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## Latinx Parents' Mental Health Advocacy Efforts in School Settings

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# Walden University

College of Social and Behavioral Health

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Christine Durfee

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Walden University  
2023

Abstract

Latinx Parents' Mental Health Advocacy Efforts in School Settings

by

Christine Durfee

MA, Corban University, 2012

BS, Corban University 2010

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

August 2023

## Abstract

Latinx parents want to participate in their child's education plan but are faced with increased challenges since the 2016 anti-immigrant policies amplified the disparities in utilizing mental health services. Latinx parents want to collaborate with school psychologists and mental health providers to help their children but do not readily trust them based on their negative past experiences. Therefore, Latinx parents struggle to receive academic accommodations for their children with mental health challenges. The purpose of this phenomenological study was to address this gap and explore the lived experience of Latinx parents who advocate on behalf of their children with mental health challenges within public educational settings. Semi-structured interviews were conducted with eight Latinx parents of a child in public school who have been attending meetings for their child's mental health challenge for a minimum of one year. Data analysis was conducted using the transcendental phenomenological perspective to capture the participants' lived experiences. This study illuminated the experiences of Latinx parents' collaboration efforts in order to provide rich information for counselor culturally competent advocacy training. The results of this transcendental phenomenological research may be helpful for school and community counselors to understand the lived experiences of Latinx parents when collaborating with education professionals when their child suffers from mental health challenges.

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## Dedication

I dedicate this dissertation to the Latinx families in the community of El Paso, Texas. What I learned through this phenomenological exploration of the local Latinx parents advocating efforts and experiences far exceeded my expectations. I hope to carry this forward to initiate social change by illuminating the positive experiences that give direction to therapists, and to expose the negative experience for accountability in the academic and counseling field.

## Acknowledgments

I would like to acknowledge my loving husband, Dennis, who held my hand, wiped my tears, and encouraged me through this process. I thank him and my youngest daughter for allowing me the sacrifices it takes to accomplish such a task as this. I also thank my adult children, parents, and siblings for their encouragement. Every time I heard the words “I am proud of you” I gained the confidence and energy that pushed me to the end. I love you all so much. I would also like to acknowledge my committee, Dr. Peoples and Dr. Stuart for all their encouragement and assistance. The time spent with me outside of “normal working hours” is greatly appreciated. Dr. King and Dr. Nina was always a phone call or text away, and I am blessed to view them as colleagues and friends. This journey has been quite a adventure, and I am excited for the next chapter in life.

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## Chapter 1: Introduction to the Study

When there is evidence of minority disparities in a social and cultural context, it is the obligation for the counseling profession to promote social justice by exposing the disparity, discovering how to empower the person as well as advocate for the person's diversity. The 2016 anti-immigrant policies have amplified the disparities of utilizing mental health services in public school settings. Latinx parents want to participate in their child's education plan for their child's mental health but are faced with increased challenges. Because individualized education plan (IEP) services are dependent on parent involvement, there is a discrepancy between IEP goals and services between children of parents whose primary language was English and children whose parents' primary language is other than English (Amant et al., 2018). Latinx parents and students may further be discriminated against based on the goals that were supposed to help them. But counselors of various types of settings, such as school and community, have an obligation to "promote respect for human dignity and diversity," embracing a multicultural approach that highlights and supports the uniqueness of people (ACA, 2014, p. 2). The ACA code of ethics preface the use of the counselor relationship to "empower diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (p. 3).

With this study, I sought to understand the lived experiences of Latinx parents who advocate on behalf of their children with mental health challenges within public educational settings. The intent was to discover the challenges and strengths the Latinx parent experiences when advocating and collaborating with the education staff for their

child with mental health challenges. The major sections of this chapter include relevant background information for this study, the problem, purpose, research questions, theoretical framework, nature, definitions, assumptions, scope and delimitations, limitations, and significance of the study.

### **Background**

Research supports the need for a phenomenological study of the Latinx experience that includes historical population census, political influence of race and discrimination, and systemic challenges. Since 2010, the annual growth of Latinx residents in southern states that border Mexico continues to outpace the combined growth of other ethnicities (U.S. Census Bureau, 2021). However, anti-immigrant policies have increased a stressful and unsafe environment for Latinx immigrants regardless of legal status (Cano et al., 2021; Gearing et al., 2021). Discrimination and macroaggressions have been normalized through policies to control and exclude immigrants, which causes mental health challenges such as depression and anxiety (Gearing et al., 2021; Taylor et al., 2020). Many Latinx parents sacrifice their own and family members mental health by avoiding service providers and professionals due to fear and mistrust, which influences disproportionate mental health challenges and services (Perreira & Padroza, 2019; Rosenburg, 2020; Morey, 2018).

These systematic challenges as well as interpersonal challenges cause barriers for Latinx parents to successfully collaborate with school professionals (teachers, counselors, social workers, psychologists, leadership, etc.) for services when their child struggles with mental health or behavioral issues (Liang et al., 2020). Community counselors and

school counselors are responsible for facilitating and advocating parent collaboration with school officials (ASCA, 2012; Pejic et al., 2017). There is a need for counselors and academic professionals to work alongside the Latinx community and discover how to advocate for this population (Cross et al., 2021). Counselors can fill the need for Latinx parents to understand their rights and eligibility to utilize health services (Perreira & Pedroza, 2019).

There is a gap in the literature of experiences the Latinx parents have when advocating for their child with mental health disorders in the public education system (Burke, 2017; Tuttle & Haskins, 2017). It is essential to research the Latinx parents' experience to determine a best practice for collaborative efforts and relationships for mental health needs (Sibley & Brabeck, 2017; Washburn et al., 2020). To gain insight of culturally sensitive non-traditional collaborative practices, this study is a phenomenological exploration of Latinx parents collaborating with school professionals when their child has mental health or behavior challenges. This study is needed to help give the Latinx population a voice in the process of collaboration and advocacy for their children with mental health and behavioral health challenges.

### **Problem Statement**

There is disproportionate ethnic representation of children in public schools where Latinx children are under identified with mental health challenges (Gordon, 2017; Yeh et al., 2004). Since the 2016 presidential elections, anti-immigrant stigmas have influenced discrimination and stress, causing a greater disparity for Latinx mental health (Morey, 2018) and in the use of mental health services (Bruzelius & Baum, 2019). Culturally and

linguistically diverse parents want to advocate for their children, yet they experience barriers such as not understanding what is discussed, limited access to information or ignorance of IEP process, and intimidation when collaborating with the education system (Rossetti et al., 2020). Due to language barriers and lack of resources in the education system, educators and parents often rely on their children to be language brokers and parents are missing resource opportunities as well as accurate information from the child's interpretations (Pena-Díaz, 2019).

There is a need for a multicultural collaborative model that school and community counselors can utilize to advocate and assist Latinx parents when collaborating with academic professionals, but how to do this from the Latinx parent's point of view is missing (Bryan et al., 2017). Strength-focused empowerment is needed; therefore, there is a need to discover each culture's strengths and challenges when collaborating (Bryan et al., 2017). The primary problem is a lack of understanding the lived experience of Latinx parents who advocate for their child with mental health challenges in school settings. Solving this problem can assist school and community counselors to create stronger therapeutic alliances by having a clearer understanding of this population's experiences. There is a need for culturally sensitive counselors that utilize culturally appropriate interventions, locate culturally appropriate recourses, educate Latinx families of their rights, and advocate in contexts such as schools, agencies, and clinics (Torres et al., 2018). By illuminating specific strengths and challenges of Latinx parents who advocate for their child with academic professionals, this phenomenological study helps to add rich information for future creation of multicultural collaborative models.



### **Purpose Statement**

The purpose of this transcendental qualitative phenomenological study was to provide counselors and educational leaders with more insight to the challenges and strengths of collaboration efforts by illuminating the experiences of Latinx parents when interacting with the academic professionals who advocate for their child with mental health challenges. This study describes Latinx mothers' experiences of collaborating with academic professionals, including school mental health teams, in school settings in the United States bordering Mexico. The results of this study illuminate the strengths and challenges of collaboration between the Latinx parent and academic professionals to better inform school and community counselors who are advocating for this population and address "potential barriers and obstacles that inhibit access and/or the growth and development of clients" (ACA, 2014, p. 5).

### **Research Question**

What are the lived experiences of Latinx parents who advocate on behalf of their children with mental health challenges within public educational settings?

### **Theoretical Framework**

This qualitative study uses concepts that are grounded in the philosophy of Edmund Husserl's transcendental phenomenology. Husserl (1931) stated that all phenomena can be a starting point for an investigation. The logical connections between the philosophy of Edmond Husserl's transcendental phenomenology and this study are to illuminate and making meaning of Latinx parents experience when collaborating with public school staff. Husserl's transcendental phenomenology fundamental characteristic

is intentionality, which is the perception of something, judging a certain matter and giving value (Husserl, 1931). Intentionality is the fundamental property of consciousness to become aware of a phenomenon. To be intentionally aware, Husserl used the term bracketing, (*epoché*) which means to set aside or suspend any judgements to better focus on the studied phenomenon (Moustakas, 1994). Noesis is a term from noetic phase, which means “phases of consciousness” and “awareness,” which is connected to noema, the thing that is thought about, perceived as such, or remembered as such as it is meant or consciously known (Husserl, 1938). Husserl (1938) described the term *horizon* as an intentionality-bestowing experiential structure where one can obtain perception of an experience by a series of profiles and not all at once. The transcendental phenomenological philosophy is valuable for focusing on the participants’ truth from their lived experiences in challenging environments (Husserl & Welton, 1999). The goal of the researcher is to describe the phenomenon after understanding the social and psychological phenomena from the perspectives of the people involved (Groenewald, 2004).

### **Nature of the Study**

The scientific method of this study is qualitative with a transcendental phenomenological approach to understand how the Latinx parent makes sense of their world and the experience they have when advocating for their child with mental health challenges in school settings. The experience explored is collaborating with academic professionals including school mental health professionals to discover the phenomenon, the meaning making of the Latinx parents’ perceptions of the experience. To address the

research question in this qualitative study, the specific research design includes interviews with Latinx parents of children with mental health challenges who attend primary public school in El Paso, Texas.

Data were collected through semistructured interviews. I also utilized follow-up interviews as needed to fill any gaps in the information. Interviews were transcribed verbatim and coded by studying the material through the methods and procedures of phenomenological analysis. For my planned research design, the procedure included horizontalizing the data and regarding every horizon or statement relevant to the topic and question as having equal value (Moustakas, 1994). This will be further addressed in Chapter 3.

### **Definitions**

The following terms are fundamental key concepts used in this study.

*Academic professional:* Defined as teachers, educators, school counselors, social workers, psychologists, administrators, diagnosticians, teacher assistants or paraprofessionals, any school or district staff and any school or district administrators. For the purposes of this study, academic professional, educational professional, school staff, and public-school staff are interchangeable and hold the same meaning for the group of people identified here all working within a public school system.

*Bracketing:* The researcher inspects the phenomenon with suspended or set aside personal experiences, preconceptions and biases (Burkholder et al., 2016).

*Collaboration:* In this context is defined as building and sustaining connections between parents and academic professionals to support and enhance the child's learning

potential. Collaboration is an action word that is “facilitated through federal policy windows urging partnerships between parents or families and schools. Policies such as the No Child Left Behind Act of 2001 (NCLB – Pub.L. 103-227), which reauthorized the Elementary and Secondary Education Act of 1965 (ESEA), Race to the Top and School Turnaround initiatives (part of the American Recovery and Reinvestment Act of 2009, Pub.L. 111-5), and now the Every Student Succeeds Act (the most recent reauthorization of ESEA – Pub.L 114-95) all support school and home affiliations” (Robinson, 2017, p. 5).

*Horizon:* The present experience of the researcher, which cannot be bracketed to get the understanding or the pure essence of something (Peoples, 2020).

*Intentionality:* Refers to consciousness, to the internal experience of being conscious of something (Patton, 2015).

*Latinx:* A progressive term that is gender-neutral and represents the populations that originate in Latin America and the Caribbean.

*Mental health challenge:* A term used in this study that is referred to any emotional and psychological challenges, needs, or behaviors that prevent the student from attaining success and achievement. Mental health challenges are identified as prevailing barriers that impede success. Examples of mental health challenges include, but not limited to, anxiety, panic attacks, depression, attention deficit hyperactive disorder (ADHD). A prevailing mental health challenge is posttraumatic distress, a psychosocial effect from trauma. The pandemic of Covid-19 has caused unparalleled

changes in recent world history of disparities between the Latinx population and the Caucasian population (Marques de Miranda et al., 2020).

### **Assumptions**

Aspects of the study that are believed but cannot be demonstrated to be true are assumptions (Dozois & Beck, 2008)(cite). One critical assumption to this study is that the participants want to participate in their child's education and want their child to succeed. The basis for this assumption is based on literature review of Latinx parents valuing their child's emotional well-being over their child's education and the desire to advocate for services when their child has mental health disabilities (Sheppard, 2017). Other assumptions include participants having experiences of collaborating or attempting to collaborate and being honest in their answers to the questions after reflecting on their experience. Another assumption is that participants fully understood the questions in English. I actively bracketed my own personal experiences, biases, and judgements during the interviews to capture the lived experiences of the participants. I considered the assumptions throughout the semistructured interviews while utilizing open-ended questions that yields in-depth details relevant to the topic of the experience of advocating in the school setting for a child with mental health challenges.

### **Scope and Delimitations**

For descriptive phenomenological inquiry, the planned study is delimited to interview eight participants to achieve the goal of data saturation (see Englander, 2012). The focus of the study was on the experience Latinx parents have when they participate in collaborative efforts with academic professionals for their child who struggles with

mental health challenges. There are disparities of Latinx parent participation as well as biases academic professionals have regarding Latinx parents. There is limited research on the Latinx parents' experience of collaboration to indicate the challenges and strengths of the interactive relationship between the Latinx parent and academic professional. The participants are Latinx parents who live in the states that border Mexico and are at different levels of acculturation or generational immigrants. This study focused on parents who have a minimum of a year participating or attempting to participate in collaborative efforts with academic professionals.

