceived creates a degree of uncertainty; the exchange creates a need for the perceiver to control the exchange. The perceiver often attempted to control the exchange by making causal inferences about the perceived. AT provides an explanation for the causal inferences made by study participants' descriptions of their IEP meeting experiences. Based on the rich parent/caregiver descriptions of their child's IEP meeting, there was a power imbalance implicit in the IEP team's ability to effect educational outcomes that did not reflect the educational interests of parents/caregivers for their child, and there appears to be motivation for parents/caregivers to control the exchange with the IEP team through causal inferences. Parent/caregiver descriptions of the IEP team as untrustworthy, unprepared, and prone to concealment of critical student information causally infers that the actions of IEP team members are counterproductive and dishonorable.

SDT provided a theoretical framework for understanding the motivation of parents/caregivers participating in their child's annual IEP meeting relative to the social context created by school personnel. Deci and Ryan (2008) theorized that for individuals to achieve a sense of self-determination, their core psychological needs of competence, relatedness and autonomy must be met. To that end, Deci and Ryan (2008) instructed that analysis of the social context in which behavior occurs to determine whether core psychological needs have been met.

In this study, the data revealed that parents/caregivers came into IEP meetings with different perspectives regarding the IEP team's role in fostering a climate conducive to parent engagement as well as parent/caregiver responsibility for educating themselves regarding the IEP meeting process. The perspectives of a few study participants reflected that some of their core psychological needs were met. Those study participants believed that IEP meeting preparation was the responsibility of parents/caregivers, and those prepared parents/caregivers were better equipped to hold school personnel accountable.

P1, P15 and P18 endorsed the perspective that parents/caregivers who were motivated to remain knowledgeable about the educational issues impacting their child prior to the IEP meeting, who communicated with school personnel regularly and who educated themselves about the IEP meeting process were better positioned to hold school personnel accountable. Their perspectives reflected that they had achieved two of Ryan and Deci's core psychological needs: competence and autonomy. P15 espoused a proactive view of parent/caregiver readiness and implied that the actions of the parent/caregiver in regularly communicating with school staff set the tone for IEP meeting outcomes. P11 said, "As a parent, you can't trust that the school is going to do right. You have to show up, you have to write notes, you have to call and do whatever else it takes to get results." P15 similarly emphasized the benefits of being proactive and expressed her view that parents/caregivers must take ownership of the meeting by establishing an agenda beforehand. She remarked, "As a matter of fact, I always go to the IEP meeting with my own list of concerns, and the school helps me with these. As a parent with a disabled child, I feel it's my responsibility, not the school's, to be on top of what's going on with the child." P11 shared similar perspectives on the importance of taking ownership of the meeting by framing the meeting agenda and holding school staff accountable.

The IEP meeting perspectives of P1 and P11 make it difficult to assess whether their core psychological need of relatedness was met for each, but their descriptions of the IEP meeting experience suggested that each of them felt less antagonistic towards school staff and more empowered as assertive and knowledgeable participants in the meeting. Based on her description of the IEP meeting, it appears P15's core psychological need of relatedness was met as she stated the IEP team fully supported her and provided her son with the related services that he needed.

The perspectives of most parents/caregivers in this research reflected tremendous distrust and loss of confidence in the motives of school personnel involved in their child's IEP meeting. Sheldon and Gunz (2009) posited that when individuals are either denied opportunities to meet their core psychological needs in the environments in which they function or feel that their environments lack sufficient supports to facilitate efforts to meet core psychological needs, then they are likely to engage in restorative behaviors intended to meet those needs. The restorative behaviors referenced in Sheldon and Gunz's (2009) description of SDT, suggested that individuals engaged in these behaviors run the risk of not being able to function optimally in the environments in which they find themselves. The perspectives of those parents/caregivers who voiced that deep distrust of the IEP team and felt that the relationship with the IEP team had been damaged irreparably to the point where it was futile to trust that the IEP team would provide their child with sufficient educational supports based on decisions made during the IEP meeting.

The perspectives of many parents/caregivers participating in this study revealed significant distrust of the IEP team. Their data reflected that distrust of the IEP team was the cumulative effect of negative experiences with the school IEP team that occurred over multiple months and years. In some instances, this group felt powerless to take corrective actions and resigned themselves to the futility of continuing to take on the IEP team alone. Deeply distrustful of the IEP team and not having gotten their core psychological needs met through school/IEP team support, these parents/caregivers engaged in restorative behaviors designed to meet those core psychological needs for competence and autonomy. One of the more common restorative behaviors this group of parents/caregivers exhibited were scathing criticisms of school personnel/IEP team and speculation about the unsavory motives of IEP team members, retaining the services of education advocates/attorneys and expression of the belief that transition to a private school was the only remedy that might result in satisfactory education outcomes. The perspectives of these parents were described as an outgrowth of the poor relationships they had with the IEP team and school personnel over multiple months and years.

