STANLEY, SUMMER LYNN GAINEY, Ph.D. African American Mothers of Children
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Studies on parent involvement in education have most often been gender-neutral, although it is primarily mothers who undertake such work (Reay, 1998; West & Noden, 1998). While African American mothers advocating for their children's educational needs is not a new occurrence, it is one that has yet to receive the attention it necessitates. Mothering work in support of children's education is rarely explored, while qualitative studies that focus specifically on African American mothers' of children with disabilities, and the decisions they make on behalf of their children, are a rarity. And, while special education research has examined varied experiences of parents, there is an obvious gap in examining specific diverse populations within the context of special education. The purpose of this research is to critically examine the overlap of race, class, and gender in parental special education advocacy, combining social and cultural capital theories with a framework Collins (1994) and Cooper (2007) describe as 'motherwork' to provide an understanding, from a strengths-based perspective, of the experiences and meanings African American mothers make of their interactions within the special education setting as they attempt to elicit their voices in the decision-making for their children. The findings will add to the research on parent involvement in special education settings, examine the experiences of African American mothers of children with disabilities in an effort to counteract educators' sometimes negative perceptions of parents as adversarial, dysfunctional (Powell, Hecimovic, & Christenson, 1993, as cited in Spann, Kohler, & Soenksen, 2003; Rosin, 1996, as cited in Spann et al., 2003; Salisbury & Dunst, 1997, as

cited in Spann et al., 2003) or untrustworthy sources of information (Gilliam & Coleman, 1981, as cited in Spann et al., 2003; McAfee & Vergason, 1979, as cited in Spann et al., 2003), and provide a perspective that will enable educators and policymakers to focus on the strengths of rural African American mothers while understanding some of the barriers they face.

# AFRICAN AMERICAN MOTHERS OF CHILDREN WITH DISABILITIES:

# PARENTAL ADVOCACY WITHIN RURAL SPECIAL EDUCATION

by

Summer Lynn Gainey Stanley

A Dissertation Submitted to
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Approved by

_________________________________
Committee Chair

To my research participants—a group of hard-working, dedicated African American mothers, who want nothing more than the best education for their children, yet encounter multiple barriers in their attempts to advocate for their children with disabilities. Thank you all for welcoming me into your homes, and taking the time from your lives to share your stories with me. You all are an inspiration to me, and your experiences and stories will remain with me during my own research and advocacy efforts on behalf of children with disabilities and their families.

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And finally, to my husband, Brian, my high school sweetheart. You've stood by and allowed me to follow my dreams since day one. You've worked harder than I could ever work to afford me opportunities you have not had. Thank you so much for supporting my "hobbies" of social work, education, reading, and writing. I am eternally grateful for your love and support through it all.

# APPROVAL PAGE

This dissertation, written by Summer Lynn Gainey Stanley, has been approved by the following committee of the Faculty of The Graduate School at The University of North Carolina at Greensboro.

Committee Chair ________________________________

Committee Members ________________________________

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# CHAPTER I

# INTRODUCTION

## Rationale

As a mother of a child with a disability, I have found the special education process to be intimidating, legal terminology and procedural rights confusing, educational options minimal and school personnel to be merely meeting legal requirements versus designing and implementing an evidence-based, individualized program for my child, regardless of the fact that I've worked as a school social worker for five years. Moreover, in my role as a school social worker I have seen educators who incorrectly assume that parents who do not agree with the recommendations of the school must not be interested in ensuring that their children succeed academically. As a white, middle-class mother, who is also a school system employee, I acknowledge that I hold certain privileges that other mothers who encounter similar experiences may not have, and I wonder how others, specifically low-income African American mothers who face barriers that I do not, advocate for their children within this complex system called special education.

The purpose of this study will be to describe how a subset of parents, specifically low-income, African American mothers of students with disabilities in a rural school district, both experience and make meaning of the actions they take as they advocate for the educational needs of their children. From that description I will discuss how this knowledge can be used to dispel negative perceptions and judgments often assigned to this group of parents and I will discuss how the findings can be used to strengthen collaboration efforts between African American mothers and education professionals.

## Statement of the Problem

Legislation has increasingly raised expectations that educators form partnerships with parents, specifically within the field of special education (IDEA, 2004), and requires schools to allow parents to participate in all phases of educational assessment and planning for students who receive special education services. This legislation highlights the responsibility of parents to identify the types of options that they believe would be most appropriate for their child, which according to Lareau and Shumar (1996) requires a particularly high level of understanding and knowledge. Research has found that parents fail to question schools' placement decisions in most instances because they were unaware of their choices (Harry, 1998; Harry, Kalyanpur, & Day, 1999). This has led to an environment in which power is withheld from parents because greater emphasis is placed on professionals' knowledge and experiences (Kalyanpur, Harry, & Skrtic, 2000).

Varied accounts of families of children with disabilities demonstrate this power differential. For example, researchers have examined the experiences of culturally and linguistically diverse parents within the Individualized Education Meeting (Fish, 2006, 2008; Lo, 2008; Vaughn, Bos, Harrell, & Lasky, 2001) the overall experiences of families in the special education process (Hughes, Valle-Riesra, & Arguelles, 2002; Spann et al., 2003), and the specific skills and experiences of diverse families as they advocate for their children's needs within special education (Kozleski et al., 2008; Hess, Molina, & Kozleski, 2006; Munn-Joseph & Gavin-Evans, 2008; Kalyanpur et al., 2000). These studies revealed the following outcomes: (a) families feeling valued to families feeling disrespected by professionals, (b) minimal parental participation within the IEP meeting, (c) families' lack of knowledge regarding special education law, and (d) families who felt pressured into accepting eligibility and service recommendations of school teams.

Most research on parent involvement in education has been gender-neutral, although it is primarily mothers who undertake such work (Reay, 1998; West & Noden, 1998). Regardless of overwhelming acceptance that positive student outcomes are associated with parental involvement, many educators believe that African American mothers are more of a hindrance than benefit to their children's education, demonstrating that African American mothers have one unique barrier that white mothers of any socioeconomic class do not contend with—racism (Cooper, 2007).

## Conceptual Framework

There is no one theoretical framework that explains the intricacy of African American mothers' choices related to the educational needs of their children with disabilities. Therefore, Figure 1 illustrates how components of social and cultural capital theories and black feminist explanations of motherwork will be brought together to illustrate the social, structural, and cultural dynamics involved in mothers' advocacy experiences related to the needs of their children with disabilities and to demonstrate aspects of mothers' decision making for children with disabilities that are both gendered and culturally anchored—aspects that have not been recognized in special education research.

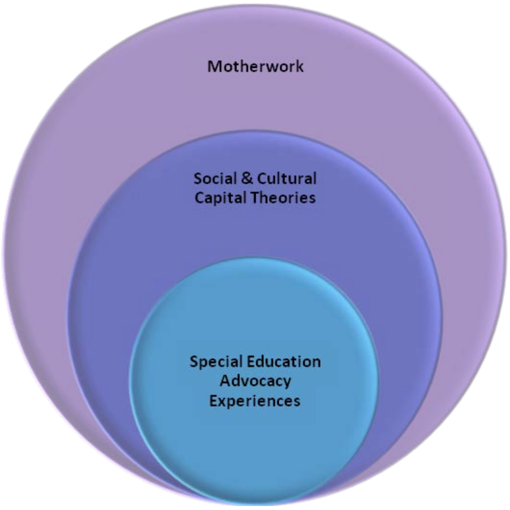

**Figure 1. Framework for Understanding African American Mothers' Special Education Advocacy Experiences.**

## Capital Theories

While special education research has rarely focused on identifying and eliminating systemic barriers to equitable parent participation (Trainor, 2010), general education researchers have traditionally examined interactions between school personnel and parents using explanations of social, cultural, and economic capital.

**Social capital.** The concept of social capital was first described implicitly by Karl Marx (1818–1883), Emile Durkheim (1858–1917), Georg Simmel (1858–1918), John Dewey (1859–1952), and Max Weber (1864–1920) within the context of economic development (Bhandari & Yasunobu, 2009). According to Fulkerson and Thomspon (2008) Hanifan may have first coined the notion of social capital, defining it as "namely, good will, fellowship, mutual sympathy and social intercourse among a group of individuals and families who make up a social unit, the rural community, whose logical center in most cases is the school" (Hanifan, 1916, p. 1). The first systematic and academic uses of the term social capital can be credited to Pierre Bourdieu (1986), James Coleman (1988), and Robert Putnam (1993) (Bhandari & Yasunobu, 2009).

Since they were independently formulated, definitions of social capital vary. However, there are two basic dimensions of social capital—the individual and the collective (Portes, 2000). Bourdieu and Coleman primarily have an individual approach to defining social capital. Bourdieu (1986) discussed social capital as part of his theory of social action. He defines social capital as "the aggregate of the actual or potential resources which are limited to possessions of durable network of more or less institutionalized relationships of mutual acquaintance and recognition—or in other words membership in a group—which provides each of its members with backing of the collectively-owned capital, a 'credential' which entitles them to credit, in various senses of the world" (pp. 248–249).

Coleman (1988) characterizes social capital as

> a variety of entities with two elements in common: They all consist of some aspect of social structures, and they facilitate certain action of actors—whether persons or corporate actors—within the structure. Like other forms of capital, social capital is productive, making possible the achievement of certain ends that in the absence would not be possible . . . Unlike other forms of capital, social capital inheres in the structure of relations between actors and among actors. It is not lodged either in the actors themselves or in the physical elements of production. (p. 98)

According to Coleman, three types of useful resources found in social relations: (a) obligations, expectations, and trustworthiness, such as when favors or obligations are traded between people, (b) the potential for information that is inherent in social relations, such as when information gained from social networks is used to facilitate action, and (c) social norms, that facilitate reward certain actions while also constraining others.

Putnam (1993) initiated the idea that social capital is a collective rather than individual resource. He defines social capital as “features of the social organization such as trust, norms, and networks that can improve the efficiency of society by facilitating coordinated actions” (p. 167) and claims that social capital is created through individuals’ participation in organizations and groups. This definition refers to social capital as a “feature of larger social structures or organizations rather than individuals within the structure” (Rostila, 2010, p. 311) in which coordinated activities and collective action are central.

Recent research has more clearly defined the term ‘social capital.’ Lin (2000) describes social capital as “investment and use of embedded resources in social relations for expected returns” (p. 786) and states social capital can be conceptualized as “(1) quantity and/or quality of resources that an actor (be it an individual or group or community) can access or use through (2) its location in a social network” (p. 786). Portes (1998) states social capital is “the ability of actors to secure benefits by virtue of membership in networks and other social structures” (p. 6), while Horvat, Weininger, and Lareau (2003) conclude that social capital refers to the “material and immaterial resources that individuals and families are able to access through their social ties" (p. 323).

**Cultural capital.** While "not as predominant as the 'sister concept' of social capital, the impact of the concept of cultural capital in studies of inequality is beyond dispute" (Lareau & Weininger, 2003, p. 568), as it is more explicitly concerned with power and relations of domination and subordination (Portes, 1998). Bourdieu (1986) argues that individual and family cultural resources represent a non-material form of "capital," termed cultural capital, which should be considered of equal importance to economic and social capital. Bourdieu discussed three forms of cultural capital: (a) objectified capital, which consists of cultural goods like books or paintings; (b) institutionalized capital, such as educational credentials and degrees; and (c) embodied capital, which can be explained as a person's habitus, or values, dispositions, attitudes, and behaviors. Habitus has been described as the lens through which the person views the world and the actions the person takes as a result (Ringenberg, McElwee, & Isreal, 2009), and can be shaped by the ". . . social conditions of lived experience including race, ethnicity, geographical location, and gender" (Horvat, 2003, p. 2).

The concept of cultural capital has been construed differently within various educational research (Lareau & Weininger, 2003). The dominant interpretation of cultural capital refers to "prestigious" and "highbrow" cultural practices and attitudes that are distinct from skills or ability (Lareau & Weininger, 2003). Bourdieu (1986) does not refer to highbrow cultural activities, but rather defines cultural capital as "cultural goods" (p. 17) as well as temperament, knowledge, or any given "competence" that enables parents and children to secure advantages within the educational system. Others have described cultural capital as the awareness a parent has of the attitudes and behaviors that should be used when interacting with gatekeepers in schools (Jaeger, 2009), “first-hand” knowledge of educational processes (McDonough, as cited in Lareau & Weininger, 2003), confidence to assume the role of educational expert, and the effectiveness of getting educators to respond to parental concerns (Reay, as cited in Lareau & Weininger, 2003). Characteristics of cultural capital might include “parents’ large vocabularies, sense of entitlement to interact with teachers as equals, time, transportation, and child care arrangements to attend school events during the school day” (Lareau & Horvat, 1999, p. 5), and it can be operationalized by examining “parents’ education, cultural practices, and skills and ability to engage successfully in processes and institutions influencing children’s education” (Vryonides, 2007, p. 870).

**Economic capital.** Finally, economic capital, consisting of money, property, and other material objects (Bourdieu, 1986), is a clear-cut concept but possibly an underlying factor in both social and cultural capital. Higher levels of economic status affords individuals with increased access to free-time, networks, social experiences, and professional services. For example, a mother who has the financial stability to choose to stay home with her children and will have the time and be able to afford to pay a professional advocate (social capital) to help her navigate the special education system, while at the same time building her own knowledge (cultural capital) of special education policies and procedures, advantages that may not be options for parents with less economic capital. Economic capital is a vital concept to consider when attempting to understand the experiences of parents within special education.

**Activation of capital.** While capital concepts are important, Lareau (2000) emphasizes the need for researchers to not only examine the possession of capital, but also individuals' activation of the capital they possess. Drawing on Bourdieu's theories of capital, Lareau and Horvat (1999) introduce a "stricter test of the definition of capital" (p. 42), and emphasize the importance of clarifying how social and cultural resources are valued within specific contexts—in this case within the context of special education—and how individuals activate or fail to activate their capital effectively. However, the possession of a lot of capital does not equate to the possession of a lot of power within special education experiences (Trainor, 2010). A mother with greater cultural capital is not only knowledgeable of the "rules of the game" but is able to *activate* that knowledge to gain an advantage for her child (Jaeger, 2009). Therefore research must not only examine the types of capital parents possess, but *how they choose to activate, or not activate, their capital* (Lareau, 2000) as they seek to advocate for the needs of their children with disabilities.

## Motherwork

Social and cultural capital concepts have contributed to understanding how social connections and the cultural background of parents accounted for various responses by school personnel, examining how race, class, and disability impact collaboration between families and professionals within special education, and exploring the advocacy roles of parents with children with disabilities within the school system (Kozleski et al., 2008;

Lareau, 2000; Munn-Joseph & Gavin-Evans, 2008). However, the unique perceptions of women participants are almost non-existent in the literature in special education, and studies have failed to examined the roles mothers have within educational settings as ‘mothering work’ (Griffith, 1995). This could be considered problematic, as the field of special education policy is typically male-dominated and the research is guided by male assumptions (Noddings, 1991/1992; Rusch & Marshall, 2006).

Examining the special education decisions of low-income African American mothers leads us to consider how the juncture of race, class, and gender influence their goals and actions, and requires the use of a more contextual framework. Traditional feminist theories of motherhood can be considered racially codified (O’Reilly, 2004). bell hooks (1984) points out the discrepant views of motherhood that have historically existed between different racial classes. For example, the traditional, feminist view by white, middle class, and college educated women was that motherhood was an “obstacle” and “trap” (p. 133) that kept women confined to the home. Alternatively, African American women viewed issues such as “racism, lack of jobs, and lack of skills or education” (bell hooks, 1984, p. 133) as confining, not motherhood.

Others also express a need to recontextualize motherhood by recognizing diversity. O’Reilly (2004) maintains that there are two distinct themes between white, middle-class and African American notions of motherhood: (a) African American mothers and motherhood are valued by African American culture, and (b) mothers and mothering enable “the physical and psychological well-being and empowerment of African American people and the larger African American culture” (p. 4). She adds that

African American mothers, in both practice and theory, focus on preserving, protecting, and empowering African American children “so that they may resist racist practices that seek to harm them and grown into adulthood whole and complete” (p. 4).

Collins (1994) asserts that the use of multiple perspectives that accommodate diversity will allow for “rich textures of difference” (p. 62) to be found across varying populations of mothers. Realizing that traditional studies on motherwork typically reflected the experiences of White, middle-class mothers, Collins (1994) used a Black feminist lens to apply the concept of motherwork specifically to African American mothers, who often contend with race and class issues as part of their mothering experiences.

Cooper (2007) further explains that the “motherwork of low-income and working-class African American mothers entails (a) ensuring their children’s physical and emotional survival, (b) seeking power to improve their children’s life outcomes; and (c) nurturing their children’s positive racial identity” (pp. 494–495), and has both personal and political purposes. African American motherwork is a form of political resistance and advocacy with the goal of securing educational access, equity, and opportunity to promote their children’s survival and raise their social, intellectual, or political level or condition (Cooper, 2007).

The concept of motherwork as it applies to African American mothers is a tool that can be used to respond to the cultural deficit theories often found in educational policies and practices (Cooper, 2007). African American parents have often been labeled as “uncooperative, unconcerned, and uncaring about their children’s education” while "upwardly mobile minority parents are often maligned as pushy, demanding, and unreasonably ambitious for their children" (Ritter, Mont-Reynaud, & Dornbush, 1993, p. 107). Others believe African American parents are more of a hindrance than benefit to their children's education (Cooper, 2007). Motherwork provides a strengths-based perspective, in which we can examine the decisions mothers make on behalf of their children with disabilities while acknowledging the effects of gender, race, and class.

Previous studies have failed to investigate the educational decisions of low-income African American mothers who have children with disabilities while utilizing a framework that discredits some of the assumptions educators hold. This research will critically examine the overlap of race, class, and gender in parental special education advocacy, utilizing a framework Collins (1994) and Cooper (2007) describe as 'motherwork' to provide an understanding, from a strengths-based perspective, of the experiences and meanings African American mothers make of their interactions within the special education setting as they attempt to elicit their voices in the decision-making for their children. The findings will add to the research on parent advocacy in special education settings, and will provide a perspective that will enable educators and policymakers to focus on the strengths of low-income African American mothers while understanding some of the barriers they face.

## Research Questions

Using a transcendental phenomenological research design, this qualitative study will answer the following three questions: (a) How do low-income African American mothers living in a rural area advocate for the needs of their children with disabilities within the educational system?, (b) Are the mothers able to active their social and cultural capital? If so, how? If not, how not? and (c) How do they make meaning of the special education decisions and choices they make for their children?

## Definitions

For the purposes of this study, *advocacy* will be defined as any activity a parent engages in, or attempts to engage in, with the hopes of accessing appropriate services for their child. Thus, advocacy actions can take the form of letter writing, phone calls, parent/ teacher conferences, attendance at IEP (Individualized Educational Plan) meetings, etc.

For this study, the term *services* will be defined as any assistance or help sought by a mother because of the belief or perception that it will enhance the education of her child.

## Summary

The statement of the problem, conceptual framework, research questions, and definitions have been presented in this overview. A review of the literature related to this research is provided in Chapter II. Chapter III presents the design of the study, including the rational for research methodology, data sources, and a detailed description of the data collection and analysis. Chapter IV presents the results of 24 interviews conducted with 12 mothers in order to answer the research questions by exploring and examining each participant's experiences as they attempt to advocate for the educational needs of their children with disabilities. Chapter V presents a summary of the study in its entirety including a discussion of the results in relation to the review of the literature presented in Chapter II.

# CHAPTER II

# REVIEW OF THE LITERATURE

## Brief History of Parental Advocacy for Children with Disabilities

Although the eugenics movement (1880–1930) set the stage for parents to be identified as the cause of their children's disabilities (Turnbull, Turnbull, Erwin, & Soodak, 2006), in reality parents of children with disabilities have historically been strong advocates for the unique needs of their children. Beginning at the local level in the 1930s, then moving to a national level in the 1940s and beyond, parents were founding members of organizations, such as the United Cerebral Palsy Associations, National Society for Autistic Children, the National Association for Down Syndrome, and Association for Children with Learning Disabilities, the Federation of Families for Children's Mental Health, and The Arc (Turnbull et al., 2006), dedicated to advocating for the needs and rights of children with disabilities. When children with disabilities were excluded from public schools during the 1950s and 1960s, parents, in partnership with the organizations they created, developed their own education programs and services for their children (Turnbull et al., 2006). After the *Brown v. Board of Education* (347 U.S. 483 (1954)) decision, parents of children with disabilities began to realize their children's rights to an equal education and branched their advocacy efforts into the realms of politics and public schools. In the early seventies, parents won the right to an equal opportunity to an education for their children with disabilities under the Fourteenth

Amendment of the U.S. Constitution in two landmark court cases, *Pennsylvania Association for Retarded Children v. Pennsylvania* (334 F. Supp. 1247 (e.D. Pa. 1971)) and *Mills v. Board of Education of the District of Columbia* (348 F. Supp. 866 (D. DC. 1972)), opening the doors of public schools to children who had been kept at home or institutionalized (Rangel-Diaz, 2000). In addition, *Board of Ed. of Hendrick Hudson Central School District v. Rowley* (1982) strengthened the advocacy rights of parents by ensuring parents would be included in every aspect of a child's special education and recognizing parents as equal partners in every administrative stop regarding their child's special education. As a result, Congress enacted the Education for All Handicapped Children Act (P.L. No. 94-142), "providing children with disabilities with a federally protected civil right to a free and appropriate public education for the first time" (Rangel-Diaz, 2000, p. 17), and recognizing parent participation as a legal right (Turnbull, Turnbull, & Wheat, 1982). Less than 10 years later, the Education of the Handicapped Act Amendments of 1986 (P.L. 99-457) extended parents' rights. In more recent years, legislation has increasingly raised expectations that educators form partnerships with parents, specifically within the field of special education (IDEA, 2004), recognizing parents as educational decision makers and partners in all phases of educational assessment and planning for students who are receiving special education services.

Parent advocacy organizations have typically involved White, middle-class parents (Turnbull et al., 2006) and historical accounts of their advocacy efforts have usually focused on their role as change agents from outside the school system, primarily through the court system (Soodak & Erwin, 1995), to create change at a systems level.

Early studies on parental advocacy tend to focus on White, middle-class families, with little attention to differences in the experiences of varying social or ethnic groups (Harry, 2002). Most research on parent involvement in special education examines the experiences and perceptions of parents within or about one particular setting, the Individualized Education Plan (IEP) meeting, which involves gathering school professionals, parents, and others that may have knowledge of a student's educational needs for the purpose of developing an individualized education program (IDEA, 2004). However, all parents, regardless of race or class, are faced with supporting the educational needs of their children on a daily basis and on a variety of levels (classroom, school-wide, district-wide), and in a variety of roles, such as communicators, volunteers, facilitators of home-based learning, decision-makers, and collaborators (Epstein, 2001). Whether through homework, school-based meetings, written communication with teachers, phone calls to school board members, or field trip chaperoning, parents have always participated in aspects of their children's education, but little is known about parents' of children with disabilities from culturally diverse and economically disadvantaged backgrounds advocacy efforts and experiences at a micro level. This literature review aims to examine the research on parental advocacy experiences within the context of special education, and how social and cultural backgrounds, race, and gender affect parents' approaches to advocacy.

## Approaches to Parental Advocacy in Special Education

Before examining the literature on parental advocacy in special education, it is important to understand the various approaches to advocacy parents might engage in.

Parents view advocacy not only as an obligation, but as a means to improve services for their children with disabilities (Wang, Mannan, Poston, Turnbull, & Summers, 2004). While most research on parent involvement in special education examines the experiences and perceptions of parents within the Individualized Education Plan (IEP) meeting, parents in Ogata, Sheehey, and Noonan's (2006) study did not consider the formal IEP meeting as an "appropriate context for decision-making" (p. 12). Instead, parent participants in this study defined decision making as "participating in their children's education (in the classroom or at home), talking with teachers informally, acquiring knowledge about special education, and advocating on behalf of their child" (p. 12). Parental advocacy in a child's special education program can occur in multiple ways and settings, however, studies are needed that examine the roles of parents as they make decisions in any setting on behalf of their children.