### **Limitations**

Potential barriers include the partner site agreement from local mental health clinics that serve children and possible difficulty recruiting participants for interviews. In my role as a child and family therapist in this community it could appear as if the lines are blurred between therapist and researcher. The parent may also be concerned about mental health interference for their child. Another limitation is the population circumstances; the data were collected in a border town where academic professionals are also dominantly Latinx will not reflect other locations where the Latinx population are minor in numbers. Furthermore, there are limitations with credibility and reliability due to no straightforward tests; instead, the findings are based on critical investigation. A possible barrier of this study may be that the Latinx parent typically work several jobs and availability for interviews is limited. Latinx participants may have English as a second language and while translation will be verbatim, some words may not translate the same.

## Significance

After the 2016 presidential elections that included racist and anti-immigrant rhetoric and policies, there is greater disparity for Latinx mental health and disproportionate services due to children being under identified with mental health challenges (Gordon, 2017; Morey et al., 2021). Though Latinx parents want to participate and advocate for their child, they often struggle to advocate for their child who has mental health challenges to receive academic accommodations (Scribner & Fernandez, 2017). Counselors are positioned to have relationships with Latinx families and are crucial to help students in academic settings. Community and school counselors must be ready to confront institutional and sociopolitical barriers the Latinx families face when advocating for their child (Crawford et al., 2019). The results of this transcendental phenomenological research may include information helpful for school and community counselors to address potential barriers that inhibit the growth and development of children with mental health challenges.

Children and adults are affected by racism, exposure to violence, acculturative stress, low income and socioeconomic status, family separation, and stress associated with migration status. Social workers and counselors must be aware of mental health symptoms related to this sociopolitical climate and adopt a trauma-informed approach (Lovato et al., 2018). Practitioners and academics need to work alongside marginal communities and discover how to advocate for the Latinx population (Cross et al., 2021). A phenomenological exploration of the Latinx parent experiences working with academic staff will inform practitioners how to advocate for a child's family with mental health

challenges.

### **Summary**

I conducted a transcendental phenomenological study of Latinx parents' experience of collaborating with academic professionals regarding their child with mental health challenges. Chapter 1 introduced a background brief summary of the research literature related to the identified topic and identified a gap in research for further research regarding Latinx parents' experiences collaborating with counselors. I furthermore explained the need for this study and how it could impact the counseling field. For clarification I provided definitions of key terms. Lastly, for transparency I discussed assumptions, delimitations, and limitations. The next chapter shares more in-depth discussion of the theoretical orientation and conceptual framework. Chapter 2 will provide more recent and current literature related to the topic of the Latinx population mental health, perceived discrimination, accessing services, relationships with academic professionals, and other relevant statutes and policies.



## Chapter 2: Literature Review

Latinx parents struggle to get their child evaluated and to receive academic accommodations for their child with mental health challenges (Scribner & Fernandez, 2017). There is disproportionate ethnic representation of children in public schools where Latinx children are under identified with mental health challenges (Gordon, 2017; Yeh et al., 2004). Since the 2016 and 2020 elections, anti-immigrant stigmas have extenuated the influence of multilevel discrimination and stress, causing a greater disparity for Latinx mental health (Morey, 2018; Morey et al., 2021). The increase of discrimination is correlated with increased mental health stigmas that impacts the decrease of mental health care utilization (Willisten et al., 2019). Previous research was conducted of other ethnicities collaboration efforts with school professionals such as Caucasian (Rispoli et al., 2019), Black parents (Gamble, 2021), and other cultural minorities (Rossetti et al., 2020), which indicated parent dissatisfaction. But the experiences of Latinx parents advocating for their child with mental health disorders in the public education system has not been explored (Burke, 2017; Tuttle & Haskins, 2017). This study addresses the absence of Latinx parents' voices regarding their advocacy and collaborative efforts on behalf of children with mental health issues within the public educational setting.

The subsequent literature review contains the literature search strategy, theoretical and conceptual frameworks, Latinx immigration, acculturation and the current issues affecting the Latinx community mental health and how it contributes to the Latinx youth's mental health and education. A literature review of disproportionate mental health issues and the disproportionate mental health services as well as Latinx

collaborative efforts is also included. In addition, current findings of academic professionals' biases and lack of culturally inclusive collaboration are discussed.

### **Literature Search Strategy**

For this literature search, I obtained articles from scholarly books and research documents retrieved through Walden University Library internet search engines such as ProQuest, PsycINFO, PsyARTICLES, ERIC, Google Scholar, SAGE Journals, Education source, SocINDEX with full text and ProQuest Digital Dissertations. I used combinations of the following key search terms to collect relevant articles. Keywords included *Latinx*, *Latinx*, *Spanish speaking*, *collaboration*, *meetings*, *education*, *school*, *educators/teachers/administration/staff*, *mental health*, *discrimination*, *discrepancies*, *inclusion*, *children*, *parents*, *parents*, *counselors*, *systems therapy*, and *phenomenology*. Additional resources were found in the reference lists and "cited by." The primary criteria that I used for the journal article search were within 5 years and peer reviewed. To ensure a comprehensive search, I expanded my search criteria to older materials such as government and Census reports and articles up to 10 years ago. Approximately 78 titles were reviewed for this dissertation.

### **Theoretical Framework**

#### **Phenomenology**

Phenomenology is used to see the world through a lens on the phenomenon of study through the consciousness of participants (Jackson et al., 2018). The researcher's goal is to describe the phenomenon after understanding the social and psychological phenomena from the perspectives of the people involved (Groenewald, 2004). Through

the phenomenological approach, I explored the lived experiences of Latinx parents of children with a mental health disorder and their interactions with the public school system and academic professionals on behalf of their child's education and well-being.

I used transcendental phenomenology, the theoretical approach based on Edmund Husserl's work. Transcendental phenomenology is discovering the pure science of essential being, not the science of facts (Husserl, 2013). The transcendental psychological approach to understanding is based on "ultimate sources of evidence" (Husserl, 2013, p. 7). Specific to transcendental phenomenology, bracketing is the act of disconnecting from the explained world by suspending any judgements, assumptions, and bias. Husserl used the term *noesis* (the noetic phase) as the act of intentional analysis or thinking about, which cannot be separated from the term *noema*, the thing that is thought about. Husserl further described noematic content as the thing that is perceived, remembered, or judged. Husserl suggested that consciousness is a continuous process of becoming and not a mere sequence of lived-experiences that is observed in temporal horizon. Horizon refers to moving freely within the experience that is being presented to make clear and meaningful perceptions and representations. This approach is a good fit for the purpose and research questions that are modified to become open-ended questions. To make sure the phenomenon of interest is thoroughly investigated, the questions are directed to the participants' experiences, feelings, beliefs, and convictions about the theme in question (Moustakas, 1994).

## **Literature Review Related to Key Concepts**

### **Latinx Mental Health**

According to the U.S. census (2020), Texas' Latinx and Latinx population has grown by more than 2 million since 2010 and has the highest growth rate in the United States (Ura & Novak, 2020). However, the highest rate of increased mental health challenges are those who identify as more than one ethnicity (Mental Health America, 2021). Based on the Behavioral Risk Factor Surveillance System data from 2014 to 2018, mental health is worsening among Latinx correlated with increased arrest rates as public officials enforce the latest restrictive immigration policies (Bruzelius & Baum, 2019). As mental health is worsening with the Latinx population, the Latinx population faces institutional and systemic barriers to accessing mental health services (Mental Health America, 2021). The most common access of mental health care for children are schools (Duong et al., 2020) and the disparity of Latinx accessing mental health services is due to poorer health literacy (Chang, 2019).

### **Disproportionate Mental Health Services**

Latinx parents who report mental and behavioral health challenges are less likely to receive treatment or medication for their child than non-Latinx children (Rosenburg, 2020). This could be due to isolation and fear of interacting with professionals requiring citizenship documentation. Challenges also include providers not being bi-lingual or accessing Spanish-language interpreters, some Latinx families have no access to health insurance, and the lower income brackets of the Latinx population (Rosenburg, 2020). Latinx parents have also reported that providers do not spend enough time listening to

them carefully, do not communicate information, are not culturally sensitive, and do not collaborate or partner for the care of their child (Rosenburg, 2020). However, race and discrimination are not the only deterrents to mental health services; acculturation and cultural factors significantly affect the Latinx's use of mental health services (Galvan & Gudiño, 2021). There is a need to explore additional effective ways to address mental health concerns (Galvan & Gudiño, 2021).

### **Immigration**

A challenge the Latinx parent has in participating in their child's education is the educators' perceived immigration status and the effects of anti-immigration policies (Cardoso et al., 2020). Anti-immigrant policy statements have been opposed by the American Public Health Association since 1978 due to increased health disparities. Although anti-immigrant racism is not new in the United States, the recent policies of anti-immigration have exacerbated the physical and mental health disparities for the Latinx population (Morey, 2018). People of color are labeled as foreigners and immigrants and experience stigma, which is defined as labeling, stereotyping, separation, status loss, and discrimination (Cardoso et al., 2020; Morey, 2018).

Immigration policies and negative political statements affect the mental well-being of Latinx population, both immigrants and U.S. born, due to perceived discrimination and possible loss of family members from deportation (Cardoso et al., 2020). The Latinx culture values familism and is associated with better psychological health, which buffers the impact of immigration stress; however, immigration policies increase the stress of threat to the family cohesion and support thus increasing the

chances for more mental health related concerns for the whole family (Cardoso et al., 2020; Torres et al., 2018). Latinx parents do not want attention drawn to their family to maintain safety, which involves compliant behavior as well as internalizing their anxiety (Cardoso et al., 2020). The mental health of the Latinx population, either legal or illegal, are affected by the perceived immigration status based on color as anti-immigration policies have saturated various news sources (Cardoso et al., 2020).

### **Acculturation**

Latinx parents face barriers to collaborating in traditional ways for their child's education (Inoa, 2017). Though parents and children experience acculturation simultaneously, children are in the American culture of academics, whereas parents have few opportunities by participating through social and work environments, which causes a gap in acculturation between family members such as adopting the English language (Nair et al., 2018). Acculturation related stressors increase the child's risk for poor mental health such as depression and anxiety predominantly in first and second generation, and Latinx children have few sources of support in their schools (Perreira, 2019).

Language brokering is a common practice in schools where the child is acting as the language translator for non-English speaking parents (Anguiano, 2018). Language brokering practice has a negative impact on academic achievement and acculturative stress; when children translate in high-stakes contexts such as medical, mental health, and household financial documents, there are higher rates of perceived stress and lower academic achievement (Anguiano, 2018). This phenomenon highlights a challenge of parent to school staff communication and the need for further exploration of the Latinx

parent experience when collaborating with educators.

The Latinx population with cultural engagement and strong ties to their culture of origin and values experience more positive outcomes (Williams et al., 2017). However, the lack of a support system for the Latinx population to function within their cultural contexts accelerates the process of acculturation which increases stress and mental health challenges (Williams et al., 2017). Therefore, collaborative efforts should be based on honoring the families' ties to their culture and professionals working with the Latinx families "need to assess for parents' connection to this cultural value as it speaks to the level of support, they may experience from family members" (Williams et al., 2017, p. 463).

### **Perceived Discrimination**

Discrimination and microaggressions are from racialization which is a "social, economic, and political process that considers a population/group as different, underserving, or a threat, potentially producing mistreatment in the forms of stigmatization, exclusion, and punishment" (Cano et al., 2021, p. 235). From first generation Latinx living in the United States to Latinx who are multi-generational citizens, the Latinx population experience discrimination and microaggressions due to skin color, their name, and accented English or speaking Spanish (Cano et al., 2021). Stereotypes have influenced the perception of "us," the in-group that are assumed to have positive characteristics, and "them," the out-group that are assumed to have negative characteristics (Gonzales et al., 2021). White teachers who do not explore their own identity and understand their White privileges instruct students with unspoken biases

(Harris, 2017). Latinx students experience institutional and interpersonal discrimination and microaggressions based on ethnicity and language from teachers and peers and were denied services (Ayon & Philbin, 2017). Within the academic institution there has been an increase of discrimination of micro insults, micro-assaults, and physical attacks by adults, peers, and service providers (Ayon & Philbin, 2017). Academic professionals (particularly school counselors) are tasked with creating change for the systematic issues that are current in society such as racism from anti-immigration policies.

### **Current Issues Affecting Latinx Mental Health**

#### ***Anti-Immigration Policies***

The Latinx population in America have been perceived as outsiders, invaders, or others (Olivos & Mendoza, 2009). Since the 2016 elections, anti-immigrant policy stigmas have enhanced false assessments of true Americans and undocumented immigrants based on skin color (Morey, 2018). Latinx parents fear that if they are deported, their children will be removed and placed in foster care (Berger Cardoso et al., 2018). The current sociopolitical climate has exacerbated the Latinx community's stress, fear, anxiety, and isolation, which affects their children's mental health (Cross et al., 2021). Not wanting the attention of community authorities, Latinx adults are not seeking out law enforcement and other professional community services when needed, minimizing resources and a sense of security, which increases symptoms of depression (Cross et al., 2021). Latinx individuals miss health care appointments due to the threat of deportation when the family is mixed-status of documentation (Artiga & Ubri, 2017), which includes seeking medical attention when sick with COVID-19 symptoms



(Gonzales et al, 2019).

### ***COVID-19***

COVID-19 illuminated the pre-existing racial injustice and vulnerability of Latinx and Black populations by highlighting the inequity and disproportionate risk factors (Fortuna et al., 2020) and outcomes of COVID-19 as it is connected to systemic racism (Gonzales et al., 2021). “The sociopolitical, racial, and environmental stresses that communities of color already experience are unimaginably magnified during the COVID-19 pandemic” (Fortuna et al., 2020 pg. 443). Material and social resources are fewer for the Black and Latinx population, as well as financial, education, health, work and social opportunity disparities (Gonzales et al., 2021). When economic or natural disasters occur such as the COVID-19 pandemic, these inequities are linked to worse outcomes for populations of color (Gonzales et al. 2021). COVID-19 illuminated how persisting racism and stereotyping exacerbates vulnerability among minorities; professions that are committed to science, interventions and advocacy such as social workers, counselors and school counselors and educators must work for correcting policies and systemic racism (Gonzales et al., 2021).