Clear differences were observed in how participants in this study responded to the challenges posed by school IEP teams that were not always invested in hearing their concerns or negotiating around possible IEP outcomes for their child. Some participants saw the opportunities for improved IEP outcomes if they employed adaptive strategies to diminish the resistance and make inroads with the team. Among the adaptive strategies they used was empowerment through self-education about the IEP process, establishing regular mechanisms for ongoing communication with school personnel and enlisting the expertise of educational advocates. These adaptations presupposed that improved parent/caregiver communication and negotiation with the IEP team was an outgrowth of personal transformation. Their responses to research questions and reference to adaptations made in response to perceived resistance from the IEP team suggested that they may have been operating from an internal locus of control.

Other participants perceived the challenges of attending their child's IEP meeting as irreparable and regarded efforts to improve relationships among EIP team members as futile. Those participants expressed significant distrust of IEP team members, specifically and school personnel in general. Their responses to research questions inferred the presence of an external locus of control such that significant improvement in their relationship with the IEP team seemed unlikely.

AT provides a theoretical lens through which to understand the perceptions, motivations and behaviors of parents/caregivers participating in this study. Weiner postulated that individuals are inclined to make causal attributions about the behavior and motivations of others in their environments to gain cognitive control of their environments. As this relates to this study, there appear to be divergent parent/caregiver perspectives regarding the behaviors and motivations of the IEP team. Many parents/caregivers made unfavorable attributions regarding the IEP team's motives and behaviors as they impacted the educational well-being of their child. These parents/caregivers tended to perceive the relationship between themselves, and the IEP team as having been irreparably damaged due to the erosion of trust that occurred from prior IEP meetings and encounters with members of the IEP team. They tended to view the motivations of the IEP team as dispositional rather than situational.

Limitations of the Study

The sample group in this research was comprised of single African American parents/caregivers who have attended an adolescent child's annual IEP meeting within the past year. The sample group was predominantly female with a single male participant.

Each of the study participants were residents of Ward Eight in the District of Columbia and there was some variability in their educational and socioeconomic profiles as well as their age ranges. Individual meetings were conducted at the Anacostia Neighborhood Library with 16 of 18 study participants. In two cases, interviews were conducted at the homes of study participants to accommodate their inability to travel to the library because of childcare challenges. The responses of those two study participants largely aligned with those of study participants who met at the library, so while it may appear this had implications for the transferability of this research, the research findings suggest otherwise.

Use of a phenomenological qualitative methodology ensured that the findings in this research reflected the in-depth perspectives of parents/caregivers attending their child’s annual IEP meeting. Consequently, the research findings were credible in large part because the researcher made extrapolations and interpretations from the data based upon the unique IEP experiences of each participant. This qualitative methodology gave the researcher the advantage of using a relatively small sample size of 18 participants in contrast to a much larger sample. The proposed sample size was 24 participants, but despite extensive recruitment efforts attempted by the researcher to achieve that sample size, only 18 participants were confirmed and participated in the study. The 18 parents/caregivers participating in this study provided thick, rich descriptions of the phenomenon studied, but the proposed sample size of 24 might have yielded more generalizable findings. Given that reality, the researcher’s use of a smaller sample size might have been a limitation.

Another possible limitation in this study is the fact that one of the criteria for participation was that parents/caregivers must have participated in their child's annual IEP meeting within the past year (12 months). There was variation in the timeframe within which parents attended their child's IEP meeting. Some parents/caregivers attended IEP meetings that occurred during the spring and summer of 2019. Other parents/caregivers attended IEP meetings that occurred during the fall of 2019. It is possible that when parents attended their child's IEP meeting may have impacted their recollections of their IEP meeting experience. IEP eligibility determination meetings typically occur annually, and the researcher had no control over when participants attended their child's IEP within a 12-month period, but it is prudent to consider the fact that the date of the meeting might have impacted participants' recollections of their IEP meeting experiences.