While the term *advocacy* is not used in IDEA regulations, advocacy is "a specific type of parent participation implied by the language used in IDEA" (Turnbull & Turnbull, as cited in Trainor, 2010, p. 35) through identified rights and expectations, such as parents' rights to request specific services for their children with disabilities and seek due process for unresolved complaints (Trainor, 2010). Historical accounts of parental advocacy efforts have focused on parents' roles as change agents at a systems level (Soodak & Erwin, 1995), but advocacy can take many different forms. For example, parents can advocate in "quiet, indirect ways" such as through a "statement of responsibility and teaming with a child to persevere" (Hess et al., 2006, p. 153), provide information and advice to other parents of children with disabilities, or take direct actions on behalf of their children or their children's teachers (Hess et al., 2006).

Trainor (2010) provides a useful typology for examining parental approaches to advocacy. Four approaches to advocacy emerged from interviews with 33 adults of diverse backgrounds and socio-economic status representing 36 children who received special education services in an urban Midwestern school district, ranging from focusing specifically on the individualized needs of his or her child to creating change at the systems level. As intuitive advocates, parents emphasize the fact that they know their child best and often communicate their knowledge and understanding of their child to education professionals. Parents may use a "disability expert" (p. 41) approach to advocacy, acquiring knowledge about their children's disabilities and use that information to access specific services for their children. A more sophisticated approach to advocacy used by parents was that of the "strategist" (p. 42) in which they "combined their understanding and sense of disability and their children's unique strengths and needs with their knowledge about special education" (p. 42). Finally, parents were seen as change agents, advocating for systemic change on behalf of their own and other children with disabilities.

## Factors Impacting Parental Advocacy Efforts

Parental involvement research in special education has often focused on factors that impact parents' experiences and perceptions of collaborative relationships with school professionals. Factors identified as supportive to creating positive collaborative relationships contribute to parents' self-confidence and eagerness to advocate for the needs of their children. Alternatively, factors that impede collaborative relationships create barriers to parental advocacy (Trainor, 2010). An examination of these findings is significant to the discussion of parental advocacy in special education.

## Supportive Factors

**Interpersonal factors.** The manner in which professionals relate to and support families can influence families' sense control over their life circumstances (Dunst & Dempsey, 2007). The most positive educational experiences for parents occur when school professionals are willing to go beyond their role expectations and reach out to families in an effort to create strong relationships (Kozleski et al., 2008). In fact, a recent review of literature points to the fact that "common sense and ordinary human decency are at the heart of positive partnerships between families and professionals serving children with disabilities" (Blue-Banning, Summers, Frankland, Nelson, & Beegle, 2004, p. 181) and that most parents simply desire high quality relationships with professionals.

In as study designed to identify specific indicators of professional behavior that support parental advocacy, Blue-Banning et al. (2004) conducted focus groups and in-depth interviews with a total of 137 family members of children with disabilities. Participants represented a range of ethnic backgrounds and income levels. Researchers identified six inter-related indicators of professional behaviors and attitudes that families considered to promote collaboration and parental advocacy efforts: (a) Positive, understandable, respectful, and frequent communication, (b) A sense of commitment to the child and family, (c) A sense of equity in decision making and service implementation, (d) Competence regarding meeting the individual needs of the student, (e) Reliability and trust, and (f) Respect for each other.

Interviews with ten Korean American parents of children with disabilities identified similar interpersonal factors that support parents' willingness to advocate on behalf of their children (Park, Turnbull, & Park, 2001). For example, parents appreciated professionals who demonstrated a commitment to their partnership, a genuine sense of caring, respect, and trustworthiness. One mother expressed positive feelings towards professionals' when she felt her suggestions were considered and appreciated. Teachers' expertise in helping plan for children's future needs was also cited by parents as a factor that facilitated trust in their partnership. In addition, most of the parents in this study placed greater value on teachers who emphasized a child's strengths versus his or her weaknesses, and professionals' consistent membership on IEP teams (Park et al., 2001). Likewise, African American parents indicated a need for mutual respect and trust to exist between parents and teachers in order to promote collaborative relationships. In addition, they described a desire for more personal relationships between teachers and parents (Zionts, Zionts, Harrison, & Bellinger, 2003).

Hess et al. (2006) found “it was not the teacher's level of expertise, years of experiences, degree, or research-based practice that was emphasized; rather it was a teacher's perceived caring and openness to communication that parents viewed as most important” (p. 153). Communication needs consisted of specific academic issues, such as homework and behavior, along with a more general conversation to just check in with the teacher. In addition, parents appreciated teachers who were willing to share their professional expertise regarding their child’s disability and specific educational interventions that would be implemented. Therefore, open communication, professionalism, and caring teachers were primary factors that parents believed supported their child’s education and improved parent-teacher relationships.

Finally, mothers of children with disabilities in Sheldon, Angell, Stoner, and Roseland’s (2010) study identified attributes and actions of school administrators that promoted positive, trustworthy partnerships. The mothers identified both individual characteristics and actions as factors affecting their perspectives of principals. Principals who were perceived as being easily accessible, possessing specific disability-related knowledge, taking the time to listen, and conveying an accepting attitude positively influenced mothers’ levels of trust. Similarly, mothers were more likely to develop trust with school administrators who displayed an authentic level of caring for their children. Principals’ actions within the education system with children, through developing sincere relationships, and with families, through actively listening to concerns and offering guidance, also positively affected the levels of trust mothers had in them, therefore promoted more effective partnerships.

## Barriers

While research indicates professionals’ interpersonal skills is the principal factor that effects parental perceptions and advocacy efforts, special education research unfortunately abounds with barriers, which often prevent parents from participating in active decision-making processes on behalf of their children with disabilities.

**Interpersonal factors.** Professionals' attitudes, behaviors, and values not only have the potential to empower, but also hamper parents' advocacy efforts. Park et al. (2001) found that parents who realized teachers held their children to minimum expectations, instead of challenging them to progress, commonly expressed unhappiness and feelings of depression. In addition, uncaring attitudes displayed by professionals led parents to believe teachers were neglectful and created negative partnership experiences. Finally, undependable professionals negatively impact collaborative partnerships with parents. When a case manager failed to keep three appointments, one mother perceived the professional to be untrustworthy, and requested a different case manager (Park et al., 2001). Lo (2008) found that disrespect by professionals resulted in lower levels of parental participation in IEP meetings, while Fish (2006) found when parents perceived educators as devaluing their input, they felt restricted from providing meaningful input in the IEP process.

**Lack of access to information.** Access to information is a critical piece of parents' confidence and willingness to advocate for the needs of their children. Parents are not always aware of their rights (Leiter & Krauss, 2004) or the services that their children may be entitled to (Silverstein, Springer, & Russo, 1992), which creates a significant barrier to parental advocacy.

Although schools are mandated by IDEA to provide related services if they are educationally necessary for a student to receive a free, appropriate, public education (FAPE), the process of determining which related services a student is eligible to receive, and to what, extent, often creates tension between parents and schools. One study found that 1/5 of parent participants were not even aware that IDEA required schools to provide related services, such as transportation, counseling, or nursing, if needed for a student to receive FAPE (Plunge & Kratochwill, 1995). Leiter and Krauss (2004) examined national data on parental requests of children with disabilities. Of the data analyzed, only 15% of parents requested related services on behalf of their children. Of these, 80% reported one or more problems—problems that could have been eliminated with increased access to information—in obtaining those services, such as having trouble finding the right kind of services themselves, and no assistance from the school in locating the right kind of services.

Pappas (1997) found that Latino parents often hesitate to become involved in educational decision-making due to insufficient knowledge of the school system and parental roles. In a more recent survey, 70% of parents felt that children often miss out on services because their parents are not aware of their options and rights (Public Agenda, 2002). Finally, Kozleski et al. (2008) found that while schools took the lead for identifying children with disabilities, professionals failed to educate parents on the rules and processes of special education, leading to a subordination of families as recipients of services versus equal partners in the education of their children with disabilities.

**Readability.** When information for parents is readily available, such as written information related to special education services often found in school handouts and websites, parents must be able to read and understand the information in order to use it to make informed decisions on behalf of their children. IDEA mandates that parents of students with disabilities receive a document, often titled *Procedural Safeguards*, *Parents' Rights and Responsibilities,* or *Child and Parent Rights in Special Education,* specifying their educational rights and responsibilities at various times during the special education process (Fitzgerald & Watkins, 2006). Fitzgerald & Watkins (2006) examined Parents' Rights documents from 50 states in the United States and the District of Columbia to analyze the readability and text characteristics that could influence readability. The results of the study found that most of the documents (92–96%) were written at a ninth- to tenth-grade level. Combined with other factors, such as text size, font, sentence and syllable length, some of the documents were written at a college level or higher. Therefore, many of the documents were too difficult for the average person to read and comprehend. Culturally and linguistically diverse parents have pointed out that even when documents are translated into other languages, many immigrant parents may lack the reading skills needed to comprehend the information (Rueda, Monzo, Shapiro, Gomez, & Blacher, 2005).

**Location.** Research has disclosed that rural parents of children with disabilities have lower participation rates in IEP meetings than do parents in urban and suburban areas, often due to transportation barriers. Limited access to resources and services impedes rural school districts' abilities to build and maintain ongoing collaborative relationships with parents (Hammond & Ingalls, 1999, as cited in Trussell, Hammond, & Ingalls, 2008; Hammond et al., 1995 as cited in Trussell et al., 2008; Ingalls & Hammond, 1996, as cited in Trussell et al., 2008; Ingalls, Hammond, Dupous, & Baeza, 2006, as cited in Trussell et al., 2008). In addition, limited or no access to parent support centers, educational libraries, and parental advocates tend to leave parents in rural areas feeling inadequate to challenge the “professional dominance” (Trussell et al., 2008, p. 20) that often occurs within IEP meetings.

Parents of children with disabilities who live in rural areas have to contend with barriers that impede their advocacy efforts at greater levels than parents residing in urban and suburban areas. In a study of rural elementary schools in New Zealand (Hornby & Witte, 2010), interviews were conducted at 22 schools to examine their practices of parent involvement. Researchers found barriers to parental involvement within the schools, such as a lack of written school policies on parent involvement, a minimal focus on parent support, and a minimal focus on involving parents of children with disabilities. While all 22 schools served students with disabilities, only three schools mentioned involving parents in IEP meetings, no schools identified the IEP process as a means for sharing information about children with disabilities, and only one school identified the IEP meeting as a potential place for parents to express educational concerns, specifically highlighting a lack of school professionals’ concern to reach out to and involve rural parents of students with disabilities:

**Socioeconomic status.** Researchers have found that middle-class teachers and principals have predestined low-income parents, regardless of their ethnicity, as “unresponsive” (Ritter et al., 1993, p. 107), and Kozleski et al. (2008) identify economic status as a factor in parental involvement in special education identification. In Lieter and Krauss’s (2004) study, living in poverty nearly quadrupled the chances that parents would report problems in obtaining additional services for their children with disabilities. However, most studies within special education fail to focus specifically on the experiences of parents of diverse socioeconomic backgrounds. For example, some studies have included participants who were upper- to middle-class (Fish, 2006; Fish, 2008); whereas, others fail to address socioeconomic status as a factor in the experiences of parents (Vaughn et al., 2001; Spann et al., 2003).

Bourdieu's (1974) theory that class distinctions include differences in acquisition and use of both cultural and social capital, and that these forms of capital are inseparable from access to economic capital, is evident in Trainor's (2010) study. Regardless of racial and ethnic group membership, parents from low socioeconomic backgrounds had minimal access to cultural and social capital when compared to parents who were not from low socioeconomic backgrounds (Trainor, 2010). In addition, parents from low socioeconomic backgrounds most often advocated intuitively, sharing knowledge about their children, rather than acting as change agents. Alternatively, parents who were not eligible for free-reduced school lunch activated a larger variety of cultural capital resources and accessed wider range of sources of social capital (Trainor, 2001).

**Cultural and linguistic factors.** Research frequently documents unique barriers to collaborative parent-school relationships for culturally and linguistically diverse (CLD) parents. Professionals' negative perceptions and lack of sensitivity towards CLD parents often creates a disempowering and disengaging environment (Adams & Welsch, 1999; Harry, Rueda, & Kalyanpur, 1999). In addition, unsupportive school staff, cultural and linguistic incompetence, and incongruent beliefs and values create advocacy barriers specific to parents of culturally and linguistically diverse backgrounds (Adames;

Basterra; Jones & Valez; New York Public Schools as cited in Lian & Fontánez-Phelan, 2001).

In Lian and Fontánez-Phelan’s (2001) study, 100 Latino parents of children receiving special education services in a large urban district completed a bilingual questionnaire to investigate their perceptions regarding cultural and linguistic issues related to their advocacy efforts. In terms of advocacy, while 71% of respondents identified themselves as holding primary responsibility for guaranteeing an appropriate education for their children, and 64% reported they would challenge school decisions if needed, 42% indicated they were not confident in pursuing their rights due to their limited English proficiency.

Limited English proficiency also presented as one of the biggest barriers to advocacy for many of the Korean American parents in Park et al. (2001) study. Eight of the 10 student participants reported that their limited English proficiency not only left them feeling isolated from education professionals, but restricted their access to special education information and limited their advocacy capabilities. Similarly, participants in Rueda et al.’s (2005) study cited a lack of information translated into Spanish as an obstacle to their participation on transition planning, while other Latino parents cite their limited English skills as a barrier to effective communication (Hughes et al., 2002). Finally, Chinese families in Lo’s study (2008) cited language and poor interpretation services as challenges preventing them from taking more active roles in IEP meetings.

**Racial discrimination.** Race has historically presented major barriers to African American populations’ access to education, and should be considered in any attempt to understand parents' experiences in public education contexts. Since as early as 1975 (Children's Defense Fund, as cited in Fenning & Rose, 2007) an overrepresentation of African American male students given out of school suspensions and expulsions as consequences in schools has been documented, with current studies concurring with these findings (Gonzalez & Szecsy, 2004; Skiba et al., 2000; Skiba & Peterson, 1999; Skiba & Rausch, 2006, as cited in Fenning & Rose, 2007). African American students have received special education at disproportionately higher rates than their White peers (Kearns, Ford, & Lenney, 2005). More specifically, there is a documented history of disproportionality and overrepresentation of African American males in special education (Watkins & Kurtz, 2001), with male minority students historically more likely to be placed in special education due to "developmental disabilities, emotional disturbances, and learning disabilities" (Grossman, 1995, p. 8). However, while research has found that the psychological impact of historical racism affects the ability of parents to access and activate cultural capital (Lareau & Horvat, 1999), few studies focus solely on the experiences of African American parents with schools, focusing instead on culturally and linguistically diverse families, such as Chinese and Latino (Hess et al., 2006; Hughes et al., 2002; Lo, 2008).

Kozleski et al. (2008) explored how race, socioeconomic status, and disability impact parental advocacy and collaboration between families and professionals by examining the relationships between parents and school personnel both in South Africa and the United States. Focus groups were conducted with 47 South African parents and 27 United States parents of predominantly low income, minority background. Although the special education systems varied between the two countries, the authors found families of both countries shared commonalities in how they were able to access educational systems. Families of minority cultures often felt disempowered by professionals' expectations that parents should accept their recommendations regarding the special education placement and services for their child with a disability without question.

Other studies have also noted similar findings regarding parents' feelings of disempowerment in special education. Harry, Allen, and McLaughlin's (1995) ethnographic study with African American parents of 24 preschoolers in special education programs in an urban school district found consistent initial efforts by parents to support their children's education. However, parent participation within IEP meetings decreased over a three year period, with parents citing one reason as feeling they had no influence over decisions made. While 6 of the parents in the study did succeed in influencing special education decisions made on behalf of their children, the authors noted several deterrents to parents' advocacy efforts, such as the short amount of time allotted for meetings, the inflexible scheduling of conferences, the use of professional jargon, and a power structure that implied professionals possessed more authority over the decisions made in the IEP meetings.

**Structural factors.** Although service delivery in special education is delivered by individual professionals, it takes place in a larger context that is usually beyond the control of individual professionals or parents (Park et al., 2001). Parents in Park et al.'s (2001) study cited several structural factors that were barriers to establishing collaborative partnerships with professionals.  Parents who felt rushed during meetings with school professionals did not feel there was enough time to effectively converse about her child's needs.  Also, parents' realizations that teachers had a high number of students to serve prevented them from feeling justified in making special requests on behalf of their children (Park et al., 2001).

## Rurality

While research has documented that residing in a rural area sometimes presents unique factors to parental advocacy efforts, a search of numerous research databases (PsycINFO, Academic Search Complete, Child Development & Adolescent Studies, CINAHL Plus with Full Text, CINAHL with Full Text, Education Full Text (H.W. Wilson), ERIC, Humanities & Social Sciences Index Retrospective: 1907–1984 (H.W. Wilson), PsycARTICLES, Social Work Abstracts, SocINDEX with Full Text) using search phrases "rural and special education and parents", "rural and education and parental advocacy", and "rural and education and parents" did not reveal any studies that examined the activation of social and cultural capital of African American mothers of children with disabilities who reside in a rural area.  One study was found that described an internet workshop provided to parents of children with disabilities who reside a rural area as an effort to help them develop advocacy skills (Nolan & Keasler, 2001).  While a WorldCat search of "special education" and "parental advocacy" found 26 articles, adding in the search term "rural" discovered no articles.  Therefore, specific research is needed to further examine the parental advocacy experiences of diverse populations who reside in rural America.

## Social and Cultural Capital in Educational Research

Beyond merely identifying factors that support or impede parental involvement and advocacy, research on parent involvement in education has applied cultural and social capital concepts as a framework for understanding how social connections and the cultural and economic backgrounds of parents account for differences in educational actions taken by parents and various responses by school personnel. Cultural and social capital, along with racial and class-based norms and social conventions, have been found to influence interactions between school personnel and parents (Noguera, 2001). However, only a limited number of studies have employed qualitative research designs to examine the relationship between cultural and social capital and parental involvement and advocacy efforts within educational settings (Horvat et al., 2003).

### Cultural Capital

Several qualitative studies have focused specially on the relationship between parents' cultural capital and levels of parental involvement in education. West and Nodden's study (1998) found a significant difference between parental involvement and mothers' educational level. In their study, interviews were conducted with parents, 64% of whom were mothers. The mothers who had achieved higher education levels demonstrated an increased likelihood of trying to ensure their children's chances of educational success, leading researchers to conclude that their own cultural capital and financial resources enabled them to be in a position to advocate for their children's chances of educational success.

Similarly, a mother in Cooper's (2009) study described the cultural capital that she has activated, such as knowledge of the appropriate wording, special education terminology, and options available for her child, that enabled her to advocate for her son with disabilities to receive equitable educational services. She stressed the positive benefits she experienced from having a flexible work schedule, such as being able to visit her son's school as needed, and expressed concern for parents who lacked specific knowledge regarding special education options or who were not able to leave their jobs to check on their children's educational needs.

Parental beliefs have also been found to constitute a kind of cultural capital that affects the outcomes of children's education. Horvat et al. (2003) found that middle class, poor, and working class Americans differed in their beliefs about schools and how they approach their children's education. Middle class parents' beliefs that educational experiences could be customized to fit their children's individual needs comprised a form of cultural capital that enabled them to customize the type of education they were able to secure for their children.

While today's educational marketplace forces parents to "act in their child's best interest" (Reay, 1998, p. 197), mothers who do so, however, unintentionally act against the interests of other, less-privileged children and their mothers, creating a school environment in which individual self-interests and desires surpass any attempt to attain a 'common good' (Ball, as cited in Reay, 1998). In Reay's investigation, two to three interviews were conducted with a diverse group of African American, White, and Biracial working- and middle-class mothers, one-third of whom were single, whose children attended one of two socially divergent primary schools. While both groups of mothers had similar concerns regarding the education of their children, Reay found significant differences in how the two groups of mothers were able to produce cultural capital from their attempts to support their children's education. For example, working-class mothers did not express their concerns as demands in dealings with school staff in the way that the middle-class mothers did. In addition, working-class mothers rarely worked individually or collectively to pressure the school staff to make changes they felt were needed for their children, primarily as their lack of time, energy, and support in raising their children alone, plus their limited economic resources, worked against their efforts to accomplish what was best for their children. While they often expressed having a "right" to make a difference in their children's education, they rarely activated their capital as effectively as middle class mothers. Only the middle-class mothers had the power and resources to act effectively to shape the curriculum provided to their children. Reay concluded that the education system provides middle class parents with a "competitive edge that they will increasingly take advantage of" (p. 207).

## Social Capital

Only a small number of studies have applied qualitative methods to examine the concept of social capital in educational research related to parental involvement (Dika & Singh, 2002). Using ethnographic methods, Zhou and Bankston (1998) found that immigrant parents accessed forms of social capital in supporting their children's education. More specifically, tightly bound social networks present in the Vietnamese community maintained social norms that encouraged high levels of academic achievement. In addition, social networks such as after-school programs offered by Vietnamese community associations supported academic achievement (Zhou & Bankston, 1998).

Other research has also found parents' involvement in social networks to influence children's future educational outcomes. Mirza and Reay's (as cited in Vryonides, 2007) study not only stresses how social networks can form a safety net for marginalized groups, but also emphasizes the role of mothers efforts to positively impact their children's education through the use of social network resources. In this study, a group of Black mothers in Britain developed their own social networks within friends and neighbors, and then acted on behalf of their children as both mothers and educators in supplementary schools designed to provide a high quality education to Black children who were being failed by the public educational system.

In a three-year extensive study regarding parental choice of children's secondary schools, Gewirtz, Ball, and Bowe (1995) examined the role of social capital in parents' educational decisions. Parents were categorized as privileged/skilled choosers (mostly professional middle-class parents), semi-skilled choosers (mostly working-class parents with strong motivation to exercise their rights to choose), and disconnected choosers (mostly working-class parents). Parents identified as "privileged choosers" not only possessed greater levels of social capital, in the form of networks and relationships that provided them greater access to information about schools and teachers, but also "mobilized" their social capital by making informed decisions for the benefit of their children.

Munn-Joseph and Gavin-Evans's (2008) study provides an examination of social capital influences specific to working-class parents' advocacy experiences within special education. Three low-income, African American mothers with children enrolled in special education services residing in an urban school district participated in two semi-structured interviews. The authors found that social networks significantly helped the families advocate for the special education programming they believed their children needed. Contrary to Reay's (1998) findings, the low-income mothers in this study were "engaged in a process of advocacy" (p. 386) by supporting teachers when they believed the teachers were acting in the best interest of their children, but challenging the schools' actions when they perceived their children were not receiving appropriate services or believed school officials were only focusing on misbehaviors without concern for academic goals. In addition, parents used multiple social networks and institutional agents, such as family members, neighbors, a social services case manager, pediatrician, and psychiatrist to access guidance and information they then activated to advocate for the special education programming needs of their children.

### Cultural and Social Capital Combined

Finally, other qualitative studies have applied a combination of cultural and social capital theories to understand parental involvement and decision-making within educational settings. Lareau (2000) analyzed family-school relationships in predominantly white schools that varied according to social class, finding that working class parents rarely intervened in their children's education, but instead relied on the professional expertise of teachers, while upper-middle class families, on the other hand, were more demanding and critical of teachers, expressing the belief that education is a "shared responsibility between teachers and parents" (p. 8). While parents in both communities wanted their children to be successful in school, the communities differed in the amount of social and cultural capital parents were able to access and activate, often resulting in a "generic education" (p. 8) for the children of working-class parents while upper-middle class children's education was more individualized by parents' requests for specific teachers and "placement in specialized programs" (p. 10).

Park et al. (2001) also described barriers for parental advocacy efforts based on the extent of parents' acculturation and their access to social networks. The Korean American parents in their study who were highly acculturated participated in more advocacy efforts, such as writing letters to professionals to express their ideas and concerns. Parents who were less acculturated did not have the cultural capital (knowledge or information) to act on behalf of their children with disabilities. Similarly, a lack of formal and informal social networks was also a barrier to parental advocacy. Parents who did not have an "ally" or "ties" described feeling unconnected from school professionals and ineffective as potential advocates (Park et al., 2001).

Trainor (2010) interviewed 33 parents from various race, ethnic, and socioeconomic backgrounds who represented 36 students with disabilities to examine the extent to which parents' perceptions of social and cultural capital resources necessary for advocacy efforts. Parents perceived both formal and informal resources, dispositional knowledge, social relationships, and social networks as being integral to their advocacy experiences. Trainor found the effectiveness of parental advocacy to be related to a combination of specialized knowledge of IEP content and parents' rights (cultural capital) and relationships with key players, such as extended family members, other parents of students with disabilities, teachers, and service providers (social capital).