### ***Disproportionate Mental Health Challenges***

The current national policies have increased community-level stress among the Latinx population, which have increased mental health disparities (Rosenburg, 2020; Morey, 2018). Rosenberg (2020) used the National Survey of Children’s Health-2016 of 50,212 survey respondents with the majority Latinx to better understand the immigrant child’s access to mental/behavioral health services. The current socio-political climate

has caused the Latinx population to have disproportionate mental health issues such as "suicidal ideation, alcohol use, externalizing behaviors, Post-Traumatic Stress Disorder symptoms, and psychological distress" (Rosenburg 2020 pg. 1148). There are similar rates of Attention Deficit Hyperactive Disorder (ADHD) between Latinx and non-Latinx children due to underdiagnosis of the Latinx population (Rosenburg 2020).

Acculturation is a strong connection to Latinx Parents identifying ADHD, Latinx parents have been made to believe their parenting style contributes to disruptive behaviors, for parents who seek by professional help are told they are partially to blame (Araujo et al. 2017). Latinx who are more acculturated and educated in the United States are more able to identify the need for professional treatment for ADHD (Araujo et al., 2017). The different ethnic and cultural beliefs contribute to the feeling of discrimination and racism and Latinx parents feel their concerns or requests are disregarded, which influences disproportionate mental health services (Araujo et al. (2017).

### **Challenges to Latinx Parental Involvement**

The collaborative process should respond to diversity and promote change as cultural identities are considered. The U. S. Department of Education defined parental involvement as the reciprocal interactions regarding a child's academic and extra-curricular activities that establish parental roles in the child's learning while promoting a partnership with educators and the decision-making involved in education (Parental Involvement, §9101[32]). However, there are systemic and interpersonal challenges that influences the beliefs, thoughts, and performance of the Latinx population regarding parental involvement in the child's education (Liang et al., 2020).

Lechuga-Peña and Brisson (2018) interviewed low income Latinx and Black parents who live in public housing regarding their experiences when participating in school activities due to the struggles school staff and administrators have when engaging those parents. Findings are similar to previously stated literature that parents want to be involved in their child's school; however, the socioeconomic status creates additional barriers that influences a lack of transportation or working hours (Lechuga-Peña and Brisson, 2018). Language barriers for parents interacting with teachers as well as helping their child with homework causes the parents to feel embarrassment and shame, as well as, limited time for working sole parents leads to feelings of guilt and powerlessness (Lechuga-Peña and Brisson, 2018; Montoya-Ávila, et al., 2018). Additionally, there are undertones of racism from other parents and academic professional directed at the minority parents as well as their children (Lechuga-Peña and Brisson, 2018).

Traditional parental involvement must work from a two-way relationship-based strategy between parent and academic professional based on trust and commitment (Kyzar & Jimerson, 2018; Montoya-Ávila, et al., 2018). Additional barriers to parental involvement among the Latinx population includes avoiding challenging topics or negative interactions, discrimination, acculturation, language barriers, legal status, parent education, and poverty (Inoa 2017). While academic achievement is important to the middle-class Latinx family, it was second to the importance of their child's emotional well-being; however, when their child struggles with emotional well-being there are limited advocacy efforts (Inoa, 2017). Discovering the experience Latinx parents go

through when advocating for their child's mental health will illuminate barriers and possible needs of non-traditional parental involvement.

### **Collaboration with Academic Professionals**

Mental illness can negatively impact academic success and can result in classroom behaviors such as lack of engagement in learning, dropping out, and delinquency. The National Association of School Psychologists (NASP, 2021) highlights research of the students who receive social-emotional, mental and behavioral health support will have higher academic success. There is a rise in need for mental health services, yet low-income communities and minoritized youth are not receiving the help they need (NASP 2021). Collaboration in this context is defined as building and sustaining connections between parents and academic professionals to support and enhance the child's learning potential.

### ***Policy and Laws***

Three federal laws guarantee the rights of students with disabilities: 1. Americans with Disabilities Act-Amendment Act (ADA-AA) final rule 2016, 2. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794 (Section 504), and 3. Individuals with Disabilities Education Act (IDEA) amended in 2004. where Individualized Education Plans (IEP) are designed (US Department of Education 2007).

### ***Federal Statutes Guaranteeing a Child's Access to Education***

Section 504 is a law that primarily ensures that the school provides children with disabilities the services and accommodations necessary for obtaining what other children obtain in education. An IEP is focused on meeting the needs of children so as to make

academic progress based on their ability. For example, students with mental health challenges qualify for either the 504 or IEP based on the category “emotional disturbance” (US Department of Education, 2007). Both academic and service plans are created by a team of academic professionals and the child’s parent. The team collaborates to develop a plan that includes resources and interventions and meets at least annually to assess for any changes.

### ***Educator’s Bias or Discrimination***

Latinx immigration has increased student diversity in the southern states while diversity among educators has remained stagnant (Mellom et al., 2018). Implicit biases may directly impact perceptions of discrimination within the education institution. Teachers’ biases are an area of concern when discussing academic disparities of Black and Latinx students (Liang & Rivera, 2017). Implicit biases affect how educators and mental health staff treat the Black and Latinx students’ behaviors or learning challenges by overuse of disciplinary referrals (Girvan et al., 2017; Liang et al., 2020). School staffs’ bias and stereotypes affect their assessments, evaluations and grading of racially minoritized students unless a descriptive rubric or specific criteria is utilized and personal discretion is minimized (Quin 2020). A pre-service and in-service teacher survey explored asset-based thinking and discovered the respondents were unaware of their deficit thinking, and most answers were pessimistic with a focus on what the families did not have or could not do (Ogletree & Griffin 2020). The themes from coded data revealed phrases such as “*them, they, these students, and these children*” as well as “*our students*” and “*our language*” that perpetuates the academic social norm of *us-them* while

perceiving bi/multilingualism as a disadvantage (Ogletree & Griffin 2020, pg. 10).

Parents of Latinx and Black students also experience teacher biases when attempting to collaborate, for the teachers have perceptions of parental involvement being low based on the students' ethnicity (Ho & Cherng, 2018). A teacher's biases and racism affect the relationship with parents of color and the collaboration process. There is a need for further research so teachers have the tools to be vigilant about promoting strengths and advantages of other cultures to capitalize on the richness of their homelife, cultures, and languages (Ogletree & Griffin 2020). A phenomenological exploration of the Latinx experience when collaborating with public school professionals for their child's well-being will offer a voice to the Latinx community that can impact professionals to explore their own biases and the need to develop a multicultural pedagogical approach.

### **Collaboration with School Mental Health Professionals**

The American School Counselor Association (ASCA, 2012) defines school counseling roles as collaborating with school-family-community partnerships. ASCA (2010) states the school counselors' collaborative role as: "...an essential and unique role in promoting, facilitating, and advocating for successful collaboration with parents/guardians and community stakeholders." While a school counselor's role is to facilitate collaboration with families, most school counselors receive little training in family counseling or systems theory (Carlson et al., 2021). To address mental health issues in academic settings, school counselors could benefit from family system trainings (Carlson et al., 2021). There is a need for a systemic, collaborative model that approaches partnerships with culturally congruent strategies (Bryan et al. 2017). Equity-focused

principles such as democratic collaboration, strength-focused empowerment, and social justice will better serve culturally diverse and low-income families (Bryan et al., 2017). Parents of Black children mostly in California were interviewed and it was discovered that most experiences interacting with mental health professionals in the academic setting were negative (Gamble 2021). Key findings include discovering how parents want to engage more with school psychologists and mental health providers to help their child but do not readily trust them based on the negative past experiences (Gamble, 2021).

A collective case study of five Black and Latinx fathers' experiences with school counselors while advocating for their child with ASD in the Northeastern region of the United States was to identify the most helpful support from school counselors; however, it was discovered that the fathers find more support from other families (Hannon et al., 2017). The study's findings contribute to this study for it highlights the importance of culturally responsive school counseling practices for ethnic minorities as well as being a catalyst for collaborating with other community partnerships such as community counselors.

### **Collaboration Between Community Counselors and School Counselors**

A transcendental phenomenological qualitative study inquired to understand the experiences of school counselors who collaborate with community mental health counselors. "Considering the increasing mental health needs of K-12 students, effective collaboration between community mental health counselors and school counselors is imperative to support student mental health and academic success" (Appling et al., 2020, pg. 3). School procedures and policies involved in decision-making for a student who is

experiencing mental health challenges can either facilitate or inhibit successful collaboration. White, female school and community counselors were interviewed and there is a discovery of a roadblock to collaboration was the parent's fear of the school counselor's opinion changing once they learn of the child and family "secrets" (Appling et al., 2020, pg. 6). Limitations of this study include lack of cultural diversity of participants, which does not reflect the experiences of others with differing ethnic backgrounds collaboration experiences (Appling et al., 2020). More research is needed to maximize the relationships between families, school officials and community partners for optimal impact on the minority student's educational outcomes (Appling et al., 2020; Sibley & Brabeck, 2017). A phenomenological exploration of the Latinx parents' experience when collaborating with academic professionals may discover the perceived strengths and expose challenges derived from the social political climate and racism.

### **Parent Satisfaction**

Collaboration between parents and school staff has the potential to have a high impact on a child's education and well-being. Nevertheless, there are often different opinions, expectations, and goals that can result in high tensions (Paccaud et al., 2021). Black and Latinx children have historically been excluded from equitable education and have experienced additional disadvantages at school such as low expectations from the teacher and sociocultural incongruence between school and home (Montoya-Ávila, et al., 2018).

Dominantly white middle-to upper-middle class were interviewed to discover parental satisfaction of collaboration in two Midwestern states and found that parents felt



excluded from education decision making and their participation was more reactive to the school's decisions (Love et al., 2017). Parents in this study were excluded from pre-IEP meetings where most decisions are made, which limited the collaborative process of brainstorming and problem solving (Love et al., 2017). It was also discovered that the dominant white parent population made independent efforts towards their child's education, including building relationships with teachers, funding outside services, and changing schools (Love et al., 2017).

Culturally and linguistically diverse families experience additional barriers to collaboration with school professionals. Chinese, Vietnamese, and Haitian immigrants experienced participating in IEP meetings and found the parents have a desire to engage in the meetings in a meaningful way (Rossetti et al. 2020). There is a need for support such as learning the IEP process from each other or cultural brokers in their community (Rossetti et al. 2020). Three additional barriers included "families' limited access to information, educators' lack of accountability, and limited opportunities for families to develop as advocates for their children" (Rosetti et al., 2020 pg. 249). Limits to this study include all participants residing in one northeastern state and affiliated with the local Parent Training and Information Center or community service organizations; therefore, other minorities without such affiliations may experience greater marginalization which addresses the need for further research (Rosetti et al., 2020).

Research exploring the experience of parents collaborating with schools for their child with Autism Spectrum Disorder (ASD) has dominantly recruited white and educated participants (Azad et al., 2020; Kurth et al., 2020; Rispoli et al., 2019). The

themes of parent experience include a lack of power to choose educational decisions, fighting for services with schools over prolonged periods, and overall dissatisfaction with schools and school services (Kurth et al., 2020). Other themes from parent experiences include the parent's awareness of a need for strong communication and a belief that school staff do not understand the child's needs, acknowledging that not all teachers are aware of or read student's IEP (Azad et al. 2020). Parents want to be identified as the expert of their child while also valuing the teacher's expertise and want all parties of the team to make an active effort to build a relationship (Azad et al., 2020).

Few studies have inquired the Latinx parents experience when collaborating with the schools. Latinx parents of children with Autism Spectrum Disorder (ASD) were interviewed after receiving an advocacy training to overcome the systemic barriers to participation. The results indicate positive outcomes of increased knowledge, skills and empowerment from advocacy training, as well as a better understanding of participants efforts being more informal and less assertive than typical advocacy (Burk et al., 2018). The reasons for more informal and less assertive responses need further exploration, for there continue to be systemic issues and "a lack of cultural responsiveness in the school" (Burke et al., 2018, pg. 401). Counter stories were used to help professionals understand the benefits of cultural wealth during IEP meetings and to draw attention to the positive impact of cultural theoretical frameworks to advance parent involvement (Larios & Zetlin, 2018). Both studies focused on assisting Latinx families to advocate for their children. Burke et al. (2018) utilized a proxy IEP transcript to gauge participation and knowledge, and Larios and Zetlin (2018) utilized counter stories to education

professionals. Both research articles indicate a need to study the Latinx true experience of collaborating with academic professionals and to discover more ways to increase parent participation and advocacy and address systemic cultural barriers. Additionally, the articles encourage educating academic professionals to learn how to help break down the barriers Latinx families face and be part of the collaboration as well as how to not prevent it.

### **Summary and Conclusions**

A Transcendental Phenomenological exploration of Latinx parents' mental health advocacy efforts in school settings provides the frame work to discover the lived experience of Latinx parents' efforts to participate in the education of their child. This study will be explored at a time when racism has increased since the 2016 presidential elections with increased anti-immigrant laws, where Latinx people are more perceived as immigrants (Cano et al., 2021). Literature research strategy illuminated content directly associated with the Latinx population and the phenomenon being addressed. Migrants experience discrimination by society, social institutions, and helping professionals which impact their psychosocial well-being and affects psychologically harmful coping skills that perpetuates the further rejection and discrimination by professionals in social institutions (da Silva Rebelo et al., 2020), including schools.

Acculturative stress is positively correlated with mental health challenges such as depression and anxiety, and Latinx students are more resilient when parents are able to participate in their education (Taylor et al., 2020). There are school procedures and policies involved in decision-making for a student who is experiencing challenges due to

mental health that can either facilitate or inhibit successful collaboration. The collaborative process should respond to diversity and promote change as cultural identities are considered.

Previously shared research has discovered that traditional collaboration between Latinx parents and academic professionals for the student's education poses many challenges that continues the vicious circle of hostility. Latinx parents value their child's emotional well-being over their child's education and want to advocate for services when their child has mental health disabilities. The Latinx parents' collaborative practices of how and how often is vastly different from White parents, leaving Latinx parents dissatisfied (Sheppard, 2017).

