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Strengthening the School-Family Partnership: Parents' Experiences with the Parents in Partnership with Educators Program (PIPE)

Courtney Cadieux
The University of Western Ontario

Supervisor
Crooks, Claire V.
The University of Western Ontario

Graduate Program in Education

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Abstract

The Parents in Partnership with Educators (PIPE) program was developed as a brief intervention for families who are struggling to communicate with schools around the needs of their child. It includes instruction in communication and conflict resolution strategies. Parents are also provided with support at school meetings to help them implement these strategies. The goal of this thesis was to explore why parents enrol in the PIPE program and what they gain from their involvement. In Study 1, file reviews were conducted of ten families, eight of whom also participated in an interview about their experience. Interview transcripts were analysed using content analysis and three overarching themes were identified including support, skill building, and advocacy. In Study 2, seven professionals and six parents completed an online group concept mapping activity to conceptualize the benefits of the PIPE program. A final eight cluster map was developed to illustrate the key concepts: Support received, Meeting skills, Communication skills, Confidence, Advocacy, Knowledge, Insight, and Validation and Reassurance. Taken together, the findings from these studies suggest that the PIPE program allows parents to feel heard, gain confidence, and ultimately improve their communications with the school. Parents and professionals emphasized the importance of support for parents who may be feeling overwhelmed or unheard among members of the school team. These findings have important implications for parents and educators and point to the need for programs such as PIPE.

Keywords: Parental Involvement, Inclusive Education, Intervention, Conflict Resolution

Co-Authorship Statement

The first study included in this thesis has been submitted for publication with the title *Parents' Experiences with an Individualized Intervention Designed to Strengthen the Family-School Partnership: The Parents in Partnership with Educators Program (PIPE)* to the journal *Exceptionality Education International*. This manuscript resulted from collaboration with coauthors Dr. Claire Crooks and Dr. Colin King. The first author (Courtney Cadieux) conducted the literature reviews, prepared the ethics proposal, recruited participants, collected and transcribed data, conducted all data analyses, and led the writing of the manuscript.

As the graduate supervisor of the first author, Dr. Claire Crooks provided significant contributions to the research design and methodology of this work. She provided ongoing editorial and intellectual support from drafting ethics to the final manuscript.

Dr. Colin King contributed to the initial development of this research project and has been a part of the ongoing editorial process.

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1. Introduction

Parental involvement is an important aspect of children and youth's education and can be defined as "the participation of parents in regular, two-way, and meaningful communication involving student academic learning and other school activities" (Anfara & Mertens, 2008, p. 58). Parental involvement with the school is linked to positive outcomes for students, including both academic (Epstein & Sheldon, 2002) and behavioural (Jarmuz-Smith, 2011). For instance, research has identified positive relationships among parental involvement and grade point average, lower drop-out rates, and school engagement (Hoover-Dempsey et al., 2005). Specifically, for children with disabilities, an efficacious partnership between families and schools can make a considerable difference for students' success (Mautone, Marcelle, Tresco, & Power, 2015).

Some students require personalized and tailored school supports guided by an individual education plan (IEP). In Ontario, the IEP is a contract between the parents and the school that "identifies the student's specific learning expectations and outlines how the school will address these expectations through appropriate accommodations, program modifications and/or alternative programs as well as specific instructional and assessment strategies" (Ontario Ministry of Education, 2017, para. 2). The expectation is that, with these accommodations or modifications, students will be able to achieve the learning outcomes as outlined within the curriculum.

Parental involvement in the development of a student's IEP is both critical and legally mandated in Ontario (The Individualized Education Plan (IEP): A Resource Guide, 2004, p. 13); however, research suggests that parent participation during IEP

meetings is relatively low compared to teachers' and administrators' (Martin et al., 2006). These documents must be updated at the beginning of each reporting period; however, IEPs are "living documents" and can be updated and/or changed at any time (The Individualized Education Plan (IEP): A Resource Guide, 2004, p. 48). Unfortunately, parent's roles are often limited to signing paperwork, rather than actively participating in an ongoing collaboration between the home and school or in the decision-making process (Fish, 2008). This discrepancy between the law to involve parents and the reality of their involvement is of importance given the body of research linking parental involvement to positive student outcomes (Castro et al., 2015; Jeynes, 2005; Ma, Shen, Krenn, Hu, & Yuan, 2016). Not only is improving the quantity and quality of parental involvement with the school central to the success of the student, it has been shown that poor parent-school relationships are predictive of high rates of due process and mediation (Burke & Goldman, 2015), which are costly for the schoolboard. Additionally, most teacher preparation programs do not provide specific training on how to establish partnerships with parents (Jivanjee, Kruzich, Friesen, & Robinson, 2007) and parent training programs on how to communicate effectively with the school are rare (Murray, Ackerman-Spain, Williams, & Ryley, 2011). Therefore, it is necessary that efforts are put into place to help parents and schools come together to develop solutions that will benefit the student. This thesis explores the experiences of those who have participated in an individualized communications intervention for parents of children who are struggling to communicate with the school around the mental health needs of their children. The Parents in Partnership with Educators (PIPE) program was developed to help parents foster positive

school partnerships by providing guidance, organizational tools, and hands-on support for parents preparing for a school meeting.

1.1 Research Questions

The central research question guiding this thesis is, “What are the benefits of participating in the PIPE program?” To address this question, two separate studies were conducted using a combination of qualitative and quantitative methods. A mixed-methods approach was chosen for two purposes; *complementarity* and *development*. *Complementarity* refers to the elaboration and clarification of results from one method to the other. In this research, interview data were used to elaborate on the quantitative data. *Development* means that results from one method are used to develop the other method. In this study, results from interviews and file reviews were used to inform additional analyses. There were three broad research questions:

1. What are families looking for/expecting when they enrol in the PIPE program?
2. What do families gain from their involvement and is there anything negative about their experience?
3. How do parents and professionals who have been involved with the PIPE program conceptualize the benefits of the PIPE program as identified by parents?

1.2 Conceptual Framework

This research draws on the Hoover-Dempsey and Sandler model of the parental involvement process (Green, Walker, Hoover-Dempsey, & Sandler, 2007) to theorise that encouraging parents’ confidence, understanding, and skills through initiatives such as PIPE plays an important role in achieving meaningful communication between schools

and families. This model is valuable for its emphasis on parental role construction, or parents' own beliefs about their role as a parent in the education system (Auerbach, 2007). This model suggests that parental role construction is the most salient predictor of parental involvement and that motivation for involvement comes from three sources, (1) parent motivation, (2) school invitations, and (3) family context (see Figure 1). Parent motivation includes parental role construction as well as parents' beliefs about their self-efficacy in relation to their child's education. These beliefs are influenced by several factors, such as family, coworkers, gender, socioeconomic status (SES), and cultural norms (Gonzalez, Borders, Hines, Villalba, & Henderson, 2013). School invitations include general perceptions of a welcoming school environment, specific invitations from teachers, and specific invitations from the child. Family context variables are often considered barriers to involvement, such as parents' knowledge and skills as well as other demands on their time and energy (Gonzalez et al., 2013). Research on the model's predictive ability suggests that it can be applied to families in diverse circumstances (Green et al., 2007; Gonzalez et al., 2013; Chrispeels & Rivero, 2001).

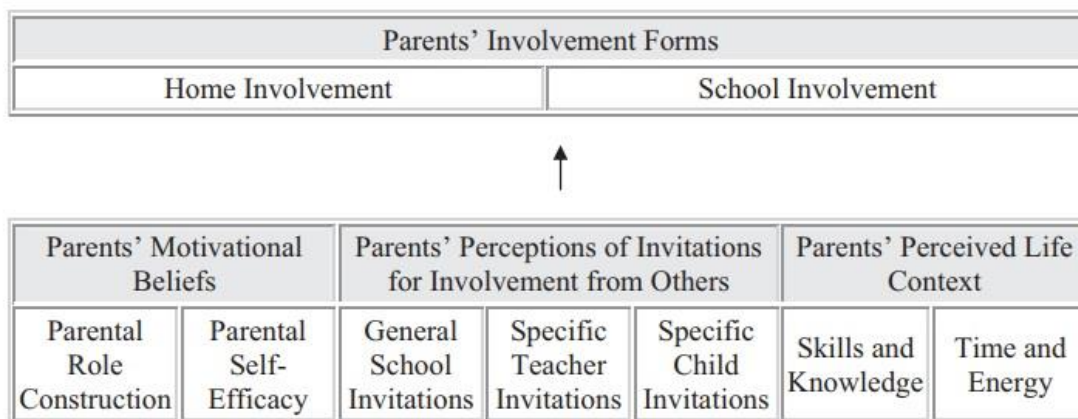


Figure 1: Diagram illustrating the Hoover-Dempsey and Sandler model of the parental involvement process (Hoover-Dempsey et al., 2007).

1.3 Existing Literature

Parents have a bidirectional role in developing and implementing effective IEPs. They can contribute valuable information to the development of the IEP such as how the child reacts to various situations and effective strategies used in the home (Ontario Ministry of Education, 2004, pg. 19). Parents can also reinforce any recommendations at home and provide insight on the transfer of skills (Ontario Ministry of Education, 2004, pg. 19). Therefore, it is crucial that parents understand and agree with the terms outlined in the IEP. Research suggests that parents with negative educational histories (e.g., those who experienced behavioural or academic problems themselves) are equally likely to attend a meeting as those without such histories; however, they are more likely to feel dissatisfied with the decisions made (Wagner et al., 2012). These parents may find it more difficult to form a strong relationship with the school, which could have a negative impact on the student if the parents do not buy-in to the recommendations provided by the school team.

Research has identified a number of barriers hindering successful parent-school partnerships with regard to the development and implementation of IEPs, such as scheduling conflicts, parental lack of knowledge about school policies and/or academic terminology, and perceived inequality on the IEP team (Jivanjee et al., 2007). Poverty, educational attainment, and immigrant status also influence the degree of parental involvement (Chrispeels & Rivero, 2001). Specifically, families of low socioeconomic status (SES) and with lower levels of education have been found to participate less during IEP meetings (Jones & Gansle, 2010). These parents may be less familiar with the terminology and/or feel more intimidated by the process compared to parents of higher SES or who have more years of education (Jones & Gansle, 2010).

Results from a qualitative study on the IEP process for 20 parents revealed that many of them felt disregarded as a member of the team (Zeitlin & Curcic, 2014). The IEP process produced strong, negative emotions for parents, many of whom used words such as “frustrated” and “overwhelmed” to describe the process. Another theme that emerged was the imbalance of knowledge, power, and authority among members of the IEP team. Some parents felt that they needed to become experts on their child’s condition to be taken seriously. Lastly, parents struggled with the length of the IEP document, its language, and expressed concerns about the value of the IEP itself.