While cultural and social capital concepts have provided a useful framework for understanding how social connections and the cultural and economic backgrounds of parents account for differences in educational actions taken by parents and various responses by school personnel, it has primarily focused on class differences among parents, and traditionally not taken race into account.

## Mothers as Advocates in Educational Research

Regardless of research that demonstrates mothers typically assume more responsibility for the education of their children than fathers (West & Nodden, 1998), and are the leaders in developing and making changes to their children's special education programs (Kozleski et al., 2008), the focus of parent involvement in both general and special education research has been predominantly gender-neutral (Kalyanpur & Rao, 1991; Reay, 1998; West & Noden, 1998). Although research participants have almost exclusively been mothers, articles have most commonly used gender blind terminology in reporting findings (Ryan & Cole, 2009). Few studies have been found that focus specifically on mothers, and their advocacy efforts for their children with disabilities.

Mothering work in support of children's education is rarely explored; even though it is primarily mothers who are found taking the prime responsibility for parental involvement in schools (Reay, 1998), few studies highlight the significant roles of mothers in making educational decisions for their children. While Reay's (1998) study did not examine or address the specific advocacy roles of mothers within the context of special education, Reay focuses on middle-class mothers' experiences and actions in support of their children's education, and finds that it is mothers, not fathers, who assume the day-to-day responsibility for ensuring their children's educational successes. Kozzleski et al. (2008) noticed that over time, mothers of children with disabilities in their study became leaders in creating and changing their children's educational programs as they realized education professionals may not know or be able to advocate for the specific needs of their children. Finally, while only three of the mothers in Cooper's (2009) research were considered to be active school volunteers, all 14 mothers in the study demonstrated educational care and a commitment to advocating for the needs of their children. They were "invested and involved in their children's education, be it through seeking specialized programs for their children with exceptional needs, visiting various schools to observe classrooms before choosing one, engaging in protest politics and speaking out against inequitable school policies, challenging administrators they judged to be inept, sharing school choice information with other low-income mothers, or traveling far from home for hours on public transportation each day to keep their children enrolled in the school they deemed superior to their neighborhood school (Cooper 2005, 2007 as cited in Cooper, 2009, p. 386).

Other studies more closely examine mothers' roles within the unique context of special education. For example, mothers in Ankeny, Wilkins, and Spain's (2009) study shared their experiences of transition planning for their children with disabilities. In another study, Latina mothers of young adults with disabilities participated in several focus groups to examine their views of transition and transition-related concerns for their young adult children with developmental disabilities (Rueda et al., 2005). One of the five primary themes that emerged from data analysis revealed the importance of the role of the mother and her expertise in making decisions on behalf of her child. The mothers often described their children as being more capable than professionals realized, and perceived themselves as possessing greater expertise regarding their children and a greater ability to make decisions for their children than the professionals involved. However, mothers also believed their knowledge was not valued as much as the academic knowledge of professionals.

Ryan and Cole (2009), recognizing that mothers of children with disabilities advocate more frequently and at a higher level of complexity than other mothers, conducted research with 36 mothers of children on the Autism Spectrum, from a wide range of marital status, socioeconomic status, geographical location, and age. The mothers in this study demonstrated individual and collective approaches to advocacy and activism. For example, several mothers described independent battles they encountered on behalf of their children, such as advocating for their children’s presence in public places or facilitating friendships with peers. Others described more of an individual activist role, educating others about autism, coordinating speakers for local events, and writing to newspapers and local politicians about how autism is portrayed in the media. More than half of the mothers in this study described the benefits of being associated with a support group, and demonstrated more of a collectivist approach to activism. The authors conclude by recognizing the importance advocacy and activism have in mothering children with disabilities, but stressing that “the significance of this role remains largely unrecognized and unreported” (Ryan & Cole, 2009, p. 52).

Studies focusing specifically on African American mothers’ of children with disabilities, and the decisions they make on behalf of their children, are limited. In a study focusing specifically on low-income, African American mothers of children with disabilities, Kalyanpur and Rao (1991) interviewed four low-income, African American mothers of children with disabilities regarding their perceptions of empowerment. The mothers perceived that professionals who made efforts to build supportive relationships, understand their needs, and respond to them made them feel more empowered that those who were disrespectful and focused on deficits. However, the study examined participants’ interactions with outreach agency professionals, not public school personnel.

Finally, one special education research study focuses solely on the experiences of African American mothers in the public school setting (Munn-Joseph & Gavin-Evans, 2008). Three low-income, African American mothers of children with disabilities in an Urban elementary school described their own advocacy experiences and engagement in parental involvement behaviors. The findings challenge traditional assumptions of low-income, African American mothers as uninvolved and adversarial, as the mothers were able to access advice and resources to improve the educational experiences of their children.

## Conclusion

History clearly documents parents as advocates for their children with disabilities, but little is known about who these parents were or what experiences parents of minority backgrounds have had advocating for the educational needs of their children with disabilities. While research on parental advocacy has often included the experiences of diverse populations, it has not examined the experiences of parents of children with disabilities within a more contextual framework. Furthermore, while African American mothers advocating for their children's educational needs is not a new occurrence, it is one that has yet to receive the attention it necessitates. Special Education provides a unique context that requires an extensive use of capital for parents to be a most effective advocate for their child. And, while special education research has examined varied experiences of parents, there is an obvious gap in examining specific diverse populations within the context of special education.

The intersection of race, class, gender, and disability are complicated to understand using a single conceptual framework. Previous studies have failed to examine the educational decisions of rural, low-income African American mothers who have children with disabilities while utilizing a framework that discredits some of the assumptions educators hold. In order to examine and address social inequities that parents may encounter as they attempt to navigate the system of special education and actively participate in decision-making related to the needs of their children with disabilities, a more contextual framework must be used, combining social and cultural capital theories with that of Black Feminist definitions of 'motherwork.'

The proposed investigation will critically examine the overlap of race, class, and gender in parental special education advocacy, combining social and cultural capital theories with a framework Collins (1994) and Cooper (2007) describe as ‘motherwork’ to provide an understanding, from a strengths-based perspective, of the experiences and meanings African American mothers make of their interactions within the special education setting as they attempt to elicit their voices in the decision-making for their children. The findings will add to the research on parent involvement in special education settings, examine the experiences of African American mothers of children with disabilities in an effort to counteract educators’ sometimes negative perceptions of them as adversarial, dysfunctional (Powell, Hecimovic, & Christenson, 1993, as cited in Spann et al., 2003; Rosin, 1996, as cited in Spann et al., 2003; Salisbury & Dunst, 1997, as cited in Spann et al., 2003) or untrustworthy sources of information (Gilliam & Coleman, 1981, as cited in Spann et al., 2003; McAfee & Vergason, 1979, as cited in Spann et al., 2003), and provide a perspective that will enable educators and policymakers to focus on the strengths of rural African American mothers while understanding some of the barriers they face.

# CHAPTER III

# DESIGN

The proposed study utilized a qualitative research design to emphasize the perspectives of African American mothers, recognizing them as the experts on what it means to advocate for the educational needs of their children with disabilities. Creswell (2007) defines qualitative research as beginning

> with assumptions, a worldview, the possible use of a theoretical lens, and the study of research problems inquiring into the meaning individuals or groups ascribe to a social or human problem. To study this problem, qualitative researchers use an emerging qualitative approach to inquiry, the collection of data in a natural setting sensitive to the people and places under study, and data analysis that is inductive and establishes patterns or themes. The final written report or presentation includes the voices of participants, the reflexivity of the researcher, and a complex description and interpretation of the problem, and it extends the literature or signals a call for action. (p. 37)

The purpose of qualitative research is to “obtain the intricate details about phenomena such as feelings, thought processes, and emotions that are difficult to extract or learn about through more conventional methods” (Strauss & Corbin, 1998, p. 11). Qualitative research designs allow us to hear silenced voices and empower people to share their stories, as is the case in this study. In addition, qualitative research provides a detailed understanding of an issue that can only be obtained through allowing participants to tell their stories unencumbered by what the researcher expects to find (Creswell, 2007).

The use of a qualitative research design in this study provided insight into the phenomena of the lived advocacy experiences of low-income, African American mothers of children with disabilities and how they interpret the effects of these experiences on their lives. Further, this design engaged mothers in the discussion and provided them with the opportunity to share their own thoughts on the advocacy phenomenon based on their own life experiences.

## Transcendental Phenomenological Method

In line with the principles of qualitative research, this study utilized a transcendental phenomenological approach (Moustakas, 1994) to assist in understanding the lived advocacy experiences of African American mothers of children with disabilities, how they access or fail to access the capital they possess, and the meaning they make of these experiences. Similar to phenomenological research, transcendental phenomenology is used to describe "what all participants have in common as they experience a phenomenon" (Creswell, 2007, p. 58), with a primary purpose of reducing "individual experiences with a phenomenon to a description of the universal essence" (Creswell, p. 58). However, transcendental phenomenology places initial emphasis on the researcher setting aside prejudgments through a systematic process called the Epoche process in order to begin the study "as far as possible from prior experience and professional studies—to be completely open, receptive, and naïve in listening to and hearing research participants describe their experience of the phenomenon being investigated" (Moustakas, 1994, p. 22). The process is called transcendental because "the phenomenon is perceived and described in its totality, in a fresh and open way" (Moustakas, 1994, p.34) as the researcher's a priori or intuitive knowledge is viewed as independent of the experience. Moustakas (1994) emphasizes four major processes in the phenomenology research method: (a) Epoche; (b) Transcendental-Phenomenological Reduction; (c) Imaginative Variation; and (d) Synthesis of Meanings and Essences. Table 1 provides an operationalization of Moustakas's transcendental phenomenological process and data analysis specific to this study.

**Table 1. Operationalizing Moustakas's (1994) Transcendental Phenomenological Process and Data Analysis**

| | |
|---|---|
| A. *Epoche* | Reflect on my own parental advocacy experiences and professional experiences; Identify potential assumptions and biases |
| B. *Transcendental-Phenomenological Reduction*<br>1. Bracketing the topic or question<br>2. Horizonalization<br>3. Delimited horizons or meanings<br>4. Invariant qualities and themes<br>5. Individual textural descriptions<br>6. Composite textural descriptions | Explore the textural dimension: Describe what I see; Create an individual textural description of every mother's advocacy experiences; Integrate the mothers' individual textural descriptions into a composite description of parental advocacy of the group as a whole |
| C. *Imaginative Variation*<br>1. Vary possible meanings<br>2. Vary perspectives of the phenomenon<br>3. Free fantasy variations<br>4. Construct a list of structural qualities of the experience<br>5. Develop structural themes<br>6. Employ universal structures as themes<br>7. Individual structural descriptions<br>8. Composite structural description | Explore the structural dimension of the phenomenon: how advocacy is experienced by the mothers; if and how cultural and social capital influence their experiences and are activated; how mothers' thoughts and feelings connected with their advocacy experiences are evoked; Gain an understanding of the meaning of the advocacy experiences from the mothers' perceptions; Integrate the mothers' individual structural descriptions into one universal structural description of the experience |

**Table 1 (Cont.)**

| | |
|---|---|
| D. *Essence*<br>1. Synthesis of composite textural and composite structural descriptions | Combine the mothers' what (textural) and how (structural) descriptions; Arrive at the essence of the mothers' advocacy experiences and the ultimate meaning they ascribe to their advocacy experiences |

## Epoche

While literature has often treated bracketing and Epoche as interchangeable or synonymous terms (Bednall, 2006), Moustakas (1994) sees Epoche as a "preparation for deriving new knowledge" (p. 85) and "a process of setting aside predilections, prejudices, predispositions, and allowing things, events, and people to enter anew into consciousness, and to look and see then again, as if for the first time" (p. 85). The Epoche "gives us an original vantage point" and allows "whatever is before us in consciousness to disclose itself so that we may see with new eyes in a naïve and completely open manner" (p. 85). Epoche allows references to other people, and their perceptions, biases, and judgments to be put aside, so that only the researcher's perceptions are preserved as evidence of knowledge, meaning, and truth (Moerer-Urdahl & Creswell, 2004).

In this study, Epoche was used to set aside the researcher's views of the phenomenon so that the views of the participants would be the sole focus (Moustakas, 1994). As described by Moerer-Urdahl and Creswell, to accomplish Epoche the researcher recalled her own personal and professional experiences with advocacy in the context of special education through journaling, and reflectively meditated, letting any preconceptions and prejudgments enter and leave her mind freely, disconnecting herself from those memories, therefore setting aside any application she might have to this research. This was repeated until the researcher reached a sense of closure, and felt able to listen to and hear the participants' experiences without coloring them with her own thoughts, feelings, and beliefs. Because Epoche is a process and not a single step, the researcher revisited this process throughout the study to ensure the researcher's own ideas, values, and culture did not override that of the participants.

### Transcendental-Phenomenological Reduction

Transcendental-Phenomenological Reduction follows Epoche and assists the researcher to separate oneself from his or her own lived experience, enabling the researcher to consider each participant's experience on its own. Husserl (as cited in Marek, 1999) referred to this phase of the research process as transcendental because it allows the researcher to "perceive things better as they are without preconception or prejudice" (p.73). The phenomenon is described completely, leading to a "textural description of the meanings and essences of the phenomenon" (Moustakas, 1994, p. 34). The steps of phenomenological reduction were followed as described by Moustakas (1994) and Moerer-Urdahl and Creswell (2004):

1. Bracketing—The focus of the research was be placed in brackets. Everything else was set aside so that the research process will be rooted completely on the topic and questions. This will allow for the participants' experiences to be analyzed outside the realm of existing meaning and assumptions.
2. Horizonalizing—All statements will first be treated as having equal value. Specific statements that provide information about the experiences of the

participants are provided in a table so that a reader can identify the range of perspectives about the phenomenon (see Appendix F).

3. Clustering the Horizons into Themes—Statements found to be irrelevant to the topic and/or research questions and those that are repetitive or overlapping will be deleted. This will leave only the horizons, or textural meanings of the phenomenon, which will be clustered into themes or meaning units.
4. Organizing the Horizons and Themes into a Coherent Textural Description of the phenomenon—This will be a description of "what" was experienced by participants.

### Imaginative Variation

The next step in the research process, Imaginative Variation, allows the researcher to obtain structural themes from the textural descriptions that are acquired through Phenomenological Reduction (Moustakas, 1994). The structural themes describe "how" or "in what contexts" the phenomenon was experienced (Moerer-Urdahl & Creswell, 2004). In Imaginative Variation, the researcher used "imagination to look at the horizons of the data from a variety of perspectives and frames" (Marek, 1999, p. 75) and tried to find possible meanings through the use of "imagination, varying the frames of reference, employing polarities and reversals, and approaching the phenomenon from divergent perspectives, different positions, roles, or functions" (Moustakas, 1994, pp. 97–98). The steps of Imaginative Variation included:

1. Systematic varying of the possible structural meanings that underlie the textural meanings;

2. Recognizing the underlying themes or contexts that account for the emergence of the phenomenon;
3. Considering the universal structures that precipitate feelings and thoughts with reference to the phenomenon, such as the structure of time, space, bodily concerns, materiality, causality, relation to self, or relation to others;
4. Searching for exemplifications that vividly illustrate the invariant structural themes and facilitate the development of a structural description of the phenomenon (Moustakas, 1994).

### Synthesis of Meanings and Essences

In the final step of the transcendental phenomenological research process,

> the structural essences of the Imaginative Variation are then integrated with the textural essences of the Transcendental-Phenomenological Reduction in order to arrive at a textural-structural synthesis of meanings and essences of the phenomenon or experience being investigated. (Moustakas, 1994, p. 36)

Husserl (1931) describes essence as “that which is common or universal” (as cited in Moustakas, 1994, p. 100). This final phase of the research process involved synthesizing the textural and structural descriptions of the participants’ experiences into a composite description of the phenomenon through “intuitive integration” (Moustakas, 1994, p. 100), resulting in the “essential, invariant structure of ultimate essence which captures the meaning ascribed to the experience” (Moerer-Urdahl & Creswell, 2004, p. 22).

## Sample

Participants for the study were selected using homogenous and criterion sampling strategies (Creswell, 2008). Homogeneous sampling “purposefully samples individuals or sites based on membership in a subgroup that has defining characteristics" (Creswell, 2008, p. 216) while criterion sampling "works well when all individuals studied represent people who have experienced the phenomenon" (Creswell, 2007, p. 128). The sample of participants for this study consisted of English-speaking, African American mothers and othermothers of children who had disabilities recognized by the school system and who resided in a rural area. The Individuals with Disabilities Education Act (2004) defines a child with a disability as

> a child with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities [and] who, by reason thereof, needs special education and related services. [Section 602 (3)(A)]

Participants with a history of mental illness or depression were not included in this study since the structure and content of the qualitative interview may elicit strong emotions and therefore pose a risk to them. Since African American women have historically shared the responsibility for mothering their children (Collins, 2009; Troester, 1984), this study was open to biological, African American mothers of any religion, and "othermothers," women who assist biological mothers in raising their children by sharing mothering responsibilities. In addition, all participants resided in a rural area. According to U.S. Census Bureau (2010), the county in which the study is located, with a total population of 36,157, is defined as non-metropolitan. Closer examination of the area revealed that the county had a population density of 113 people per square mile at the time of the 2010 U.S. Census, and met the definition of rural according to legislation adopted by the N.C.

General Assembly (NC Rural Economic Development Center, Inc., n.d., “Rural County Map”). The NC Department of Commerce currently ranks the county as one of the 40 (out of 100) most economically distressed counties in the state (NC Rural Economic Development Center, Inc., n.d., “Economic Tiers”).

Children of the research participants were school age, between 7 and 21 years old, identified as having a disability under IDEA (2004), and receiving special education services at the time of the study. In addition, at least one year had to have passed since the date the child was first found eligible for special education services. The intention for excluding mothers of children within the first year of their child’s identification for special education services was to assure “parent familiarity with each phase of special education services: prereferral, referral, planning, and intervention implementation” (Munn-Joseph & Gavin-Evans, 2008, p. 384).

The researcher planned to initially recruit 15 participants for the study. In phenomenology, the number of participants has been found to range from 1 (Dukes, as cited in Creswell, 2007) to 325 (Polkinghorne, as cited in Creswell, 2007). Dukes (as cited in Creswell, 2007) recommends including three to ten research participants. The initial number of 15 allowed for the pilot study to be conducted, as well as for participants who may have decided to withdraw from the study. Ultimately, 12 mothers participated in the study.

## Participant Invitation and Recruitment

**S**chool social workers and Exceptional Children’s (EC) case managers in a school district located in a rural county of southeastern North Carolina were asked to assist with participant recruitment.  The school district's average daily membership for the 2010–2011 school year was 6,153 students (North Carolina Department of Public Instruction, 2010–2011).  A total of five school social workers and one EC case manager initially agreed to assist.  However, the EC case manager did not refer any mothers to the study.  The school social workers used the Invitation Script (see Appendix A) to contact mothers who fit the criteria above, briefly explained the purpose of the research study, and disclosed that the primary researcher herself is the mother of  children with disabilities who receive special education services.  The school social workers gained permission from mothers for the primary researcher to contact them by telephone or home visit to explain more about the research project.  The school social workers also informed mothers that they themselves would not know whether or not they were recruited to participate in the study and that their participation in the study would in no way affect the services they received from them or their schools.

After obtaining verbal permission, the school social workers provided me with the contact information for each mother who expressed interest in knowing more about the study.  I initiated contact via a telephone call, during which I screened participants for eligibility (see Appendix B).  If mothers fit the criteria and expressed an interest in participating, the researcher proceeded with an explanation of the research study and details of compensation, risks, and benefits to them.  The researcher explained that participation would involve two face-to-face interviews and that each participant would be reimbursed for her time with a $15.00 gift certificate from the local Chamber of Commerce, to be paid at the completion of the second interview, for a total of $30.00.  If mothers agreed to participate in the study, a date and time was set for the first interview. The researcher reminded participants of the need for a quiet place where they would feel most comfortable and informed them of the amount of time that would most likely be needed (approximately 2 hours for each interview) so that they could plan accordingly. So that mothers felt a sense of being able to prepare for the interview, the researcher verbally informed mothers that the types of questions to be asked would be related to their personal experiences, thoughts, and feelings in getting educational services for their child with a disability. A total of 15 mothers were originally referred by the school social workers. One participant did not meet the eligibility criteria to participate; one participant declined to participate; and I was unable to make contact with one participant after several phone call attempts. Thus, 12 mothers volunteered to participate in the research study. All of the mothers welcomed me into their homes to complete each of the two interviews.

## Methods of Data Collection

### Recruitment/ Initial Contact Form

This script and questionnaire (see Appendix B) was used to make initial contact with participants and determine if they met study criteria.

### Demographic Survey

The demographic survey (see Appendix C) was used to solicit basic demographic information, such as highest education level and household composition. It was completed with the researcher prior to the beginning of the first interview

## Interview Protocols

Semi-structured interview protocols (see Appendix D) were developed within the context of this study to gather data related to the two broad domains of interest: a) mothers' advocacy actions, experiences, and activation of cultural capital, and b) access to and activation of mothers' social capital. Two participant interviews were conducted with the goal of identifying themes which reflected individual experiences related to the phenomenon as well as common themes across the sample. The first interview focused on the nature and extent of mothers' advocacy experiences and their individual strategic use of knowledge, skills, and competence. The purpose of the second interview was to gain an understanding of the nature and extent of mothers' participation in various types of social organizations and networks (formal and informal), the range of transactions that took place within these networks, and the collective action mothers might have participated in on behalf of their children with disabilities.

A review of the literature revealed no existing instrument for use in obtaining information about how rural, African American mothers activate cultural and social capital on behalf of their children with disabilities. Therefore, prior theoretical literature (e.g., Bourdieu, 1986; Coleman, 1988; Portes, 1998) and how previous research (e.g., Horvat et al., 2003; Trainor, 2010) has operationalized these concepts informed the development of the interview protocol for this study. The interviews, developed by the researcher, consisted of open-ended questions (see Appendix D) so that the views and information shared by the participants would not be restricted (Creswell, 2008).

Interviews were audio taped using a digital audio recorder with each mother’s written consent. Digital audio files were then transcribed by the researcher.

Before the first interview began, approximately 10 or 15 minutes was spent with each mother with the purpose of establishing rapport by engaging in conversation about the home, child, weather, etc. to put the participant at ease with the researcher. The researcher reviewed the purpose of the research study and asked if the participant had any questions or concerns. A consent form (see Appendix E) was provided at this time, and the researcher offered to read it aloud. The participant was given as much time as needed to read it and ask questions before signing her name. A copy of the consent form was given to the participant at this time. The researcher then asked a series of demographic questions (see Appendix C), explaining that the information provided would be confidential and no names would be associated with the information provided during the interview. It was also explained that the demographic information would only be used if significant differences are found among participants to assist in extended analysis of the qualitative data. After the paperwork was completed, the researcher began the primary interview and with re-confirmed permission started the digital audio recording.

The first interview was open-ended with 15 primary questions. The second interview was also open-ended, with seven primary questions. Probes, or sub questions under each question, were used to elicit additional information or obtain clarification (Creswell, 2008). A total of 22 hours of data were collected, with each interview lasting an average of 1 hour and 50 minutes.

### Field Notes

Field notes serve as a secondary storage method in qualitative research that assist researchers with retaining information (Lofland & Lofland, 1999, as cited in Groenewald, 2004) and facilitate analytic thinking about the data (Maxwell, 2005). The researcher kept several types of field notes during this study. First, a record of observational field notes before, during, and after each interview, making notes of the location where each interview takes place, the physical environment, non-verbal cues from the participant, and any other information about the participant that seems relevant to the research were kept (Groenewald, 2004). Immediately following each interview, the researcher also made methodological field notes that provided the researcher with “reminders, instructions, or critique” (Groenewald, 2004, p. 15). Finally, a reflective journal was kept to assist the researcher with reflecting on research experiences. The journal allowed the researcher to describe her feelings about conducting research in this area of study. According to Morrow and Smith (2000), the use of a reflective journal adds rigor to qualitative inquiry as it enables the researcher to record his/her reactions, assumptions, expectations, and biases about the research process.