Supportive parents in the academic setting counteracts mental health issues from acculturative stress that causes depression and anxiety for Latinx youth and migrant workers (Taylor et al., 2020). It is suggested to improve learning opportunities and outcomes, it is the school's responsibility to embrace the diverse strengths of the Latinx children and parents so as to build bridges between the family and school (Montoya-Avila et al., 2018). Community and school counselors are the experts that utilize a biopsychosocial approach that can provide promising interventions and advocacy for families of color (Kronick, 2018).

Mental health professionals are often hesitant to advocacy efforts due to cultural differences and perceived lack of experience (Pejic et al., 2017). Because mental health treatment includes advocacy, community mental health therapists and school counselors can facilitate positive change in this collaborative process (Kronick, 2018). Therefore,

according to Sibley and Brabeck (2017), more research is needed to maximize the relationships between families, community partners, and schools for optimal impact on the minority student's educational outcomes. Chapter 3 describes the role of the researcher in a phenomenological qualitative study, the methodology behind participant selection and instruments to be used, the data analysis plan, trustworthiness and ethical procedures.

### Chapter 3: Research Method

The purpose of this qualitative transcendental phenomenological study was to explore the experience of Latinx parents of children with mental health challenges when participating in collaborative efforts with public school professionals. A review of the literature unveiled a need for further qualitative phenomenological studies on the Latinx parent's lived experiences surrounding collaborative efforts when advocating for their child with mental health challenges in the public-school setting. Information on the challenges and strengths the Latinx parent experiences when advocating and collaborating with the education staff for their child with mental health challenges can inform counselors multicultural competencies. The subsequent sections of this chapter include (a) research design and rationale, (b) role of the researcher, (c) phenomenological transcendental study method, (d) instrumentation, (e) data analysis plan, (f) Issues of trustworthiness, and (g) ethical procedures.

#### **Research Design and Rationale**

The specific phenomenon explored in this study is the lived experiences of Latinx parents of children with mental health challenges when collaborating with public school professionals in public educational settings. The research question for this study is "What are the experiences of Latinx parents who advocate on behalf of their children with mental health challenges within public educational settings?" The decision to use transcendental phenomenology stemmed from the lack of literature on this topic and the sensitive nature of discrimination the Latinx parents experience in Eurocentric environments. Transcendental phenomenological research is most appropriate because it

suggests that in order to truly view a person's essence of a phenomenon, nothing is to be assumed or taken for granted (Peoples, 2021). Using transcendental phenomenology for discovering the experience Latinx parents have when collaborating with academic professionals is based on how the philosophical tenets such as intentionality, reduction, noema, noesis, and epoch brings added dimensions to the study. Intentionality is becoming aware of the phenomenon. To discover the essence of Latinx parents' experiences, transcendental phenomenology requires reduction, where I as the researcher have intentional consciousness of setting aside all preconceived ideas (bracketing) to understand the participants' true meaning of the phenomenon (Peoples, 2021). In this study this referred to Latinx parents' act of perceiving, feeling, thinking, remembering, or judging of the collaboration experience (see Moustakas, 1994).

### **Rationale for Transcendental Phenomenological Research**

Transcendental phenomenology is appropriate for gathering rich descriptions and personal meanings of Latinx parents' experiences related to collaborating with academic professionals. Other qualitative methodologies focus on differing objectives, which did not suit the topic of this study. For example, a case study approach gathers data from an individual or a small group, organization, or community to gather evidence of a particular bounded phenomenon of event or situation (Burkholder et al., 2016). Case studies do not focus only on participants' experience but include multiple sources of data for a broader understanding of the event. Ethnography focuses shared patterns of a cultural group where the researcher begins with a theory that informs the study and gathers data from people in their cultural setting (Creswell & Creswell, 2018). Ethnography is not

appropriate for my study since I am seeking the experience of Latinx parents in a Eurocentric environment. These examples are not appropriate for my study since my focus is exclusively on the lived experience of Latinx parents when collaborating with academic professionals when their child has mental health needs.

### **Role of the Researcher**

#### **Role as Observer**

My role in this transcendental phenomenological research was the observer researcher, the primary instrument as the investigative tool to “gather, organize, and analyze perceptions from people who have experienced a phenomenon” (Burkholder et al., 2016, p. 207). In this observer role, I established rapport with participants, created a comfortable environment, guided the interview to discover rich data of the experience, and suspended any bias or judgements during data collection and the analysis process. Prior to and during the process of conducting the research, I bracketed my personal experiences, biases, and perceptions to allow Latinx parents to express their own experiences without being influenced by me as the researcher. I accomplished this by having an attitude of someone whose preconceptions are viewed as irrelevant.

#### **Relationships and Power Over Participants**

I was aware of my positionality and bracketed any biases related to the phenomenon I am studying. I identify as a White, female woman, mid-50s in age. My personal and professional identity as a therapist and researcher places me in a socioeconomic and power difference than many potential participants which may influence the transparency or open conversation with participants. A potential source of



bias is from having first-hand experience of the struggles Latinx parents go through when I attend school meetings with families I counsel and how my presence as a professional white woman influences the cooperation of academic professionals. As a researcher, I was aware of the power differentiation and was neutral and objective.

### **Managing Researcher Biases and Power Relationships**

As a phenomenological researcher, I incorporated purposeful practice of awareness and restraint of personal thoughts and experiences. I accomplished this by recording the interviews and approach the data as if a stranger in a strange land. A requisition of participant to be interviewed was that I have no personal or professional relationship with them.

### **Other Ethical Issues**

The idea for this study came from my clinical experiences working with Latinx families when the child is the identified client. I originally had a practice in the northern United States where the community is dominantly Caucasian, and community therapists along with parents collaborated with public school academic professionals on behalf of the identified client. Having moved to a southern United States border town to Mexico where the community is dominantly Latinx, I continued to assist parents in collaboration efforts with academic professionals. The clients I worked with explained not feeling heard by academic professionals, not understanding the terminology, and believing the needs of their child's education and mental health are not met. Through these observations, I was interested in investigating what it was about the intended

collaborative process with academic professionals that influenced my clients' feelings, perceptions, and beliefs.

To keep the integrity of the study, I recruited participants outside of my clinical practice and advocacy efforts to prevent dual relationships or crossing boundaries. Flyers were posted at other children and family mental health clinics and handed out by child and family therapists. Therapists were instructed to only hand out the flyers and refrain from giving directions or explanations to minimize any coercion. When contacted by interested participants, I explained my role as a researcher and informed them of the informed consent process of this research and of their rights both in writing and verbally.

## **Methodology**

### **Identified Population**

Participants were recruited from mental health clinics that serve children and families in El Paso, Texas, a United States border town to Mexico. The target population included Latinx parents of children receiving mental health services as well as attending a primary public school. Participants self-reported as having participated in either IEP or 504 meetings with academic professionals for a minimum of 1 year. The justification for this sampling strategy of Latinx parents is due to research previously conducted of other ethnicities such as Caucasian parents (Rispoli et al., 2019), Black parents (Gamble, 2021), and other cultural minorities (Rossetti et al., 2020), which indicated parent dissatisfaction of collaboration efforts with the school professionals. Parents with children in primary public schools are chosen, for Child Trends (2018) states that primary school parents have higher rates of attending school meetings.

### ***Participant Selection Criterion***

Participant selection was based on purposeful sampling, which is widely used in qualitative research to identify and select individuals that have experienced the phenomenon of interest (Palinkas et al., 2015). Purposeful criterion sampling is the method I chose for my study topic for criterion sampling is used to narrow the focus down to specific similarities. Criterion sampling is often used for critical incidents and generates an in-depth evaluation based on information-rich interviews. Snowball sampling was also utilized to recruit additional potential participants. The snowball method is the process of requesting referrals from participants who may be interested in participating and can assist in obtaining the appropriate number of participants (Biernacki & Waldorf, 1981).

### **Procedures for Recruitment and Participation**

After the proposal was approved and I had full IRB approval, I contacted three mental health clinics in El Paso, Texas. They are Emergence Health Network, La Familia Del Paso-Children Clinic, and El Paso Child Guidance Center for distributing the IRB approved recruitment flyer (see Appendix A). The flyers were placed in the lobby of each mental health clinic as well as provided to mental health therapists. Flyers were also distributed through social media and personal contacts. Participants understood if they meet the first criterion based on receiving the flyer through accessing mental health services at a mental health clinic. The other criteria of (a) *the parent is Latinx*, (b) *the child attends elementary public school*, (c) *the child must have a mental health diagnosis*, and (d) *the parent has attended IEP or 504 meetings for a minimum of one year* will be

listed on the flyer.

The flyers stated the nature and purpose of the study. Potential participants were provided information of the process including the informed consent, the required 60-minute interview as well as a possible a follow-up interview. My contact information was provided for those interested in volunteering to participate.

At the initial contact through phone or email, I screened the potential participants to determine whether they meet the criteria. For participants who have internet and Zoom capabilities I explained the process of accepting a Zoom link through email, I then set a day and time to conduct an interview when they are free from any possible interruptions. Post interviews, I provided participants additional flyers to hand out to others who may be interested in participating in the study. Another date and time were set for a follow-up interview for further exploration or any clarification of preliminary information (Peoples, 2021).

### **Sample Size and Saturation**

To saturate the rich data from Latinx parents of children with mental health needs when collaborating with academic professionals, I needed to recruit participants until data is saturated, according to Burkholder et al. (2015) the number is between the average of 5 and 15 participants. Patton (2015) states to start with the minimum amount and then make adjustments as needed until saturation is reached. Saturation was met when no new information is discovered by adding more interviews.

### **Instrumentation**

Naturalistic inquiry is based on acquiring knowledge of human experience for

understanding human behavior where the researcher is the data collecting instrument and the best source of data is the participant's thoughts, feelings, and experience of the phenomenon. (Patton, 2015). Data from qualifying participants included a brief demographic survey (see Appendix D) on age, gender, income range, last grade of schooling, level of acculturation, and number of years attending collaboration meetings with academic professionals. Demographic data was compiled and summarized on a word document and stored in a separate file.

Instrumentation to gather rich finding data included 60-minute semi-structured open-ended interview questions (See Appendix C) and follow-up 30 minute interviews for clarification, missing information, or misunderstandings (Peoples, 2021). The interview guide was flexible but did not need to be changed. After reflection of the first individual interview, I had additional questions for further clarification which will allow for additional data to be further analyzed until the meaning of the participants experience was clear. During the interviews, I audio recorded the Zoom call without video on a Yoga laptop as well as used a backup audio tape on a Samsung Note 8. All interviews were deleted from hard drives and saved on thumb drives. The interviews was transcribed using Microsoft Office 365 Word for the Web and all data and reflections was saved on a thumb drive as well as a backup thumb drive for data analysis. Hard data will be double locked in a file cabinet and retained for five years per Walden University guidelines. After the five year point the data will be destroyed.

### **Data Analysis Plan**

The data analysis from a transcendental phenomenological perspective is focused

on capturing the participants lived experience through an informal, interactive interview process “aimed at evoking a comprehensive account of the person’s experience of the phenomenon” (see Moustakas, 1994, pg. 114) “without corruption of personal bias” (see Peoples, 2021). For this study, I used a flowchart provided by Peoples (2021) as well as highlighting transcendental explanations within the analysis. Peoples’ (2021) steps includes:

1. Reading the transcript in its entirety and capture the participant’s complete story, and then deleting irrelevant or unnecessary information such as repetitive statements or filler words like “um”, “uh”, “well”, or “you know” ect.
2. Create preliminary meaning units which is the allocation of each data piece that reveals a feature or trait of the phenomenon being explored.
  - a. During this time, I journaled to bracket my biases to separate my experiences of attending academic meetings to advocate for my client. I suspended any biases to obtain the true essence of the phenomenon.
  - b. Follow up interviews for concrete interpretation to be obtained, making sure there are no assumptions.
3. Final meaning units or themes were formed after breaking down all the preliminary meaning units after completing the steps taken for a deeper understanding of each participant’s description.
4. Situated narratives are a reiteration by direct quotes from the interview that are organized by specifics and experiences into themes.

5. General narratives are created from the situated narratives by organizing the data by highlighting the participants meanings of their experience into categories that represent percentages of common themes to establish saturation.
6. General description was created from themes that are higher percentages of participant meaning that represent a collective experience.

For the purpose of this transcendental phenomenological study, I hand coded the data using the data analysis steps so I was fully immersed in the transcripts and data. During this process I utilized the audio recordings to obtain the sense of experience on a deeper level. Lastly, there were no discrepant cases in the data.

### **Issues of Trustworthiness**

A strength of qualitative research is providing evidence of whether the findings are valid from the viewpoint of the researcher, the participant, and the readers (see Creswell & Creswell, 2018). Trustworthiness is the process implemented to ensure methods and strategies are used to provide the strength of the research (see Ravitch & Carl, 2016). D

### **Credibility**

Credibility is the internal validity in qualitative research that ensures the data collected in the study matches the research question, and the findings of the study are believable (see Burkholder et al., 2016). To ensure credibility, I built trust with participants and utilize prolonged engagement with participants (see Creswell, 2013) via initial and follow-up interviews to ensure the saturation of data is collected and limit

misrepresentations in the data (see Peoples, 2021). I utilized member checking for accuracy of transcripts. I inquired for deeper and rich descriptions so as to provide detailed account of each individual's experience for patterns and themes to be placed in context (see Peoples, 2021).

### **Dependability**

In qualitative research, dependability means that there is evidence of consistency in data collection, analysis, and reporting (Burkholder et al., 2016). To discover the experience the Latinx parent of children with mental health needs have when collaborating with academic professionals, the most appropriate design is transcendental phenomenological research. To ensure dependability, I provided a detailed explanation of the process and procedure of data collection, analysis, and reporting (Burkholder et al., 2016). To further establish dependability, I utilized external audits through the carefully chosen dissertation committee. The dissertation committee consists of the chair who has a wealth of experience of qualitative research, with a strength in phenomenological studies and minorities, and the other committee member is Latinx and provides experience and knowledge of this subject. The committee reviewed and provided feedback during the process in entirety, and an audit trail was kept on a qualitative rubric checklist word document.