Another qualitative study identified specific factors that promoted meaningful communication between parents and the school (Esquivel, Ryan, & Bonner, 2008). Participants were a group of highly-involved parents with children in special education. Their responses provided several ways for parents to improve their experiences during school meetings. Points that were emphasized included the importance of pre-meeting

planning and organization, going in to the meeting with a problem-solving mindset, and remaining open to new ideas. Further, participants indicated that professionals can improve parents' experiences by encouraging parent feedback and acknowledging parents' emotions during the meeting.

Research on interventions to improve parent involvement in this capacity is scarce; however, Goldman and Burke (2017) conducted a systematic review and meta-analysis to summarize the current literature on interventions to increase parental involvement for parents of school-aged students with disabilities who required an IEP. The two most recent studies included in the descriptive synthesis were by Jones and Gansle (2010) and Hirsch (2004). Jones and Gansle (2010) investigated the impact of a pre-IEP meeting mini-conference aimed at promoting parent involvement and parent education level on perceptions and observations of parent participation. Participants in the study included 14 special education teachers, 12 administrators, and 41 parents randomly assigned to the control condition ($n = 20$) or the experimental condition ($n = 21$). In the experimental condition, teachers conducted a mini-conference with the parents within seven days prior to the IEP meeting. In the control condition, teachers prepared for the IEP meeting as usual. Results revealed that teachers reported significantly more participation among parents from the experimental group compared to the control group. However, there were no significant differences between the two conditions for number of comments per minute made by parents, parent-rated perceptions of involvement, or administrator perceptions of involvement. The mini-conference between the teacher and parent did not improve parental attitudes, suggesting a need to develop and test other methods to increase parental participation.

Hirsch (2004) evaluated the use of an informational handout and one-on-one training for parents of children being assessed for a specific learning disability (SLD). Participants in the study included 45 parents who were randomly assigned to one of three groups (i.e., training, attention, or control condition). The training group received a package with information about SLD and IEPs and reviewed this information with the researcher prior to the school meeting. The attention group received information about child development and reviewed this information with the researcher prior to the school meeting. The control group received no information. Results revealed that observed and self-rated participation were significantly higher for parents in the training group compared to the attention and control group, and parents in the training group were significantly more knowledgeable following the training. Hence, providing explicit information about the child's condition and the IEP process may be an important strategy for improving parental involvement.

Overall, findings from the meta-analysis (Goldman & Burke, 2017) indicated that the current interventions conducted to date did not effectively improve parental involvement during IEP meetings. Solely providing knowledge may be insufficient as this only addresses a subset of the barriers faced by parents with regard to effective parent-school communication. It is clear that parental interventions aimed at improving communication among stakeholders are lacking, and programs that have been shown to be effective often target a specific population of students (Azad, Marcus, Sheridan, & Mandell, 2018).

A recently developed program known as Partners in School is a parent-teacher consultation model for children with autism spectrum disorder (ASD; Azad et al., 2018).

Similar to the program highlighted in the current study, the program employs a problem-solving model where parents and teachers work with a consultant to achieve a specified goal (Azad et al., 2018). In this case, the goal is to increase the use of evidence-based practices for ASD in the home and at school. The program is based on conjoint behavioural consultation (CBC; Sheridan, Kratochwill, & Bergan, 1996), a framework in which parents, teachers, and a consultant participate in joint discussions to reach a solution for a child's academic or interpersonal problems (Sheridan, Eagle, & Doll, 2006). A preliminary evaluation of this program assessed changes in child outcomes and found that teachers and parents reported perceived improvements in child outcomes, such as hyperactivity, following the program (Azad et al., 2018). Program such as Partners in School may be best suited for parents whose relationship with the school is not presently strained because these programs require immediate and ongoing collaboration between the parents and teacher. The PIPE program is unique because the goal is to bring parents back to the table and encourage their capacity as informed advocates for their children after a relationship has become unamicable. Therefore, the PIPE program may serve as a first step towards involvement in a CBC-type program or further intervention.

1.4 Intervention

The PIPE program is a consulting program that aims to strengthen the parent-school relationships by helping families work collaboratively with school personnel (i.e., teacher, principal, school psychologist). The program was developed by a non-profit organization called M.I. Understanding. M.I. Understanding (which stands for Mental Illness Understanding) is not a mental health organization; rather, it is a community of support aiming to encourage conversations about mental health among children and

families. M.I. Understanding provides videos and community exhibits on topics such as anxiety, gender identify, help-seeking, exercise, and picky eating, among others. After meeting and connecting with families at the community exhibits, the director of M.I. Understanding recognized a need for families whose communication with the school had become problematic. The PIPE program was originally developed as a result of these conversations and has evolved into the current program over several years.

The goal of the PIPE program is to help parents become positive advocates for their child by widening their understanding of their own and the school's expectations and building their confidence as knowledgeable and important members of the school team. The intervention involves four steps over a short period of time: (1) an information gathering session focused on identifying the core problems/conflicts/barriers between family and school personnel; (2) a skills-based session to review a structured binder compiled by the program representative with all of the materials related to the child's education and care, and to practice communication skills; (3) a school-based meeting where the PIPE representative attends with the parent; and (4) a follow-up session with the representative to discuss next steps. During the first meeting, the parent shares their story with the program representative and the representative records any pertinent information. The representative asks the parent to request their child's Ontario Student Record (OSR), IEP, and any other relevant documents prior to their next meeting. The representative compiles a binder consisting of the relevant documents together with pre-meeting worksheets, which helps parents prepare their objectives in advance of a school meeting. At the next meeting, the representative reviews the binder with parents and encourages them to practice vocalizing their concerns and questions out loud. The

representative attends a school meeting alongside the parent at their discretion.

Depending on the family, the program representative's role at the meeting ranges from simply taking notes to actively contributing to discussion. At the follow-up meeting, the program representative reviews the decisions that have been made between the family and the school and discusses next steps with the parent(s).

1.5 The Present Research

Two studies were conducted to explore the research questions. The first study examined the experiences of ten families who have been through the PIPE program by conducting file reviews and semi-structured interviews. A thematic analysis of parents' experiences is presented. In the second study, group concept mapping was employed to explore parents' and professionals' beliefs about the benefits of the PIPE program. Study materials and procedures were approved by the Western University Non-Medical Research Ethics Board (see Appendix A and Appendix B)

1. Study 1: Parents' Experiences with the Parents in Partnership with Educators Program (PIPE)

The purpose of this study was to gain an understanding of why parents enrol in the PIPE program and what they took from their experience. This investigation was conducted within a community-based partnership with the director of the PIPE program from January 2018 through October 2018.

2.1 Methods

Qualitative research methods were employed to examine parents' experiences with the PIPE program. Ten parents from Southwestern Ontario, Canada, who had

completed the PIPE program were contacted by the director of the PIPE program. Initially all ten agreed to participate, but two were unable to schedule an interview with the researcher even after multiple follow-up calls. Eight telephone interviews were conducted. First, the researcher reviewed the Letter of Information and participants provided informed verbal consent (see Appendix C). A semi-structured interview was chosen because the structure is appropriate for investigating complex experiences and they allow the researcher to clarify answers (Louise Barriball & While, 1994). Additionally, the use of an interview guide is appropriate for participants with diverse backgrounds and circumstances (Louise Barriball & While, 1994). Interview questions included asking participants about how they discovered the PIPE program, what they took from their participation, whether there was anything negative about their experience, and how the program, if at all, made a continued impact on their communication with the school (see Appendix D). Interviews took between 7-30 minutes to complete and were audio recorded and transcribed verbatim. An automated transcription service, Trint, was used to produce the initial interview transcriptions, and the researcher subsequently edited them for clarity. Participants received a gift card to thank them for their involvement with the research.

In addition, a file review was conducted of the ten families (collectively including 16 children) who completed the PIPE program. This involved reviewing all intake assessments and field notes recorded by the program representative; including information such as family history, meeting dates, and meeting attendees. Identifying information was removed from files and transcripts, which were assigned a numeric code to preserve anonymity.

2.1.1 Data Analysis. Descriptive statistics from the intake questionnaires were used to summarize participant demographics. The field notes were analysed using a pre-set codebook consisting of ten child categories (e.g., child age and gender) and nine parent categories (e.g., parent gender and number of children on IEPs). Each category was subsequently coded into categorical variables and inputted into SPSS Statistical Software (see Table 1).

The interview data were analysed using a coding process as described by Erlingsson & Brysiewicz (2017). Content analysis was employed as this process allows for the identification of central themes to emerge from the raw data (Patton, 2002) and thus, provides a deeper understanding of the participants' individual and shared experiences. The first step was to read the transcripts to get a general sense of what the participants were talking about. Meaning units were then extracted from the participant transcripts (i.e., short excerpts from the text that illustrate singular ideas) and were given codes that succinctly described the meaning unit. Codes were assessed to determine which belong together and were sorted into categories. Examples of categories included, "Emotional Support" and "Organization Skills". As suggested by Erlingsson and Brysiewicz (2017), codes were re-evaluated for overlap between categories and were rearranged as necessary. This iterative process resulted in several categories positioned around three overarching themes.

Table 1

Frequencies of Parent-Identified Health, School, and Family Related Concerns

Type of Concern	Percent (%)
Health concern	
Speech and language delay diagnosis	18.75
Possible speech and language delay*	6.25
Anxiety diagnosis	31.25
Possible anxiety*	6.25
Oppositional defiant disorder diagnosis	12.50
Attention-deficit/-hyperactivity disorder diagnosis	18.75
Possible sensory issues*	18.75
Possible fine motor skill issues*	6.25
Sleep disorder diagnosis	6.25
Possible sleep disorder*	12.50
Learning disability diagnosis	6.25
Behavioural concern	
Self-regulation (incl. aggression)	18.75
Attention	12.50
School-related concern	
School refusal	12.50
Peer victimization	25.00
Family concern	
Experienced domestic violence	6.25

Note: $N = 16$. Most children presented with multiple concerns ($M = 2.50$, $SD = 1.30$)

*Details of an official diagnosis were not provided.

2.1.2 Interview Participants. All study participants were female ($N = 8$) and had a maximum of four children concurrently on IEPs ($M = 1.75$, $SD = 1.09$). Children ranged from 4-13 years old (64.3% male, 35.7% female; $M = 8.91$, $SD = 3.26$). Two parents identified as immigrants, one of whom had been in Canada for one year.