## Data Analysis

Data analysis for this study began with the procedures consistent with transcendental-phenomenological reduction, and followed a method of data analysis Moustakas (1994) developed from the van Kamm method of analysis. The fundamentals of the Moustakas method include the following:

1. Listing and preliminary grouping (horizonalization): Every expression shared by the mothers that is relevant to their advocacy experiences obtained from the verbatim transcripts was listed. This will form a list of horizons.
2. Reduction and elimination: Each horizon listed was tested for two requirements: a) does it contain a component of an advocacy experience that is necessary for understanding the mothers' experiences of advocating for the educational needs of their children with disabilities: and b) is it possible to detach the horizon and label it? If the horizon did not meet both of these criteria, it was removed from the list. The remaining horizons were identified as the invariant constituents of the experience.
3. Clustering and Thematizing the Invariant Constituents: The invariant constituents of the experience were clustered into similar themes, creating thematic labels. These became the core themes of the mothers' experiences advocating for the needs of their children with disabilities.
4. Final Identification of the invariant constituents and themes by application: Validation: The invariant constituents of the mothers' advocacy experiences and their accompanying themes were checked against the complete record of each research participant to determine: a) if they are expressed explicitly in the complete transcription and b) if not expressed explicitly, if they are compatible. Any themes found not explicit or compatible were deleted.
5. Construct an Individual Textual Description for each research participant that describes "what" happened in the mothers' experiences advocating for the

needs of their children with disabilities. Verbatim examples from the transcribed interviews were included.

6. Construct an Individual Structural Description of the meanings and essences of each mother's advocacy experiences that develops an explanation for what happened in her experiences. This included verbatim examples from the interview transcripts, and was developed from the Individual Textural Description along with the Imaginative Variation process.
7. Construct a Textural-Structural Description of the meanings and essences of the advocacy experiences for each research participant. An individual description of the essences of the experience was created for each mother.
8. Develop a Composite Description of the meanings and essences of the advocacy experiences that represent the group of mothers as a whole.

## Trustworthiness of the Study

Trustworthiness refers to the extent to which the findings of a research study are a genuine and dependable expression of the personal or lived experiences of the phenomenon under study (Curtin & Fossey, 2007), and to the process of establishing the validity and reliability of quantitative research (Jackson, 2003, as cited in Curtin & Fossey, 2007). Strategies to be taken into consideration when determining whether a qualitative research study has been conducted in a trustworthy manner include: evidence of thick and rich description, member-checking and collaboration, transferability, and reflexivity (Curtin & Fossey, 2007; Maxwell, 2005).

## Thick and Rich Description

Thick description, a term first introduced in 1973 by Geertz, refers to the process of "providing a detailed description of the context and circumstances surrounding the phenomena being studied, so that the meaning and importance of behaviors and events can be fully understood" (Curtin & Fossey, 2007, p. 90). Thick and rich description will allow for corroboration of findings over time across similar situations (Carlson, 2010). For this study, the researcher has included a description of the rationale for the chosen research method, data collection, and data analysis processes, and fully described details of the raw data generated during the research process (Curtin & Fossey, 2007) to ensure as much detail as possible regarding various aspects of the data. Similarly, "rich" data was collected through verbatim transcripts from each interview and detailed, descriptive field notes of specific, concrete activity that occurred before, during, and after each interview (Maxwell, 2005). This data was detailed enough to provide a thorough picture of the phenomenon and make it difficult for a mistaken conclusion to be presented and/or reached (Maxwell, 2005).

## Member-checking and Collaboration

Member-checking, another strategy often used to ensure the trustworthiness of a qualitative research study, assists the researcher with ensuring congruency between the data and the participants' experiences (Curtin & Fossey, 2007). Member checking, also known as respondent validation, involves soliciting feedback about the data and conclusions from the research participants themselves (Maxwell, 2005). Exact transcriptions of the interviews were provided for each of the participants to check for accuracy and to provide them with the opportunity to clarify or expand on certain aspects of the data collection procedures. Participants were asked to review the transcripts of their individual interviews to make sure that their words, thoughts, and feelings are documented accurately. Participants were provided with the primary researcher's email address and phone number so that they could contact her with questions or provide her with additional information they feel is important to the study. The researcher also invited members to a brunch to review the results of the study and allow participants to provide additional input or clarification. At the conclusion of the meeting the researcher presented each participant with a printed resource manual describing local, regional, and state resources for parents of children with disabilities. These member-checking strategies served as evidence of collaboration between the researcher and research participants, as participants were actively involved in the data collection and analysis process.

### Transferability

While qualitative research does not usually aim to be generalizable, the findings of qualitative studies should be transferable (Curtin & Fossey, 2007). The participant characteristics, settings, and findings from this study have been shared in detail, so that readers will be able to determine if participants' experiences can be compared to the experiences of other individuals or groups and if the findings might be applicable to other contexts.

## Reflexivity

Reflexivity encompasses the belief that the researcher is an active participant during the research process and, as a result, can have a significant influence on research development and participant engagement (Curtin & Fossey, 2007). The effect the differences that exist between the participants and the researcher have on the research process should be made explicit whenever possible (Murphy et al., as cited in Higginbottom & Serrant-Green, 2005). As a parent of children who are in special education, I may have been seen as somewhat of an "insider" (Dwyer & Buckle, 2009) by the study participants. Insider status often affords researchers with an automatic level of trust and openness from participants. However, as a white researcher of middle-class status interviewing African American mothers of low to working-class socioeconomic backgrounds, I could just as easily have been seen as an "outsider" (Dwyer & Buckle, 2009), and struggle to gain access and high levels of authenticity with research participants. To offset the potential costs and benefits associated with the insider verses outsider status of the researcher, the researcher will attempted to be "open, authentic, honest, deeply interested in the experiences of (the) research participants, and committed to accurately and adequately representing their experience" (Dwyer & Buckle, 2009, p. 59), traits Dwyer & Buckle portray as perhaps more important than either having an insider or outsider status. The researcher's preparation in social work helped the researcher develop specific skills to build rapport with others by using sensitivity, active-listening, and cross-cultural empathy (Keefe, 1976; Lu, Dane, & Gellman, 2005).

Similarly, self-reflection skills were integrated throughout social work education (Di Gursansky, Quinn, & Le Sueur, 2010; Lay & McGuire, 2010) and have been applied in practice as a professional social worker. To address reflexivity in the researcher role, the researcher kept a reflective journal, as described above, to examine the impact of her interactions and thoughts during the research process.

## Confidentiality and Deception

Participants were not deceived in any way for this study. The researcher obtained signed consent forms from participants (Appendix E). These consent forms were approved by the Institutional Review Board of the University of North Carolina at Greensboro and, along with the digital audio files, were kept in a secure location as recommended by the IRB requirements. Transcriptions and analyses of the data were stored on a password protected computer, as recommended by the IRB requirements. Participants were given copies of the consent forms and copies of the confidentiality agreement forms signed by the researcher, research assistant, and researcher's supervising faculty member. These are the only people who had access to the digital audio files and transcribed data. The participants were assured of confidentiality and of their rights to withdraw from the study at any time without penalty or prejudice. Participants were told that their names would not be associated with any of the data. Instead, they were assigned a random number. One separate file existed on a password protected computer which matched their names with their research numbers, but this information was only available to the primary researcher.

## Ethical Considerations

### Risks

The content of this study is personal in nature, and in some cases may be emotionally difficult for participants. This was considered when selecting participants, as those with a history of mental illness or depression were not included. Participants were asked to sign a consent form prior to their engagement in the study indicating that they have no such diagnosis. The school social workers and EC case managers assisted in the project by identifying families who meet the study criteria and who they felt would be able to participate openly and honestly without being harmed in any way. The primary researcher has clinical training in working with families and could have provided support, guidance, and referral information to participants if issues had arisen that would have needed to be addressed from a clinical perspective.

### Benefits to Participants

Though the researcher asked participants to share the details of events that may be perceived as stressful or conflicted, it was expected that participants would find the interview process beneficial. Hutchinson, Wilson, and Wilson (1994) have found that qualitative interview participants often experience catharsis, increased self-worth and self-awareness, and a new sense of purpose. In addition, qualitative interviews give voice to disenfranchised populations who often feel voiceless, and participation in such can be empowering (Hutchinson et al., 1994). The interview process provided mothers with a safe place and a safe person with whom they could share the realities of their everyday experiences and any feelings associated with that reality.

### Benefits to Society

The information obtained from this study will introduce the concept of motherwork to the field of special education, and provide educators and school administrators with a new lens with which to view the advocacy experiences of African American mothers of children who have disabilities and who receive special education services. Currently, the field of special education research has excluded the voices of African American, rural mothers who have children with disabilities in public schools. This study will provide valuable information for special educators and school administrators to have, possibly enhancing the ways in which they interact with families, and ultimately benefiting African American mothers of children with disabilities as they strive to ensure their children receive a free, appropriate, public education.

# CHAPTER IV

# RESULTS

The purpose of my transcendental phenomenological study (Moustakas, 1994) was to examine the lived advocacy experiences of African American mothers of children with disabilities who receive special education services in a rural area. Through an in-depth examination of their perceptions, insight into their advocacy experiences and meanings associated to those experiences are described. Chapter IV presents the results of 24 interviews conducted with 12 mothers in order to answer the research questions by exploring and examining each participant’s experiences as they attempt to advocate for the educational needs of their children with disabilities. Their names have been changed to ensure confidentiality.

I employed a semi-structured interview protocol for the collection of qualitative data. School social workers and EC Case managers in a rural school district were asked to contact African American mothers of children with disabilities to tell them about the study and request permission to provide their contact information to the researcher. A total of five school social workers and one EC Case manager initially agreed to assist. However, the EC Case manager did not refer any mothers to the study. After obtaining verbal permission, the school social workers provided me with the contact information for each mother who expressed interest in knowing more about the study. I initiated contact via a telephone call, during which I screened participants for eligibility, described the purpose and structure of the study, answered participants' questions, and scheduled the first interview if the participant was eligible and expressed continued interest in participating. A total of 15 mothers were originally referred to me by the school social workers. One participant did not meet the eligibility criteria to participate; one participant declined to participate; and I was unable to make contact with one participant after several phone call attempts. Thus, 12 mothers volunteered to participate in the research study. All of the mothers welcomed me into their homes to complete each of the two interviews.

## Analysis Process

Data were analyzed using Moustakas's (1994) adaptation of Van Kamm's method of data analysis. My analysis process began with the procedures consistent with transcendental-phenomenological reduction. First, the focus of the research was bracketed. I then horizonalized the data, regarding every statement or horizon as equal and relevant to the research questions (Moustakas, 1994). Once those statements were elicited from the interview transcripts, I delimited the horizons by identifying and highlighting the horizons that stood out (Moustakas, 1994). I then listed and clustered the horizons into common themes. Once categorized into themes, the overlapping and repetitive statements were removed. The individual textural descriptions were developed from the themes, and then reduced to composite textural descriptions.

After the process of transcendental-phenomenological reduction, I followed the procedures consistent with imaginative variation. Imaginative variation allows the researcher to use "imagination to look at the horizons of the data from a variety of perspectives and frames" (Marek, 1999, p. 75) to find possible meanings through the use of "imagination, varying the frames of reference, employing polarities and reversals, and approaching the phenomenon from divergent perspectives, different positions, roles, or functions" (Moustakas, 1994, pp. 97–98). My analysis began with varying the possible structural meanings that formed the foundations for the textural meanings. I then identified the underlying themes or contexts that accounted for the emergence of the phenomenon. Next, I considered the universal structures that precipitated the feelings and thoughts related to the phenomenon, such as the structures of emotions, feelings, location, materiality, causality, or relation to self or others. Finally, I searched for examples that illustrated the invariant structural themes to facilitate the development of a structural description of the phenomenon (Moustakas, 1994).

The textural and structural composite descriptions were then synthesized to arrive at a "textural-structural synthesis of meanings and essences of the phenomenon or experience being investigated" (Moustakas, 1994, p. 36). This final phase of the research process involved synthesizing the textural and structural descriptions of the participants' advocacy experiences into a composite description of the phenomenon through "intuitive integration" (Moustakas, 1994, p. 100), resulting in the "essential, invariant structure of ultimate essence which captures the meaning ascribed to the experience" (Moerer-Urdahl & Creswell, 2004, p. 22).

In this chapter, the participants' profiles, individual and composite textural analysis, individual and composite structural analysis, and overall essence of the experience are provided.

## Individual Profiles

Individual profiles provide descriptive and demographical data for each of the mothers and her child or children who receive special education services. The demographical data were obtained during my first interview with each mother via the demographical survey (appendix C) and through my first two research questions, which asked the mother to describe her child or children who receive special education services and how their disabilities affect their education. Table 2 provides an overview of the demographics of each mother. Table 3 provides an overview of the demographics of the mothers' children. A description of each mother and her child or children are presented below.

**Table 2. Participants' Demographic Data**

| Mother | Age | Highest Education Completed | Marital Status | Employment Status |
|---|---|---|---|---|
| Valerie | 28 | High School | Single | Unemployed |
| Lynette | 49 | Some College | Married | Employed |
| Kendra | 32 | Some College | Single | Unemployed |
| Patrice | 33 | High School | Married | Employed |
| Shenetta | 30 | High School | Single | Employed |
| Rochelle | 31 | High School | Single | Unemployed |
| Joyce | 28 | Some College | Single | Employed |
| Aileen | 55 | Master's Degree | Single | Disabled |
| Teresa | 50 | Some College | Divorced | Disabled |
| Penny | 54 | High School | Divorced | Employed |
| Nicole | 35 | High School | Single | Employed |
| Barbara | 44 | Associate's Degree | Divorced | Unemployed |

**Table 3. Children's Demographic Data**

| Mother | Child | Child's Grade | Child's Disability Category | Child's Placement | Number of Retentions |
|---|---|---|---|---|---|
| Valerie | Anthony | Third | Autism | Self-Contained | 0 |
| Lynette | David | Fourth | Autism | Self-Contained with Mainstream for Reading | 0 |
| | Maleek | Fourth | Autism | Self-Contained | 0 |
| Kendra | Marshall | Third | Other Health Impaired (ADHD) | Regular, Inclusion | 1 |
| Patrice | Jerome | Fifth | Vision Impaired | Regular, Pull-Out | 2 |
| Shenetta | Damion | Fifth | Other Health Impaired (ADHD); Learning Disability | Regular, Inclusion | 1 |
| Rochelle | Pernell | First | Speech | Regular, Pull-Out | 1 |
| | Harold | Fifth | Learning Disability | Regular, Inclusion | 1 |
| Joyce | Reggie | Third | Learning Disability | Regular, Pull-Out | 0 |
| Aileen | Curtis | Fifth | Other Health Impaired (ADHD) | Regular, Pull-Out | 1 |
| Teresa | Gregory | Sixth | Intellectual Disability | Regular, Pull-Out | 1 |
| Penny | Alicia | Ninth | Learning Disability | Regular, Inclusion | 1 |
| Nicole | Cashmere | Eighth | Learning Disability | Regular, Inclusion | 1 |
| Barbara | Travis | Eighth | Autism | Self-Contained with Mainstream | 0 |

**Valerie and Anthony**

Valerie is a 28-year-old single mother of two children. She has a high school degree and was unemployed at the time of our interviews. She and her two children live in a single wide trailer down a long dirt road approximately 15 miles from the town in which her son attends school. She did not have access to a working vehicle at the time of our interviews.

Her oldest child, Anthony, was diagnosed with Autism and he has received special education services in a self-contained classroom since he was three years old. With tears in her eyes, Valerie described Anthony as “a sweet loving child” who is “outgoing, outspoken, a good dancer.” She shared how Anthony likes to “take things apart and put them together” and emphasized that he’s “my baby.” Anthony was preparing to start third grade at the time of the interview.

**Lynette, David, and Maleek**

Lynette is a 49-year-old married mother of three children who lives in a 3 bedroom brick home in a small subdivision with her husband. She has some college education and was employed in retail at the time of our interviews. Her job requires her to work many long and odd shifts, such as evenings and weekends. Lynette was very quiet and soft-spoken during our interviews, but appeared relaxed, making eye contact and smiling frequently.

Her youngest children are twins; David and Maleek were diagnosed with Autism and have received special education services in a self-contained classroom since they were three or four years old. David, who is one minute older than Maleek, was described by his mother as “more sociable” than Maleek. She shared that David likes to interact with other children and read. Maleek, on the other hand, prefers to play by himself. Last school year, David started leaving his self-contained classroom to attend some classes in the general education setting. The boys were starting fourth grade at the time of the interview.

### Kendra and Marshall

Kendra is a 32-year-old single mother of three children. She lives in a small brick home in a subdivision with her mother and two adult brothers. She was unemployed at the time of the interview but was taking classes at a nearby community college. She did not have access to her own vehicle, and walked several miles to and from college each day if she could not find a ride from a friend.

Her oldest son, Marshall, was in third grade at the time of the interview. Kendra describes Marshall as being a “very smart, very active little boy.” She believes he can do anything that he puts his mind to. Marshall was diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and is placed in the special education program in the category of Other Health Impaired. Marshall’s disability became apparent to his mother during his first year of kindergarten. He struggled so much with behavior that he had multiple suspensions during kindergarten and was retained that year. Marshall is currently served in a regular education, inclusive classroom.

### Patrice and Jerome

Patrice is a 33-year-old single mother of two children. She lives in a small home in the center of town with her mother, for whom she provides care, her husband, and her youngest son. She was employed at two jobs, in-home health care and retail, at the time of the interviews. She and her husband share a vehicle.

Her youngest son, Jerome, was in fifth grade at the time of the interviews. Patrice described Jerome as a “good kid” who is “very friendly” and “meets no stranger.” Jerome was initially placed in the special education program during his kindergarten year due to a developmental delay, speech impairment, and vision impairment, but currently receives special education services due to his vision impairment. Patrice shared that Jerome also struggles with reading fluency and comprehension. Jerome has struggled so much in school that he was placed in an alternative school for several years, until that school closed. In addition, he has been retained two times, repeating both Kindergarten and first grades. Jerome is currently served in a regular education classroom with some pull-out services.

### Shenetta and Damion

Shenetta is a 30-year-old single mother of two children. She lives with her significant other and two children in a small brick home outside the city limits. Shenetta graduated from high school and works in a therapeutic home for adult clients with mental health diagnoses. She shared that she used to work at least two jobs at once, but had to quit one job once her son started school because of his behavior problems and the numerous phone calls she would receive from teachers and school administrators concerning his behavior and suspensions. She and her significant other share one vehicle.

Shenetta’s oldest child, Damion, was in 5th grade at the time of the interviews. Shenetta stressed that Damion “Is a good kid. . . . but he just got his days that nobody will understand like why” as she referred to his behavior concerns. Damion is very athletic and enjoys playing football. He is so talented that the coaches of the local parks and recreation began calling Shenetta prior to football season to question which team she will place him on for the season. Damion was diagnosed with ADHD and has been served in the special education program in the category of Other Health Impaired for one year. Shenetta shared that Damion struggles with reading comprehension in addition to his behavioral concerns. Damion’s behaviors became apparent in kindergarten, and he was retained in second grade. Damion is currently being served in a regular education, inclusive classroom.

### Rochelle, Pernell, and Harold

Rochelle is a 31-year-old, single mother of four children. She lives in a public housing apartment complex right beside her children’s school. She has a high school diploma and was unemployed with no personal vehicle at the time of the interview.

Both her youngest son, Pernell, and oldest son, Harold, receive special education services at school. Pernell receives services for speech impairment in a first grade regular education classroom with pull-out services with a speech-language pathologist. Harold qualifies for special education due to a learning disability. He is served in a fifth grade, regular education inclusive classroom setting. Rochelle stated that her children are usually well behaved in school and they enjoy walking to their grandma’s house in the evenings. Both Pernell and Harold have each been retained one year in school.

### Joyce and Reggie

Joyce is a 28-year-old single mother of one child. She lives in a small brick home near town with her significant other. Joyce completed some college education and currently works long and odd hours in a retail store. She has her own personal vehicle.

Joyce's son, Reggie, is in third grade. When asked to tell me about her child, Joyce shared ". . . in school everybody loves him. He's bright, ain't no question, I'm his mom . . . but he's bright, he's smart, he's intelligent, and he's very respectful. I mean that." Reggie receives special education services for a learning disability in reading in a regular education classroom with pull-out services.

### Aileen and Curtis

Aileen is a 55-year-old single Aunt to four boys who were adopted by her sister several years ago. Aileen lives with her sister, Teresa, and the children in a moderate sized brick home in town, about one block from the elementary school that three of the boys attend. While Aileen is officially the boys' Aunt, she takes on primary responsibilities for raising the children and considers herself to be another mother to them. Aileen has a master's degree in nursing from a state university, but is currently disabled. She and her sister share a personal vehicle.

One of Aileen's children, Curtis, was diagnosed with ADHD and receives special education services through the Other Health Impaired category. Aileen described Curtis as a "very, very sweet young man" who doesn't let a night go by that he doesn't "walk up to me, hug me, and kiss me on the cheek." Aileen believes the ADHD really impacts Curtis' reading skills, sharing that he struggles tremendously with reading comprehension.  Curtis was in fifth grade at the time of the interviews and has been retained one time in the past.

**Teresa and Gregory**

Teresa is a 50-year-old single mother to four boys whom she adopted several years ago after being their foster mother for two to three years.  She is Aileen’s sister. Teresa completed some college education, most recently worked in the mental health field, and is on disability now.  During one interview, she shared that she was in an automobile accident a short time ago.  She now suffers from some memory loss and has difficulty sleeping at night.

One of Teresa’s children, Gregory, was in 6th grade at the time of the interviews. He transitioned from an elementary to middle school at the first of the school year. Teresa described Gregory as “a good child” who will do anything he is asked to do.  He enjoys playing tennis with his younger brothers.  Gregory receives special education services due to an intellectual disability in a regular education, inclusive classroom.  He was retained one time in the past.

**Penny and Nikki**

Penny is a 54-year-old single mother of two children.  She lives with her mother and father in a brick home in a subdivision near town.  She has her own personal vehicle. Penny works three jobs: cooking in the cafeteria of a local middle school, preparing meals at a nearby church camp, and driving a bus after school each day.  She has recently begun taking online college courses in business management because she hopes to own her on catering business one day.

Her youngest child, Alicia, is in the ninth grade. She was finishing her first semester in the local high school at the time of the interviews. Penny described Alicia as a shy, well-behaved young lady. Alicia helps her mother around the house and enjoys playing on the high school basketball team. Alicia was retained in first grade and placed in the special education program when she was in fifth grade due to a learning disability in math. She is currently served in a regular education, inclusive classroom. At the time of the interviews Alicia was failing math.

### Nicole and Cashmere

Nicole is a 35-year-old single mother of two children. Nicole was recently forced to move from the home she was renting and had to move to a nearby county, which required her to change her children's school district. She and her children now live with her extended family members in a small brick home. Nicolette does not have her own vehicle, but rides with a co-worker to and from her job at a chicken plant approximately 30 miles from her home. She works third shift throughout the week.

Nicole's youngest child, Cashmere, is in 8th grade. Nicole described Cashmere as a quiet, well-behaved young lady who enjoys playing computer games and being with her friends. Cashmere receives special education services in a regular education, inclusive classroom due to a learning disability in reading. She was retained in first grade at her mother's request.

### Barbara and Travis

Barbara is a 44-year-old single mother of 3 biological children and two foster children. Barbara lives in a modular home that sits behind her mother-in-law's house on a small farm. Barbara’s children are spread out in three different schools, which span a distance of approximately 30 miles. Barbara has an associate’s degree in early childhood, and has previous experience in a daycare setting, although she was unemployed at the time of our interviews. Barbara has access to her own personal vehicle.

Barbara’s youngest son, Travis, is in 8th grade. He has received special education services since he entered school due to a diagnosis of Autism. Barbara described Travis as

> coming into that point where he wants to do everything himself, a big boy. He’s becoming socially aware more so now, as far as what he wants to wear, his dress, who his friends are. He wants to participate more in school activities, which is good. He’s become more articulate with his desires, or school news, general news. He’s still very attuned to his emotions and other people’s as well. Just happy, very smart, loves to play games, loves to go places.

Travis is placed in a self-contained classroom but leaves his room for two subjects per day for mainstreaming with the general education students. Barbara emphasized that Travis leaves his class to meet social, not academic, goals.