### **Transferability**

My responsibility as a researcher is to provide the evidence of sufficient description of the setting and assumptions of the study so it could be applicable to other contexts, situations, times, and populations by others (see Burkholder et al., 2016). I



provided evidence to ensure transferability by a thorough explanation of the context, methodology and design.

### **Confirmability**

Qualitative research is researcher objectivity, and confirmability is demonstrating intentionally extracting the researcher from the study so the findings are disassociated from any other researcher bias (see Burkholder et al., 2016). Due diligence in the process of analysis and assessment described previously would allow for other researchers to arrive at essentially the same conclusions after examining the same data in a transcendental phenomenological framework. I self-disclosed any researcher bias and use intentionality to minimize subjective thought and phenomenological reduction to suspend all judgments and focus on the analysis of the experience (Peoples, 2021).

### **Ethical Procedures**

Institutional review boards (IRB) and the American Counseling Association (ACA) Code of Ethics (ACA, 2014) have ethical expectations to protect all parties involved and the integrity of research. Section G of the ACA has guidelines in place to do no harm to participants. I utilized a local mental health clinic agreement to gain access to participants (Appendix E). Participants were fully informed of the nature and intention of the research, and were informed that diversity is respected. Participants were given Walden Universities informed consent (Appendix B). Walden University gave permission for this study and IRB approval number is 12-21-22-0899532. An emergency number was provided if participant experiences any psychological discomfort or trauma by participating in the study.

### ***Recruitment***

Respect for persons is the ethical principle that refers to autonomy, which means each person could make the personal choice regarding research participation. Potential participants who contact me from the flyer provided at mental health clinics was informed of autonomy, that at any given time they may discontinue their participation in the study. The informed consent included the language as indicated in the ACA (2014) section *Informed Consent in Research*. Informed consent was provided in English through email and we went over the informed consent at the beginning of the interview to be signed and emailed back. If the participant does not have internet accessibility and requests interviews to be in person, the informed consent was provided, explained and signed in person at the designated location.

Prior to research planning stages, I assessed the possible risk-benefit ratio. Risks may include participants' ability to have a voice to share their experience. A possible risk is how participants respond when recalling the experience. Participants were also informed of beneficence, the obligation to do no harm which includes understanding the benefits as well as any possible harm. If participants become psychologically distressed, I would stop the interview. All participants were provided with information to counseling services at Emergence Health they could access if needed. Participants had the opportunity to ask questions at any time. Due to the sensitive political anti-immigrant environment, participants were also informed of Justice, they were treated in a way that is morally right. I have made all efforts to have no conflict of interest or dual relationships when conducting this study.

### ***Confidentiality***

Confidentiality will be explained to participants. Interviews took place over the internet via Zoom. I cannot ensure confidentiality on the end of participants if others are in the room during the interview on Zoom. Participants were assigned codes for the purpose of omitting any identifiable information. Data is stored on two thumb drives, the additional one is for backup. Thumb drives are stored in a safe behind two locked doors in my personal office. After the expected five years of storage, the data will then be destroyed by reformatting to wipe away all data.

### **Summary**

This chapter identified the components for organizing a qualitative transcendental phenomenological study. The components include the research design and rationale, the role of the researcher, methodology which includes instrumentation, procedures for recruitment, participation, and data collection. The chapter also included the data analysis plan, issues with trustworthiness, and ethical procedures and considerations. This study is focused is on the experience of between 5-15 Latinx parents of children with mental health challenges when collaborating with academic professionals in the public-school institution. Safeguards are in place to ensure confidentiality and the protection of the participants who volunteer for this study as described in the discussion of trustworthiness and ethical procedures. The next steps of this study are described in chapter four which details the data collection and analysis results.

## Chapter 4: Results

The purpose of this transcendental qualitative phenomenological study was to provide counselors more insight by illuminating the experiences of Latinx parents when interacting with the academic professionals who advocate for their child with mental health challenges. Using the transcendental phenomenological method, I focused on identifying common themes throughout each participating parent's experience. Chapter 4 is the process and conclusion of the completed research inquiry. I will discuss the setting, demographics, data collection, data analysis using thematic identification and coding process, trustworthiness, and the results of this study.

### **Setting**

Participants were recruited through flyers posted at local mental health agencies and social media as well as through research participants assisting via snowball sampling. In total there were eight volunteer participants who met the specific criteria and provided the rich data that allowed for saturation. Each interview resulted between 31 to 60 pages of time stamped and typed transcript that culminated to 262 pages. I conducted all interviews via Zoom using the voice recording option. There were no personal or organizational conditions that influenced participants or their experience at the time of study.

### **Demographics**

A total of eight female participants were interviewed for this research who identified as the child's mother. Each participant met the criteria of being a Latinx parent of a student with mental health challenges in public school and having a minimum of 1

year advocating for their child. Participants shared mental health diagnoses such as autism, attention deficit hyperactive disorder, adjustment disorder, expressive disorder, sensory disorder, anxiety, depression, and oppositional defiant disorder. Two children were non-verbal during the beginning of their academic years. Table 1 outlines the demographics collected during each interview.

**Table 1**

*Demographics of Participants*

Participant	Primary Language	Highest level of education	Level of acculturation	Number of years advocating for child(ren)
P01	Spanish	Masters	1 <sup>st</sup> generation	4
P02	Spanish	Masters	1 <sup>st</sup> generation	1
P03	Spanish	Associates	3 <sup>rd</sup> generation	6
P04	English	Some college	4 <sup>th</sup> generation	5
P05	English	Some college	4 <sup>th</sup> generation	4.5
P06	Spanish	Bachelors	1 <sup>st</sup> generation	1
P07	Spanish	Bachelors	1 <sup>st</sup> generation	9
P08	English	Some college	Unknown	3

**Data Collection**

I conducted eight interviews with Latinx mothers in the city of El Paso, Texas which borders Juarez, Mexico. The interview was regarding the parents' experience of advocating and collaborating with school officials for their children with mental health challenges. The data collection instrument was semistructured interviews using open-ended questions and lasted at least 40 minutes. All interviews were recorded on Zoom and transcribed through Office 365. I hand coded the data and categorized themes of common responses. To illuminate the participants experience I focused on the research question to fully capture the experience the participants went through while advocating

and collaborating with school staff. Grouping the data in themes was accomplished by generating codes based on common words and phrases (Moustakas, 1994). Themes revealed in the study measured the participants experiences as they relate to perceptions of interacting with school staff (Moustakas, 1994). There were no variations in data collection from the plan presented in Chapter 3.

### **Data Analysis**

The process used to create themes and categories from coded units to represent the participants experience of advocating and collaborating with school staff are listed in these steps:

1. I gathered demographics and data from participants via Zoom interviews.
2. I thoroughly reviewed transcribed data with the audio recordings.
3. I assigned codes for each participant as P01 through P08 to ensure confidentiality.
4. A table was created for demographics.
5. Transcribed on Word, I used the insert comment option to pull data throughout each interview to create preliminary meaning units that revealed a feature or trait of the phenomenon being explored.
6. I created a table with categories and subcategories of themes and final meaning units using direct quotes from the interviews.
7. General description is created from themes that are higher percentages of participant meaning that represent a collective experience.

Specific codes, categories, and themes emerged from the data that reflected the

collective experience the participants shared that is related to the research question. I first started with pulling meaning units from the data as a process to get to my themes. Each participant shared experiences that contributed to two categories—negative experiences and positive experiences. I used inserted tables to categorize and see what meaning units were coded most often and analyzed the more frequent patterns. I actively bracketed any judgements, personal experiences and biases during the interviews and as I reviewed transcripts and patterns to better focus on the studied phenomenon (Moustakas, 1994).

### **Evidence of Trustworthiness**

For this study, the participants were a key factor in evidence of trustworthiness. I ensured trustworthiness by using the following process implemented to ensure methods and strategies are used to provide the strength of the research (see Ravitch & Carl, 2016).

### **Credibility**

Credibility is the internal validity in qualitative research that ensures the data collected in the study matches the research question, and the findings of the study are believable and a truthful representation of participants reality (see Burkholder et al., 2016). To ensure credibility, I built trust and utilized prolonged engagement with participants (see Creswell, 2013) via initial and follow-up interviews and ensured the saturation of data is collected with limited misrepresentations in the data (see Peoples, 2021). I utilized member checking for accuracy of transcripts. I inquired for deeper and rich descriptions to provide detailed account of each individual's experience for patterns and themes to be placed in context (see Peoples, 2021).

**Dependability**

To achieve dependability, I provided consistency in data collection, analysis, and reporting to ensure the research process is logical, traceable, and clearly documented (Nowell et al., 2017). To ensure dependability, I provided a detailed explanation of the process and procedure of data collection, analysis, and reporting (Burkholder et al., 2016). To further establish dependability, I utilized member checking and external audits through the carefully chosen dissertation committee. The committee reviews and provides feedback during the process in entirety, and an audit trail was kept on a qualitative rubric checklist word document.

**Transferability**

I provided detailed descriptions of the study so it could be applicable to other contexts, situations, times, and populations by others (see Burkholder et al., 2016). Not knowing the sites that may wish to transfer the study, I provided evidence to ensure transferability by a thorough explanation of the context, methodology, and design.

**Confirmability**

Confirmability is demonstrated by intentional extracting the researcher from the study so the findings are disassociated from any other researcher bias (see Burkholder et al., 2016) as well as establishing my interpretations and findings that are clearly derived from the data. Due diligence in the process of analysis and assessment described previously will allow other researchers to arrive at essentially the same conclusions after examining the same data in a transcendental phenomenological framework. I self-disclosed any researcher bias and used intentionality to minimize subjective thought and



phenomenological reduction to suspend all judgments and focus on the analysis of the experience (see Peoples, 2021).

## **Results**

The results of this study are directly related to the research question “What are the lived experiences of Latinx parents who advocate on behalf of their children with mental health challenges within public educational settings”? Participants provided rich descriptions of meanings units which I combined to form themes. Once I formed the themes, I noticed that there were both negative and positive experiences when advocating for their child(ren). I delineated the experiences into the two groups of negative and positive for the purpose of presenting experiences that could be helpful or not helpful. The findings represent collective themes that emerged and illuminated this phenomenon. I provide two tables representing the negative and positive experiences to illustrate results. I also provide quotes from transcripts to support each finding.

### **Illustrated Themes (Negative Experiences)**

Each participant experienced negative interactions with school officials when their child(ren) presented with challenging behaviors that were either already identified as a mental health disorder or would be identified over time (see Table 2). Participants with the most negative experiences were first generation level of acculturation and highest level of education. The following sections illustrate themes delinidated from meaning units and supported by participants direct quotes.

**Table 2***Negative Experience*

Theme	P01	P02	P03	P04	P05	P06	P07	P08
“Us versus them” Culture	X	X	X	X	X	X	X	X
Uninformed of rights and options	X	X	X	X	X	X	X	X
Discrimination due to mental health	X	X	X	X		X	X	X
Discrimination due to Latinx status	X	X	X		X			X
Judged or accused by school staff	X	X				X	X	X
Communication is only negative	X	X				X	X	X

*Us Versus Them Culture*

Most participants experienced an “us versus them” dynamic in the school setting. The theme “us versus them” is a culture where participants were treated as outsiders by school staff who did not want to be bothered by the parent, who did not communicate with the parent, and did not make themselves accessible to the parent. Each participant shared experiences of a us versus them culture.

Participant 01 explained her experience of being a bother to the academic staff when attending ARD meetings when the professionals would rush through the meeting. She was not given the opportunity to ask questions. She stated, “the IEP team had non-verbal communication that says they don’t have time to go through this by rushing through and not allowing time for questions.” She also shared experiences of her advocacy attempts to be a inconvenience and that school professionals are bothered to make any additional efforts. When Participant 01 sought answers from her daughters teacher, she stated, “a teacher told me that she does not have the time to explain things” and did not offer a future time to address concerns or questions.

Participant 02 experienced being discouraged to advocate for their child due to the efforts required by the school staff. She stated, “I was told by the diagnosis to ‘not worry about attending the ARD meeting tomorrow, I’m going to send your kid with this form to sign and you don’t have to attend.’” Participant 02 stated, “If I don’t advocate for my child, then who will?” When attempting to advocate for her son, Participant 02 also felt like an outsider when she discovered the difficulties to get resources: “I have to be the loudest voice, my husband is a teacher and told me the resources go to those who are the biggest liability.” Participant 02 further stated “the professionals have to pick a side” and explained an incident of finding bruises inflicted on her son. She reported no communication about any events that led up to the abuse, instead when she inquired about the bruises “the teacher did not address my questions and concerns, he put the blame on my son that he is clumsy.” However, the paraprofessional reported to the principal that she saw the teacher “be rough with my son, and grabbing him.” She shared “the para going to the principal takes a lot of courage” because of the us versus them phenomenon. She justified this statement by adding her husband’s personal experience as a teacher by stating “my husband is a teacher at the district and he received pressure from his school” when discussing the investigation of the bruises.

This theme also included school staff being bothered when participants wanted to collaborate. Participant 03 attempted to provide information that would be helpful. She mentioned a teacher who “was very standoffish, close minded, argumentative, and not open to anything helpful.” Participant 03 stated, “Either administration or teachers are not willing to listen, a lot of them are like set in their ways and they don’t want to listen.”

Many participants shared experiencing a lack of communication between them and school staff, teachers, and administrators. Similar to Participant 2, Participant 03 entered her son's classroom early and found him strapped to a chair: "I could hear him screaming from down the hall." She reported no communication about his behaviors that led up to him being strapped in a chair and had attempted for several years to get resources for her child and tried to contact the principal. Participant 03 shared "my persistence was futile, I finally had to pull my child from school."