2.2 Results

2.2.1 Data analysis. Participants discovered the program through several sources (i.e., Facebook, school referral, word of mouth, university conference). The problems that led parents to seeking out the PIPE program included a short-term misunderstanding or

disagreement with the school surrounding the child's needs (37.5%), a long-term dispute with the school (12.5%), a poor relationship with the current teacher (18.75%), concerns surrounding school transfers (18.75%) or unknown¹ (12.5%). Refer to Table 1 for a summary of the children's' presenting concerns at the intake meeting.

In nearly all cases (90%), a formal intake meeting took place between the parent and the program representative. An organized binder including all information related to the child's school history (e.g., IEP, Ontario Student Record) and several blank worksheets was compiled for 90% of parents. The program facilitator attended a school meeting with 80% of parent participants, and follow-up meetings were not recorded in the files; however, interview data revealed that all parents participated in a follow-up meeting or phone call. It is important to note that these cases include the inaugural families who were involved in PIPE when a systematic intake assessment or tracking procedure had not been established, which accounts for some of the variability in the process.

2.2.2 Impacts of the PIPE program. Overall, participants identified a range of significant benefits arising from participating in the PIPE program. Analysis and interpretation of the data generated three overarching themes, including: (1) *Having someone "on your team"* (2) *Learning and honing new skills*; and (3) *Parents' role as*

¹ A standard intake form did not exist at this time, so the presenting concerns were not consistently recorded.

advocates (see Table 2). Exemplar quotations were identified during data analysis and have been included in the following section. Each quotation includes the participant ID.

Table 2

<i>Impacts of Participating in the PIPE Program</i>		
Overarching Themes	Secondary Themes	Exemplar Quote
Having someone “on your team”	Personalized support	<i>It was just a huge relief to find somebody who was willing to actually just sit and listen and genuinely help me with the process. (ID 100)</i>
	Willingness and openness to attend school meetings	
	Guidance in the form of resources	
Learning and honing new skills	Organization skills (i.e., binder)	On specific strategies learned:
	Communication skills	<i>Being organized and being well prepared before going to meetings at my son's school. Very well prepared. (ID 101)</i>
Parents’ role as advocates	Self-confidence	<i>Everyone’s always talking about what’s not working... well, what is working? What was the good quality? What are the things that are good about my son, not just what are his problems? (ID 100)</i>
	Personal responsibility	
	Stigma reduction and openness with others	

Having someone “on your team”. A prominent finding was the degree to which participants saw the personalized support offered by the program as the key factor enabling them to successfully negotiate with the schools. All parents communicated that the PIPE program representative offered support, guidance, and encouragement in a manner that helped validate parents’ feelings about what their child was experiencing and how the school was reacting. When asked about the main strengths of the program, one parent said, “The support, most definitely. Being able to speak to someone that actually understands where you’re coming from” (ID 107), and another said, “It was just a huge

relief to find somebody who was willing to actually just sit and listen and genuinely help me with the process” (ID 100). In a matter-of-fact way, one parent stated the strengths of the program as being “No judgement. Just listening. Understanding. Empathy.” (ID 104). This unconditional support was particularly meaningful for families who felt the school had prematurely labelled their child as having a mental health problem without receiving a proper assessment. One parent expressed that “When you are a parent, as soon as you hear that and especially from someone who doesn’t have a medical background to make that kind of diagnosis... the way it was presented to me was offensive” (ID 105). This parent felt that because the program representative was herself a mother, she could relate to these feelings and validate that they were real. Such personalized conversations helped parents feel that they “weren’t going crazy in the way that they felt” (ID 107) and gave them the opportunity to bounce ideas off another parent.

Most parents chose to have the program representative attend a school meeting alongside them and found this to be beneficial for several reasons. When discussing her experience at a school meeting, one parent explained:

She reminded me of points that I had forgotten to mention. She just kind of provided the extra support for me as a parent, and her just being there helped a lot. She did raise some of her own questions if she didn’t understand something and I found that helped having an outsider’s kind of opinion. (ID 102)

Parents commented on how the program representative’s willingness, openness, and availability to attend the school meetings meant a great deal to them, and one parent noted that the representative was the primary reason behind her feeling satisfied at the end of the meeting. Parents felt that having the representative there helped them feel like

it wasn't "them versus the school" (ID 106) and gave them peace of mind to know that they wouldn't miss presenting an important fact or idea. For instance, one parent said, "I did all the talking but I had someone there who I could look at and refer to if I missed anything" (ID 107).

Finally, parents received guidance from the PIPE program in the form of resources (e.g., books about anxiety) and knowledge about community-based organizations. Parents appreciated that the program representative "went out of her way" to research and obtain resources specific to their situation. On this topic, one parent talked about how when dealing with mental health, finding that helping hand to guide you onto the right path isn't always easy. She continued, "Even though [mental health promotion] is on TV, [help] is so hard to find" (ID 100).

Parents talked in detail about the knowledge and resources they obtained through the program, two of whom credited PIPE for getting their child into community-based programming. In one parent's eyes, having the representative at the meeting made the school take the situation more seriously and ultimately led to the child receiving a clinical assessment from a school psychologist.

Learning and honing new skills. Study findings suggest that it is important to foster organization and communication skills with parents so that they feel equipped to move forwards in their dealings with the school on their own. All eight parents referenced the binder that was put together for them entailing all their child's school records as well as blank pre-meeting worksheets to be filled out. Not only did parents learn how to use the binder effectively, they talked about the importance of "being organized and being very well prepared before going to meetings" (ID 101). Meeting

with the program representative to review the binder prior to a school meeting was instrumental in increasing parents' confidence as equal members of the school team:

Everything was just put in order so that we can add to it over time as well as just go back and refer to it by section at any moment. It has worksheets that I find very helpful because it gives you a good way of preparing for a meeting. You know these things can get very emotional and this is a good way of focusing on the facts. I like the way it is set up with the fact that I have all the report cards in there and all the notes the teachers would have left in his Ontario Student Record... I just find that it really helped us organize things in a way that you don't necessarily think of yourself or take the time to do yourself. (ID 107)

Two features of the binders appeared to be most valuable; the pre-meeting worksheets and the ability to reference and record information at any given time. As one parent explained, "[The program representative] made me sheets for meetings so that before I went in, I would know what three questions I wanted to ask and what I wanted to get out of the meetings" (ID 102). Others discussed the importance of writing down the details of the meeting such as attendees, contact information, and a comprehensive outline of what was discussed to ensure that "everyone has a clear picture of what has happened, what is supposed to happen, and what we agreed to" (ID 107). Parents noted their continued use of the binder in other areas such as medical appointments and psychiatric assessments, even referring to the binder as a "lifeline". As one parent said of an upcoming meeting with a teacher, "I found myself writing a worksheet at home and noting what I want from her." (ID 101).

Parents also gained important communication skills and were given the opportunity to practice these skills through role-play activities with the program representative. Role-play is an active learning technique that has been found to be effective in teaching communication skills across several disciplines, including education (Chen, Muthitacharoen, & Frolick, 2003). This practice gave parents the opportunity to think about their intentions for the meeting; for example, “Why are we having the meeting? Why is it important? What is important for me to say?” (ID 100). Parents learned the importance of remaining objective, calm, and focused on the child during meetings. Some of the families had a tarnished relationship with the school before enrolling in the PIPE program, one of whom mentioned learning the importance of “not playing the blame game” (ID 102) with the school. Parents commonly referred to “keeping the emotion out of it and sticking to the facts” (ID 103). One parent discussed learning the significance of word choice and of considering “the lingo” that the school personnel use. Parents gained the ability to take their time and ask for clarification wherever necessary:

People always say, “Do you have any other questions?” How often do we say no? But you actually do have questions. So, you know what, I’m just going to take a minute and look this over and then I’ll let you know. (ID 100)

Parent’s role as advocates. A third salient theme that emerged from the data centred on parents becoming stronger advocates for their children. For example, one parent realized that she holds maximum knowledge about her child’s situation:

I feel very confident, like I actually have something to say. Teachers and principals change rapidly these days so they don’t know the history, they don’t have five

years' worth of knowledge. They only know what's happening now, so it's good to be able to reference things quickly and say "Nope, we tried this, we've done this".

It's really valuable. (ID 100)

This finding echoes previous qualitative research which found that above all, parents want professionals to understand that they are the experts on their child (MacLeod et al., 2017). Parents wanted to be taken seriously and ensure that they were being heard (MacLeod et al., 2017).

Many parents felt that with the support of the program, they gained the confidence to walk into the school and ask for what they need (e.g., school records) and participate in school meetings in a way that is respectful, efficient, and focuses on what is best for the child. The program empowered parents to come forward with what their child was experiencing, many of whom stated that they continue to ensure new teachers and principals are aware that their child needs "a little extra help" (ID 104). Not only did parents gain the self-assurance to go into meetings on their own, some felt that their improved sense of self-efficacy greatly reduced their overall stress levels:

I gained confidence. Confidence that I would go into meetings on my own and get what I need across to them in a way that everyone can understand me. That's really helped, especially with my stress levels. I have [multiple] children and they're all high needs, so it's helped a lot when I can just go in and tell them what I need. And they understand me as opposed to me having to repeat myself constantly. (ID 102)

Results also highlighted the importance of taking the time to learn about their child's condition, the school's policies and procedures, and the resources available in the

community. Parents commonly referenced learning that they do not need to take what the school says as fact (e.g., if the school believes a child has ADHD), and that they should always get a second opinion from a health-care professional. This realization was met with a new sense of power and confidence for one parent who had a long-standing dispute with her child's school:

I think parents should know that they have a lot more power than they think they have and they are not up against this giant beast of a school board or a bunch of doctors, they are equal in this fight. They're the parents and they are the best advocate and they shouldn't just accept whatever is being said, they should question it. You should get second opinions. You should go to doctors. You should read about it. You should get a book. (ID 100)

For several parents, being an advocate meant that "you don't have to do whatever is suggested by someone else" (ID 100) and that every family has their own path to a solution. This was often linked to conversations about stigma and how being an advocate meant "not letting stigma get in the way" (ID 105). For one parent who reported feeling stressed and offended upon hearing the school's concerns, the program helped her access resources to learn about different mental health challenges and ultimately, she was able to advocate for the type of intervention her child needed. Another parent felt that the program gave her an "awareness" of her child's mental health and noticed being able to talk more openly because the program representative "removed the stigma attached to it" (ID 104). Parents felt that part of being an advocate was remembering to focus on the child's strengths rather than just the weaknesses. As one parent expressed, "Everyone's always talking about what's not working... well, what is working? What was the good

quality? What are the things that are good about my son, not just what are his problems” (ID 100). In previous qualitative research, parents stressed the importance of focusing on the whole child rather than the child’s deficits, stating that “their child is so much more than a file” (MacLeod et al., 2017).