Each of the study participants were residents of Ward 8 in the District of Columbia: however, the research made no inquiry as to the length of each participant's residency in that region. Because Ward Eight is the poorest ward within the city and has been beset by a host of indicators, including higher incidences of violent crimes, lower high school graduation rates and greater health disparities, there may have been important quality of life distinctions to be made between longtime residents of the ward versus those who arrived within the last year or less. The quality of life of longtime Ward Eight residents may have had both direct and indirect effects on how they experienced caregiver stress and the degree to which caregiver stress was exacerbated. A limitation of this study is that the data does not reflect how long study participants have lived in Ward

Eight. This ward was determined to be fertile ground for participant selection primarily because of economic, health, safety and educational disadvantages that characterize it in relation to other wards throughout the city. Given that reality, study participants who lived in the Ward Eight section of the District of Columbia for less than a year might exhibit caregiver stress impacts that are different than participants who have lived in the ward for several years and have, therefore, been subjected to environmental stressors for longer periods of time. The fact that length of parent/caregiver residency in Ward Eight was not considered in this study was a limitation.

Recommendations for Future Research

This researcher unsuccessfully attempted to enlist the participation of DCPS personnel by forwarding a letter to the Chancellor of Special Education, which described the nature of this research and requested participation of DCPS personnel for the study.

That request was, unfortunately, declined as the Chancellor stated DCPS's practice of only supporting the doctoral studies of its own employees. Had the researcher been successful in that request, the research findings herein would have reflected a broader and more balanced range of perspectives. Although the perspectives of parents/caregivers on impacts of caregiver stress on their IEP meeting experience are illustrative and provide a window into how to improve family/school communication both prior to and during the annual IEP meeting, future research should endeavor to reflect both parent/caregiver perspectives as well as the perspectives of school personnel. Parents/caregivers and school personnel, both critical stakeholders in the IEP meeting process, are both more likely to adopt new strategies for enhancing IEP meeting communication, trust, and negotiation if their perspectives on the process are reflected in those strategies. Future research should, to the extent possible, reflect the perspectives of all stakeholders, both families and school personnel.

Future researchers may also find it enlightening to conduct research about the IEP meeting as impacted by caregiver stress along specific disability categories. Many of the parents/caregivers participating in this research parented a child who has multiple disabilities. Examination of how parents/caregivers experience caregiver stress may be a result of the type of disability their child has. In instances where a child has multiple disabilities, consideration should be given to which disability is primary. The caregiver stress experienced by the parent/caregiver of a child with emotional disturbance is likely different than that experienced by a parent/caregiver having a child with a specific learning disability. How a parent/caregiver experiences caregiver stress as a function of their child’s disability category would likely have implications for their communications, negotiation and willingness to trust school personnel at the annual IEP meeting. For example, a parent/caregiver inundated with multiple calls from school personnel weekly to report maladaptive behavior or their child’s suspension from school may experience a more palpable and intense caregiver stress than the parent/caregiver whose child fails to meet academic milestones because of insufficient specialized instruction.

There are many special education advocates and several law firms specializing in special education law in the District of Columbia. Special education advocates/attorneys typically represent the interests of parents/caregivers at IEP meetings and administrative due process hearings. The services of special education attorneys/advocates are usually enlisted when parents/caregivers feel that a child's special education rights have been violated by school personnel and their efforts to address those violations have been ineffectual. Although they view IEP meetings primarily from a legal perspective, special education advocates/attorneys have a seat at many IEP tables and frequently hear the issues raised by parents at IEP meetings as well as the counter arguments and justifications voiced by members of the IEP team. Future research aimed at eliciting the perspectives of special education advocates and attorneys about their IEP meeting experiences would provide an uncommon perspective. Their perspectives may well provide insights, which prove beneficial to efforts undertaken by both sides, parents/caregivers, and school personnel, to improve the IEP meeting experience.

The perspectives described by parents/caregivers of their IEP meeting experiences reflected that with respect to meeting scheduling, identification of meeting attendees, agenda development and information sharing, the balance of power tilts overwhelmingly in favor of school personnel. The process of balancing this might be achieved by future research designed to examine the formation of pre-meeting committees comprised of at least one parent/volunteer having a child with special needs, a school administrator, and a special educator. Committee members must have direct knowledge about the student and will be tasked with communicating with the parent/caregiver.

The narratives of study participants revealed considerable frustration with school personnel's poor communication prior to and during IEP meetings, poor student outcomes arising from meeting decisions and devaluation of parent and caregiver input during meetings. Additionally, frustration stemming from the inability of study participants to understand the jargon used by school personnel during the IEP meeting was also apparent in the narratives of study participants. These frustrations suggest that the future formation of parent and caregiver IEP support groups would provide an invaluable resource by providing a venue for information sharing and mutual support. The DCPS and regional parent advocacy groups would do well to consider coordinating these kinds of support groups, as informed parents and caregivers strengthen the IEP team and increase the likelihood that decisions made during the meeting reflect a broader spectrum of educational perspectives than might otherwise be the case.