Several parents shared having to fight or be persistent to be heard or have any communication with school staff. Participant 04 experienced the challenge of making appointments with the teacher; when she wanted to collaborate, the teacher was often unavailable to her. She stated, "it's not very easy getting appointments outside of school hours." Participant 04 was also forced to move her children to another school due to her children's school being overcrowded by the influx of immigrants. Participant 04 shared not having a choice, stating that the school insisted that "my children had to move to another school because the school was filled with immigrants." Participant 05 had a similar experience of school staff being unavailable when her children were being relocated from their school to a school further away due to the influx of immigrant children. Participant 05 stated, "I tried to meet with the principal and was told she was too busy, the secretary said she couldn't meet with me."

Another example is Participant 06, who shared inquiring about the bruises on her son: "I tried to talk to the teacher, but she didn't really address my questions or my concerns. Instead, she was putting blame on my son about being clumsy instead of telling

me what happened.” Participant 06 stated, “I am not taken seriously by the teacher.”

Participant 07 explained that the school staff “did not bother to review my son’s IEP so they did not know what triggers him.” She then reported “ugly restraints” on her son, with no communication as to why. Participant 07 felt her son’s mental health was a bother to the school staff. Participant 07 was told

their school did not have the resources for my son’s mental health diagnosis, so we had to move to a different school. However, the new school kicked him out due to his diagnosis and we kept going back and forth between two school districts.

Participant 07 also shared, “I was told by a teacher that they could not speak up on the child’s behalf for the teacher is afraid of the district pressure” and felt like she was a team of one against the school staff that as a team of many.

Lack of communication is a major component to the “us versus them” culture. Participant 08 tried to advocate for her son when he was being bullied and shared “the teacher dismissed me and said that they’re just kids and she made me feel kind of uncomfortable for asking.” Participant 08 was shocked when she experienced her son’s teacher come out of the school holding all his things, then shoving them at her. She stated “she shoved them into my arms as if saying I have had it with your son” and had no communication as to what instigated this behavior from the teacher. Participant 08 was unsuccessful to find why the teacher behaved in such a way and what she could do to help her son and the teacher’s relationship. Overall, because of the us versus them culture, Participants 01, 02, 03, 06, 07 had to seek support outside the schools such as attorneys,

advocates, and the local education parent support group to make school staff collaborate and communicate.

### ***Uninformed of Parent Rights and Resources***

Several participants noted the need for understanding their rights and their child's rights as well as resources the school provides once their child(ren)'s mental health required academic supports. Participant 01 was uninformed of rights when she experienced becoming aware of information withheld from her by all school staff for the first three years of her daughter's schooling. She stated "After three years a speech therapist told me about my rights as a parent and he really explained things that I think in a way the school doesn't want you to know". Once she learned her rights, she understood the process and how to make demands for her daughter.

Participant 02 wanted to advocate for her son who is non-verbal. She realized she was uninformed of rights and had to educate herself about the rights of a parent and the student. She created a notebook of laws and policies she now takes with her to every meeting. Participant 02 stated "I was discouraged to advocate for a communication device, the teacher said the red tape [all the paperwork] was ridiculous. It took three years to get a communication device." Participant 02 is now involved with the local PEN project, a resource for educating parents to better understand their child's disability, understand their rights and responsibilities under IDEA, obtain and evaluate resources and services for their child, and fully participate as a team member with professionals in planning services for their child.

Participant 03 realized she was uninformed of rights after the ARD meetings so

she had to find ways to educate herself from outside sources such as the El Paso PEN project. She stated “In the beginning I was nervous and lost, I didn’t know anything. I had to do a lot of research after the first ARD meeting.” Participant 03 wished she had this knowledge from the beginning, for her son would be further along in his development.

Participants 04 and 05 both more identify as caucasian due to fifth generation from Mexico, they both have lighter skin color, and speak English as a first language. Participants 04 and 05 shared being uninformed of their rights, but with the support discussed in the positive experience section later in this document, they did not feel the need to self learn. Participant 04 states “I don't feel like I've had to advocate too much for my children, because fortunately, my children have been able to do very well. I think the only problem was whenever we received the truancy letter for missing some school for the [mental health] appointments.”

Participant 05 did not feel the need to understand her rights and explained the school staff were “very forthright that they were willing to do that [accommodations] with no problems, and so it hadn't ever got to the point where I had to deeply advocate for them other than me trying to get my children moved from one school to to another school [due to the overcrowding of immigrant children]. The people who give me the most trouble were actually the school district itself, not the administrators.”

Participant 06 explained being uninformed of rights and was often reluctant to advocate or make demands of authority and stated “I am not really sure if I know my rights or my son’s rights.” She went on to state “I am trying to see about actually getting

him a professional diagnosis.” After the interview, participant 06 stated wondering if she needs to know more about the rights of a parent and a student.

Participant 07 shared being uninformed of rights, hers or her sons, until after years of driving her son to and from school “sometimes over an hour” each way. She talked about all the efforts it took to get her son to school and back that required friends and family to assist. She shared “my hair started falling off, I was so stressed. Then, before third grade, I heard of an agency with the advocate and learned of everything that was not offered to me like transportation. I learned that transportation was actually a right.”

Participant 08 was uninformed of rights and shared “It took five years of my son showing mental health behaviors before the first official ARD meeting” and “I did not know my rights and had to beg the school for accommodations.” She explained how she did not realize the need to understand her rights or her son’s rights due to her mom being a school teacher. However, now she realizes “my mom was just a typical teacher who didn’t do special education so she was not informed in that area.” The participants who struggled for academic supports for their child’s well-being were able to make demands and receive accommodations once they understood their rights and their child’s rights as well as the institutions policies.

### ***Discrimination due to Mental Health***

Some participants experienced their child being discriminated against due to their mental health. For example, Participant 01 experienced discrimination when the teacher’s focus and energy being placed on passing exams and neglecting or judging a



child's mental health challenge. Participant 01 is a professional mental health counselor and her experience is that "they [teachers] group all children into one category, Attention Deficit Hyperactive Disorder." Participant 01 also stated "the teacher comes across as only caring about my daughter passing the exams and disregarded any mental health symptoms and I was discouraged to request a counseling evaluation when I was trying to advocate for her."

Participant 02 experienced her son being discriminated against due to his mental health challenges. She realized school staff neglected to read the ARD paperwork when a teacher assistant wanted to press charges against her 8 year old son with autism.

Participant 02 insisted to see a video of the incident which showed how her non-verbal son with autism "wanted to grab her [teacher assistant] hand and she kept pushing him aside and he would cry and she would scream at him and tell him to stop crying and she was tired of him" Participant 02 experienced the teacher assistant to be very aggressive towards her son due to his mental health challenges, and shared the assistant should not be working with children who have special needs.

Participant 03 felt discriminated against due to her own mental health diagnosis, she struggled to understand the paperwork and terminology of an IEP. She stated "I did not know I had Attention Deficit Hyperactive Disorder until I learned more about my son's disorder." She then sought out help for her mental health. Participant 03 experienced the school staff not having patience with her and not taking the time to help her through the process.

Participant 04 shared school staff discrimination of mental health as how her

son's mental health challenge was not as noticeable than others and his behaviors were viewed as "bad behavior". Participant 04 discussed her son and daughter's mental health diagnosis as Post Traumatic Stress Disorder (PTSD) due to a trauma and how they are both in the gifted program at school. She shared "when my son would act up in school she (teacher) would not take his mental health in consideration at all and treated his behavior as a behavioral issue." She shared an example of her son being triggered and acting out due to the trauma. Participant 04 also mentioned "receiving a threatening letter from the school for being absent, but it's not very easy getting counseling appointments outside of school hours."

Similarly, Participant 06 stated her child's "first teacher would blame my child and not understand or consider his mental health diagnosis". She wanted to talk to his first teacher several times "to let her know, hey, my son might be struggling with this or that. Or sometimes I make comments to her and I don't know if she's really taking them seriously." She felt his mental health challenges were being dismissed and wondered if the teacher "had more students, more experience with students [with mental health challenges] then she would be more understanding." Participant 06 she was worried the teacher thought she was not a good parent and she was blamed for his mental health behaviors.

Participant 07 discussed the teachers discrimination of mental health diagnosis and "would accuse my son of being a liar, and of her son verbally using sexual explicit language when he struggles to express himself". An example of the districts discrimination against mental health is explained by participant 07 when her son started the elementary

school. She “had to enroll him in a completely different district because they kept on telling me that there was no space for him and his diagnosis. I went to two schools that are close to my home and both schools told me that they had no space for my son so I ended up enrolling him in a completely different district.” She further explained the new school “kicked us out of that district because they didn’t want to deal with his disabilities, so I came back to the elementary school I had attempted a year before.” Participant 07 experienced going back and forth between schools until she enrolled him in a new school.

Participant 08 also shared her experience of teachers discrimination of mental health diagnosis and his symptoms, the teachers would make accusations against her son. When her child was in kindergarten, he would “go to the restroom, very innocently, and then forget to pull his pants up and the school called me and accused him of being some kind of like predator. My child is labeled as a weirdo when he has Attention Deficit Hyperactive Disorder.” She also shared that “My son was isolated by other students and the teachers did not help with the inclusion.” Participant wanted her son to have a good school experience, however, her son knew he was being treated badly and reacted to the discrimination.

### ***Discrimination due to Latinx Status***

Some participants experienced discrimination as a Latinx parent and shared bias’s and microaggressive behaviors by the school professionals. Participant 01 experienced school staff treating her as uneducated and unable or not wanting to advocate for her child because of her being Latinx until they discovered she is a master level professional counselor. She experienced this phenomenon as well as observed that “school staff

perceive spanish speaking parents are uneducated, do not know what is going on, and does not advocate”.

Participant 02 experienced being discriminated as Latinx by the diagnostician when “the older, white lady diagnostician was talking slowly to me as if I did not speak English and [she] was condescending. If I was my mom [who speaks spanish only] I would not know how to defend myself”. Participant shared how she has more education than her parent and her parent would have felt intimidated.

Similarly, participant 03 experienced discrimination when the diagnostician did not know she could speak english. Participant 03 knew the diagnostician was interpreting incorrectly between her and the teacher, the diagnostician was telling the teacher condescending things about her. She shared “little comments I got from the diagnostician when I was speaking spanish is when I felt discriminated”.

Participant 05 is english speaking only, however, participant 05 shared “being discriminated for being Latina and not speaking spanish.” She discussed how other Latinx professionals would criticize and belittle her for being Latinx and not speaking spanish.

Participant 08 experienced discrimination based on her son having darker skin and Participant 08 having lighter skin. She stated the teacher’s comment “oh, he’s [her son] Latinx, that must be why his dad’s not involved.” Participant 08 explained the teacher’s bias about Latinx men and how they do not “stick around.” She further explained how she wanted them to know it was not due to him being Latinx, instead, she had to get a restraining order against him for he was unsafe. She decided against sharing

anything with them, for they would judge her anyway.

### ***Parents are Judged by School Staff***

Several participants shared experiencing teachers making negative assumptions and being judgmental of either the parent or the child. Participant 01 brought up her daughter's mental health challenges of not interacting with others and felt judged when "the teacher would continuously point out my daughter having only one parent and they always insinuated that being an only child was a deficit because she had no one to interact with."

Participant 02 experienced being judged by what she is wearing and quoted a teacher telling her "so you're a little educated" when she arrived dressed for work in professional clothing. Previously, when dressed casually, she shared "low income families are viewed as ignorant, I was perceived as a cleaning lady by the way I dressed when not working".

Participant 06 experienced being judged by her son's teacher who would make comments about her son "not having a dad." She stated "when the kids were acting up, including my son, she acted cross at me" as if their behaviors were somehow her fault, and it was her fault for being single.

Participant 07 explained the school staff withholding and giving false information of services, stated "I was being judged as ignorant, and so they lied to me about what options my son had [during ARD meetings]." Participant 07 noticed a change of school staff attitudes during ARD meetings when she presented as a well-informed parent.

Similarly, Participant 08 was judged as an incompetent single parent and her son's

behaviors are due to not having a dad around. Participant 08 felt the school staff were very condescending and “they treated me like I was incompetent, ignorant, like I didn't know what I was doing.” She gave an example of teachers making assumptions of “me not reading to my son at home and not addressing his emotions, and that I did nothing with my son to promote physical activity programs.” She shared being frustrated, for all assumptions were inaccurate and she felt the assumptions were a way of “not addressing and accomodating his ADHD symptoms” but instead, judging her. She explained how she does read regularly to her son, has him in Karate, and takes him to the park often.

### ***Communication is Only Negative***

Several participants shared the communication by teachers and other education staff was primarily negative about their child(ren). Participant 01 shared “the first day of school the teacher called and only had bad things to share with no solutions.” She wondered how the teacher could have already formed such opinions in such a short time.

Participant 02 stated her experience when the teacher would meet with her and stated “there’s just talk of negativity and what he [her son] doesn’t do” she shared this communication is both during the ARD meetings, parent meetings, and outside of meetings such as when she would pick him up. She also stated “there’s gotta be something good that this kid does.”

Participant 06 shared the teacher will call her on the phone, or talk with her in person when she would pick up her son and the only communication is negative. She states “It’s a little tough, you know, hearing about [my son’s] issues and my son’s delays only.” Participant 06 kept hoping for something positive.



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staff								
Staff goes above and beyond expected	X	X	X			X	X	X
Parent is a part of a family or team		X	X		X		X	X
Parent ease of access to resources				X	X			

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### *Communication/Collaboration with Staff*

All participants valued the ability to communicate with teachers and other staff members. For example, participant 01 had previously felt “in the dark” about her child’s academics but then experienced positive communication with the speech teacher who “would explain things a lot and he was very knowledgeable. I knew what he was working on and he really cared about me understanding the process.” The positive communication and problem solving provided by the speech teacher was a turning point for Participant 01 and her communication interactions with other school staff.

Participant 02 explained how her son was not making any progress until the third grade teacher communicated with her about the academic plan and interventions, and discussed her efforts of communicating with other staff. She stated “when there is that really good communication [between herself and] via teacher, diagnostician, therapist, It’s helped my son progress a lot. He’s now at fourth grade level doing what he needs to do and I based that solely on his third grade teacher.”