## Textural and Structural Analysis

Through the process of phenomenological reduction I attempted to fully grasp the nature of the phenomenon (educational advocacy in rural special education) and then completely and clearly describe what was seen (Moustakas, 1994). Using the relevant, validated invariant constituents and themes, I constructed the individual textural descriptions to examine what constitutes each mother’s experience with special education advocacy. Verbatim explications from the transcribed interviews have been provided as evidence of the experience in the mothers' own words.

Using the individual textural descriptions and imaginative variation, the individual structural descriptions were constructed to offer "a vivid account of the underlying dynamics of the experiences" (Moustakas, 1994, p. 135), and portray the "themes and qualities that account for the 'how' feelings and thoughts connected with (the experience), and what conditions evoke (the experience)" (Moustakas, 1994, p. 135). Structural statements relate to contexts and influencing situations which relate to the experience. The purpose of these descriptions is to explain the meaning each mother assigned to her advocacy experiences; how the mothers' social and cultural capital influenced their advocacy experiences; if and in what ways the mothers were able, or not able, to activate their capital to reach their advocacy goals; and how the context of residing in a rural area influenced their advocacy experiences. Table 4 operationalizes the relevant terms, experience, and context used in the textural and structural analysis.

**Table 4. Relevant Terms, Experience and Context Used in the Textural and Structural Analysis**

| Type of Coding | Definition | How Researcher Identified It | Coding Examples |
|---|---|---|---|
| Epoche/ Bracketing | Researcher's personal viewpoints and predeterminations | Reflecting on personal experiences and memories | Stay objective; this is not my story |
| Horizons | Relates to participants' experiences, and/or contexts of participating in the phenomenon of advocating for the needs of their children with disabilities within rural special education | Compared all significant expressions to research questions; labeled every relevant expression and no longer considered the irrelevant expressions | Advocacy<br>Meaning<br>Capital<br>Rural |

**Table 4. (Cont.)**

| Type of Coding | Definition | How Researcher Identified It | Coding Examples |
|---|---|---|---|
| Textural | "Experience" data; phrases refer to what "advocacy" is, or to something that is regularly experienced in advocating for the needs of children with disabilities within rural special education | Transcribed data contained:<br>1) A personal pronoun with a verb,<br>2) Along with phrases indicating the mother took action on behalf of her child | Talking with teachers<br>Making specific requests<br>Sharing information |
| Structural | "Context" data; the interconnected situations in which something exists or occurs, usually "settings" or physical or emotional "situations;" the influential factors in the experience | Transcribed data contained:<br>1) Reference to a setting or situation that influenced the participant's experience of advocacy.<br>2) Reference to a specific "context" that underlined the advocacy experience, such as<br>a) Knowledge of child, child's disability, and/or special education;<br>b) Informal or formal networks;<br>c) Facilitators and/or barriers to advocacy.<br>3) Any emotional "situation" describing why participants acted as they did. | IEP meeting<br>Rural setting<br>Self-contained classroom<br>Accommodations<br>Family members<br>Doctor<br>Support group<br>Because |
| Synthesis of Meanings and Essences | Significant statements that are non-repetitive and non-overlapping; data which most evidently describe the characteristics of both "experience" and "context" | Reread all statements with similar themes; evaluated each for explicitness and compatibility; validated the most explicit and compatible as the core themes of the experience | Themes of:<br>1) advocacy<br>2) capital<br>3) rurality<br>4) disability<br>5) motherwork |

Adapted from Hill (2009)

## Textural Analysis

Through my textural analysis, I identified six textural themes related to the phenomenon of mothers' advocacy experiences within rural special education. These themes, which include subthemes, help explain what rural special education advocacy is for African American mothers of children with disabilities. The key themes identified are as follows: (a) Advocacy begins early; (b) Advocacy looks different; (c) Advocacy includes locating and utilizing community resources; (d) Advocacy includes ongoing communication within schools; (e) Advocacy is doing what it takes; and (f) Advocacy is being visible. A diagram of these themes and their sub-themes are presented in Appendix G and will be discussed in the following paragraphs.

**Textural Theme 1: Advocacy begins early.** All of the mothers began their advocacy efforts prior to their children being identified within the school system as a student with a disability. For example, some mothers knew from the time their child was very young that "something was wrong," as Valerie, Lynette, and Barbara indicated. Other mothers, Penny and Nicole, recognized their children were struggling academically before teachers voiced a concern about a potential disability. Therefore, these mothers were actively seeking services and assistance for their children prior to the special education evaluation, and prior to placement in the special education program, although each of their efforts led to special education identification and placement. Mothers of children with behavioral issues, such as Kendra, Shenetta, and Aileen, were frequently advocating for their children early as they encountered retentions and suspensions prior to special education identification and placement.

**Textural Theme 2: Advocacy looks different.** The mothers' advocacy experiences demonstrate that advocacy can occur on a variety of different levels. Mothers in the study advocated individually, as intuitive advocates, disability experts, strategists, and/or change agents. In addition, two of the mothers advocated collectively on behalf of their children and on behalf of other children as well.

***Sub-Theme 1: Individual advocacy.*** Each of the mothers demonstrated advocacy efforts and decision-making skills on behalf of their children with disabilities, although their specific advocacy efforts differed. All of the mother advocated for their children intuitively, based on what they knew about their child(ren), and what they felt was best for their child(ren). However, other mothers became more of a "disability expert," as they educated school staff about their child's disability. Kendra, Aileen, Teresa, and Barbara each informed teachers about their children's' disabilities and how those disabilities affected their abilities to learn and perform academically. Furthermore, two mothers, Aileen and Barbara, advocated as "strategists", incorporating their knowledge of both their child's personal strengths and weaknesses with that of his or her disability into the decisions and requests they made on behalf of their child. Moreover, Aileen and Barbara attempted to advocate as "change agents," in order to create positive change and impact positive outcomes on a systemic level for other children with disabilities and academic struggles.

***Sub-Theme 2: Collective advocacy.*** In addition to individual advocacy efforts, two of the mothers attempted to advocate for the needs of their children collectively. When given the opportunity, Patrice and Aileen attended a local school board meeting with a large group of parents and school teachers to protest a decision to close the alternative school their children were attending. Aileen addressed the board directly and voiced concerns, not only for her own child but for all of the students who would have to leave their school and be moved to other schools in the district.

**Textural Theme 2: Advocacy includes locating and utilizing community resources.** All of the mothers accessed and utilized resources within their community in their efforts to advocate for their children’s educational needs. For example, seven of the mothers sought community resources to help them attain a proper diagnosis for their child. Valerie, Lynette, Rochelle, and Barbara turned to pediatricians, public health providers, and mental health providers prior to their children starting school. Kendra, Patrice, Shenetta, and Aileen sought the advice of their pediatricians and/or other behavioral and medical specialists once their children experienced learning difficulties in school. Other mothers, like Valerie, Shenetta, Rochelle, Aileen, Teresa, Nicole, and Penny sought community resources that could help their children advance in their academics, such as private tutoring services. Shenetta specifically relies on community recreation programs to help her child develop his athletic skills with the hopes of keeping him engaged in school and possibly earning scholarships to attend college. These resources proved to be invaluable in assisting the mothers with ensuring their children received appropriate educational services.

**Textural Theme 3: Advocacy includes communication within schools.** All of the mothers indicated their advocacy efforts included communicating with school teachers, and most of them emphasized the importance of communicating with school administrators. There seemed to be three primary reasons for communication with education professionals that occurred within their advocacy efforts: (a) asking questions; (b) making specific requests; and (c) disagreeing with teachers' recommendations.

***Sub-Theme 1: Asking questions.*** All of the mothers emphasized the importance of asking questions of school professionals as they attempted to advocate on behalf of their children. For example, Valerie, Lynette, and Rochelle often visited the school daily to check in with teachers and to ask how their children were doing academically and behaviorally. Rochelle and Shenetta inquired multiple times about their children's special education placement and services. Patrice most often asked questions when professionals initiated conversations about her son's progress and the possible options for assisting him. In addition, Patrice and the remaining mothers all asked specific questions about special education eligibility, placement, and accommodations being offered or suggested for their children, while Joyce asked specific questions about how special education eligibility would impact her son's "label" at school.

***Sub-Theme 2: Making specific requests.*** Many of the mothers communicated with school staff with the purpose of making specific requests on behalf of their children. For example, Kendra, Shenetta, and Nicole specifically requested the special education evaluation their children received that resulted in their special education eligibility. Other mothers, such as Patrice and Aileen, requested specific accommodations for their children. Aileen, Teresa, Penny, and Nicole explicitly asked that their children be retained due to their academic struggles. Joyce specifically requested changes in classroom seating and free-time assignments so her son could avoid peers who were having a negative influence on his educational performance.

***Sub-Theme 3: Disagreeing with teachers' recommendations.*** Finally, several of the mothers voiced disagreements with educators' recommendations during their advocacy experiences. For example, Kendra was very vocal concerning her disagreement with her son's kindergarten teacher to retain him. Aileen and Teresa voiced their dissent with the recommendations of school staffs to decrease some of the accommodations and modifications afforded to their children through the EC program. Barbara also has voiced her disagreement with district office administrators' decisions regarding school assignment.

***Sub-Theme 4: Special education meetings.*** All of the mothers indicated the importance of their involvement in their children's special education meetings. The mothers attended eligibility meetings, IEP meetings, annual review meetings, and re-evaluation meetings. Although their levels of participation varied within the meetings, all of the mothers made every effort to attend them. Some mothers were more vocal and participatory during the meetings, explaining concerns to team members and making specific requests. While all of the mothers seemed to primarily communicate on a less formal, more day-to-day basis with school professionals, they all indicated they could request a special education meeting at any time.

**Textural Theme 5: Advocacy is doing what it takes.** All of the mothers indicated that they help their children at home with school work, extracurricular reading, and homework, and shared that they will "do what it takes" to help their children reach their potential in school. However, their view of what that meant differed from mother to mother. For example, the mothers referred to standing up for their child if they believed their child was mistreated, making decisions regarding their children’s attendance in particular schools, making choices that they did not always want to make, and being persistent as part of their advocacy efforts.

***Sub-Theme 1: Standing up for child.*** Kendra, Joyce, and Shenetta voiced their belief that they had to “stand up for their child” as part of their advocacy. For example, Kendra and Shenetta “worked hard” as part of their advocacy efforts to combat perceived wrongdoings, judgmental attitudes, and negative perceptions held by educators. Joyce witnessed her son being mistreated by his bus driver, and as a result confronted the driver to ensure her child would not be mistreated again. Valerie, Aileen, and Teresa found their children were mishandled at school, and confronted school staff to ensure it would not happen again.

***Sub-Theme 2: Choosing schools.*** Several of the mothers viewed their decisions to choose their children’s schools as part of their advocacy efforts. When Kendra and Shenetta did not like the way their sons were treated at their first elementary school, they purposefully located housing in a different school district that had a better reputation for working with parents and children with disabilities. When Aileen realized her child was in an environment in which care and love were withheld from him, she knew she had to “push” school staff to approve a change in his school assignment. Joyce agreed to a school recommendation that her son move from his primary school to an alternative academy because she believed would accelerate his learning. And, while against school district policy, Shenetta and Rochelle chose not to report changes in their residential addresses because they liked the educational services their children were receiving in their current schools, and did not want school officials to force them to enroll their children elsewhere.

***Sub-Theme 3: Making tough choices.*** Several of the mothers indicated that while they did not always like the decision they were forced to make, their decision-making efforts included making decisions they did not always like because that was in the best interest of their child's education. For example, both Valerie and Lynette reluctantly agreed to place their children in the school district's Autism program because they recognized it would be the best educational placement for their children. Kendra, Shenetta, Aileen, and Teresa reluctantly chose to have their children evaluated for ADHD because behavior was impeding their academic progress. Joyce initially hesitated to give consent for special education evaluation, expressing concern about the "label" it might place on her son, but consented once she realized it would offer her son some additional services at school.

***Sub-Theme 4: Being persistent.*** Several of the mothers described having to be persistent throughout their advocacy efforts. For example, Joyce and Aileen made contact with the school every time they realized their children's accommodations were not followed. Shenetta and Rochelle continuously asked about their children's services, believing they were not being provided as written on their IEPs. When Aileen's requests for a change of school assignment were initially denied, she continued to request until it was approved. Nicole tirelessly asked for extra help until her daughter was evaluated for special education services, while Barbara insistently requested inclusion services for her son.  Barbara, Shenetta, Aileen, Teresa, and Penny persistently sought tutoring and other community support services for their children, often traveling long distances and spending extra money to help their children reach their academic potential.

**Textural Theme 6: Advocacy is being visible.** All of the mothers indicated the importance of being "present" in their child's schools.  Although many of them were not formally PTA members, all of them dropped in to their children's classrooms to observe, visit, and chat with teachers.  Several of them attend PTA meetings, and others eat lunch with their children at school or chaperone field trips.  Aileen and Teresa actively volunteer their time to promote reading within their children's school.  Barbara has even offered to sit with her son in regular education classrooms to ensure he can participate in inclusion.

**Textural descriptions.** The following section presents the individual textural descriptions for each of the mothers in the study.

***Valerie's individual textural description.*** When first asked how decisions are made about David's special education needs, Valerie immediately emphasized her role as his advocate, responding, "Normally decisions is made mostly through me."  She further explained how her mother attended David's initial placement meeting with her, but eventually "after she (her mother) understood everything that was going on she let me finally take over and show her that I'm his mother, and everything like that.  And I did, and I've been going to every single IEP meeting since then."

Valerie primarily described her advocacy role as that of an intuitive advocate, who knows what is best for her child. For example, before David started school Valerie described how she initially felt something was wrong when her son did not seem to reach normal developmental milestones as she felt he should. Valerie first sought medical assistance, taking him to repeated pediatrician appointments to determine the cause of David's delays. Once David became school age, Valerie described how she used to "watch how and what they (school staff) were doing, and what seemed to benefit for, um, a child" but then gradually realized that ". . . I'm his mother. I should know what's best for him." She intuitively advocated for David by "watching more about David, what he needs, what do he like to attend to do, and I just kept on writing down different things, and they kept putting it all in their notes and stuff" as she shared the specific information she had gathered about David with school professionals during his IEP meetings. In other situations, Valerie advocated intuitively by providing information about her son when she believed the school professionals did not understand David or his actions. For example, when David was once accused of purposely hitting another student, Valerie openly disagreed with the teacher's recommendation to consider medication for David, and described to the teachers how

> he's not like this with me. Some days when he want to be alone he get a little, how can I put this . . . he got his highs and his lows. So he got his good days and his bad days. And when he get like that he get quiet. That let me know something's wrong.

***Lynette's individual textural description.*** From the time her children were very young Lynette has been an advocate of getting services for them. Her intuition that “maybe something might be a little wrong” initially prompted her to take her boys to the local pediatrician when they were very young.  Since then, Lynette has been a steady presence in her children’s education.  She has invited professionals into her home to evaluate her children and she has attended meetings at the central office to have them tested and enrolled in special education.  She goes to the school daily, talks with teachers about concerns, and attends IEP meetings as often as her work schedule allows her to. She often provides teachers with information about her children and implements their advice and suggestions.

***Kendra’s individual textural description.***  Kendra’s advocacy for her son, Marshall, initially began during his kindergarten year.  Marshall’s struggles with following school behavioral expectations and meeting academic goals led Kendra to seek extra educational services for him.  She describes how teachers called her frequently to explain “Well, Marshall’s not doing this, Marshall’s not doing that.”  However, when she initially requested an evaluation for special education services she was told “Well, see, he’s alright.”

Instead of starting with the evaluation, Kendra described how school professionals indicated that her son might need medication during his kindergarten year, but she initially hesitated, explaining,

> I didn’t think he needed anything because when I was in school, I didn’t work good with a whole bunch of students, I couldn’t focus.  And maybe I had it then too but I couldn’t focus with a whole bunch of people.  But with a small group, of my peers, I blossomed . . . But I just couldn’t focus.  And I kind of felt like, ok, maybe Marshall has that too.  He can’t focus in a big group of people, but if it’s a small setting maybe he could do better.  More one-on-one teacher type thing.  So

> that’s what I was thinking that Marshall needed.  Not that he needed pills or something.

However, Kendra felt as if her son’s teachers did not value her input regarding a separate setting for Marshall, and they did not honor her initial requests for special education testing.  Instead, she described the teachers’ focusing on Marshall’s behaviors and potential need for medication, stating, “. . . it kinda irritated me, like that whole year they kinda like pushed it (medication).  I was looking into it, but they were like ‘well we’ll solve this if you just put him on something.’” When Kendra was first informed of his teacher’s decision to retain Marshall in Kindergarten, she questioned the teacher numerous times, asking, “Why? Why is he being retained? What is it that I have to do? What is it that he’s not doing so that I can prevent this?” then decided to talk with his pediatrician, explaining, “Children are not supposed to be failing kindergarten.”

After seeking medical advice, which resulted in a diagnosis of ADHD for Marshall, Kendra continued to be a strong advocate for her son’s educational needs, even though his behaviors and academic outcomes at school began improving.  She disclosed that

> the teacher kind of felt after Marshall started on the medication that he didn’t need it (special education) . . . Because now he was able to focus more.  Like the next year after especially he was able to focus more and he was able to do the regular school work like all the other kids inside the classroom his age and at that grade level were doing.  They were all able to do the same thing.

Regardless, Kendra continued to pursue her desire for Marshall to receive the special education evaluation, to the point of going to the district's central office to make the request and start the evaluation process:

> It happened through the school system because I ended up going to the . . . school board, because I was like, 'uh, my son needs this and I don't feel like the teachers or the school system at this time is taking me seriously that he needs this.'

Kendra's advocacy continued once Marshall was found to be eligible for special education services. With the school recognizing his disability, Kendra's role shifted from an intuitive advocate to the role of a disability expert. She frequently educated the school staff on Marshall's diagnosis and needs. For instance, she requested that Marshall receive services in a small group setting, explaining to the staff, "if he's by hisself, he's good. But if he's in a bunch of kids, it was like he can't focus long enough." She also became a vocal member of the individualized educational plan (IEP) team, describing one meeting during which

> I told them what I thought Marshall's weakest area was, and because the school teacher had a little more involvement in Marshall's education—not that I didn't—she gave her opinion on what she thought Marshall's weakest point was too.

Because Kendra had to rely on school transportation to get Marshall to and from school, she often found herself in the position of having to advocate for this need, explaining,

> I would give Marshall his medication in the morning, but because it didn't kick in right away, especially like because sometimes he gets it right as he walks out the door. So he'd get it, walk out the door, and get on the bus and it didn't kick in

> yet.  He’d get in trouble then.  That’s when he’d get in trouble—when he was on the bus.

As a result, Kendra described how

> I have a real big thing about talking to the bus drivers.  So I didn’t have any problem going outside one morning, night robe and everything, right before I got ready for school, and was like “I want you to put Marshall in the front of the bus right behind you, where you can see him . . . Because Marshall gets into trouble. Ok.  Put him here so you can keep an eye on him.”  ‘Cause that’s the way I have to do.  I have to keep an eye, I have to let him have his freedom, but still I have to keep an eye on him.  Because you don’t never know what he’s gonna do.  Never.

Once, Marshall nearly got suspended from the bus for taking a pop tart that Kendra gave him to eat after taking his medication because he rarely eats once the medication becomes effective.  However, Kendra pointed out to the assistant principal that “You as well as I know that Marshall’s on medication.  You’re not gonna suspend him for that and he has to eat something in the morning when he takes his medication. He has to.”  She also told the assistant principal that, “You’re not gonna suspend my child off that bus for that.  I promise you, if you suspend him off that bus, knowing that he has to take some medication for it, I’m going to the school board.”  Kendra emphasized that she “was going to make sure that it was addressed that they were suspending a child that has to eat something.”  As a result of her advocacy, Kendra “didn’t hear nothing else out of them about it.”

In her effort to ensure Marshall’s educational needs were completely met, Kendra eventually decided to move from the school district where Marshall first began school to a new school district, explaining

> I made a commitment, I was like, ‘you’re not going to that school anymore. We’re gonna do what we have to do but we’re gonna get from over here.’ I remember me riding all over this area looking for a house because I just wanted Marshall to go to [a particular] School. That’s what I chose ‘cause hands down, [a particular school] is one of the best schools in this county. I don’t care what anybody else says.

And, once Marshall changed school districts, Kendra spent time meeting with the new school staff and informing them of Marshall’s strengths, weaknesses, and needs. At the time of our interview, Kendra had a meeting scheduled to meet with Marshall’s teachers to discuss possible accommodations for his End of Grade testing that will begin in the current school year this year, explaining,

> They’ll take him out of the classroom and let him work one-on-one. And um, that’s one of the things that I gotta go up to the school house to talk to them about. Because I feel that Marshall will do better on his benchmarks and everything else if he’s a little bit, uh, not so much where he can see his peers and see whether or not if there is a different way that he can learn that will still be beneficial to him that won’t hold him back.

***Patrice’s individual textural description.*** Patrice has always tried to be a visible presence in her son’s school, explaining “When I wasn’t working first shift, or didn’t have to take care of mamma, I was constantly volunteering at school.” Once school professionals recommended a special education evaluation for her son, Jerome, when he was in kindergarten, Patrice became aware that there were some academic concerns and “. . . had a lot of questions” like “What kind of testing were y’all doing . . .?” Throughout the evaluation process and during the eligibility and placement meetings, Patrice asked questions but ultimately trusted professionals and agreed with their suggestions. For example, when the IEP team recommending transferring Jerome to an alternative school, Patrice questioned how Jerome would be transported to and from school and how the alternative school differed from his primary school, but consented to the move because the teachers recommended it. However, when she received an answer she didn't particularly agree with, she rarely, if ever, questioned the decision. She described how, "When we went to [the alternative school] . . . they gave me the teacher's name and everything, and I was like 'so he's going to be in kindergarten again?' And they were like 'yeah.'" While she was unaware of that decision prior to that moment, she did not question it or ask to speak to anyone else about it. Similarly, Patrice described how Jerome "went to first grade and then he didn't do well that year . . . And had to do first grade again." She found out about that decision when she received his report card, and again did not question staff.

Patrice attends IEP meetings on Jerome's behalf, during which school professionals ". . . were just updating us." When the team makes a suggestion or informs Patrice of a possible accommodation, Patrice will often take that into consideration and offer her opinion. For example, during one of the IEP meetings, "Somebody said we can start doing large print stuff for him. And I said, yes, that would help him out a lot. Because with him being as nearsighted as he is, that would be wonderful." She has also worked with the IEP team to put other accommodations in place for Jerome. For example, she described how she "put in place and made sure" Jerome could take his standardized tests in small group and in a separate setting with someone who could read his math test questions aloud.

Patrice also disclosed that, if she doesn’t feel the school is following his IEP, she will intervene and question school professionals. After the large print accommodation was added to Jerome’s IEP, Patrice found that

> They did it for like a week. And then after that, I noticed that his homework and stuff was coming back to the house the way it was before, and I said what happened to the large print stuff? . . . So I asked again what happened with the large print stuff. And they was like, ‘okay we forgot. Don’t worry about it. We’ll get it.’

However, even after questioning them Patrice shared that he “Got about a week out of that, and that was it.” She describes how she had to constantly ask for the accommodation, “It was kinda like, if I said something, they would go ahead on and do it. But if I didn’t say anything, they weren’t really.”

Patrice has also advocated for her son on a collective level. After attending the alternative school for several years, Patrice and Jerome were informed that the school district administration was considering closing the school due to budgetary constraints. Patrice joined a group of parents, school staff, and students to attend a school board meeting to voice opposition to the closure of the school. She described, “When they were talking about closing it, I remember parents going to the School Board meeting and stuff . . . They had that meeting, and the parents came, and the teachers came, and the people got up and spoke.” She felt that their collective advocacy efforts were worth it that night, as the school board members “decided against closing the school down . . . because of such a powerful response.” However, she went on to explain how, “. . . then, like a week or so later, they [school board members] had a secret meeting and they decided to close it." She described that this second meeting was held during a closed session, where parents could not attend, and she was left feeling "mad" and "very upset" upon hearing this final decision, but accepted the decision and began working with school staff to transition Jerome back to his primary school.