In addition to their role within the education system, parents felt they became stronger advocates within their social circles. As one parent explained:

At first, I was able to talk to [the program representative], and then I was able to talk to friends and family. I went further into the community and let our friends know that if we went to a party and my son didn’t want to be there, to understand that it’s not their fault and he’s not at fault either, it’s just something that he’s going through. (ID 104)

Many parents talked about sharing the PIPE program with friends and family members who were experiencing hardships, sharing with them that the program is “unbelievably helpful and you will feel validated and confident, and you will make a connection” (ID 100). Since completing the program, parents have encouraged others to utilize this channel to accessing schools and school boards and have enthusiastically shared their knowledge and skills with friends, family, and co-workers.

2.3 Study 1 Conclusion

This study has given voice to parents who have participated in a novel intervention for families struggling to communicate with the school around the mental health needs of their child. Results generated further knowledge on the ways in which parental role construction influences school involvement and illustrated the importance of

encouraging self-efficacy and confidence in parents. The PIPE program objectives align closely with previous literature on parents' views on how to make the IEP process more meaningful (MacLeod et al., 2017). From participating in the PIPE program, parents reported feeling satisfied with the support they received and felt that their goals were met. Parents left the program feeling empowered to advocate for their child at school and in the community. Overall, study findings suggest that participation in the program gave parents a "second wind" and a new or renewed sense of confidence and hope. Parents gained skills for effective communication with the school and felt prepared to continue independently as positive advocates for their children.

2. Study 2: Benefits of the PIPE Program: Conceptualized by Parents and Professionals

The purpose of this study was to create a structured conceptualization of parents' and professionals' beliefs about what participants gain from the PIPE program using a methodology called group concept mapping (GCM). Group concept mapping was chosen as this approach has been employed successfully in exploratory studies and educational research (Dare & Nowicki, 2015) and is therefore appropriate for the current work.

3.1 Methods

Based on data from Study 1, the researcher generated statements from the parent interviews to develop a comprehensive list of statements for GCM. Group concept mapping utilizes qualitative data to structure statements that are then grouped into meaningful clusters by the research participants. GCM requires a series of six steps; including (1) Identify the research focus, (2) Recruit participants, (3) Participants generate data, (4) Synthesize data, (5) Participants structure data, and (6) Analyze data

and create displays (see Figure 2). To structure the data, participants are instructed to sort a set of statements into groups and rate each statement based on importance. In this way, the researcher does not interpret the data themselves; rather, the data are provided to participants and they structure it in a way that makes sense to them (Nowicki, Brown, & Stepien, 2014). The researcher employs multi-dimensional scaling and hierarchical cluster analysis to analyze and present how the participants structured the data.

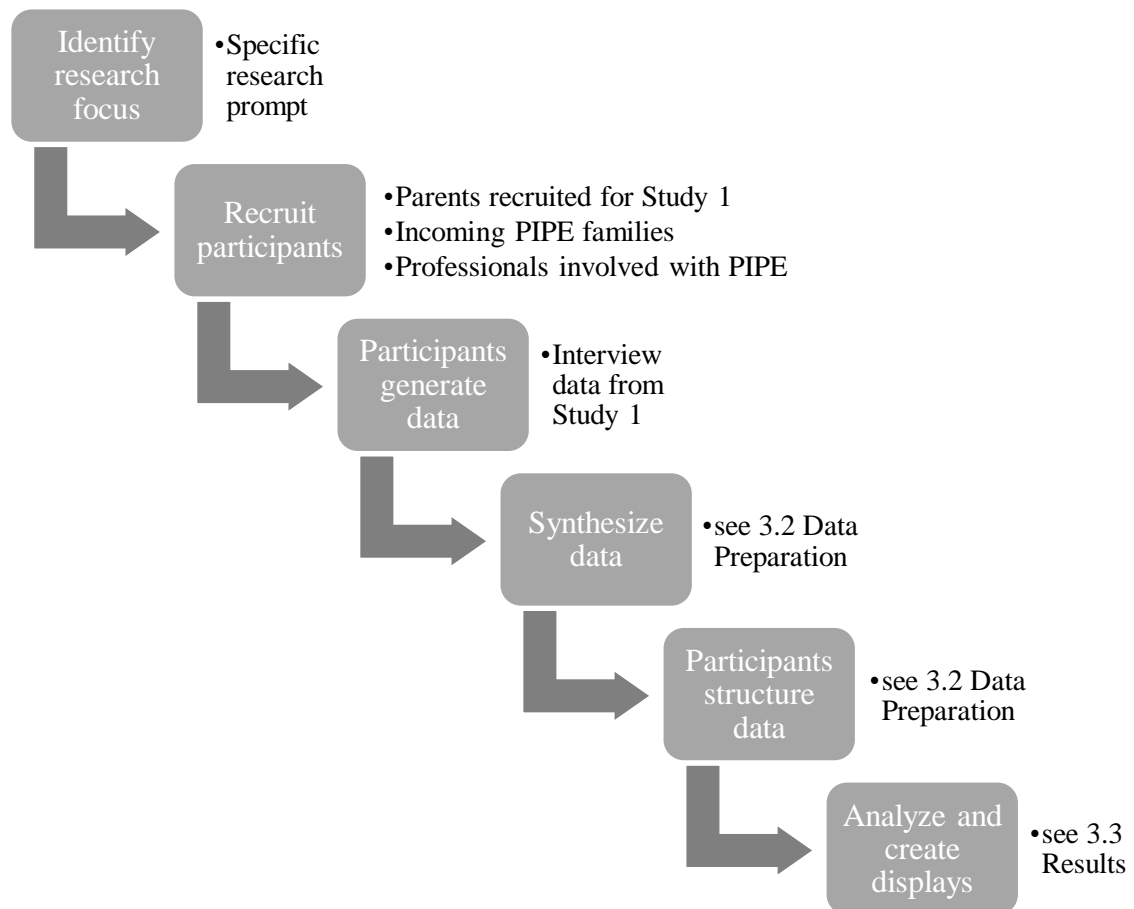


Figure 2: Group concept mapping six-step process

3.1.1 Participants. This study involved 13 individuals (six parents, seven professionals) who have either participated in or been involved with the PIPE program in some capacity. Some of the parents also participated in interviews in Study 1 (n=5) and

the others were from families who participated in PIPE after data were collected for Study 1. Most participants were female (one male; professional). Professionals held a range of positions including PIPE representatives, teachers, a school psychologist, a retired principal, and a dietician. Professional stakeholders were invited in part to draw from multiple perspectives and in part because there were not enough families who had completed the program to only use parent data.

3.1.2 Measures. In Study 1, interviews were conducted with parents who had been through the PIPE program. For study 2, the researcher extracted statements from interview transcripts that responded to the specific research prompt (*“We’d like to better understand what you took from your experience with the PIPE program. Think of as many takeaways as you can, and please list them below.”*) This compilation of statements represents the data generation step of group concept mapping.

Participants sorted the statements into groups that made sense to them and rated each statement based on importance. The rating instruction given to participants was *“The goal of the PIPE program is to give parents the tools and support to navigate the education system. With this in mind, please rate the following statements based on importance. Think about how important each of these are to achieve the program goal.”* Ratings were based on a 5-point Likert scale from *1 = not at all important* to *5 = very important*.

3.1.3 Recruitment procedure. Parents who completed interviews for Study 1 were briefed on Study 2 following the interview and verbally agreed to continue their research participation (GCM was included in the original Letter of Information and Consent form). However, new parents who had recently completed the PIPE program

received a recruitment email from the program director to inform them of the study (see Appendix E). Interested parents consented to being contacted by the researcher by email or telephone to provide detailed information about their potential involvement. Five parents who participated in Study 1 continued through Study 2, and one additional parent was recruited via email. Professionals who have been involved with the PIPE program received a recruitment email from the program director or researcher. Seven professionals responded and completed the online activity. Concept System® Global software requires that informed consent be provided prior to beginning the activity.

3.2 Data Preparation

3.2.1 Item preparation. The procedure outlined by Kane and Trochim (2007) was used to prepare the data for item structuring. Transcripts were reviewed to identify statements that responded to the focus prompt, resulting in a preliminary list of 124 raw statements. Initially, compound ideas were split into two statements and repetitions and irrelevant responses were removed. Next, the author and a second coder individually reviewed the list of statements and coded each as either unique, repetitive, or does not respond to focus prompt. Once a consensus was reached, statements were edited for clarity and a final list of 66 items were used for sorting and rating.

3.2.2 Item structuring. Participants were asked to structure the data by sorting the statements in a way that made sense to them and then rating each statement based on importance. Participants were instructed to give each group a label and were asked not to create groups based on random or unrelated items. Next, participants rated each individual statement according to the instructions provided. In total, thirteen participants completed both the sorting and rating activities. All participants completed

this activity online using Concept System® Global software; however, one participant met with the researcher in-person for assistance with the activity.

3.3 Results

3.3.1 Multi-dimensional scaling.

Concept System® Global software was used to analyse the data. Two-dimensional Multi-Dimensional scaling (MDS) was employed to create an initial data point map (see Figure 3). This map depicts the relationships among items, with item proximity indicating how often items were sorted together during the structuring phase. For instance, item 5 (“I received good advice from the program representative”) and item 2 (“I felt there were people in the community who were supporting me”) were often sorted together and represent two close points on the data point map.

The goodness of fit statistic used for GCM is Kruskal’s stress value (Petrucci & Quinlan, 2007). Analysis of the data point map revealed a Kruskal’s stress value of 0.319, which is considered within the normal range (<0.365 ; Kane & Trochim, 2007).