Finally, parent and caregiver narratives of their engagement during the IEP meeting alludes to the potential for unfavorable outcomes for the students whose educational paths are planned during the meetings. Consideration of future research regarding IEP meetings and African American students and their families must consider that negative educational outcomes for African American students with disabilities can significantly alter their trajectories well into adulthood. The frustration conveyed by some study participants regarding mistreatment of their child and school personnel's poor communication about that mistreatment was not surprising. African American students with disabilities in Grades K-12 are more than twice as likely to be suspended from school than those not labeled disabled. (U.S. Department of Education, 2016.) Not only are these students are routinely exposed to more frequent discipline, but they also incur longer and harsher disciplinary measures than other students. (Curan, 2016; Steinberg & Lacoe, 2017). Because of school systems' criminalization of behavior, Miguel, and Gargano (2017) discovered a significant correlation between those students who were suspended or expelled and later incarceration and other poor life outcomes like unemployment. These facts reveal the need for future research, which closely examines the school to prison pipeline (SPP). Such research might focus on how IEP teams might collaborate with African American families to reconceptualize how discipline is meted out to students with special needs and how to incorporate academic, social, and psychological supports, which help to reroute students who appear to be prime candidates for the SPP.

Implications for Positive Social Change

There are a few important implications for positive social change in this research. First, scholarly literature is replete in establishing the disproportionate representation of minority students in special education. Ford (2012) found that although African American students comprised only 17% of public-school students receiving special education services nationwide, 32% of them were identified as students with intellectual disability, 29% of them were identified as students with emotional disturbance, 21% were identified as developmentally delayed, and 20% of them were identified as students with a specific learning disability. This kind of disparity has important implications for inequities in the IEP eligibility process and the potentially corrosive effects on educational outcomes for African American students with special needs. Against that backdrop, this research has exposed how a sample of single African American parents/caretakers engaged with school staff while carrying the burden of caregiver stress may help to illumine some of the impediments that erode prospects for productive school/family communication, shared trust, and collaborative decision-making during the annual IEP meeting.

Extant scholarly literature on African American parent and caregiver participation in IEP team meetings focuses primarily on the composition, function, and outcomes of those meetings. There is a dearth of scholarly literature that examines the experiences and perceptions of African American parents and caregivers whose children are disproportionately represented among the ranks of students receiving special education services nationwide. This research has supplemented the extant scholarly literature on this topic by examining the prevalence of parent/caregiver denial about the existence of caregiver stress and their simultaneous acknowledgement of stress emanating from IEP meeting participation. This research promotes the potential for positive social change by examining the unique perspectives of African American study participants with emphasis on how culture may instruct the experience of caregiver stress, participant perceptions regarding special education as well as their IEP meeting experiences. By conducting future research with a more ethnocentric approach to examining how parents/caregivers experience the IEP meeting; a better understanding can be gained about dimensions of culture that are most prominent in shaping the perceptions and experiences of minority groups during the IEP meeting.

Finally, as the basic premise of this research implies, caregiver stress arises and evolves in a social context. It is difficult to understand the impacts of caregiver stress on single African American parents/caretakers relative to their IEP meeting experiences without preliminary examination of the sociocultural context in which external conditions either diminish or exacerbate caregiver stress. This research underscores the significance of narratives derived from the lived experiences of African Americans attending their child’s IEP meeting as influenced by caregiver stress. There are many psychosocial markers capable of influencing how African Americans engage in their child’s IEP meeting. A potential positive social change resulting from this research is that other researchers may embark on studies that examine the impact of multiple psychosocial markers on African American engagement in a child’s IEP meeting in contrast to a single marker. For example, studies which assess the impact of safety, poverty rates, resident access to healthcare and resident educational outcomes (e.g., graduation rates, standardized test scores, etc.) will enable researchers to look at the relative impact of multiple markers on the perceptions and behavior of study participants.

The findings of this research reflect a cultural chasm which often fosters distrust, misperception and miscommunication between parents/caregivers and school personnel during IEP meetings. A primary objective in conducting this research was that this research would reveal some of the barriers to building more effective home/school alliances in preparation for IEP meetings characterized by respectful communications, mutual trust, and collaborative decision-making. From the standpoint of professional practice, it is vitally important that front line educators (e.g., teachers, IEP coordinators, related service providers, etc.) as well as educational administrators place premium on cultural competence and cultural sensitivity in their conceptualization and delivery of more family-friendly IEP meetings. Hopefully the deep distrust and frustration expressed in the narratives of study participants will inspire school personnel to revive conversations about strategies to achieve cultural sensitivity during IEP meetings and to promote cultural competence in education staff.