***Shenetta's individual textural description.*** Shenetta's advocacy efforts on behalf of her son Damion began when Damion started Kindergarten. During his first year of school, Shenetta described being called by school professionals numerous times due to Damion's behavior. Because the school's frequent phone calls resulted in Shenetta having to "clock out" of her job to go to the school, she decided to seek advice from Damion's pediatrician, who diagnosed Damion with ADHD and prescribed medication for him, during his kindergarten school year. Since that time, Shenetta has been a strong advocate for her son, seeking resources outside of the school, keeping in constant communication with school professionals, and making specific requests related to Damion's education.

Over the years, Shenetta has sought many resources outside of the school system in an effort to improve his behavior and grades at school. She described how, initially, "[He] would act up at school and they would call me so I started trying to get some counseling about it." She took Damion to several different mental health providers in the community to work on improving school behaviors, and during first grade, obtained a mental health "tech" to provide services to Damion in class, during the school day. In more recent years, "Certain agencies have day treatment where they can pick him up from school or come by home and work with him a couple hours every day. They'll work with him on behavior and they'll also work on some homework." She spends a lot of time taking Damion to and from medical appointments. She stated how, "I'm trying to get him on the right medication. 'Cause it's so weird how sometime it works and sometime it don't." The inconsistency in Damion's behavior and academic performance leads her to make multiple follow-up appointments with Damion's pediatrician. In addition, she has applied to get Social Security Disability for Damion multiple times since he was diagnosed with ADHD, explaining, "I don't want disability 'cause I want the money. I want to help my child." While he has been denied several times, Shenetta plans to reapply this year, and appeal any denials, because "I'm gone keep fighting this time. Because he needs the assistance. 'Cause he's getting ready to go to the sixth grade." Likewise, Shenetta explained that she works full time, and doesn't typically qualify for financial assistance programs, such as food stamps. However, in the past she has asked twice for assistance with her electric bill explaining, "I just feel like its room for me to get my kids what they needed basically when school started." Finally, Damion has displayed talent when playing football, and Shenetta advocates for her son to be assigned to a particular football team within the local parks and recreation league because those coaches are patient with Damion and emphasize the importance of school. While this required her to drive him to a neighboring town about 20 minutes from her home, she expressed that she made this choice "Because, I like the way the coaches deal with his attitude . . . they handle him very well. I don't have to be at work worrying [about Damion's behavior]." In addition, she stressed that the coaches she chose will "go out to the schoolhouse and check up on him too."

Shenetta has always been readily available to school staff, and has kept in constant contact with them. She described talking with Damion’s teachers about homework and assignments on an ongoing basis to ensure he keeps up with his teachers’ expectations. Recently, upon receipt of his progress report, she questioned his low grades and “was calling the school before they went home and asking his teachers ‘This is his grade? What is going on?’” Similarly, she described how “I call and I go. I mean, soon as I get official report card or something like that, and I’m thinking something ain’t right, I’m like, I need a parent conference.” Most recently, she has begun attending special education meetings on behalf of her son. She described a meeting in which she and her sister attended, along with school teachers and the school principal. When asked how she felt in the meeting, she explained, “like I was about to get something accomplished.” Moreover, she has begun to explain to school professionals how Damion’s disability impacts his behavior and ability to learn. She described a recent time when a teacher commented that Damion was behaving in a certain manner “on purpose.” Shenetta was very upset at the time, and did not respond at first, “But the next time I got to see her, I made sure I let her know what my opinion was. I said, ‘he doesn’t know what he’s doing. Because he’s been doing it ever since kindergarten.’”

While she understands the concerns voiced by school professionals, Shenetta has also questioned their recommendations and/or lack of suggestions at times, and has made decisions that have not always been in line with school recommendations. For example, she described her decision to retain Damion:

> In second grade I noticed his learning was kinda if or but. And, at the end of the school year it was like time for them to start contacting the parents and letting them know things. And I was saying to myself, "why y'all didn't let me know something ahead of time so I could've done something about it?" But they was telling me he was doing good. And so um, I want to um, no, I already knew that I didn't want to send him to third grade like that . . . So I held him back in second.

Then, when Damion was in the in Fourth grade, she described how she specifically requested an evaluation for special education services:

> His testing came up when I just did it. Because the services, like he needs some help, like I'm trying to see why his learning is on a second grade level . . . So that's why we did what we did and he ended up getting the services.

She explained how, through all the years of behavioral concerns and suspensions, no one at the school ever recommended special education, stating, "They didn't even offer." Instead, she emphasized her role in accessing special education services for her son, sharing, "I said I want my son tested. I had to write a letter." She wondered, "Like I would think they would say 'Well you know what? You wanna get Damion tested or something?' but stressed that "No, that's not what they said. I did." Throughout the years, school professionals have offered for Damion to get his medication at school, with the school nurse. However, Shenetta has declined, explaining

> no I don't want to give it here. I mean, they have enough on their hands already, the nurses, giving other kids their medicine . . . But see, by the time he gets to school, it's like 7:30 . . . It has to have time to kick in. But lately I've been giving it to him at 6:50.

This past school year, Shenetta explained that school staff "kept saying 'we gone have to hold Damion back.' After she questioned them, "they realized that Damion had been held back before. So they couldn't hold him back." And, while the school provided him with afterschool tutoring in third and fourth grades, Shenetta explained her decision to remove him from that program:

> . . . They be on computers a lot and he will come home and be on computers. But, his learning is just bad. And I try to get some help with him with the tutoring. 'Cause I was paying somebody $75 to tutor him . . . It was outside the school. I took him out of the [afterschool tutoring program] because I felt like he wasn't doing what he was supposed to be doing.

Shenetta did not hesitate to advocate for her son when she felt he was treated unfairly by others. Once, when she found out a teacher had referenced the way Damion dressed and insinuated that his attire had a negative impact on his behavior, Shenetta, very distraught, described that she first wrote a statement to the principal, then attended a meeting to explain, "My child, what he wears and his clothes do not got nothing to do with what he can't control. This is something that I can't tell you why he's doing it. I just know it's a word for it, like letters. You know, I just know it's letters. And I'm trying to do what I can do." She explained that the teacher's comments "hurt my feelings" to the point that she requested Damion be moved to another class. Last year, when she moved from an area near the projects to a home "in the country," she decided not to report her change of address to the school because "they know Damion. If I would've sent him there [the school in the new district] it would have been all over again. Like, a new file."

***Rochelle's individual textural description.*** Rochelle is a very visible presence in her children's school. She walks them to and from school daily, and often meets with teachers informally during those times, describing that she sees "every last one of them [teachers]" every day. In addition, she describes how she likes to see the school principal, stating "I check every day, morning and afternoon. Morning and afternoon I check," to ensure her children are following school rules and meeting school expectations. In addition, she often visits the school for impromptu classroom visits to "peep in" and see how her children are doing in class.

Rochelle initially decided to evaluate, and place her children in special education services after they were each referred by their teachers. She stated that she "didn't disagree" when the teachers indicated that her children might need individualized assistance. Since placement, Rochelle attends IEP meetings "all the time" for Pernell and often asks questions of school professionals. She described how she has questioned the services on her older son, Harold's, IEP. Rochelle states Harold is supposed to be "pulled-out" of class for help with reading, but Harold has told his mother that his special education teacher comes into the class instead.

Rochelle has also been involved with letting the teachers know when she has a specific concern or request. With Pernell, she described how "I talked to her [the teacher]. I told her that he's just having problems with his reading, and when it's time for him to write, he don't space." When Harold was younger, she "held him back in kindergarten" when she felt he was not ready to be promoted to first grade.

Although Rochelle has always been in touch with teachers on a daily basis, she shared one decision about which she chose not to inform school professionals. A couple of years ago, lead paint was discovered in the apartment complex in which she lives. She was forced to move while the apartments were cleaned and renovated. Her only option for a temporary home was not in her children's current school district. Rochelle made a decision not to inform school professionals of her new address, but instead provided them with her aunt's address. Even though she could no longer walk her children to school, she chose to rely on a family member to transport her children to and from school daily so that they could remain in their school. She disclosed how she "wasn't going to change my kids because eventually I was going to have to change them back to [their primary school]" so she told school professionals an incorrect address because if she gave them her new, correct address "they would've tried to make my kids go to [the new school]."

***Joyce's individual textural description.*** When she is not working, Joyce tries to be present in her son's school often. She described, "Well I go. I drop in. Sometimes I tell [Reggie], sometimes I don't. Like today, I didn't tell him, I just dropped in." She respects Reggie's teachers and appreciates their suggestions. She explained how, when a teacher first approached her regarding special education evaluation, she initially expressed some concerns to the teacher, responding, "I don't want my baby to be labeled . . . You know, pull him out of class, you know people making fun of him." However, once the teacher explained special education, Rochelle reported ". . . we both made the agreement that 'okay this is fine. This is what needs to happen. This is what we're gonna do.'"

Joyce has also requested meetings with teachers to make specific suggestions regarding her son. She described a situation in which her son began getting in trouble with some of his peers. When he came home with a disciplinary referral, Joyce went to the school. She told the teacher to "separate him from them completely . . . 'cause he's getting in trouble with them, I don't want him hanging with them at all. You know, if I have to remove him from this class, I will." She explained that the teacher "moved him back to sitting with [another student] 'cause he was getting in a lot of trouble with them . . . and I mean ever since then, hadn't had no problem."

Joyce does not hesitate to ask questions about Reggie's special education services if she feels certain options will benefit him. For example, she described questioning his special education teacher about accommodations for the end of grade testing that will begin this year, and stated that now, "whenever they pull him out they read it out loud to him, his testing." In addition, she has already begun planning for his future transition to middle school, asking his teachers if "this [special education services] going to continue when he goes."

***Aileen's individual textural description.*** Aileen has been a strong advocate for Curtis since he began school. Having been in and out of foster care, Curtis displayed some behavioral concerns. Aileen shared how, in first grade, the school staff "called us saying that 'We can't control him. And if you all don't come we gonna have to call the police.'" She further disclosed that "They've called the police on Curtis . . . They did it twice. You know, because he'd gotten so, I guess out of control." When she did pick him up the second time, she made a decision that changed the course of his education, explaining how ". . . it took a good hour and a half before that child calmed down. So we knew then we can't send him back." She subsequently requested that Curtis be transferred to an alternative academy within the school district, where his younger brother was placed. She described that while her previous transfer requests had been denied by the school staff, ". . . within a month after realizing what kind of student Curtis was . . . whoosh . . . they whipped him to [the alternative school] so quick."

Other than changing schools, which Aileen identified as a major contributor to Curtis' academic and behavioral improvements, Aileen has made several other decisions on behalf of Curtis. One of the most difficult decisions she made was to allow Curtis's pediatrician to prescribe medication to help Curtis control his impulsivity. In addition, she sought counseling services from multiple providers for Curtis, followed doctor's recommendations to change Curtis' diet in an effort to help him improve his behavior, and connected Curtis with an occupational therapist to treat his sensory deprivation issues. Because of her proactive nature, Cutis was also given an MRI by a physician at a major medical institution and was diagnosed with a specific type of seizure that can resemble distractibility and inattentiveness. As a disability expert, she has often shared the information she has obtained from these medical and behavioral specialists with school staff, explaining to them how Curtis' diagnoses might affect his learning and behaviors in school. She described how

> Curtis is terrible about writing down assignments. And I find myself . . . I always get to know a couple of the kids in his class, you know, especially in the neighborhoods that I can either call or run by their house and make him go in and write it down then. But I also have talked to the teacher about it. And she's making a little effort to make sure that, if she see that he hadn't written it down, she's writing it down in the binder. And it's only because . . . now see Curtis is not only ADHD but he did score low too [on his IQ testing].

While she had Curtis evaluated and treated by his pediatrician and several other community specialists, Aileen also continued to make specific requests on behalf of

Curtis within the school district as well. First, she described how "we held Curtis back his 1st grade year because, like I say, we realized then that . . . it was just too fast paced for him." Then, she began to advocate for him within the special education program. Aileen described the first meeting she attended on behalf of Curtis, and stated that "Not only did they test him, but the doctor in [another town] did his own test. So, we had two tests to compare and pretty much essentially said the same thing. So you know, we knew they were pretty much accurate."

After Curtis was found eligible for the exceptional children's program, Aileen strategized to ensure his IEP was followed by school staff. When Curtis' school was changed again after the district closed his initial school, Aileen had to constantly educate his new school teachers on Curtis' academic needs, particularly in the area of accommodations, stating, ". . . the biggest problem we had . . . with his IEP . . . we really had to fight for the testing in another room, separate environment, um because they felt like Curtis should be able to do it." She described visiting the school once and noticing,

> they were taking a test and even though the teacher had put him at the front to the right and you know, at a little table by himself, and she thought that was sufficient, and I'm like, 'no that's not sufficient. He's gotta be in a separate room' because his IEP specifies that Curtis should be tested in a separate room due to his severe distractibility.

In addition, she explained how she began noticing low test scores on material she knew Curtis has mastered. When she realized the accommodations on the IEP were not being followed, she approached his teacher and pointed out "his IEP says he's supposed to be pulled out." As a result, Curtis's teacher "went back and she checked it" and began providing the testing accommodations.

At one of the first IEP meetings held at the new school, Aileen again had to advocate for Curtis' accommodations. She explained,

> When he had that second IEP meeting, they wanted to change it. They wanted to reduce his pulling out, resource time you know. And they wanted to um, not give them the extended time too. Especially for the End of Grade. And see you can't do that. Curtis got to have it. Curtis has got to be able to sit. It's gonna take him . . . enough time just to sit there and see if he has to write his name. Then, if he writes an E, and he don't like the way it look, he's gonna erase it about 5 or 6 times. Those are the kind of things he does.

She shared her concerns with the IEP team members, and disagreed with their suggestions, explaining "We just all said 'no way, he's gotta have everything.'" As a result, all of Curtis' accommodations were left as written on his initial IEP.

The new school teachers also recommended removing Curtis from the state's end of year alternative assessment. Aileen explained,

> It's a shortened test. And they didn't want to give [it]. They thought he could go into the regular thing and I was like, 'no, no, no we tried it last year, and it did not work.' Curtis needs that extra time to process. And now that we're regulating his medicines again, he definitely needs that time. Because he may get there and just be not able to focus for a while.

When the EC teacher continued to disagree, Aileen questioned why, and suggested perhaps the school was worried about not having the extra staff needed to administer the test. She reported,

> And before I could get it out of my mouth, the principal, which had finally spoke up, and the teacher said at the same time, 'That is not a concern. If you want Extend 2, he will get Extend 2.' And so I said 'Thank you.' They finally agreed.

Not only has Aileen been a strong advocate for Curtis, she has also advocated for other children over the years. She described a situation with her niece, who years ago, was in the exceptional children's program and earned A/B honor roll. Although she met the criteria for the school's Beta Club, the teacher and school administrator did not want to allow her in the club because she had modified grading. Aileen stated,

> You know I fought . . . I have called the National Beta Club office, got all those little rules and regulations and guidelines, and I brought them in there and I told them . . ., 'They say this. And even your school policy thing says A/B average. It didn't say anything about having to be on a regular grade level.'

The school then agreed to allow her into the club for that year, but later changed their policy so her niece was ineligible in following years. She has also helped advocate for Curtis's older brother's educational needs, explaining how he was not given an alternate assessment on his fifth grade end-of-grade science test last year. Once she realized the IEP stated he would take the regular administration of the science test, she went to the school and corrected the IEP, explaining, "It won't happen again."

Aileen has become a change agent in her church and community, promoting positive academic achievement for all children in her area. For example, she has developed and coordinated an afterschool tutoring program within her community and church, led by volunteers and retired teachers, for any child who wants to attend. She described how,

> when I first moved back here to [this town], I heard that they were talking about it. They had tried it but it didn't work out. So I approached the pastor about trying it again. And we started. First it was just two or three of us and it worked really well. And every year it just got better and better. Some years we'll have close to 20 kids, and some we'll have 5 or 6. But at the end of the year, when end of grade testing time, from March to June, we're swamped!

And, this year, she is planning to be more involved in her role on the PTA, explaining,

> . . . I know PTA, a lot of it is fundraising, helping raise money for programs and activities for the kids. But I want to do something academically too. I wanna to do some different little things. Maybe we can all just be there and helping with reading capacities. Definitely proctoring. And things of that nature. I'd love to see if we can set up a [reading] schedule where we can go and help the kids. . . . I want to just work on that. I guess because the reading comprehension is so important to me and mine.

Aileen has also advocated for youth on a collective level as well. At the end of Curtis' third grade year, the school district administration announced a decision to close the alternative academy where Curtis was experiencing so much success. Aileen joined other parents to address the school board members in an effort to keep the school open, describing,

> they had called for a meeting with the school board and they asked all the parents to please come to that meeting so that we could voice our opinion. And we all did come. And I was one of the parents they asked to speak that night in support of [the school]. And I just told them how it made a difference in those boys' lives. And how a school like that is needed. All of us march at a different drum. And some of us, that drum is a little slower. And these children needed folk who were willing and able and learned whatever needed to be done to help the children. And it was hard to put them back in to a school system where you're gonna be met with criticism, you're gonna be met with teachers who already over stressed because of a regular job, and then you got two or three kids that you gonna have to constantly have to do double work you know. And I just, I just told them the experiences we had at [the previous school] were just too horrible. I wouldn't want these children to go back in to that environment.

According to Aileen, “They said they weren’t gonna close it that night,” however they later came back after a closed session and announced their final decision to close the school.

***Teresa’s individual textural description.*** Teresa shared that when Gregory came back to into her care for the second time he was already enrolled in school, but she recalled being involved in the initial evaluation process for the special education program. She described, “Well, you knew something was wrong. So when the school told me to come down there that they had to do some testing on Gregory . . . to me it’s just all about getting him where he needs to be.” She expressed that she has since advocated for Gregory’s educational needs by “making sure that he gets exactly what he needs in the class.” For example, she described how she has advocated for Gregory to have specific accommodations on both classroom and end-of-grade standardized tests. She explained how she requested “the times he needs for testing,” referring to extended time. In addition, she voiced that she also felt strongly that Gregory should be able to test in a small group, in a separate room, and advocated for this accommodation specifically within one of his IEP meetings, describing,

> . . . they won’t let him go out into the small setting. There was one teacher in particular, I can’t remember her name, because he was so good in math she would still let him sit in there. But part of the problem with Gregory was that he still needed to concentrate and he couldn’t. He’s not ADHD, . . . but in some situations like that he could be easily distracted. And so we had a time getting her to understand there’s a reason why a small group setting should go on his IEP, but that was the only major problem that I remember at [his school]. They wouldn’t always do that because they thought just because he was so smart in math he didn’t need it but he still needed it. And it made a difference. Because instead of making those 82s and 85s, he was making 92s and 95s.

Teresa stated that she believes she not only advocates for Gregory by attending meetings and conferences, but also by being a visible presence in his school. She stressed the importance for parents to

> just be involved. Not only just to go to a parent conference, but do the impromptu visits. Show up and make sure of what they're doing from day to day. Not every day, but once or twice a month or so, just keeping tabs.

She stated that she often drops in to the schools to make sure Gregory and his brothers are on track and getting the services they need, and that she is a member of the school's PTA, and often chaperones field trips.

Teresa also advocates for Gregory by seeking additional educational services for him outside the school setting. For example, she commented that she helps her sister in the afterschool tutoring program at her church, and ensures that Gregory actively participates. In addition, she found a summer tutoring program last year through a church and enrolled Gregory and his younger siblings in it.

***Penny's individual textural description.*** Penny's advocacy experiences indicate that she has been an intuitive advocate for Alicia over the years, often recognizing when Alicia was having academic difficulties prior to Alicia's teachers confirming it. She described how, when Alicia was young, she noticed a discrepancy between her grades and her ability to perform academically, especially in math: although Alicia's report card grades were good, Penny noticed Alicia has a lot of difficulty completing her math homework independently. She explained, "I guess they were just putting the grades on there but Alicia hadn't passed nothing. To me she hadn't." Penny questioned her teacher, but would often get a response like, “Well she’s quiet,” or “She’s good.” Penny’s concern grew throughout the school year. At the end of the year, Penny went to the teacher with a specific request: “I told them to hold her back.” She explained, “They looked at me. But I said that was the only way she gone learn. I say if you pass her, she ain’t gone learn nothing then.”

When Alicia continued to struggle in subsequent school years, Penny began seeking resources outside of the school system. With the help of Alicia’s third-grade teacher, Penny enrolled Alicia in a tutoring program in a neighboring county, about 35 miles away. Penny described the program, stating, “They helped her real good. She got out of that shyness. She started talking, and um, she started doing her math real good.” She traveled back and forth, 3–4 times a week, and would wait in her car for up to three hours each time while Alicia was tutored.

As Alicia was going through the tutoring, her teacher also suggested to Penny that she consider evaluating her for special education services. Penny gave consent, explaining how, “[Alicia’s teacher] helped me to get her in to that program. But the rest of [her teachers], they say she doing good, but they didn’t never mention anything about that program.” Penny explained that she liked the extra assistance and pull-out services Alicia got in the special education program, and she attended Alicia’s IEP meetings as much as she could. During Alicia’s middle school years, she attended school where Penny works in the cafeteria, which made it easier for her to be an active participant in her education because she no longer had to request permission to leave work to attend school-based meetings.

Most recently, Penny has advocated for Alicia to continue getting services through the special education program. She described how, last school year, Alicia's special education teacher was planning to exit her from the Exceptional Children's program: "She told me they were gonna take her out . . . And she said that really, Alicia was doing good in her other classes, but math was the main thing she was worried about." So, Penny explained, "then I was telling [the teacher], she knew Alicia was struggling in Math. So, I asked her is there any other way that they could keep her in there just for that Math part." Penny's request prompted Alicia's special education teacher did find a way to keep her eligible for special education services.

***Nicole's individual textural description.*** Nicole expressed that she has had concerns about Cashmere's learning since her daughter was in first grade. She initially decided to retain Cashmere that year, describing how, at the end of the school year, "[the teachers] were trying to pass her, um, and uh, it was her math. They called me and asked me would I let them pass her. [I said] 'No. If she don't know it, don't do it.'" She explained that the teachers were aware of concerns, but never mentioned a special education referral because, she believes, Cashmere was "quiet" and "well-behaved."

However, as Cashmere continued to struggle in school Nicole remained concerned. Finally, when Cashmere was in fifth grade, Nicole requested a special education evaluation during a meeting in which the school was considering retaining Cashmere again. Nicole explained, "I talked to all her teachers and the principal was in there . . ., 'cause they was gone fail her again." Her request resulted in Cashmere not being held back again, and led to Cashmere being evaluated and placed into special education services, beginning her sixth grade year in school.

Throughout middle school, Nicole has remained involved in Cashmere's special education program by attending IEP meetings and other parent/ teacher conferences. Approximately two weeks prior to the interview, Nicole reported that she had to move, and was forced to change Cashmere's school district. She promptly visited the new school and informed them of Cashmere's special education status, so that they could request her current IEP from her previous school. At the time of the interviews, she was expecting to get an invitation to a meeting at the new school to review her IEP with the new school teachers.

***Barbara's individual textural description.*** Barbara's interviews disclosed that she has been an advocate for Travis' needs since he was very young. She realized Travis's development was delayed when compared to her other children, but she wasn't sure why, describing,

> when he was little, me being in early child care field, I noticed there was something that wasn't connected. I wasn't sure. And I noticed that there was just something not connecting. I wasn't sure if it was his hearing, or his speech, so I would inquire at our physician and they were just like 'Oh, you know some kids take a little longer. It's okay. He's fine. He's just fine.'

However, dissatisfied with the pediatrician's answer, she began searching for other community resources to assist her. She was able to get connected with a mental health provider, who did some testing, which led to Travis's diagnosis of Autism.

After the diagnosis, Barbara explained feeling frustrated as she tried to find out ways of helping Travis because “that was a question that eluded everyone, it seemed like to me . . . ‘Cause we weren’t at school level yet, but people were basically saying ‘when he gets to school they’ll help.’” However, she got connected with a speech therapist, who Barbara feels helped Travis tremendously before he ever started school. In addition, the speech therapist taught Barbara ways she could work with her son. And, when Travis started school, and Barbara found out “the speech therapy, they kind of cut-off when he got in school. School more or less picked that up,” she decided,

> that wasn’t sufficient for us, so I had to kind of go into my pocket to get him some more speech therapy until he no longer needed it at home or I felt that he was getting enough that school would be adequate.