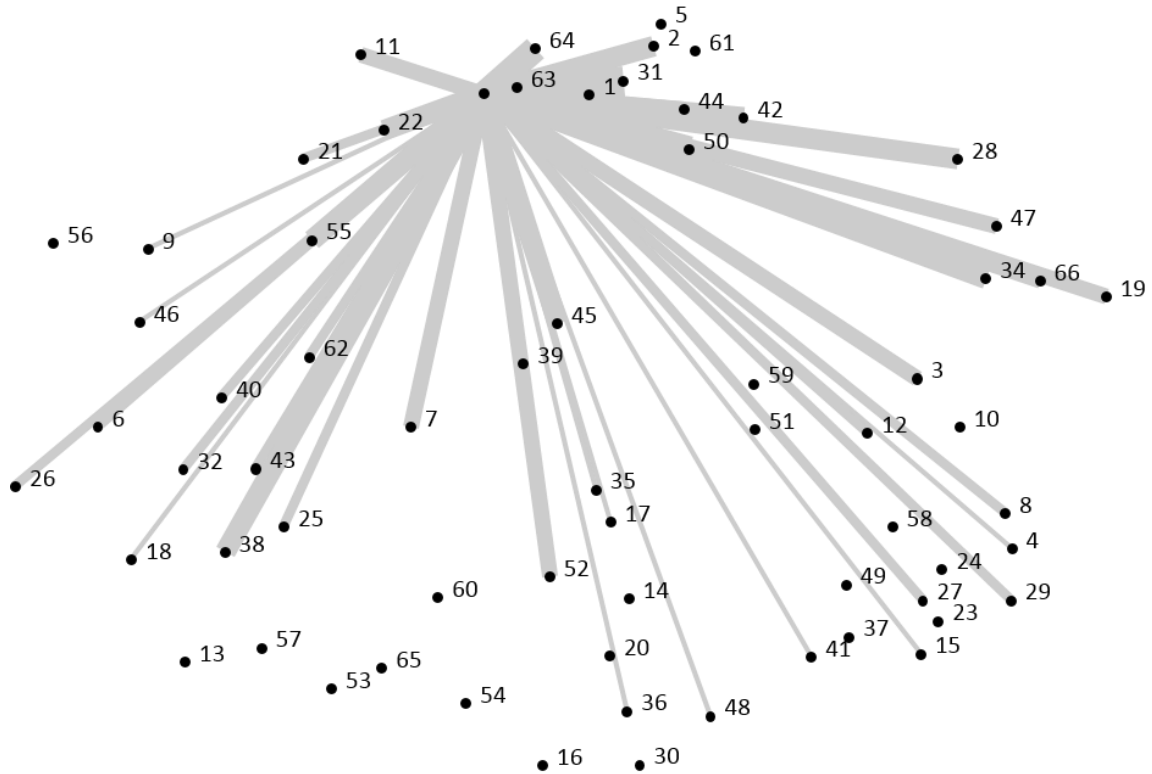


Figure 3: Data point map of all 66 statements.

3.3.2 Hierarchical cluster analysis.

Hierarchical cluster analysis (HCA) is a method of data reduction which uses the distance between data points to create several possible cluster solutions. Statement bridging values and conceptual fit are assessed to determine the final cluster model. Bridging values range from 0 to 1, with lower bridging values indicating that a statement is closer to the meaning, or theme, of that cluster (Brennan, Brownson, Kelly, Ivey, & Leviton, 2012). In contrast, a high bridging value indicates that a statement has been sorted with statements across the map and therefore acts as a bridge between clusters (Brennan et al. 2012). Between four and nine cluster solutions were examined by the researcher and a second coder, and an eight-cluster model was selected as the best fit for the data (see Figure 4). The number of items within each cluster ranged from five to

twelve, and clusters had average bridging values of 0.17 to 0.55. To label clusters, the researcher thoroughly reviewed the statements within each and considered the recommended labels provided by the sorters.

Figure 4 shows the eight-cluster map representing how parents and professionals conceptualized the benefits of the PIPE program. The eight concepts included; (a) Support received (M bridging value = 0.17, $SD = 0$), (b) Meeting skills (M bridging value = 0.27, $SD = 0.08$), (c) Communication skills (M bridging value = 0.28, $SD = 0.10$), (d) Confidence (M bridging value = 0.34, $SD = 0.12$), (e) Advocacy (M bridging value = 0.55, $SD = 0.21$), (f) Knowledge (M bridging value = 0.53, $SD = 0.08$), (g) Insight (M bridging value = 0.34, $SD = 0.09$), and (h) Validation/Reassurance (M bridging value = 0.55, $SD = 0.17$).

3.3.3 Importance ratings.

Items were rated based on importance on a scale from one to five. Means were calculated for the 66 statements and eight clusters. Mean importance ratings for each cluster ranged from 4.08 to 4.54. A series of t-tests were conducted to determine any significant differences among clusters. The clusters, statements, bridging values, and mean importance ratings are presented in Table 3.

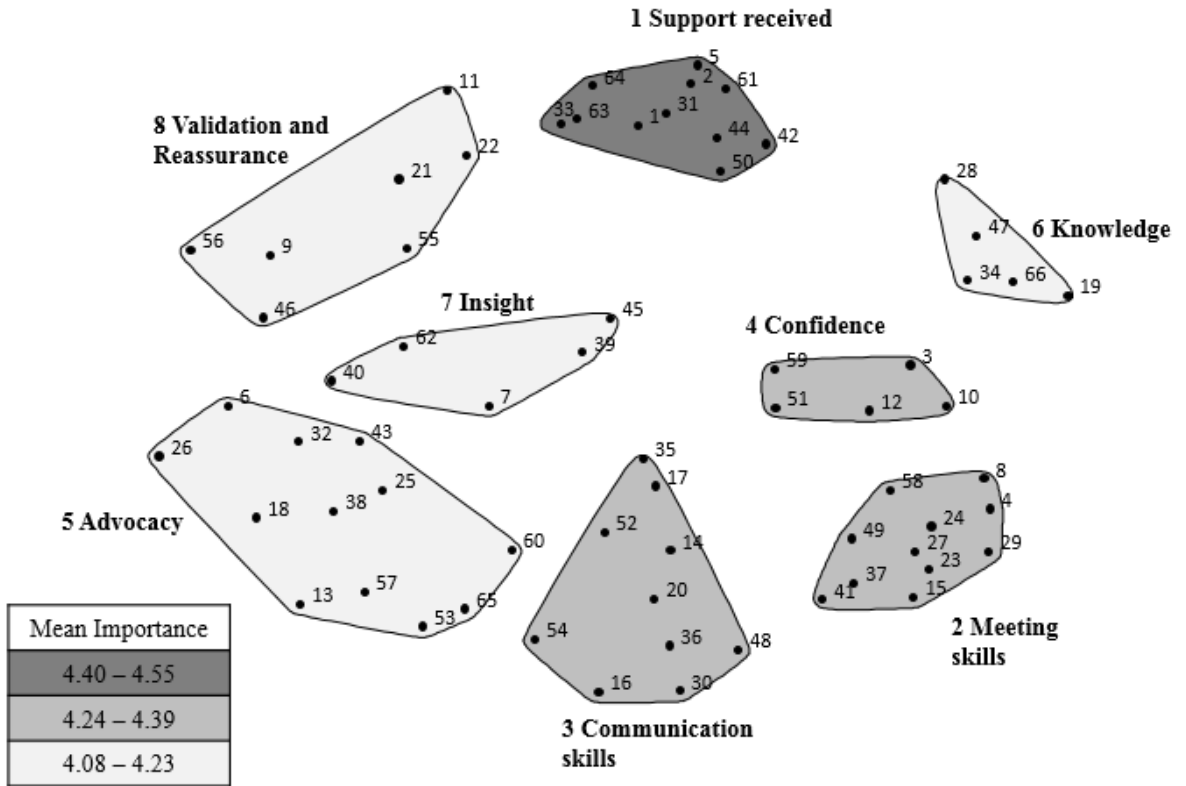


Figure 4: Eight cluster map of parents' and professionals' beliefs about the benefits of the PIPE program.

Table 3

Statements in Each Cluster, Statement Bridging Values, and Importance Ratings

Cluster		Bridging	<i>M</i>
Support		0.17	4.54
31	I felt personally supported.	0	4.69
2	I felt there were people in the community who were supporting me.	0.09	4.46
1	I felt understood.	0.09	4.77
64	I felt relieved to find somebody who was willing to just sit and listen.	0.12	4.46
61	I felt relieved to find somebody who was genuinely there to help me with the process	0.12	4.62
5	I received good advice from the program representative.	0.16	4.38
44	I felt validated and reassured that my problems communicating with the school were real.	0.21	4.46
50	I found it helpful to have an outsider's opinion.	0.21	4.58
63	I realized that there are people out there to help with situations like mine.	0.25	4.38
33	I learned a new perspective from the program representative.	0.3	4.46
42	I had the chance to be supported by an expert at the school meeting.	0.32	4.50
Advocacy		0.55	4.17
43	I learned that I should educate myself about my child's issue.	0.33	4.15
25	I learned to stay calm and keep emotions out of my communications with the school.	0.35	4.38
38	I learned how not to be reactive during a meeting with the school.	0.44	4.42
32	I gained the confidence to talk to other parents who are struggling with similar issues.	0.6	3.62
6	I gained awareness about the problem my child was facing.	0.7	4.54
26	I learned how to talk to friends and family about the issues.	0.73	4.00
18	I learned not to let stigma get in the way.	0.76	4.15
60	I learned how to advocate for different options for my child.	0.28	4.69

Cluster		Bridging	<i>M</i>
Advocacy continued		0.55	4.17
65	I learned to take a moment during meetings to think about whether I have any questions.	0.42	4.08
57	I learned to let the teachers know about my child' issues.	0.45	4.33
53	I learned how to tell the school that my child needs a little extra help.	0.51	3.83
13	I learned that I should get a second opinion if the school thinks my child has a problem.	1	3.85
Insight		0.34	4.13
39	I learned the importance of having a schedule for my child.	0.26	3.75
45	I learned that the right path is going to be different for everyone.	0.27	4.08
7	I learned to focus on my child's strengths.	0.34	4.54
62	I learned to be patient to achieve my goals.	0.34	4.31
40	I learned not to play the blame game with the school.	0.48	3.92
Validation and Reassurance		0.55	4.08
11	I found the PIPE program messages on Facebook to be inspiring.	0.37	3.15
22	I was reminded of all the things I had already done to try to help my child.	0.37	4.38
21	I learned I'm not going crazy in the way I feel.	0.45	4.46
55	I learnt that you don't have to do whatever is suggested by someone else	0.49	4.33
9	I felt less stressed out about going into school meetings.	0.66	4.08
56	I learned that it is okay to cry at a meeting.	0.72	3.67
46	I felt empowered to communicate with the school.	0.77	4.46
Confidence		0.34	4.27
51	I learned that I have a lot more power than I thought I did.	0.22	4.42
59	I gained confidence that I have something to say.	0.27	4.23
12	I learned to be persistent.	0.28	4.17
10	I learned not to give up.	0.45	3.92
3	I learned to focus on what's best for the child.	0.48	4.67