Participant 03 was worried about her son’s anxiety when transitioning to a new school and was able to experience positive communication. She stated “the teacher listened to me about his needs and made efforts to do things to help the transition.” She also experienced positive collaboration when the “teacher asked me about his learning style and contacted the next new teacher.” Participant’s experience of positive



communication and collaboration helped her advocate for her son.

Participant 04 has two children suffering with adjustment disorder. When she experienced good communication with the teachers, she found the teachers were sympathetic to their challenges. She stated “teachers have the remind app, so if I need to let them know my kids had an emotional weekend or something was going on, I could communicate with them that way easily.” The positive communication caused her to trust the teachers to be understanding and supportive of her children.

Participant 05 discussed the trauma behind her child’s PTSD that caused the whole family to feel unsafe. She stated because she could be open to communicate and collaborate with the school “I felt more at ease sending my daughter to school, that she had access to someone safe” when she stated having “collaboration with the security guard and counselor to help my daughter feel safe in school”.

Participant 06 wanted to be a part of her son’s education and experienced positive collaboration when seeking to help her son at home. She stated having ongoing *communication* of her son’s academic strengths and weaknesses and shared “with the second teacher, we would have conversations and she would answer my questions and give me activities to do at home.”

Participant 07 experienced positive communication and was happy to “finally hear teachers speak about his good behaviors, him being empathetic, him being a respectful person, not just, you know, the talk about the undesired behaviors.” Participant 07 shared after having such a negative experience, she identified the positive communication as a turning point for her son’s positive school experience.

Participant 08 also shared experiencing the teachers sharing positive things more often which caused her to establish and experience trust. She stated “I like had a lot of trust in these people and it was a nice feeling. I didn't feel like every day when picked him up, I had to deal with the ‘Guess what he did today?’” She was greeted by the teacher communicating about positive parts of her son’s day. Overall, participants shared easy and accessible communication was obtained by in person, email, phone calls, class dojo, and texting.

### ***School Staff Goes Above and Beyond Expected***

Several participants described appreciating schools staff who goes above and beyond by making efforts that participants understand is not usual for school staff to make. For example, Participant 01 could not get the school staff to help her with her daughter who was both mentally and academically suffering until “after three years a teacher went out of her way to advocate for my daughter to be assessed.” She shared the teacher had to be insistant and it took a lot of effort.

Participant 02 had previously felt like her son only misbehaved at school, until experiencing another teacher’s feedback of his performance in a nontraditional way. She experienced the teacher going above and beyond by “one teacher would take a video of my son’s behavior to share with me so I could see his good behavior.”

Several participants felt that going above and beyond includes collaborating for behavioral or academic interventions both in and outside of school and not just during ARD meetings. Some particiapnts appreciated teachers and school therapists who would provide tools and resources for their child’s well-being. Participant 03 felt helpless and

having a child with autism and ADHD was new to her. She experienced the school therapist going above and beyond and stated “the school therapist helped me with resources and strategies to use out of the classroom”.

Participant 06 stated always wanting to do what she can at home to help her son, and was grateful for the teacher going above and beyond by “giving me the tools for me to help my child at home such as songs to learn and other activities to improve my child’s performance”. Collaboration for the child’s well-being included the participants feeling they are being heard.

Participant 07 was previously unemployable due to being called from the school to come get her son multiple times a week. Participant 07 changed schools and experienced an environment of professionals going above and beyond that changed her son’s behaviors in school. She stated “They’re just more patient and they do more artistic things with the children, they do plays, they do music lessons. They do six week projects that are fun for the whole family. I mean, they dress them up, they explore other cultures.”

Participant 08 discussed her previous experience of being called by her son’s teacher to come and get him multiple times a week when he was acting out. She then experienced a school staff to go above and beyond when “a school staff became my child’s go to person when overstimulated and needed a friend”. This staff person was available to her son at all times and became the parent and child’s support system.

### ***Parent is part of a Family or Team***

Previous negative experiences of being dismissed or ignored caused many

participants to have a deeper appreciation for experiences that made them feel like a part of the team, or like family. Participants of this study emphasized the value of feeling like school staff acting “like family”. When participants had previous negative experiences, acts of kindness by school staff was viewed as acting like family. For example, participant 02 shared how the staff in the office, the first faces people see as they walk in, are “happy to see my son, I felt like they love him and they feel like family”. She explained how the front secretaries would smile at her son and tell him they were happy to see him that morning.

Participants in the study experienced being heard, respected, and genuine kinship. For example, participant 03 discussed a experience when her son was very sick and felt like her family was special. She appreciated when a “teacher stayed in contact, even called us from home” to see how her son was doing. She felt the teacher was genuinely concerned.

Participant 05 was nervous to communicate about her daughter’s sexual trauma and then felt like a team when “teachers listened to me and made me feel they were willing to provide the support my daughter needed”. When participant 05 shared her fears and her own trauma, the school staff provided support made participants feel like *they* were a team or part of the family. Participant 05 shared how the school staff was like *family* when she could “reach out at any time like family and someone was always by my children’s side.” She also appreciated the school counselor helping with her personal trauma as well.

Most participants shared collaborating with school staff in the context of meetings

or conferences. Participant 07 experienced being a part of her son's team by collaborating outside of meetings, stating "so we would kind of unofficially talk." She shared problem solving with the teacher outside of meetings, for example, "we discussed that I would send a snack and it would be up to her discretion. Like if she thought he was acting up because he needed a snack or you know what I mean."

Participant 08 had felt judged at the previous school, and at the new school she experienced a sense of safety when discussing with the ARD team about a previous Child Protective Service (CPS) involvement. She stated "the team really listened to me and the experience was awesome, no jumping to conclusions and judging me." She felt a *part of the team* and not like an outsider. Participant 08 Also experienced the teachers to be educated about her child's ADHD and worked with her as a team and "we all were on the same page and it was easy to talk to them, they were not judgmental and it felt more like family."

### ***Parent Ease of Access to Resources***

Out of the eight participants, participants 04 and 05 are the most acculturated being the fourth generation in the united states. Participants 04 and 05 state feeling they are viewed as "white" due to their English skills and accent as well as their lighter skin color. Both participants shared their experience of advocacy and collaboration with less emotion and passion compared to the participants who are first and third generation in the United States. Participant 04 stated the school staff being "accomodating and understanding of the situation" when her children needed mental health supports. Similarly, when Participant 05's children were victims of a trauma, she was able to "get

my kids the support in school” without having official meetings.

### **General Narrative**

Most participants experienced an us versus them culture. Many experienced that meetings were burdensome and an inconvenience to the school staff, that school staff did not want to be bothered by the parent, did not communicate with the parent, and did not make themselves accessible to the parent. Several participants experienced being judged by school staff. Many experienced teachers making negative assumptions of the parent, being judged as a single parent, for only having one child, or judgment of socioeconomic status. Several participants experienced not being informed of their rights, their children’s rights, or options for their child. One participant experienced a school staff providing information the school would not want her to know. Many participants experienced fighting for accommodations and some were discouraged from advocating for their child until they understood their rights. Two participants, who appear as white, did not know their rights or their child’s rights, but did not feel it necessary. Many participants experienced the teacher’s communication to be only negative during official and unofficial meetings and through phone calls. Some participants experienced discrimination of mental health by the teacher’s focus and energy being placed on passing exams while neglecting or judging a child’s mental health challenge. Many participants experienced racial discrimination of Latinx bias’s such as lack of education, not wanting to or having the ability to advocate, having non-involved father, and being Latinx that does not speak Spanish.

Most participants experienced positive communication and collaboration with school staff once they educated their selves regarding parent and child rights in education. Some participants experienced the benefits of communication and collaboration between their self and all team members as a functional dynamic. Many participants viewed the importance of experiencing staff to communicate the child's strengths and progresses. Several participants appreciate the experience of school staff that goes above and beyond the normal academic responsibilities. Actions of going above and beyond include the school staff having contact outside of school hours, and being an accessible emotional support for the child and the parent. Participants also experienced schools staff as going above and beyond by acting as an advocate for the child and parent in an extraordinary manner, making unexpected efforts to share a child's progress, and providing a learning environment that is not the academic norm and includes the family. Lastly, participants had positive experiences of being a part of their child's team or feeling like the school staff are family. Participants experienced acceptance and inclusion with no judgement. Some participants experienced teachers calling outside of school hours to check on their child's health, teachers and staff not making judgements when CPS is involved, and being able to talk "unofficially". Participants also feel part of the family when the front staff greets them and their children with being happy to see them and warm affection. Two participants experience the ease of accessing resources by collaborating with teachers without the need of official meetings due to being perceived as white.

## **General Structure**

Latinx parents who advocate for the mental health needs for their children in public school settings experience an us versus them culture in the school system. Latinx parents experienced meetings that appeared to be burdensome and an inconvenience to the school administrators and teachers, that school staff do not want to be bothered by the parent, do not communicate with the parent, and do not make themselves accessible to the parent. Latinx parents experienced being judged by school staff. They experience teachers making negative assumptions of the parent, being judged as a single parent, for only having one child, or judgment of socioeconomic status. Latinx parents experience not being informed of their rights, their children's rights, or options for their child. They experience finding information the school would not want them to know. Latinx parents experience fighting for accommodations and being discouraged from advocating for their child until they understand their rights. Some Latinx parents, who appear as white, do not know their rights or their child's rights, but do not feel it necessary. Many Latinx parents experienced the teacher's communication to be only negative during official and unofficial meetings and through phone calls. Some Latinx parents experience discrimination of mental health by the teacher's focus and energy being placed on passing exams while neglecting or judging a child's mental health challenge. Many Latinx parents experience racial discrimination of Latinx bias's such as lack of education, not wanting to or having the ability to advocate, having non-involved father, and being Latinx that does not speak Spanish.



Latinx parents experience positive communication and collaboration with school staff once they educate their selves regarding parent and child rights in education. Some Latinx parents experience the benefits of communication and collaboration between their self and all team members as a functional dynamic. Latinx parents view the importance of experiencing staff communicating the child's strengths and progresses. Several Latinx parents appreciate the experience of school staff that goes above and beyond the normal academic responsibilities. Actions of going above and beyond include the school staff having contact outside of school hours, and being an accessible emotional support for the child and the parent. Latinx parents also experience schools staff as going above and beyond by acting as an advocate for the child and parent in an extraordinary manner, making unexpected efforts to share a child's progress, and providing a learning environment that is not the academic norm and includes the family. Lastly, Latinx parents have positive experiences of being a part of their child's team or feeling like the school staff are family. Latinx parents experienced acceptance and inclusion with no judgement. Some Latinx parents experienced teachers calling outside of school hours to check on their child's health, teachers and staff not making judgements when CPS is involved, and being able to talk "unofficially". Latinx parents also feel part of the family when the front staff greets them and their children with being happy to see them and warm affection. Some participants experience the ease of accessing resources by collaborating with teachers without the need of offical meetings due to being percieved as white.

### **Phenomenological Analysis**

Latinx parents who advocate for their children in public schools are able to make

meaning through their stories by elaborating on the notion of a personal self, bearer of spirit, and their discovery of their self being the creator of culture and its world. Latinx parents are able to express their intentionality, retaining the past and expecting the future.

Latinx parents can discover their pre-reflective ideals of their involvement with academic professionals, when they experienced consciousness of reality, and their world of totality. Most Latinx parents go through this process by describing their first experiences of interacting with academic professionals, and discover the sense of self and their relationship with their child's educational staff. This phenomenon can change their relationship with the world they once knew.

Most Latinx parents who advocate for the mental health needs for their children are able to suspend or bracket away their natural attitude and are able to see the realism of their place in their child's academic culture. Parents who advocate are able to be reconnected with their selves and become educated in laws, policies, and knowing the rights of their child and as a parent. This phenomenon allowed for the development of consciousness. They are able to rebuild their sense of meaning in the world and have the power to advocate.

### **Summary**

In this chapter, I shared the demographics of Latinx parents who met the criteria of this study. I explained the process of interviewing eight participants based on the research question "what are the lived experiences of Latinx parents who advocate on behalf of their children with mental health challenges within public educational settings"? The responses are rich and salient explanations of lived experiences that offers insight to

thematic data and summaries. Chapter 5 will elaborate on the interpretation of the findings, share limitations of the study, describe recommendations for further research and describe implications for social change.

## Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this transcendental phenomenological qualitative research study was to discover the lived experiences Latinx parents have when collaborating with education professionals on behalf of their child when their child has a diagnosed mental health disorder. Responses garnered from the interviews were directly related to the research questions and illuminated key findings of both positive and negative experiences. The negative experiences are associated with Latinx parents' lack of education of laws and policies and school professional attitudes such as judgment, discrimination, and disengagement. In this chapter I will describe how the findings relate to Chapter 2. I will also describe limitations to trustworthiness and recommendations for further research. Lastly, I will provide implications for social change and make recommendations for the counseling profession.

### **Interpretation of the Findings**

Two categories of themes emerged from the analysis of my data, negative and positive experiences. Negative experiences included stories that merged into six main themes, and the positive experiences included stories that merged into three main themes. In this section, I will describe how the findings speak to or extend the knowledge in the discipline by comparing them with what has been found in the peer-reviewed literature described in Chapter 2.

### **Dialogue with Literature**

Here, I go through each theme and note the relevant literature that connects study results with the literature review. I highlight specific studies in relations to the problem

statement. When summarizing the comparing and contrasting findings of other studies, I discuss if each set of results were surprising and why.

### ***Disproportionate Mental Health Services***

The current sociopolitical climate has caused the Latinx population to have disproportionate mental health issues (Rosenburg, 2020, p. 1148). Though there are similar rates of ADHD between Latinx and non-Latinx children, research has indicated that this is due to underdiagnosis (Rosenburg, 2020). Participant 01 supported the notion of underdiagnosis when she discussed being discouraged to request a counseling evaluation. Latinx parents have been made to believe their parenting style contributes to disruptive behaviors; parents who seek by professional help are told they are partially to blame (Araujo et al., 2017). Several participants in this study confirmed these findings. For example, the child's mental health symptoms were blamed on parents for being an only parent, for only having one child, or making false accusations such as not giving the child time at a park.