Barbara is known in the district office, and she described how she doesn’t hesitate to ask questions about Travis’ education or even about decisions district office administrators have made. She recalled the first IEP meeting she attended, before Travis ever began school, and shared,

> That was at the Central Office . . . It was a bunch of words, I was like, ‘ok, let’s take a step, that means exactly what?’ . . . I needed to know, I was more into what exactly does that mean. What’s next after that? You know, I just wanted to make sure . . . I wanted to know what their plan was, and what did it mean exactly. And that yes, we were doing an IEP. And I expressed my goals, but I wanted to know how you were planning on reaching those goals, and what did that mean next. So when we’re done here, we are gonna be where?

Since, she has remained an active member of Travis's IEP team, describing, "I actually like to go through it. Okay, he's accomplished that? IIIII don't think so! So, I'm very verbal with how his IEP is going."

Barbara related that she also makes specific requests during the IEP meetings. She often commented on his IEP goals, recalling how

> in past times I didn't agree with some things they had suggested. I said, 'I don't think he's ready to move past this, or I don't think he's accomplished that yet, or I think he is a little more accomplished.'

One particular request she made was asking that Travis leave his self-contained class to go to a regular classroom setting, explaining, "I pursued that from when he was in elementary school . . . As we would meet for the IEP I'd always say I want him to participate in other classes." And, when issues or concerns arise during the school year, Barbara will request additional meetings to address her concerns. For example, when Travis first began participating in inclusion, Barbara realized one teacher often commented that Travis "could not do the work" in the regular education setting. Barbara, feeling that the teacher "just didn't want to participate," requested a meeting and specifically asked that Travis "be in another class."

When district administrators make decisions that she disagrees with, Barbara stated that she will visit and call their offices to voice her concerns. For example, one area she has been very dissatisfied with over the years was Travis' school assignment. She described how,

> they started moving [Travis's class] from school to school . . . [and] they're still being moved around so much.  You know, it's not fair.  [Most] children primarily go to one elementary school, until they go to one middle school, and then one high school.  Travis has been to probably every elementary school here . . . He's been to five different schools before high school.  And I think that's just ridiculous.

This past summer, she was notified just two days prior to the start of school that Travis's class was being moved yet again, to a middle school that is around 20 miles from her home.  She met with the district's special education director, explaining that "You are killing us here.  My child needs consistency," and questioned their last minute notification to the families of children with Autism, asking "Don't you understand?  I have to prepare him for this."  She voiced her concern about the inequities her son and his peers seemed to be exposed to, sharing,

> the thing I had learned off the cuff was that it had been in the works for a while, they just weren't sure what they were gonna do so they didn't inform.  And I'm like, 'that's totally unacceptable.  That's unacceptable.  Especially for a group of children who need consistency, they're the only ones not getting it.'

Barbara employs several approaches in her advocacy efforts.  First, she advocates for her son intuitively, as she knows her son well and shares that information with school staff.  For example, Barbara described one situation where "that mother instinct took over" when she felt that a specific placement would make Travis "uncomfortable" therefore requested that it be changed.  Similarly, Travis was recently re-evaluated by the special education department, but Barbara, knowing her son best, felt the testing was not accurate, explaining,

> And I wasn't agreeing on the final assessment because he's at that stage where he doesn't want to do the work, so if he says "I don't know" they'll go on to something else. So they took one day and didn't really prepare him either that he was going to go. The teacher called me and said they were gonna come pick him up today. And I was like, "Oh, I didn't know that was today." Teacher said, "Is it a problem?" I said, "No, he can go." But once they took him there, they said he doesn't know how to do this, the comprehension. I said, "yes he does. You know, he just didn't want to." So the assessments of where he was I didn't think was fair. 'Cause it was done in one day and he didn't want to go. I think he was mad, the teacher said he didn't want to leave because they took him out of one of the classes, math or something, that he likes to go to . . . He didn't want to go. So of course in his mind, "I'm just gonna [rush through it] . . ."

Next, Barbara has become a disability expert, and often educates others on Travis's disability. For example, when the regular education teacher repeatedly expressed concern that Travis "could not do the work" and "he didn't make eye contact with her . . . just kind of twiddled with . . . and was not paying attention" Barbara educated the teacher on Travis's disability and his purpose for being in her class, explaining "I had to have a meeting with her. 'He's not in here to meet your academic skills. I want him to experience this. He's on his own level. But socially and academically he gets something from it.'" And, when the district administrators provided such short notice regarding yet another change in Travis' school assignment, Barbara explained to them the need for children with Autism to have consistency in their routines, and home and school environments.

Barbara has acted as a strategist, specifically incorporating Travis' strengths and weaknesses and his disability into his educational services and plan. She described how Travis knew a variety of daily living skills from the attention he received from her and his siblings at home. So, when preparing his IEP goals initially and in subsequent years, Barbara explained to the staff,

> Active daily living skills . . . We do that at home. I teach him how to brush his teeth, even how to make his own sandwich. HE makes his own oodles n noodles; he can cook basic things for himself. We do that at home.

She elaborated, "I didn't need for him to be taught that. I needed him to be taught how to add 1 and 1, how to be able to make sure when he needs change." In addition, she pushed for Travis to receive services in an inclusive setting because, "with his level of Autism, it was more important for me to mainstream him."

Finally, some of Barbara's decisions indicate her desire to be a change agent, and improve situations for other children, both with and without disabilities. For example, part of her reason for insisting Travis received some services in a regular classroom setting was

> Because they [students in regular education] need to know and have compassion and be able to intermingle with students with special needs. So I wanted, not only for him, but for the other kids to experience that, so that when he did come into a situation he wasn't an outcast.

Similarly, when she realized her son's class was being moved to another school, and the concerns she voiced at the central office did not change their decision, she met with the classroom teacher, gave her phone number, and asked that she share it with other parents of students in Travis' class. While none of the parents contacted her, her intent was to try to collectively come together to voice their position to central office administration.

**Composite textural description.** Drawing from the mothers' individual textural descriptions, a composite textural description is reported for all of the participants of the study. Primary themes are identified and integrated into this synthesis of the textural experience of the participants.

***Composite textural description of advocacy.*** The experience of advocating for a child with a disability within the context of rural special education is a perplexing, yet sometimes rewarding, experience for African American mothers. Having a child with a disability creates unique challenges for mothers as they attempt to make decisions on behalf of their children. For all of the mothers, their advocacy experiences were unique to their situations and did not look exactly the same as any other mother. However, all of the participants described the actions they took and the specific decisions they made as they advocated for their children on an on-going basis.

All of the mothers stressed knowing their child best. This was evident in their stories as each mother described being the first person to identify that their child was struggling, either academically, behaviorally, physically, or developmentally. The mothers all acted on their instincts, and sought community resources, medical care, and school-based assistance for their children prior to their children being evaluated or identified as eligible for special education services.

Within schools, each mother advocated individually on behalf of her daughter or son. Although several of the mothers had daily interactions with teachers, all of them became "case managers" for their children by having regular communication with teachers, administrators, and district office staff regarding their children's individualized educational needs.  Some mothers informed their child's teachers of issues related to their child's disability; others asked questions and sought additional services for their children; yet others made very specific requests regarding special education placement and services.  A few of the mothers verbalized disagreements with the recommendations of school professionals.  However, all of the mothers emphasized the importance of communicating with school professionals as a major part of their advocacy experiences.

The mothers' advocacy experiences demonstrated that special education advocacy is a complicated and extensive effort that includes professionals beyond the walls of the school.  As the mothers' concerns about their children's development and learning widened, so did their search for specialized assistance for their children.  They each sought community-based resources, such as medical and behavioral health care and private tutoring, at different times in their children's educational experiences in their efforts to ensure their children succeeded academically.

All of the mothers voiced an attempt to attend each and every school-based meeting regarding their children, specifically the special education meetings, as a major part of their advocacy experiences.  Some indicated it was important to be present at the meetings, whereas others emphasized a more active role as a member of the special education team.  The mothers all explained that plans for the services their children were to receive were written in the meetings, and they all indicated that they could request in IEP meeting at any time if they have questions, concerns, or requests.

The mothers' stories all indicated that they each felt their advocacy and decision-making efforts were part of doing what they had to do for their children's education.  For example, the mothers described actions such as standing up for their children when they faced judgmental professionals, making decisions they did not necessarily like but they felt were best, changing schools, and being persistent when their desired outcomes were not reached easily as major factors in their advocacy experiences.

Finally, all mothers indicated that advocacy may sometimes be silent. Every mother in the study emphasized her belief that showing up unannounced at school is necessary. Each mother drops-in to the school periodically to check on her son or daughter, sometimes with the intent of letting the child know she will do so, but always with the intent of checking on how things are going in the classroom. Each mother stressed the importance of being visible, available, and supportive of school staff as a portion of her advocacy experiences.

## Structural Analysis

Through my structural analysis, I was able to identify six structural themes, or influences, related to the phenomenon of mothers' advocacy experiences within rural special education. Several of these themes include subthemes. The key themes are: (a) The influence of meaning; (b) The influence of social capital; (c) The influence of cultural capital; (d) The influence of how their capital was activated; (e) The influence of the rural setting; and (f) The influence of a child's characteristics and disability. A diagram of these themes and their sub-themes are presented in Appendix H and will be discussed in the following paragraphs.

**Structural Theme 1: The influence of meaning.** Each mother's advocacy actions and decision-making processes were influenced by the various meanings she assigned to her efforts.  The mothers' advocacy experiences demonstrated their desire to: (a) ensure their children's physical and emotional survival; (b) seek power to achieve positive life outcomes for their children; and (c) nurture their children's positive, racial identities (Collins, 1994; Cooper, 2007, 2009).

***Sub-Theme 1: Ensure physical and emotional survival.*** All of the mothers indicated that their special education advocacy efforts and decisions as attempts to ensure the physical and emotional survival of their children.  This was evidenced by each mothers' wishes for her child(ren) to achieve his or her academic potential, through attending college and reaching career goals.  In addition, Valerie, Lynette, and Barbara wanted their children to expand their social skills as well, and be able to live as independently as possible when they reach adulthood.  Valerie and Shenetta specifically explained their desire for their children to remain in school daily to stay off the streets and out of trouble.  Other mothers made decisions and participated in advocacy efforts based on their wishes for their children's to be emotional wellbeing.  For example, Patrice and Aileen participated in collective advocacy efforts because they felt the school district was placing their children's emotional well-being at risk by closing their school. Kendra, Shenetta, Aileen, Teresa, and Barbara made changes in their children's classes or schools due to their concerns that their children would be hurt emotionally if they remained in their current placements.  Penny and Nicole both made decisions regarding retention and special education placement based their desire to protect their children's self-esteem from being lowered due to ongoing academic failure.

***Sub-Theme 2: Seeking power to improve children's life outcomes.*** The mothers' advocacy efforts proved to be attempts to seek power to improve their children's positive life outcomes. Each of the 12 mothers became advocates on behalf of their children with disabilities as they sought to ensure their children's physical and emotional survival. The mothers actively sought information regarding their children's disabilities and educational progress and services to enhance their children's academic potential from a variety of sources outside of the school system. In addition, the mothers often referred to their children's "rights" and their parental "rights."

***Sub-Theme 3: Nurture positive racial identity.*** All of the mothers' experiences demonstrate their advocacy actions were grounded in their desire to nurture positive racial identities for their children in their efforts to resist oppressive and judgmental environments for their children, a part of motherwork that differs from White mothers (Cooper, 2007). Kendra and Shenetta specifically expressed concerns about negative assumptions and judgmental attitudes related to race that they have witnessed teachers directing towards their sons. For example, both mothers encountered white teachers who negatively commented about their sons' attire and the predominantly African American neighborhood that the mothers resided in, identifying both as potential causes of their sons' behavioral issues. Moreover, these two mothers, concerned about the negative, racist perceptions their children were exposed to, each moved their children to other public schools. Kendra explained that "I feel like Marshall has it hard already, because not only is he a boy, but he's a young black boy." She further explained how, during Marshall's kindergarten year, she

> really felt, because of the area where I lived, and then at the time Justin's father wasn't in the home, uh, his teachers were white. And, one of his teachers, she just had a nasty attitude, especially when I sat in the classroom one time. . . . And I noticed how her attitude against certain students, especially of ethnic descent, was different.

Shenetta, referring to her son's racial identity as an African American male, feared her son's teachers believe his actions at school are "just the way he is" and she continues to point out to them that his behaviors are directly related to his disability, not his racial identity, as he has demonstrated a pattern of similar behaviors over many years, because she wants them to recognize her son's strengths as well.

All of the mothers described their children by emphasizing their strengths, not their disabilities, and avoided using the deficit-based language most often heard in special education. Many of the mothers specifically stated that their children are not disabled outside of the school setting, and they did not want others to view them as being disabled. Joyce initially hesitated to give consent for special education evaluation, concerned about the "label" it might place on her child. And, she stressed that she knew her son now met the school district's criteria of having a disability, but outside of the school system he was not considered disabled by anyone. Kendra explained that her son's "disability" was not even recognized as a "disability" many years ago, and she felt like it was "just a label" that allowed him to get additional services at school. Barbara emphasized that "Travis is Travis, Travis is not Autism." Joyce, Kendra, and the other mothers all wanted their children's strengths to be recognized, and their advocacy efforts indicated that as they made decisions that would further expand their personal strengths and nurture their children's positive racial identities.

**Structural Theme 2: The influence of social capital.** The mothers in the study clearly had varying degrees of access to social networks. Their access to both informal and formal networks influenced their abilities to successfully advocate for their children with disabilities. Lynette, Patrice, Penny, and Nicole, had very small networks of informal support, while others, like Valerie, Kendra, Aileen, and Teresa, had access to larger networks of informal support. Only three mothers identified themselves as members of a formal network that assisted with making educational decisions on behalf of their children with disabilities.

***Sub-Theme 1: Informal networks.*** Most of the mothers identified at least one family member who assisted them with their advocacy efforts. Valerie, Rochelle, and Penny relied on their own mothers to offer them advice or emotional support during their decision-making efforts. Others, though, had family members who offered them more specific connections. For example, Kendra had two brothers who helped her with meeting her son’s academic needs, and a sister who had children in the exceptional children’s program and who helped her access services for her son. Joyce turned to her brother, who was on the school board, to seek advice regarding special education placement. Aileen and Teresa had siblings who lived in larger, more urban areas, and who connected them with a range of behavioral and medical services. And, Barbara initially located community resources for her son through her mother’s friend, who was a social worker. In addition, her aunt has a formal education in special education, and has acted as a source of guidance and reassurance for her when she had questions about her special education options and rights.

***Sub-Theme 2: Formal networks.*** Alternatively, almost none of the mothers considered themselves to be members in any type of formal network or association that assisted them with making educational decisions on behalf of their children. In fact, during the study only two formal groups, which only included a specific subset of mothers, were identified as being available: (1) the local Autism Society, and (2) the local Foster Parent Association. And, while three of the mothers were members of these two networks, they described the roles of the groups as providing information to parents about specific disabilities and nearby services; providing respite services to parents; and offering support services to children, but not directly assisting them with special education decision-making and advocacy within the school setting.

**Structural Theme 3: The influence of cultural capital.** While all of the mothers had expertise regarding their children's personal strengths and weaknesses, the cultural capital the mothers possessed regarding their child's disability and specific special education rights, policies, and options clearly influenced their advocacy experiences.

***Sub-Theme 1: Knowledge of child.*** Each of the mothers considered themselves to be the expert on their children. The mothers identified themselves as knowing their children best. Penny and Nicole specifically recognized their daughters' academic struggles, even when teachers felt their children were doing "fine." Valerie and Barbara both discussed knowing "something was wrong" with their children's development, even prior to medical professionals picking up on delays. This child-specific knowledge influenced their decisions to access community services for their children, seek diagnoses for their children, request special education evaluation for their children, retain their children, and request specific special education options on behalf of their children.

***Sub-Theme 2: Knowledge of child's disability.*** Several of the mothers developed an expertise of their child's disability, which helped them in their advocacy efforts. For example, Aileen and Teresa understood their children's disabilities, and how those disabilities influenced their abilities to learn in the classroom. They were able to use that information to acquire and maintain special accommodations and modifications for their children.

However, those mothers who were uncertain or had difficulty verbalizing how their children's disabilities related to their academic struggles had less success navigating the special education setting and achieving positive educational outcomes for their children. For example, Shenetta's son clearly struggles at school with impulsivity that negatively affects his educational performance, as indicated by his retention and frequent, multiple suspensions. However, Shenetta was not always able to clearly relate his behaviors directly with his disability of ADHD in her conversations with teachers. Similarly, both Shenetta and Rochelle wanted their children to receive some pull-out time, but were unable to explain why the pull-out time would be needed for their children's specific disabilities. Therefore, neither of their children had received the pull-out time their mothers requested.

***Sub-Theme 3: Knowledge of special education rights, policies, and options.*** The amount of knowledge possessed by the individual mothers regarding special education policies, options, and rights clearly influenced the mothers' special education advocacy experiences. For example, mothers, such as Aileen, Teresa, and Barbara, who had a vast amount of very specific knowledge about special education policies, educational options available for their children and their parental rights as mothers of children with disabilities were more vocal with their requests and more likely to make specific requests on behalf of their children. They also used special education terminology, such as "inclusion" and "accommodations" when making their requests.

Alternatively, those mothers who did not have a clear understanding of special education policies, options, and rights were less likely to make specific requests on behalf of their children, follow-up with teachers when specific services were not being offered as written in the IEPs, or question decisions made by school staff. For example, Shenetta and Nicole sought "extra help" for their children for years, not realizing that special education services could possible assist their children, and being unaware that they could specifically request an evaluation themselves. Likewise, some of the mothers had an idea of the specific types of educational program they wanted for their child, but did not know how to specifically request it, such as Valerie and Lynette, who each wanted their children to be mainstreamed into the general education setting, but did not know the special education terminology for this service. Nicole seemed uncertain about how to proceed at her daughter's new middle school; therefore she decided to wait for the school to contact her after they received a copy of Cashmere's IEP from her previous school.

Other mothers were less likely to be persistent with their requests if they did not completely understand their special education rights. For example, even when mothers believed a service was offered in their children's IEPs, they did not persistently question the school when they believed the IEP was not being followed. Shenetta and Rochelle were each concerned about the fact that their children were not getting pull-out services, that they believed were included on the IEP, but they did not know the terminology for this service and did not question the teachers when told that they did not have enough physical space in the building to do pull-out services. Neither of these parents then consulted their children's IEPs or questioned school staff further about those services. Patrice realized one of her son's accommodations was not being followed as written in the IEP, but after pointing out the discrepancy a couple of times to school staff with inconsistent follow through by the staff, she stopped asking them to follow it. Eventually, the accommodation was removed from the plan at the discretion of school staff during an IEP meeting. Although Penny was concerned that her daughter, Alicia, was failing high school math, she was uncertain about what services were on her daughter's IEP and did not know who to call to ask about Alicia's special education services and setting. Moreover, she had not questioned her special education services since Alicia began at the high school earlier that school semester.

**Structural Theme 4: The influence of how capital is activated.** While all the mothers possessed varying levels of social and cultural capital, their abilities to activate their capital to achieve positive outcomes for their children was dependent upon external factors. Within their stories, both facilitators and barriers to their attempts to activate their capital as they advocated for their children were evident. Although the mothers who possessed greater amounts of cultural and social capital were more likely to overcome barriers and activate their capital to achieve greater academic outcomes for their children, at times all of the mothers encountered barriers to their advocacy efforts that prevented them from activating their capital.

***Sub-Theme 1: Facilitators.*** Each of the mothers indicated specific factors that facilitated their ability to activate their social and cultural capital and successfully influence positive outcomes for their children. First, all of the mothers stressed the importance of open communication with school teachers. They appreciated teachers who were available to talk with them when requested, and teachers who did not hesitate to call them with a concern or question. Feeling as though an open line of communication existed encouraged mothers to talk with school professionals and advocate on behalf of their children. Next, mothers' advocacy experiences were influenced by their perceptions of the extent to which school professionals authentically cared for their child(ren). Kendra and Aileen both believed the professionals at their children's new schools cared for their children, and both described having positive advocacy experiences in those schools as opposed to the prior schools their children attended where they felt professionals did not care. Third, mothers who identified the school administrator as being "hands-on" and knowing their children were more likely to involve school administrators in their advocacy efforts. Mothers such as Kendra, Shenetta, and Rochelle, appreciated their school administrators taking time to know their children, their disabilities, and attempting to work with their children rather than suspend them; Aileen appreciated her school administrator's efforts to involved parents in the school; and Barbara indicated that she liked for school administrators to know her and know her son.

***Sub-Theme 2: Barriers.*** Just as facilitators positively impacted the mothers' abilities to activate their capital during their advocacy efforts, specific barriers that limited their abilities to do so were evident. First, all of the mothers commented that they feel frustrated when they perceive school professionals do not hear and validate their concerns. For example, Barbara, who was very successful overall at activating her capital and successfully advocating for her son, encountered a roadblock when she felt the district's special education director was not "hearing" her concern about moving her son's school repeatedly, year after year. Patrice eventually abandoned her efforts to ensure school staff followed her son's IEP because she felt they were not responding to her requests. When the mothers felt educators did not care for their children, they were less likely to work closely with school professionals as partners. Shenetta specifically indicated that while her son, Marshall's, principal would tell her she "loved" Marshall, she did not believe anyone at the school cared for Marshall based on their quick decisions to suspend him frequently during his kindergarten year. Therefore, she decided she needed to move Marshall from the school, rather than try to continue to work with school professionals to meet his specific needs. And when Aileen felt professionals did not care for Curtis, she, too, request Curtis be moved to a different school. Next, mothers' perceptions of professionals as experts often prevented them from questioning educators and administrators. Several of the mothers' stories indicated that they view school professionals as most knowledgeable about special education services; therefore they allowed them to make educational decisions for their children without questioning. For example, Valerie and Lynette both indicated that they trusted their sons' teacher's recommendation about inclusion versus self-contained settings. Although they both indicated they wanted their children to try inclusion, neither of these mothers wanted to question the teacher further. Instead, they trusted the teacher to start inclusive services when she felt it was most appropriate. Finally, work and time constraints presented as barriers to the mothers' abilities to advocate on behalf of their children. For example, Penny, Lynette, Joyce, Shenetta, Patrice and Nicole each worked either multiple jobs or varying schedules for long hours, thus they were not always available to meet with teachers during traditional school hours. Several of them indicated that they "needed" to go check in with teachers on various issues, but they had not yet been able to do so due to their work schedules. Similarly, Kendra's college schedule overlapped with the public school schedule, thus limiting her ability to contact school professionals during regular school hours.

**Structural Theme 5: The influence of the rural setting.** For these mothers, residing in a rural area seemed to have a clear, negative influence on their abilities to achieve positive educational outcomes for their children. Several mothers verbalized the lack of local options available for care and services for their children. Valerie mentioned a program that was offered for children with disabilities in a suburban area but explained there was nothing similar offered in her rural area. When there were options available in neighboring counties, mothers, such as Valerie, who did not have their own personal transportation struggled to get their children to the nearby services, because the public transportation options were very limited in the rural areas in which they live.

The absence of a formal support group for mothers of children with disabilities also seemed to be a hindrance on the mothers' ability to widen their social networks and strengthen their special education knowledge. For example, except for the two mothers who were members of the Autism Society, and the one mother who was a member of the Foster Parent Association, all mothers commented on the complete lack of support systems available for mothers of children with disabilities Moreover, they often commented that they did not know one other mother of a child with a disability similar to that of their own child. Although these mothers had a formal social network to consult with, most of them commented that such support services would be advantageous to have in their area. Joyce even stated that she believed she could help other mothers who are just beginning to face the possibility of their child having a disability who needed special education services.

Residing in a rural area can also cause parents to be reluctant to voice concerns. Barbara pointed out the likelihood that in a smaller residential area, many people are afraid to be vocal regarding sensitive issues, as they wouldn't want to place their child at risk of being treated unfairly due to their own advocacy efforts. She explained how, when parents express concerns to their child's teacher, other teachers hear about it. When concerns are expressed to district administrators, parents may fear that future decisions will be made that could cause further harm to their children. Therefore, the fear of retaliation by school professionals, coupled with the lack of alternative educational options in a rural area, influences mothers' advocacy experiences.