Cluster		Bridging	<i>M</i>
Knowledge		0.53	4.14
28	I learned about resources in the community.	0.44	4.15
66	I learned where to find professional support.	0.5	4.31
34	I learned what else I could do to help my child.	0.51	4.31
47	I learned other places I can go to get help for my child.	0.59	4.15
19	I learned about helpful resources (e.g. books or pamphlets).	0.64	3.77
Meeting Skills		0.27	4.31
37	I learned to ask for copies of my child's school records.	0.19	4.25
41	I learned that when I have all the information organized, I am able to reference things very quickly.	0.19	4.42
49	I learned to work with the school to get things done.	0.19	4.46
15	I learned to prepare questions before I meet with the school.	0.22	4.54
58	I learned the different angles that you can approach a school and school board.	0.23	4.15
27	I learned to make sure that when we all come out of the meeting, we're on the same page.	0.24	4.62
23	I learned how to prepare for a meeting at my child's school.	0.29	4.46
4	I learned to write down who is at a meeting, their role, and their intention for the meeting.	0.3	4.00
24	I learned that having all the information with me at meetings shows the school that I mean business.	0.3	4.42
8	I learned how to keep track of meetings using the blank forms provided in the binder.	0.39	4.08
29	I learned to keep organized notes about the kid's information.	0.42	4.08

Cluster		Bridging	<i>M</i>
Communication Skills		0.28	4.29
35	I learned that I am not up against this beast of a school board, I am equal in this fight.	0.16	4.31
14	I learned how to get my point across a little more clearly.	0.19	4.46
17	I learned that the school takes me more seriously when I act professional at a meeting.	0.22	4.15
52	We were able to keep a balance between what parents want and what the school wants.	0.23	4.50
20	I learned how to build a positive relationship with the school.	0.25	4.62
48	I learned to ask the school to clarify what they intend to do.	0.26	4.67
36	I learned how to present information in a non-emotional, fact-based way.	0.31	4.23
54	I learned key words to use to express myself in the right way.	0.31	4.08
30	I learned to ask the school to explain the plan step-by-step.	0.35	4.23
16	I learned how to plan for meetings outside of the school (i.e., doctors).	0.53	3.77

Cluster one: Support received. The first cluster, *Support received* contains 11 items related to social support that were sorted together often according to the cluster bridging value of 0.17. The mean importance rating for *Support received* was 4.54 ($SD = 0.01$). This concept included statements such as “I felt understood” and “I felt personally supported.” The latter statement had a bridging value of 0, indicating that it is representative of the content in this cluster.

Cluster two: Meeting skills. The cluster *Meeting skills* had a mean importance rating of 4.31 ($SD = 0.04$). The cluster contains 11 items and a cluster bridging value of 0.27. Items in this cluster related to specific meeting skills (e.g. “I learned to write down who is at a meeting, their role, and their intention for the meeting” and “I learned how to keep track of meetings using the blank forms provided in the binder”) or general meeting skills (e.g. “I learned to work with the school to get things done”).

Cluster three: Communication skills. The cluster *Communication Skills* ($M = 4.29$, $SD = 0.07$) contains ten items and a cluster bridging value of 0.28. This concept spoke to the specific communication skills parents learned as well as more general concepts such as “I learned how to build a positive relationship with the school.” Examples of more specific skills reflected in this cluster include, “I learned to ask the school to explain the plan step-by-step” and “I learned key words to use to express myself in the right way.”

Cluster four: Confidence. The five-item cluster, *Confidence* ($M = 4.27$, $SD = 0.06$) had a cluster bridging value of 0.34. Statements in this cluster spoke to parents’ increased confidence as important and knowledgeable members of the school team; for example, “I gained confidence that I have something to say” and “I learned that I have a lot more power than I thought I did.”

Cluster five: Advocacy. The 12-item cluster, *Advocacy*, had a mean importance rating of 4.17 ($SD = 0.09$) and a cluster bridging value of 0.55. This cluster contained items that reflected personal responsibility (e.g. “I learned that I should educate myself about my child’s issues”), stigma (e.g. “I learned not to let stigma get in the way”), and information sharing (e.g. “I learned how to tell the school that my child needs a little extra help.”)

Cluster six: Knowledge. The cluster *Knowledge* contains five items ($M = 4.14$, $SD = 0.04$), with a cluster bridging value of 0.53. All items in this cluster relate to parents’ learning about resources or supports in the community; for example, “I learned other places I can go to get help for my child” and “I learned about helpful resources (e.g. books or pamphlets.”)

Cluster seven: *Insight*. Cluster seven, *Insight*, contains five items and had a cluster bridging value of 0.34. The mean importance rating for this cluster was 4.13 ($SD = 0.08$). This cluster included items such as, “I learned to focus on my child’s strengths” and “I learned that the right path is going to be different for everyone”. Statements in this cluster related to a new or changed perspective about managing problems with the school.

Cluster eight: *Validation/Reassurance*. *Validation/Reassurance* had a mean importance rating of 4.08 ($SD = 0.21$) and a cluster bridging value of 0.55. Examples of items in this cluster include, “I learned I’m not going crazy in the way I feel” and “I was reminded of all the things I had already done to help my child”. Items contained in this cluster had fairly high bridging values, which suggests that these statements were sorted relatively inconsistently across participants.

T-tests. T-tests were conducted for all possible comparisons (28 total). Results revealed that *Support received* was rated significantly higher compared to *Advocacy* ($t(21) = 3.89, p < .001$), *Insight* ($t(14) = 3.18, p < .01$), *Validation and Reassurance* ($t(16) = 2.60, p < 0.05$), *Confidence* ($t(14) = 2.26, p < 0.05$), *Knowledge* ($t(14) = 4.21, p < .001$), *Meeting skills* ($t(20) = 3.18, p < .01$), and *Communication skills* ($t(19) = 2.76, p < .005$). No other significant differences were found.

3.4 Study 2 Conclusion

Participants who have been involved with the PIPE program in some capacity conceptualized eight core concepts regarding the benefits of the program. The relative location of the various clusters can be further organized into two larger domains. The clusters positioned at the bottom of the map illustrate specific and general skills and attitudes that directly influence one’s ability or comfort communicating with the school.

On the other hand, the clusters positioned at the top of the map relate to personal feelings and beliefs about what they gained from the program.

According to rating data, the most important aspect of the PIPE program was the support parents received from the program, a theme that echoes findings from Study 1. Each of the eight clusters had a mean importance rating above four (on a scale from one to five), which suggests that all clusters were considered important to participants.

4. Discussion

The purpose of this thesis was to explore parents' experiences with a novel intervention for parents whose relationship with the school has become strained. The predominant goal of the research was to better understand what parents gain from their involvement with the PIPE program. Two separate studies were conducted; however, the data collected in Study 1 was used as part of the methodology for Study 2.

The file review revealed that families were experiencing a range of issues both at school and at home. Most commonly, parents were experiencing a short-term disagreement with the school around their child's needs. Indeed, research has identified discrepancies between parent and school perspectives as a key factor that can lead to new or escalated conflict (Lasater, 2016). Many parents in the current study reported a poor relationship with the child's current teacher, which is of concern given that recent qualitative research has shown that some students expressed feeling they need to choose sides between their parents and teacher (Lasater, 2016). Findings from Lasater (2016) found that teachers and parents felt that conflicts were often left unresolved, and teachers commonly described parents as either "demanding" or "disengaged" in meetings. Parents reported responding out of fear, worry, stress, or frustration (Lasater, 2016), reflecting the

experiences of parents who have participated in the PIPE program and further highlighting the need for such initiatives.

The following section outlines the research findings from the interviews and group concept mapping, including similarities and differences between the results. In Study 1, the theme “*having someone on your team*” described the perceived impact of non-judgemental support and validation on parents’ ability to work with the school. According to parents, they felt a sense of relief to find someone willing to sit and listen to their perspective without rebutting or invalidating their feelings. Parents felt they could relate to the program representative because she herself was a parent. Their ability to relate to another parent echoes findings from a qualitative study on the influence of parent social networks on parental involvement with the school (Curry & Holter, 2015), which found that having relationships or discussions with other parents are important resources for parents’ self-efficacy and motivation, particularly for parents experiencing poverty. Despite the program representative maintaining a professional relationship and clear boundaries with clients, her willingness to share her time with them resonated deeply. Parents’ strong appreciation for the representative’s time could be explained by them feeling frustrated and overwhelmed with the school prior to PIPE (Zeitlin & Curcic, 2014), and were relieved and hopeful to feel heard. In fact, when asked about any negative aspects of PIPE, the single response was that parents wish it was more well-known within their community.

This prominent theme of support was reiterated in the results of Study 2, which found that the cluster *Support received* was rated most important among parents and professionals. On the concept map, the cluster *Validation and Reassurance* was situated

in close proximity to *Support received*, indicating that these were similar albeit independent concepts. Interestingly, the concept *Validation and Reassurance* had the lowest mean importance rating among clusters. Examining the difference between items within each of the two clusters suggests that simply having someone willing to listen to their perspective in a non-judgemental manner was of utmost importance. In fact, in Study 2, the item “I felt understood” had the highest overall importance rating ($M = 4.77$). In comparison, the item “I learned that it is okay to cry at a meeting” included in the validation cluster had a mean importance rating of 3.67.

The cluster *Knowledge* was positioned near the top of the concept map, suggesting a relationship between items in this cluster and those in the support and validation clusters. This cluster reflects the resources (books, pamphlets, community resources) provided by the program representative; a subtheme of the qualitative analysis. This finding suggests the importance of providing parents with relevant, accessible resources to help them navigate the education system.

Having the representative attend a school meeting gave parents peace of mind knowing that if they forgot an important point, someone would be there to remind them. By simply walking into a meeting prepared and with an informed ally by their side, parents felt they had already re-gained some power, which then encouraged them to stay calm and on task during the meeting. In a recent qualitative study exploring parents’ views about how educators could help make the IEP process more collaborative, many parents felt that they needed help to establish trust and re-balance power between themselves and school personnel (MacLeod et al., 2017). Parents wanted professionals to take the time to inform them about their rights as parents and walk them through the plan

(MacLeod et al., 2017). Based on the current findings, the PIPE program addressed these concerns and gave parents the tools to continue to develop an effective partnership with the school. This idea of re-establishing a level of trust with the school speaks to the seventh concept in the map from Study 2, *Insight*. Items in this concept expressed beliefs about learning to be patient, consider another perspective, and not blame the school for the current circumstance. As parents began to feel they had a voice, they were able to focus less on blaming and more on what needed to be done for the success of the student. Taken together, these beliefs suggest that a third-party opinion may be crucial to resolving conflicts between parents and schools.