### ***Immigration***

Latinx parents do not want attention drawn to their family to maintain safety, which involves compliant behavior as well as internalizing their anxiety (Cardoso et al., 2020). Participant 06 was nervous in the beginning of the interview and hesitated when asked what level of generation she is in the United States. She was apprehensive to share being first generation but remembered the interview was confidential. This participant shared about her son coming home with some injuries and did not press the issue with the teacher. She stated, "I never really got that straightened out with the teacher." There was

evidence of her fears of drawing attention, being submissive, and having anxiety interacting with school staff. Participant 06 shared the teacher was “a bit cross with me” and was fearful to bring up the issue of the injuries on her son to the principal or vice principal. At the end of the interview, Participant 06 felt she needed to do a better job at advocating for her son. Participant 06 was the only participant who seemed apprehensive about drawing attention to her immigration status.

### ***Acculturation***

Though parents and children experience acculturation simultaneously, children are thrust into the American culture of academics. Because IEP services are dependent on parent involvement, there is a discrepancy between IEP goals and services between children of parents whose primary language was English and children whose parents' primary language is other than English (Amant et al., 2018). Participants 01, 02, 03, 06 and 07 were lower-level acculturation and their primary language is Spanish. These participants experienced years of efforts as well as outside legal influence to gain services for their child. My study supported the research of Latinx parents' inability to collaborate in traditional ways such as meeting only during school hours. This study also extends current knowledge by discussing helpful time of meetings and the lack of advocacy being a barrier. Another acculturation barrier my study highlighted was the experience of participants not understanding the academic jargon written or spoken in Spanish or English.

### ***Perceived Discrimination***

From first generation Latinx living in the United States to Latinx who are multi-

generational citizens, the Latinx population experience discrimination and microaggressions due to skin color, their name, and accented English or speaking Spanish (Cano et al., 2021). My study highlights discrimination on how the parent dresses. Another perceived discrimination my research adds to current knowledge is the difference of how the parent and child is treated when a family member is a teacher in the school. Participant 08 explained a cultural issue of being discriminated against because her parent was a teacher in the school, and the school staff only communicated with the child's grandma, leaving her out of all decision making.

### ***Educator's Bias or Discrimination***

Stereotypes of favorable and unfavorable attitudes can be considered as “us” versus “them” (Gonzales et al., 2021). For the purpose of this study regarding the Latinx parents experience of collaborating with school officials, the school officials were the “us”—being educated, intelligent, and authoritarian—, whereas Latinx parents are summarized as uneducated, incompetent, and subservient. School staffs' bias and stereotypes affect their assessments, evaluations, and grading of racially minoritized students (Quin, 2020). My study supports previous research due to teachers not providing assessments and judging Latinx parents instead of hearing parent concerns. My study also extends current knowledge of school staff ignoring or disregarding parent concerns of behaviors associated with mental health when the child's academic performance does not require attention.

### ***Challenges to Latinx Parental Involvement***

The Latinx parents face barriers to collaborating in traditional ways for their

child's education (Inoa, 2017). Participant 01, first generation in the United States and a licensed professional counselor shared how difficult it is as a single parent to work around the school schedule for collaboration. She stated her Latinx clients that are lower economic status have to work long hours and also struggle with the ability to attend meetings with school staff. Participants shared the biggest challenge to overcome was ignorance of their child's academic rights and having the courage to "fight", "be persistent", and "stand your guard". Robinson (2017) states that while federal policy encourages collaboration between parents and educational leaders, minority parents are uncertain how to participate and it is the academic professional's responsibility to cultivate those relationships. However, my research showed that Latinx parents were encouraged to not attend meetings, but instead, sign a paper that allows school staff to unilaterally make decisions for the child.

### ***Collaboration with School Mental Health Professionals***

It is well documented in literature that school counselors have little to no training for the role to promote, facilitate, and advocate for successful collaboration between families and school professionals. While there is a study of black and Latinx fathers finding little to no support from school counselors (Hannon et al., 2017), this study added the experience of Latinx parents' collaboration with school counselors. Participant 01 is a community counselor and felt the school counselor was doing her job. Participant 03 shared the school therapist helped her find resources and gained strategies to use outside of school. Participant 08 appreciated the counselor checking in with her to see how she was doing and asking if she needed any support.



### ***Parent Satisfaction***

Research shows parent dissatisfaction of the collaboration experience of nationalities and race other than Latinx (Rossetti et al., 2020). The Latinx participant data of this study shows findings of the need for parent training on the IEP and 504 process, the lack of educator accountability, and the limited opportunities for families to develop as advocates. My study provided further understanding of Latinx parents feeling intimidated and fearful to advocate. Research has explored the experience of Latinx parent and teacher collaboration specifically for ASD. This study extends the awareness of the Latinx parent of children with other mental health disorders collaborating with school staff. This study furthers understanding of Latinx parents experiencing similar encounters such as lack of power, fighting for services over prolonged periods, and school staff not understanding the needs of the child. Overall, participants experienced poor satisfaction of the collaborative process until they had the knowledge and courage to make demands. Participants made their voice heard and began to experience collaboration satisfaction.

### ***Cultural Systemic Issues***

Research articles have identified systemic issues of collaboration between Latinx parents of children with ASD and teachers (Azad et al., 2020; Burke et al., 2018). There is a need for further exploration to identify the systemic issues and address the lack of cultural responsiveness in the schools (Larios & Zetlin, 2018). Recent articles indicate a need to study the Latinx true experience of collaborating with academic professionals and to discover more ways to increase parent participation, advocacy and address systemic

cultural barriers. My study highlighted the negative and positive themes that can be used for cultural responsiveness in the school. For example, Latinx parents experience positive collaboration when school staff (a) feels like family, (b) are open to constant communication, (c) slow down meetings and explain meeting content, (d) offer options, (e) make aware parent and child rights, and (f) are honest and trustworthy.

### **Study Disconfirmation**

When comparing my study with the Chapter 2 literature, there were disconfirmations that were found due to political changes. There was no discussed experience of collaboration between community counselors and school counselors.

### ***Anti-Immigration Policies***

Previously, Latinx parents fear their children being removed and placed in foster care if they (the parents) are deported (Berger Cardoso et al., 2018 & Cross et al., 2021). According to the Texas Tribute, President Biden's open-door policy is allowing 30,000 migrants from four countries to enter monthly (Garcia & Barragan, 2023). Two participants children were displaced out of their school district due to the influx of immigrant children being admitted into the public schools.

### ***Collaboration Between Community Counselors and School Counselors***

Research review from Chapter 2 revealed the only study of collaboration between community counselor and school counselor is from the counselor's perspective.

“Considering the increasing mental health needs of K-12 students, effective collaboration between community mental health counselors and school counselors is imperative to support student mental health and academic success” (Appling et al., 2020, pg. 3).

Participants of this study did not list community counselors as a team member of their child's well-being in public school.

## **Researcher Reflections**

### ***Experience***

Prior to beginning the journey of a PhD, I resided and worked as a mental health therapist in the state of Oregon which is dominantly Caucasian. I moved to El Paso, Texas, the border town to Mexico, and continued working as a Licensed Professional Counselor in a community of dominantly Latinx. The change in culture continues to be a learning experience for me while working as a child and family therapist and heavily influenced the topic I chose to study. I often hear of struggles the Latinx parents go through with the school staff and I have advocated for them by writing letters and attending meetings as a team member of my clients.

### ***Bracketing***

Interviewing the participants, analyzing the data, and understanding the findings was accomplished while utilizing bracketing my biases. I accomplished this by originally journaling my experiences advocating for my clients with the school staff as well as my experiences assisting Latinx parents through the process of advocating for their self. I also journaled my experience as a student when discussing the topic with my committee. For example, my original chair member was Latinx and the topic phenomenon discussion of my experience and the background research was a phenomenon the original chair member and her family also experienced. I had to separate my experiences and note any

biases and then suspend them to fully capture the essence of the phenomenon as experienced by the identified participants.

### **Limitations of the Study**

Participants in this study provided a rich description of lived experiences advocating and collaborating with school staff for their child with mental health challenges. A limitation of this study is the small sample size of eight participants. This size may not be generalizable to a larger population. Another limitation of this study is that all participants live on the border of Mexico in the town of El Paso, Texas. This study may not duplicate similar outcomes if conducted in other geographical areas. Furthermore, a limitation is not having identified the race and attitudes of school officials. The border town of El Paso is dominantly Latinx, and my experience is interacting with mostly Latinx staff. A study in another geographical location may have differing results collaborating with school staff of another race.

### **Recommendations**

Based on the limitations of this study and understanding the transcendental phenomenological horizon, there are implications for future research. I realized that not everything could be realized by me during the process of data collecting and analyzing. I also understand there are aspects of the research that is missed. More studies are needed on the experience of Latinx parents who advocate on behalf of their children with mental health challenges within public educational settings. Further studies will continue to decrease the literature gap on this population. Another recommended research on this topic could include:

1. How other geographical locations can explore the Latinx populations experience of advocating on behalf of their children with mental health challenges within public educational settings.
2. How the race of school staff and the Latinx caste system influences the experiences of Latinx experience of collaboration.
3. How the influence of Eurocentric education biases influence Latinx school staff and their behaviors of collaborating with Latinx parents.
4. How COVID-19 has exacerbated the conditions of the rise in mental health numbers and the correlation of changes in collaboration with Latinx parents.
5. Explore the impact of criticism and belittling has on Latinx parents' willingness or confidence in advocating for their child.
6. What is the experience of Latinx fathers when advocating for their child with mental health challenges in public school settings.

### **Implications**

The goal of the study was to understand the experience Latinx parents go through when they advocate on behalf of their children with mental health challenges within public educational settings. The participants in this research project represent Latinx parents of children in public education settings and their advocacy efforts for children with mental health challenges. While there are studies that discuss the need for culturally sensitive collaborative efforts the public-school staff should incorporate, there is no phenomenological qualitative analysis as to discovering what challenges and positive experiences Latinx parents have encountered. This research project highlights individual

accounts of strategies to create effective plans to contemplate culturally competent arrangements between Latinx parents and school staff.

While Latinx parents want to participate and advocate for their child, they often struggle to advocate for their child who has mental health challenges to receive academic accommodations (Scribner & Fernandez, 2017). Counselors are well positioned to have relationships with Latinx families and are crucial to help students in academic settings. Community and school counselors must be ready to confront institutional and sociopolitical barriers the Latinx families face when advocating for their child (Crawford et al., 2019). The results of this transcendental phenomenological research include information helpful for school and community counselors to enhance what is effective and address the barriers that inhibit the growth and development of children with mental health challenges.

### **Conclusion**

The purpose of this transcendental phenomenological study was to explore the lived experiences Latinx parents go through when they advocate on behalf of their children with mental health challenges within public educational settings. I conducted this study to add to the literature of minority parents advocating with school staff in public schools. This study contributed to fill a gap of understanding the Latinx parents' perspective when their child has a mental health disorder. The results of this study indicated the need for culturally sensitive collaboration with the Latinx population.

Each participant shared experiences that contributed to two categories, Positive experiences and negative experiences. The negative experiences Latinx parents had are

best described as feeling the school staff are “us” while they felt being labeled as “them”. Participants shared feeling the teachers were inconvenienced, not being honest, and were often inaccessible and uncommunicative. Other negative experiences include the experience of being judged, accused and feeling self-conscious for either being of the Latinx culture or by having a child with mental health challenges. Participants overall shared being ignorant of their rights and feeling lost and uninformed until they found ways to educate their selves. Once participants were informed of their rights and their child’s rights, they had to be persistent and fight for their child. While participants had negative experiences, they each also had positive experiences after standing up for their rights, or changing schools or teachers. Participants shared the school staff demonstrated helpful performance when they were good at communicating and were always available, when they go above and beyond working outside of school hours and provided tools and resources for parents to be involved. Latinx parents identified exemplary relationship with school staff when they felt respected, heard, like they are a part of the family or a part of the team. Counseling professionals, in school and in the community, must focus on cultural competence and are in a position to assist Latinx parents in their advocacy efforts and initiate social change in public school settings.

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## Appendix A: Interview Guide

Introductory statement: Thank you for your participation. I believe your input will be valuable to this research and in helping grow our professional practice. Confidentiality is guaranteed, and the length of this interview will be no longer than 60 minutes. The purpose of this research is to understand *What do Latino parents of children with mental health disorders experience when collaborating with the public-school institution?*

1. *How does your child's mental health disability affect his/her performance at school if at all?*
2. *How did/do you experience the joint educational venture?*
  - a. *What value, if any, has been derived from the collaborative effort?*
3. *How would you describe your experience interacting with the school professionals for your child?*
  - a. *Can you describe a typical meeting with the school professionals?*
  - b. *Tell me about your experience with the teacher?*
  - c. *What experience specifically stands out to you with your child's teacher?*
  - d. *What is your experience, if any, of your advocating for your child's educational rights? Your rights as a parent?*
4. *What are struggles (challenges), if any, do you face when advocating for your child's education?*
5. *In your experience, what support or resources, if any, do you think makes your child's educational experience better?*
  - a. *Do you have examples of supports and/or resources?*
6. *What are some examples, if any, when you perceived discrimination as a Latino parent or having a child with a mental health diagnosis?*

### **Closing statement**

After the interview, I would summarize key points participants discussed and ask if I missed anything. I would then re-state the purpose and add:

"I want to understand this experience you have gone through or are going through as if it was myself going through it. Is there anything else you can think of that I am missing of this experience?"

"Thank you so much for your participation of this research, my hope is that your contribution will impact future families in similar circumstances in a way that brings positive social change. Please provide your mailing address, email, and phone number so I can get in touch with you to verify the accuracy of the interview, and then once again of the results. Your input is highly valued, and I want the data to completely capture what you have experienced and shared. Participants were then given my contact information for any further questions or concerns".



## Appendix B: Brief Demographic Survey

Participant number:

1. Participant gender M/F
2. Primary language is:
3. Secondary language is:
4. Participants highest level of education:
5. Participants level of acculturation:
6. Number of years attending ARD meetings:
7. Number of children with mental health diagnosis in school:
  - a. Age(s)