Conclusion

This research filled a gap in the literature about how African American parents experience their child’s annual IEP meeting by examining how caregiver stress impacts single African American parents/caregivers relative to communication, trust and negotiation with school staff at their child’s annual IEP meeting. The findings from this research revealed that many African American parents/caregivers tended to deny or minimize the impact that caregiver stress has on how they experience their child’s IEP meeting. Descriptions of their IEP meeting experiences suggested that stress arising from their IEP meeting experience outweighs any impact that caregiver stress might have. The data from this research also revealed that many studied participants’ IEP meeting experiences revealed deep distrust of IEP team members that impaired their ability to communicate with, trust or negotiate with the IEP team. Study participants espousing this view tended to demonstrate a diminished capacity for self-determination as participants in their child’s annual IEP meeting and generally made unfavorable causal inferences about the motivations of school personnel who were a part of the IEP team. A few of these study participants felt they were unable to entrust the IEP team with their child’s educational interest and retained the services as an education advocate or a special education attorney.

The data in this research also revealed that a few participants demonstrated enhanced capacity for self-determination as participants in their child’s IEP meeting. These participants were ardent proponents of self-education about issues pertinent to their child’s IEP, felt empowered as advocates for their child’s education and made favorable causal inferences about the IEP team and school personnel. Unlike other study participants whose IEP meeting experiences greatly damaged their relationship with school personnel and compelled them to feel that the resulting damage was enduring, this group of participants exhibited a self-determination which enabled them to push past perceived obstacles and to choose to become more informed and assertive participants in the IEP meeting process. These participants held IEP members to a higher standard, sometimes against their will, and demanded that IEP members performing below those standards be held accountable.

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Appendix A: Demographic Questionnaire Form

Your age: ___20-30 ___30-40 ___40-50 ___50-60 ___60-70 ___70 & older

2. Ethnic background: ___African American ___Caucasian ___Hispanic ___Native American ___Asian American ___Other
3. Parent and caregiver employment: ___Unemployed ___Self-employed ___Employed
4. Estimated annual income: ___10-20 thousand ___20-30 ___30-45 ___45-60 ___60 or more
5. Household composition (children & adults): ___2-5 ___5-8 ___8 or more
6. Mode of transportation: ___Public transit ___automobile ___Both
7. Relationship history: ___Divorced ___Never married ___current or previous committed relationship
8. Educational level: ___less than high school ___H.S. graduate ___Some college ___College graduate ___Graduate or professional school ___trade or technical school
9. You child's disability (suspected or confirmed): ___Learning Disability ___Other Health Impairment for ADD or ADHD ___Emotional Disability ___Multiple Disabilities
10. Your child's current eligibility to receive special education: ___Currently has an IEP ___Eligibility to receive an IEP will be determined.
11. Who assists you in caring for your child? (Rank from 1 to 5 with 1 being the least helpful and 5 being the most.)

___Spouse

___Grandparents

___Other children

___Friends

___Respite Care/Social Service Agency

___Paid caretakers

12. Which school professionals have been most helpful in addressing your child's educational challenges? (Check as many as you feel are appropriate.)

___School psychologist

___School Teacher

___Speech Language Pathologist

___Social Worker

___Nurse

___Occupational Therapist

___Special Education Coordinator

___Other

___No one

13. How would you rate your communications with school personnel prior to your child's annual IEP eligibility determination meeting on a scale from 1 to 5 with 1 being poor communication and 5 being excellent communication? 1__ 2__ 3__ 5__ 4__

14. Prior to attendance at your child's annual IEP eligibility determination meeting did you trust that school personnel would make educational decisions that were in your child's best interest? Yes___ No___ Unsure___

15. Do you anticipate improved communications with school personnel at your child's next IEP meeting?

Yes___ No____

Appendix B: Individual Interview Guiding Questions

1. Did the stress of parenting a child with a disability have any effect on your communication with school personnel during the IEP meeting?
2. Were school personnel open to negotiating with you about changes to your child's special education program during the IEP meeting? Provide examples of their willingness or unwillingness to negotiate with you.
3. During participation in your child's IEP meeting, did you trust school personnel to make decisions that were in your child's best educational interest? Explain.
4. What suggestions might you have for school personnel on ways to help parents and caregivers feel more comfortable expressing opinions regarding their child's educational needs during the IEP meeting?

Notes

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