The interview theme “*learning and honing new skills*” represents two major skills that are fundamental to the PIPE program, communication and organization. Previous research suggests that the way some parents approach the school (e.g., aggressively or passively) may be the result of a lack of knowledge or skills to effectively communicate their needs (Lasater, 2016). Although parents’ intentions are to support their child, these situations are often highly emotional and poor communication can lead to a further breakdown of the school-family partnership (Lasater, 2016). The PIPE program helped parents communicate more effectively by reminding them of the importance of staying calm and relaying their prepared notes in a fact-based and clear manner. These ideas were reflected in the cluster *Communication skills*, which was rated by participants as the third most important concept. It is true that parents and school personnel who collaborate are less likely to blame the other party for a student’s academic, social, or emotional problems (Strom & Strom, 2002), which speaks to one of PIPE’s main objectives to remain focused on the well-being of the student. Research suggests that positive,

corresponding communication between parents and teachers has been found to moderate the effects of a family-school intervention on student's social competencies as rated by teachers (Garbacz, Sheridan, Koziol, Kwon, & Holmes, 2015). Lastly, not only does communication between parents and children tend to decrease over the transition from elementary to high school (Strom & Strom, 2002), parents report a higher degree of trust towards elementary school teachers compared to high school teachers (Adams & Christenson, 2000). Therefore, it is important that parents foster the skills necessary to effectively communicate with school teachers and administrators.

The importance of the binder given to each parent was a central and literal takeaway from the PIPE program. Parents learned to think about and record their intentions for the meeting prior to the date, take detailed notes throughout the meeting, and document any decisions made. Parents often commented on how the binder has continued to be of use to them for other appointments (e.g. doctor appointments). These skills helped parents feel more confident in ensuing meetings because they had the ability to quickly reference previous records. The cluster *Meeting skills* was rated as the second most important overall, which makes sense given the emphasis that was placed on these skills throughout parent interviews. One highly-rated item was "I learned how to prepare for a meeting with my child's school" ($M = 4.46$). This sentiment echoes a previous study on parents' experiences with the IEP process, in which parents underscored the importance of pre-planning for an IEP meeting (MacLeod et al., 2017). They described the experience of arriving at a school meeting without prior planning as "scary" and "inefficient" and wanted the opportunity to review the IEP in advance of the meeting

(Macleod et al., 2017). The PIPE program gives parents the tools to prepare for a meeting in a systematic way (i.e., with the pre-meeting worksheet).

Research on the Hoover-Dempsey and Sandler model (Hoover-Dempsey et al., 2005), has shown that parents' perceptions of their knowledge, skills, time, and energy regarding their involvement with the school predicts their actual involvement (Green et al., 2007). The activities (i.e., role-play) and skills incorporated into the PIPE program may have increased parents' perceptions of their competence in this area, which could translate to increased involvement with the school.

The theme "*parents' role as advocates*" describes parents' perceptions of becoming stronger, more effective advocates for their children. Based on the results of a qualitative study on the experiences of parents and teachers who disagree about a student's needs, teachers felt that parents were trying to be advocates but didn't know how to do so constructively (Lasater, 2016). The author concluded that both professional development opportunities for teachers as well as parent advocacy training is needed for schools and families to form partnerships and resolve problems in a way that benefits the child. Without guidance, less involved parents may become merely receivers of information, whereas highly involved parents may become demanding and less willing to compromise (Lasater, 2016). It may be that a balance of understanding the rights, roles, and responsibilities of each involved party is the preferred middle ground for effective communication and decision-making. The PIPE program provides parents with information about their rights; for instance, several parents noted learning that they had the right to ask the school for a copy of their child's Ontario Student Record (OSR). Findings revealed that parents felt the PIPE program not only improved their confidence

during school meetings but encouraged them to seek out school and community resources and ensure each of their child's teachers were aware of current challenges and strategies that have worked in the past. This sense of personal responsibility to be upfront about what their child was experiencing helped parents reflect on their personal stigmas surrounding mental health and in some cases, parents were able to initiate dialogue with friends and family members about their current situation. In Study 2, participants structured these concepts into two separate clusters, *Advocacy* and *Confidence*.

Reviewing the items within each cluster, it seems there was a perceived difference between believing in oneself to be an advocate and actual advocacy. To expand, items in the *Advocacy* cluster reference concepts such as talking openly with the school, friends, and family about a situation, getting a second opinion from a professional, and educating oneself. On the other hand, items in the cluster *Confidence* point to personal empowerment, such as learning not to give up. Improving confidence and encouraging advocacy among parents may address known barriers to parent participation in the IEP process such as lack of knowledge of the situation and perceived inequality (Jivanjee et al., 2007).

The Hoover-Dempsey and Sandler model (Hoover-Dempsey et al., 2005) outlines that parents must believe that they have an important role as a parent and that they can make positive contributions as a member of the school team (Hoover-Dempsey et al., 2005). The present findings are in line with this idea; for instance, the item "I learned I had a lot more power than I thought I did" had a high average importance rating of 4.42. Parents with high self-efficacy with regard to their involvement believe they can learn information such as what is outlined in an IEP, communicate effectively, and work

together to promote their child's school success (Hoover-Dempsey et al., 2005). Study findings suggest that the PIPE program influenced parents' motivation to be involved and gave them a strong sense of confidence as important members of the team.

4.1 Limitations and Future Directions

The use of semi-structured interviews was chosen to gather in-depth information on parents' individual experiences with the program; however, each interview was unique and therefore, they cannot be directly compared to one another. The program is relatively new and is currently being piloted with only one facilitator; therefore, sample size was restricted to the number of existing alumni families. Limited demographic information was provided about the participants, and all parent participants were female. As previously noted, a systematic intake form had not been developed at the time when these families were involved with PIPE. The current version of the program includes an intake form and field notes are recorded in a consistent, logical manner. Given the qualitative nature of this work, study findings are not generalizable. Future research should include a larger sample size and should incorporate quantitative measures on outcome variables such as parental role construction, motivation, knowledge, and skills. As the program expands and additional facilitators are trained, it will be important to conduct further research to determine whether findings are explained in-part by the characteristics of the facilitator.

An online platform was used to gather sorting and rating data for group concept mapping. This method may have deterred or prevented some individuals from participating due to access to a computer and/or understanding of the software. In addition, some participants created groups based on personal experience rather than item

content (e.g., *does not apply to me* or *already knew this skill*). In the future, conducting this activity in-person may be more successful as the researcher will be present to answer any questions and ensure the data has been sorted appropriately. This drawback contributed to a high attrition rate and a smaller sample size than intended (i.e. four parents tried the activity, found it confusing, and dropped out of the study). With a larger sample size, analyses could have been conducted to compare the responses from parents versus professionals.

The heart of parental involvement in their children's education is about relationship with the school. In this study, we only looked at this relationship from the parents' perspective. Moving forward, it will be important to explore the way professionals view the program and whether or not it has made a difference in their ability to communicate with parents. As we know from other work, benefits observed by one group may not be experienced by the other (Jones & Gansle, 2010). Future work would be strengthened by capturing this relationship dynamic and understanding the roles and perspectives of multiple education professionals involved in the IEP process. It would also be interesting to explore whether educators report changing their own attitudes and behaviours solely as a function of a parent using new strategies that they have learned in PIPE.

In its current form, the PIPE program is fairly individualized depending on the specific situation and the parents' needs (i.e., whether or not the parent feels they would benefit from having the PIPE representative attend the meeting). Not only does this require a sizeable time commitment from the program representative, this limits the number of families that can concurrently be involved with PIPE. It will be important to

train additional facilitators and develop a standard training module. A group-based workshop may be useful for families who require less involvement due to factors such as their current level of knowledge or the severity of the conflict. As the program becomes more well-known and schools begin referring more families to PIPE, it will be important to find ways to balance supply and demand for the program. Along with increasing the number of facilitators, an in-person workshop may be another way to do this. Future research should focus on the scale-up of the program.

4.2 Implications

The road to navigating the complex IEP process when a child is experiencing potential mental health challenges is fraught with pitfalls, yet interventions aimed at improving the school-family partnership are rare. These preliminary, yet positive findings suggest that a program such as PIPE has a place in our education system. Families who reached out to the PIPE program were those whose relationship with the school had become dysfunctional and, in some cases, unbearable. For these families, it appears that accessible, non-judgemental support from a third-party goes a long way. For example, a key concept that was highlighted in both studies was the idea that when parents feel supported and listened to, they are able to communicate in a more effective manner. Ideally, all families involved with developing an IEP for their child would have support doing so; however, for families experiencing conflict with the school this may be a particularly important strategy.

This research gathered unique insights into the experiences of parents struggling to communicate with their children's schools. Simple, yet powerful skills such as preparing for a school meeting and organizing documents in one place not only helped

parents achieve their goals for a particular meeting but gave them the confidence to share their perspective in a meaningful way. Educators may wish to develop resources for parents outlining this information. For example, a pre-meeting worksheet could be developed and given to parents prior to attending a meeting at the school. Incorporating some of these suggestions into existing practices has the potential to benefit all parents, particularly those experiencing challenges. Given the importance of identified support, it would be important to evaluate whether the skills alone (e.g., worksheets and binder) provide the same benefit in the absence of the neutral third-party support. Finally, research suggests that teachers may also benefit from learning techniques to resolve conflicts with parents (Lasater, 2016). The present findings could be incorporated into professional development opportunities for teachers and administrators.

4.3 Conclusions

Parental involvement with the IEP process is required by legislation in Ontario (The Individualized Education Plan (IEP): A Resource Guide, 2004, pg. 13), and there is an established link between such involvement and positive outcomes for students (Castro et al., 2015). Unfortunately, strained relationships between families and schools are common, and parents are often left feeling frustrated and overlooked (MacLeod et al., 2017). This thesis adds parents' voices to the literature on the issue of parental involvement with regard to the IEP process and has put forth a conceptualization of the types of supports that may be beneficial to parents who are struggling to partake in this process. The PIPE program appears to be a step in the direction towards building stronger and more effective school-family partnerships. It is hoped that this program will continue

to develop and grow in our community and the present findings only solidify the potential the PIPE program has to have a positive and lasting impact on families and schools alike.

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Appendix A

Letter of Initial Approval



Date: 8 May 2018

To: Dr. Claire Crooks

Project ID: 111557

Study Title: The Parents in Partnership with Educators (PIPE) Program: An Exploratory Pilot Evaluation

Application Type: NMREB Initial Application

Full Board Reporting Date: June 2 2018

Date Approval Issued: 08/May/2018 14:54

REB Approval Expiry Date: 08/May/2019

Dear Dr. Claire Crooks

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the WREM application form for the above mentioned study, as of the date noted above. NMREB approval for this study remains valid until the expiry date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

This research study is to be conducted by the investigator noted above. All other required institutional approvals must also be obtained prior to the conduct of the study.

Documents Approved:

Document Name	Document Type	Document Date	Document Version
Concept_mapping_2018	Online Survey		
intake_survey_Apr26	Online Survey	26/Apr/2018	2
Interview_guide_Apr26	Interview Guide	26/Apr/2018	2
LOI_consent_alumni	Implied Consent/Assent	26/Apr/2018	2
LOI_consent_new	Implied Consent/Assent	26/Apr/2018	2
PIPE_email_alumni_REB	Recruitment Materials	26/Apr/2018	2
PIPE_email_new_REB	Recruitment Materials	26/Apr/2018	2
Program_experience_survey_2018	Online Survey		

No deviations from, or changes to the protocol should be initiated without prior written approval from the NMREB, except when necessary to eliminate immediate hazard(s) to study participants or when the change(s) involves only administrative or logistical aspects of the trial.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario. Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Note: This correspondence includes an electronic signature (validation and approval via an online system that is compliant with all regulations).

Appendix B

Letter of Approval: Amendment



Date: 19 October 2018

To: Dr. Claire Crooks

Project ID: 111557

Study Title: The Parents in Partnership with Educators (PIPE) Program: An Exploratory Pilot Evaluation

Application Type: NMREB Amendment Form

Review Type: Delegated

Full Board Reporting Date: November 2 2018

Date Approval Issued: 19/Oct/2018

REB Approval Expiry Date: 08/May/2019

Dear Dr. Claire Crooks,

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the WREM application form for the amendment, as of the date noted above.

Documents Approved:

Document Name	Document Type	Document Date	Document Version
demographic_questionnaire	Online Survey	15/Oct/2018	1
intake_questions	Paper Survey	15/Oct/2018	1
LOI_consent_professionals	Written Consent/Assent	15/Oct/2018	1
PIPE_email_professionals	Recruitment Materials	15/Oct/2018	1

Documents Acknowledged:

Document Name	Document Type	Document Date	Document Version
information_for_participants	Information Update Letter	15/Oct/2018	1

REB members involved in the research project do not participate in the review, discussion or decision.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario. Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Note: This correspondence includes an electronic signature (validation and approval via an online system that is compliant with all regulations).

Appendix C



Letter of Information and Consent Form

Study Title: The Parents in Partnership with Educators (PIPE) Program: An Exploratory Pilot Evaluation

Principal Investigator: Claire Crooks, Ph.D., C. Psych

Associate Professor & Director, Centre for School Mental Health



Date

Invitation to Participate

I am a professor in the Faculty of Education at Western University who is conducting a research project titled “The Parents in Partnership with Educators (PIPE) Program: An Exploratory Pilot Evaluation”. I am writing to invite you to be part of it.

I am evaluating a program that you have completed in the past called The Parents in Partnership with Educators (PIPE) program, offered through M.I. Understanding. The goal of the PIPE program is to help develop effective partnerships between schools and families with children experiencing a mental health challenge. The purpose of this study is to determine what parents are looking for when they enrol in the PIPE program, what they gain from their experience with the program, and whether and how the program has made a difference in their ability to work with the school. There is very little research that describes how this program may help families work collaboratively with schools. This letter outlines the procedures for the study. If you agree to participate, please click the box beside “I agree that I will participate in the study “The Parents in Partnership with Educators (PIPE) Program: An Exploratory Pilot Evaluation”.

Procedure

- Complete one interview. The interview will take place over the phone or in person and will take 10-15 minutes. The discussion will be audio recorded (this is mandatory). As part of the research, a written transcript of the interview will be prepared using TRINT, an audio-to-text software. The transcript will be labeled with a unique code and will not include any identifying information.
- Complete one online sorting activity (40-60 minutes)

Confidentiality

Your identity will be kept confidential in any reports or presentations that result from the study. De-identified quotes from the interview may be included in the dissemination of results with your consent. The responses from the questionnaires and the written transcripts will be put into a computer file on a secure Western server. Identifying information will be put into a computer file on a separate drive on a secure Western server. According to Western University's Research Ethics policy, collected information will be kept for 7 years and then the computer file will be permanently deleted. Representatives of the University of Western Ontario Non-Medical Research Ethics Board may require access to your study-related records to monitor the conduct of the research.

Risks/Benefits

There are no known risks associated with participation in this study. A benefit of this study is that the results may inform important changes to the program that will help future clients.

Voluntary Nature of Research

You may withdraw your participation at any time without any negative consequences. If you decide to withdraw your participation from the study, you will have the choice of whether the information that has been collected will be used in the study. No new information will be collected without your permission. You have the right to not answer individual questions at any time. You do not waive any legal rights by signing this consent form. We will provide you any new information that may affect your decision to stay in the study.

You will receive a \$10 gift card for your participation. You will receive this gift card even if you choose not to finish the task.

For Additional Information

If you would like more information about this project, or your role in it, please contact me by phone [REDACTED]. Concerns about your participation in this study can be forwarded to Western University's Office of Human Research Ethics at [REDACTED].

Please complete the attached form and return it to the research assistant.

Sincerely,

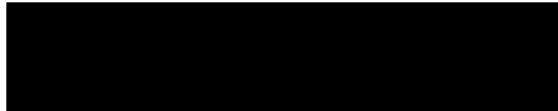
Claire Crooks



Study Title: The Parents in Partnership with Educators (PIPE) Program: An Exploratory Pilot Evaluation

Principal Investigator: Claire Crooks, Ph.D., C. Psych

Associate Professor & Director, Centre for School Mental Health



I have read the attached Letter of Information regarding the study entitled, “The Parents in Partnership with Educators (PIPE) Program: An Exploratory Pilot Evaluation”. All questions have been answered to my satisfaction.

I agree that I will participate in the study “The Parents in Partnership with Educators (PIPE) Program: An Exploratory Pilot Evaluation”.

I consent to the use of unidentified quotes obtained during the study in the dissemination of this research

Yes **No**

Appendix D

Interview Script

At the beginning, introduce yourself.

Ask the person's name (if you have not yet been introduced to the person).

Go through the *Letter of Information and Consent Form* with the interviewee (if they have not previously done so).

Ask participant, "Do you agree to participate in this interview?" If yes, continue. If no, thank the participant for their time.

Start your audio recorder.

Interview Script

Main Question: *We're going to start with a general question about your experience participating in the PIPE program. "I'd like to better understand what you took from your experience with the PIPE program. Think of as many takeaways as you can, and please list them."*

Potential probe questions:

- ***Tell me more...***
- ***Can you give me an example?***
- ***Can you elaborate...***

Subsequent questions

1. ***What were the strengths of the program?***
 - a. Can you comment on any specific aspects of the program?
 - b. Can you comment on any specific tips or strategies?
2. ***In your opinion, what should this program deliver?***
 - a. How, if at all, does it prepare you for future school meetings?
 - b. How did the program meet or not meet your expectations?
3. ***What could be improved?***
 - a. Can you describe any limitations of the program?
4. ***What have you gained from completing this program?***
 - a. How would you describe the skills/strategies you have learned?
 - b. Communication skills
5. ***What unique experiences did the program provide?***
 - a. Can you comment on the support provided?
6. ***Do you continue to utilize any of the skills or strategies?***
 - a. Can you comment on how you use them?
 - b. How, if at all, have they made a difference in your ability to communicate with the school?

Appendix E

Recruitment Email for Professionals

**Email Script for Recruitment****Subject Line: Invitation to participate in research**

Hello,

You are being invited to participate in a study that Dr. Claire Crooks is conducting called “The Parents in Partnership with Educators (PIPE) Program: An Exploratory Pilot Evaluation.” The goal of this research is to learn about people’s experiences with the PIPE program.

You are being invited to participate because you were involved in the initial development or delivery of PIPE or because you were a participant. You will be asked to complete an online activity that will take approximately 40-60 minutes.

Please note that participation in this research study is entirely voluntary. You are **not** expected to participate in research if you have been involved with the program in any capacity.

The Letter of Information and Consent Form have been included as attachments to this email. If you would like to participate, please contact Courtney Cadieux at the contact information below.

Thank you,

Program representative name and contact information.

Curriculum Vitae

Name: Courtney Cadieux

Education

Master of Arts (*School and Applied Child Psychology*) 2017 – present
Western University, London, ON

Bachelor of Science (*Honors Specialization in Psychology*) 2013 –2017
Western University, London, ON

Thesis title: *Mindfulness and emotion regulation in the context of dialectical behaviour therapy – A forensic psychiatric population*

Awards and Scholarships

David Wolfe Scholarship in Research on Violence Prevention May 2019
Western University, London, ON
 \$1500.00

Canadian Research Centre on Inclusive Education Research Award February 2019
Western University, London, ON
 \$750.00

Graduate Student Internal Conference Travel Grant October 2018
Western University, London, ON
 \$1343.03

Faculty Research Development Funds December 2017
Principal Investigator: Dr. Claire Crooks, Co-Investigator: Courtney Cadieux
Western University, London, ON
 \$4,786.36

Related Work Experience

Research Assistant at the Centre for School Mental Health 2018 – present
Western University, London, ON

Making Mindfulness Matter (M3) Co-Facilitator 2017 – 2019
Mary J. Wright Research and Education Centre, London, ON

Teach Resiliency: Resource and Development Team Co-Leader 2019 – present
Western University, London, ON

Teacher Assistant – Biology 2244B Analysis and Interpretation of Biological Data 2018
Western University, London, ON

Publications

Cadieux, C., Crooks, C.V., King, C. (2019). Parents' Experiences with an Individualized Intervention Designed to Strengthen the Family-School Partnership: The Parents in Partnership with Educators Program (PIPE). Manuscript submitted for publication.

Cadieux, C. *Research Snapshot: A preliminary randomized controlled evaluation of a universal healthy relationships program for youth.* Summary prepared for the Centre for School Mental Health.

Cadieux, C., Godin, K., Lapointe, A., Crooks, C.V. (2018). Preventing problematic substance use through positive youth development. *Canadian Association of Principals Journal*, 17-19.

Cadieux, C., Crooks, C.V. (2018). *Educators' perceptions of Fourth R benefits for youth and the relationship with implementation quality.* Report prepared for the Public Health Agency of Canada. Retrieved from <https://www.csmh.uwo.ca/docs/Impact-Report.pdf>

Cadieux, C. (2018). *Research Snapshot: Changes in depression and positive mental health among youth in a healthy relationships program.* Summary prepared for the Centre for School Mental Health. Retrieved from https://www.csmh.uwo.ca/docs/Research-Snapshot_HRP-Courtney.pdf

Crooks, C.V., Chiodo, D., **Cadieux, C.** (2018). *School-based interventions designed to address risk and protective factors for problematic substance use: A systematic review.* Report prepared for the Public Health Agency of Canada.