**Structural Theme 6: The influence of a child's characteristics and disability.** Throughout the study, the mothers' stories indicated that the type of disability their son or daughter was identified with was a major factor in influencing their own advocacy efforts. It seemed that mothers who had children with similar characteristics and disabilities encountered similar situations that resulted in similar advocacy efforts. However, the mothers' advocacy experiences differed drastically between disability types.

***Sub-Theme 1: Autism.*** Three of the mothers, Valerie, Lynette, and Barbara, had children with Autism. All three of these mothers' advocacy experiences began prior to their children starting school. All three mothers initially took their concerns about their children's developmental delays to medical and behavioral health professionals. After diagnosis, these mothers were referred to the school system for early education services. Within the school setting, these mothers worked with a very close team of professionals, whose membership has remained similar over the years. Each of these mothers has consistent contact with a district office staff member, who works with them year after year. Although these children are all in a self-contained class, all of these mothers have encountered conversations with school staff regarding inclusion at some point. Most importantly, these mothers indicated a sense of collaborative relationships have formed with school professionals, and a sense of trust exists between the mothers and their children's teachers, who work with their children for up to three years at a time. Therefore, even though these mothers advocate differently, they all indicated that it is "easy" for them to talk with school professionals about their children and their needs.

***Sub-Theme 2: Learning Disabilities, Visual Impairment, and Intellectual Disability.*** Four of the mothers, Rochelle, Joyce, Penny, and Nicole, had children with learning disabilities. Patrice's son was identified with a visual impairment, and Teresa's son, Gregory, was eligible for special education due to an intellectual disability. All of these mothers learned about special education services after their children were in school and were experiencing academic difficulties. Three of these mothers specifically requested that their child be retained in school due to their academic struggles, and two of the mothers agreed with teacher recommendations to retain their children prior to their children being identified as a student with a disability. With the exception of Nicole, the teachers eventually recommended a special education evaluation, and the mothers all shared they were grateful that this option was given to them. The mothers indicated overall feelings of agreement with teachers and appreciation for the services their children were now receiving to help them achieve academically.

***Sub-Theme 3: Behavioral Disabilities.*** Although Kendra, Shenetta, and Aileen were the only three mothers in the study who had children with behavioral difficulties and ADHD, the influence of their children's behavior on each of their advocacy experiences was clearly evident their stories. In addition, these mothers encountered unique that they had to overcome during their advocacy efforts. For example, rather than school staff expressing academic concerns to the mothers early in their children's education, they stressed behavioral concerns. Rather than offer special education evaluations to the mothers, these children were suspended frequently, beginning during their kindergarten school year, while school staff recommended medical evaluations as the primary intervention for the children.  In fact, two of these mothers had to specifically request special education evaluations themselves, because school staff never recommended them, even after years of suspensions as in Shenetta's experience.  Rather than agreeing with teacher-recommended retentions, both Kendra and Shenetta disagreed, feeling that their children were being retained inappropriately.  These mothers all voiced feelings of frustration with school professionals, distrust of school professionals, and hopelessness for how to better help their children.  Their advocacy efforts were different from the other mothers in that they were fighting for their children to overcome negative perceptions and a system of professional who they felt were "against" them and not with them.

**Structural descriptions.**  The following section presents the individual structural descriptions for each of the mothers in the study.

***Valerie's individual structural description.***  Valerie's advocacy efforts stemmed from her belief that "his school is actually more important than anything."  When describing her decision to place David in special education, she explained "This is not what you want to do for him, 'cause you want him to be like a normal kid and everything. But, I knew that was the best thing to do."  In addition, she enrolled David in an annual optional summer school program offered through the Autism Society and the school system because it "gives the kids opportunity to learn more in the real world."

Valerie also viewed her education advocacy efforts as an attempt to keep David safe.  For example, she described school attendance as important "'Cause while he's in school he's not in the streets with no body, he's not doing anything that he don't need to be doing, he’s in school.” In addition, she intended for her advocacy actions to ensure her son was physically and emotionally safe at school as well. Once, when David came home from school and told his mother a teacher “hit” him, Valerie went to the school to confront the teacher directly.

While she was upset initially, she eventually supported the teacher’s decision as she discovered “What happened was, he was running, and she pulled him. And she didn’t mean to pull him in the wrong way.” Yet, she believes her actions helped keep her son, and other children, safe at school, explaining “. . . ever since then she hasn’t touched another child again.”

Valerie primarily defined her educational advocacy experiences as taking place within the context of the IEP meeting. She discussed how she had “been going to every single IEP meeting” during which she shared her goals for David, expressed concern if she felt something was not in David’s best interest, and asked questions about David’s progress. However, Valerie’s advocacy was evident outside of the IEP meeting also, as she communicated with school professionals by standing up for David, questioning professionals, and openly disagreeing with recommendations during normal day-to-day interactions with teachers as well.

Valerie had access to both formal and informal social networks as she attempted to navigate the special education system. Valerie accessed formal networks of various professionals, from both outside and within the local school system, to attempt to meet the educational needs of her son. She described turning a local pediatrician to help her meet David’s educational needs initially, stating that the doctor “was the one who told me to go to speech therapy, and they had that at the (central office)." An Exceptional Children's specialist at the school system's central office "sent me a letter saying that there's a program for Autistic kids. And basically they went on and signed him up . . . And ever since then he's been going." Valerie now considers herself to be a member of the local Autism Society support group for parents of children with Autism, which meets on a monthly basis. She described how the Autism Society provided valuable information to members as they "have people come down and talk to us from time to time about any programs that we do need help with."

Valerie described one primary informal social network that had played an important role in her advocacy experiences: her mother. Her mother has offered her a lot of support throughout the process of getting David's educational needs met. When Valerie first considered a special education placement for David, she described, "I talked to my mom about it, she felt like, you know what, that's the best thing to do too" which helped her feel confident as she made decisions on behalf of her son. Over the past couple of years she has turned to her mother, explaining "if I have a really tough situation about what to do, I kinda ask his grandmother, and that's my mother, not the father's mother." She has even allowed her mother to take the lead at times, explaining "my mama, she put input too . . . I mean she wanted to know everything precisely. So at the time my mom was the, so to say, leader of everything."

In one particular situation, Valerie was able to activate the social capital gained through her formal networks to improve David's educational outcomes. After receiving a denial for Social Security Disability Income that she applied for so she could pay for tutoring for her son, she described utilizing records she obtained from both the school district and pediatrician to appeal the denial. Valerie explained,

> after I precisely went through the proper channels and the doctors and the school even backed me up . . . I had all these resources that they (Social Security Administration) needed to prove that my son has a special need and he needs the help and they started helping him . . . And now he, he do get a tutor. We try to get it on weekends, not during the week . . . And he does get the help that he do need.

Valerie's intuitive knowledge of her son was evident throughout her advocacy experiences. She described how, when he was young she ". . . knew something was wrong" even though she "didn't know exactly what was wrong." She used her own personal knowledge of her son's development to access specific medical and educational services for him early on. When the pediatrician first diagnosed hearing problems as the cause for the delay in David's speech, she believed that was not the only cause and continued seeking medical care until he was properly diagnosed. Once David began school, Valerie activated her intuitive knowledge of her son when she shared specific information about David's strengths and abilities that were then incorporated into David's educational plan.

More often than not, though, there were barriers to Valerie's attempts to activate her social and cultural capital to achieve specific educational benefits for her son. At times, school professionals refused to honor Valerie's requests. For example, she once enrolled her son in a specific mental health service that would pay her mother to stay with David in the classroom at school. She felt this would provide him with extra one-on-one assistance, thus improving his educational outcomes. However, when she asked the teachers "how you feel about my momma working with her grandson in the classroom" the response she received was "No, we can't allow that." Valerie felt that "they didn't want no one in the class." When asked what her response was, she replied, "I had to go by what they said," signifying that she felt there was nothing else she could do to change the decision of the classroom teacher. She also described the difficulties she has in communicating with professionals, especially during formal meetings. Valerie shared that "it's kind of hard to explain a child's situation, and their condition, in a formal fashion," elaborating how talking with professionals she does not know sometimes causes her to "get nervous" and ". . . lose my wordin.'"

Residing in a rural area contributed significantly to Valerie's advocacy efforts. The lack of her own personal transportation created barriers that she had to overcome in order to meet her son's speech therapy needs. When she lived in town, she used the public transportation system to get David back and forth to the central office at the school system, but described how she had to "stand there about an hour 'til they came and got me, be on the bus for an hour. It, it was hard. But I still made it through." Then when she moved further away from town, she had to "schedule it (public transportation van) two days ahead of time" or either "call a neighbor of mine to come get me." She also depends on family members and nearby neighbors to help her get to and from the Autism Society support group meetings, but states at times she can't ". . . attend EVERY single meeting 'cause it's hard to find a babysitter," indicating that child care barriers are also a struggle for her.

Valerie also emphasized that there were fewer resources available to her son because they reside in a rural area. For example, when she tried to get David a mentor through the Big Brothers, Big Sisters program, she was told “there was no bothers, no sisters that could work with him.” Other programs that were available in larger cities were not offered at all in Valerie’s home area. While she attempted to travel far distances to enroll David in certain programs, she described how unless “you know somebody that will help you, get you in the door” those programs were difficult to access. School resources were a concern to Valerie as well. She explained how there was only one elementary school in the county that could meet her son’s educational needs. Therefore, he had to catch his bus each morning an hour and 45 minutes before the school day actually began. Valerie worried considerably about the long bus rides her son had to endure. These discrepancies in resources and options left Valerie feeling that children with disabilities and their families who reside in rural areas “don’t get that special treatment” that children with disabilities and their families who reside in suburban and/or urban areas receive.

Valerie shared that she was unaware of any groups or churches that assist mothers of children with disabilities. Even though she considers herself to be a member of the Autism Society, she viewed their role as that of giving mothers information and providing extracurricular activities for children with Autism. She stated she had never asked the Autism Society to assist her with specific educational concerns regarding David’s needs, nor consulted with other mothers of children with disabilities regarding educational issues or concerns.

***Lynette's individual structural description.*** Lynette's choices for her children with Autism are made with the expectation for them to learn as much as they can in life. When asked what her most pressing priorities for her children are, Lynette quickly responded, "that they learn." She shared how, prior to the diagnosis of Autism, she did not particularly want professionals to come to her home to interview her and observe her children, but she "knew they needed special help" so she "didn't mind it." She described why, after learning that they had Autism, she decided to place her children in special education:

> you know when you first diagnose it was a little shaky and I didn't know (about special education placement). But then after you get over that you say, 'Well, programs are better than it used to be for anybody with disabilities now. We'll give 'em the best shot.'

She further explained how she believes special education services will improve her children's abilities to function: "'Cause it's gonna be rough for them. 'Cause it's rough for regular kids, and I just, you know, give them (the) best education they can (get) to try to function in this world."

Overall, Lynette views herself as a partner with her children's teachers. She feels parents should "teach" their children and "make sure they get an education." She reinforces what her children are learning in school by providing extra help with homework, reading, and daily living skills in the home. Lynette explained,

> it can be hard sometimes, like with any kids. But you have to push yourself as well as the kids, 'cause they need a little bit more attention and a little bit more help than the other kids does. But, you know, if you really want it you just gotta go for it. It can be tiring, but the results are fantastic. 'Cause they can read and

> do things that I really thought they might not have done this early. But with the school and everything, and with us helping, they've come a long way and they're still going.

Lynette has limited access to formal and informal networks. She first learned about the local Autism Society from the school system, and now considers herself to be a member. The Autism Society helps her by offering programs such as social events and a summer enrichment program, which she feels helps the children "learn things and try to do the best they can in this society." She stated that the Autism Society offers monthly informative meetings as well, but she has been unable to attend these due to her work schedule. Although she is a member of this group, she does not rely on them to answer questions nor assist her with school issues.

While she knows some other parents of children with disabilities who attend events offered by the Autism Society and have children in class with her children, Lynette does not have an opportunity, or a need, to talk with them outside of those events. So, other than the Autism Society, Lynette feels there is no other local support for mothers of children with disabilities. She stated that the church is more for "everyone" and doesn't specifically provide any services for students with disabilities or their families.

Lynette has a great deal of respect for her children's teachers and views them as the experts in meeting her children's educational needs. She stated, "they've been through all kinds of kids with disabilities and they pretty much know what to do. So if I can ask them a question they pretty much know." She emphasized that she can trust the teachers because they “understand” since “they [teachers] been doing it for years. And you know, even though they [her children] 9 years old I only been doing it for 9 years.”

According to Lynette, there has never been a time that she has disagreed with recommendations made by school professionals. She describes the IEP meetings as times for her to collaborate with the school staff to discuss how far the boys have progressed and to define the areas in which they need to grow. Lynette has relied on school staff to make specific recommendations for her children, as she disclosed that it was a teacher who first recommended one of her children participate in “mainstreaming.”

***Kendra’s individual structural description.*** Kendra’s advocacy was primarily a result of her desire to ensure the physical and emotional survival of her son. Kendra identified education as her most pressing priority for Marshall, explaining,

> I feel like you need to be involved as much as you possibly can. ‘Cause if you just ignore a problem and a child doesn’t feel like you think or care much about him, especially where school is concerned, which is a big, giant part of their lives, then they’re not gone care. And I feel like if you don’t care, the child’s not gonna care. It just is not gonna be important to them. They’re gonna find something else to put their activity in that’s gonna be more . . . Okay well, ‘she won’t pay attention to me doing this, but maybe she’ll pay attention to me doing this.’ So I do pay attention to him in doing good in school. I want him to do well.

She continued, “whatever your child does, they are still your children. And I know there was something a little bit more with Marshall. I’ve been around kids all my life, and I knew that there was just a little bit more.” She disclosed how, “one time he came to me and was like ‘Mommy maybe I’m just stupid’ and I was like ‘Nu-huh, [crying] you’re far from that.’ This conversation led to her “commitment” to change school districts for

Marshall, indicating that she was concerned for his emotional well-being as well as his academic future if he remained in the school he was in at that time.

Through her attempts to seek power to improve Marshall's positive life outcomes, Kendra consulted with medical professionals about Marshall's educational difficulties. While seeking medical advice was initially not Kendra's first choice of action, the fact that she did not want her son to fail in school "prompted me to go to the doctor . . . Children are not supposed to be failing kindergarten." Even though Marshall had begun to improve in school once he was properly diagnosed and treated, Kendra still opted to place him in to special education services as she stated,

> Because, like I said, I was in those classes. I didn't know what classes they were about, but I was in those classes as well. And I kinda felt like sometimes, you do need that one-on-one because maybe you don't understand it in the classroom, maybe you can't understand it the way she's teaching it, but maybe you can understand it the way she's [another teacher] teaching it. So I kind of felt like, okay, it wouldn't be a bad idea to just keep him in the classroom to see if his progress changes.

Thus, she viewed special education as a potentially short-term resource that could help her son reach positive life outcomes through helping him meet his immediate needs, explaining, "I don't want Marshall to always need her [the special education teacher]. 'You don't need her, once you grasp it, you got it.' That's what I want for Marshall right now."

Kendra's conversations with Marshall reflect her emphasis on the importance of his education as she explained,

> I try to push it because I tell Marshall, ‘Okay, Marshall, mommy’s in school. And mommy’s in school so that she can get a good, good job so that I can take care of you. Ok. So mommy’s in school. So this is important. You gotta do this. I don’t want you to just think okay, well you can just play sports whatever. I don’t care if you wanna play sports when you get older. I don’t care if you wanna be a police officer when you get older. But if you don’t have your books behind you, you’re not gonna be able to do much of anything.’ So, Marshall’s education is really important to me.

Kendra’s advocacy actions also reflect her concern that Marshall develops a positive racial identity. Kendra feels that “Marshall has it hard already, because not only is he a boy, but he’s a young black boy, and on top of it living in this area just doesn’t help any.” One of her reasons for her initial hesitation to start Marshall on medication was because, in her family, “they don’t really see it (ADHD) as a disability, nobody does, because a long time ago this was not even heard of. So nobody really sees it as a disability it’s just that you gotta find a different way to do things. That’s basically what it is.” She stressed that she doesn’t want Marshall known as a child with ADHD, but rather recognized as himself, explaining,

> ‘Cause to me, watching Marshall, to me he’s acts like every other child. That wants to go outside and put his feet in the mud, take off shoes, I have to yell at him to put something on his feet to keep from getting something in your toes. He wants to climbs trees, wants to ride his bike, he wants play football and stuff like that so nobody really sees it as a disability. It’s Marshall being Marshall. Nobody has known him as anything else. Nobody has known him as anything else.

She did not want Marshall viewed as having a disability, and feels like the ADHD is “a label that kinda needs to be gotten rid of.” She emphasized how teachers need to “Stop, you know, stop looking at them as bad kids,” and recognize their strengths and potential

"Because a lot of these children are really, really, smart. Really, really smart . . . [and can] go really, really far in life." She feels like special education encourages teachers to "stop looking at them as they are just bad, and you open 'em up and you find out 'okay this works for them better.'" Kendra's desire to help her son develop a positive racial identity and avoid the negative assumptions of others are evident in the educational decisions she has made on behalf of her son, as she explains,

> a good majority of the time everybody looked at the children as bad children. And if you start labeling a child as bad, then they grow up thing they are bad . . . And then these people grow up to be the prisoners that in prison. Because all their life all they thought well you're just bad, they're just a bad kid. And you know well you start doing things that are bad and start hanging out with people that are ban. And they end up in prison. Because everybody all their life tell them well I'm bad. Because this is where I need to be at because I'm bad. They didn't think no more of me to help me. And that's one thing that I tell people 'don't call Marshall bad.' He's not. Because Marshall can be the sweetest little boy ever, and so caring and so open hearted. He's not bad. He is just Marshall. He's just Marshall.

Kendra's essential source of social capital throughout her advocacy efforts is her immediate family. She describes her mom as her primary source of moral support, explaining, "It was mainly my mom though. She would talk and tell me, 'Okay, well Kendra, if you think this is what's best he IS YOUR CHILD and if anybody knows what's good for your child you do.'" While her brothers are positive male role models for Marshall who help Kendra with maintaining discipline and structure at home to support his education, her sister, Jacqueline, helps her specifically with her special education advocacy efforts. For example, Kendra explained "if you don't know, then you wouldn’t know the questions to ask” so she initially asked her sister, Jacqueline to attend school meetings with her because,

> she has two children that have disabilities and special needs. So if I didn’t know, so she has been dealing with this since her children were born. So, um, there may be a question that I don’t know that she may know, that she may be able to ask. And I encourage her to ask questions that I don’t know, especially since she has been dealing with it a whole lot longer than I have. I’ll get her to like don’t be scared just go ahead to ask a question you want to especially if I don’t ask something. So her. She has been one of the number one people I used to get to ask and sit in meetings with me if I needed to go to one.

Kendra further emphasized how her sister “knew what to ask even though if I didn’t know what to ask. Especially after I started telling her what was going on. She knew what to do.”

In addition, Kendra was able to activate the social networks her sister had become a part of when attempting to get her son evaluated for special education. Kendra explained,

> Because I have a niece and a nephew that are uh, my nephew is Autistic and he’s nonverbal. And, uh, I know that my sister had to go through the board of education. And I’m thinking to myself the board of education is over all schools. So, there has to be somebody there that’s gonna listen to me about my son.

She then went to the central office and asked for the same person who had helped her sister with her son’s special education needs, which resulted in initiating the evaluation process for Marshall. Also, she shared how her experience has influenced her siblings’ career pursuits:

> once I had told my family about it, two of my sisters are going to school for nursing. And, my other sister has gone to school for psychology and sociology, so everybody else is now giving me feedback because now they are doing research. So that also is like, okay, now everybody is taking an interest in this, in what‘s going on with this. So that was a big support.

Informally, Kendra has also developed social capital through talking with mothers of other children with disabilities, specifically those with ADHD. She emphasized the importance of knowing she is not alone in her endeavors with Marshall, describing

> I had a friend of mine, and her daughter had to deal with it. But she is older than Marshall. And the things that she had to do, and the things that she said she had to go through with [her daughter]. Basically you just find out things. About you know just talking to . . . Sometimes you just sitting there having girl or just having conversations with people and then you be like ‘you have to do that, girl yea Marshall . . . and oh yea she does that too.’ And then that’s when you realize you are not the only person having to deal with stuff like this.

Most recently, her conversations with another mother of a child with ADHD informed her of the EOG testing and district assessments that occur quarterly and a specific accommodation that could be requested. Kendra explained that “one of my friends, her daughter takes it . . . So when I found out about it . . . that’s when I started thinking about it. Marshall’s gonna need a little bit more separation for him to focus on what he needs to do.” She now plans to request for Marshall to be tested in a small group in a separate setting when she meets with his teacher.

Kendra has been able to activate her knowledge of her son and his disability to achieve better educational outcomes for Marshall. For example, she used her knowledge of ADHD, and the effects the medication has on Marshall’s appetite, to prevent his being suspended off the bus. She has used her knowledge of his difficulty focusing to obtain small group instruction for him, and is planning to activate that knowledge again to request small group for standardized testing situations.  When she did encounter a barrier, Kendra was persistent and utilized her social network to locate someone at the district central office so she could ensure her requests for Marshall were being heard and honored.  She explained, “I got the reaction that I wanted, but it was like I had to push them to do what they had to do.  I had to push them to do their job.”

Kendra strongly believed open communication between herself and school professionals helped her to better advocate for her son.  For example, she particularly values an open door policy with school administrators.  She described how the school principal at Marshall’s second school “will listen to me . . . [He] himself has called me” even when her son is not in trouble, and placed emphasis on the fact that it was “[The principal] was the one that called me.  Not the vice principal, not anyone else.”  She compared that communication with his previous school, explaining “And what’s funny to me is that at [the first school] . . . I never even really met the principal that much.  But [the principal at the second school] seems like he has hands on with all of his children. So, that I do like.”

Open communication with other school professionals, especially teachers, also impacted Kendra’s advocacy efforts positively.  Kendra compared the professionals of the second school to those at the first school, appreciating that

> EVERYBODY wants to be involved a little bit more in this child’s development. Not just mine, but you can see where they know these children, firsthand.  Where this [first] school they know this child . . . if they’re bad, or they only know this child if they come up, or if this happens.

She indicated that “I feel like the involvement at the school is . . . I love it. They’re more one-on-one with the kids.” The feeling that teachers knew all the children individually, not just those with poor behaviors, helped her to develop a trust in them.

Kendra also appreciated teachers who showed they cared for Marshall by taking time to help her understand how she could best help her son. She described how the teacher during Marshall’s second year of kindergarten took extra time out of her day to work with Kendra, “His second kindergarten teacher actually sat down and said ‘I’m going to show you his work.’ The other teacher no, didn’t really want to show me his work and wasn’t so much interested in what was going on.” Kendra then trusted and valued this teacher’s professional opinion later, when “she was the one that came to me ‘Kendra I think you need to look at this. I think you may need to look at this.’” Thus Kendra acted on this specific teacher’s advice to seek a medical assessment for her son.

In addition, Kendra appreciated teachers who acknowledged that her son was not the only child with behavioral difficulties and recognized her attempts to mother him. For example, she recalled one teacher who pointed out “You are a good parent but you need to look at this.” That same teacher stressed, “I have had to deal with other children that have had this and maybe you need to look at this.” She also described how school professionals at her son’s second school acknowledged to her that “he’s not the only one; he’s not the only one that has to go through this. And we will help him along as much as we possibly can.”

Although Kendra was ultimately successful in activating both her social and cultural capital to improve Marshall’s educational outcomes, she encountered barriers to her advocacy efforts, early on in his education. She attempted to activate her knowledge of her son to help him achieve better educational outcomes, particularly during his first year of kindergarten; however, she continuously felt as though professionals "didn't take an interest in what I was saying." She indicated that the first year kindergarten teacher "was just writing me off with a lot of the stuff that I was saying" and "didn't want to take interest into what I was saying and listen to me." She described her experiences that year as frustrating, explaining, "They just kind of kept writing me off. I kept pursuing it, they kept writing me off." She felt "to get the help that he needed, I had to go over their head. And I don't feel like that was right." Kendra regrets "Marshall being left back" in kindergarten, "which wasn't fair to him." She stated, "I don't feel like he even had a chance," and feels "maybe if my concerns were taken seriously that first year I don't think that would happen."

Kendra also believes some teachers held negative assumptions about her, which limited her abilities to activate her knowledge of her son. She described how

> I really felt, because of the area where I lived, and then at the time Marshall's father wasn't in the home, uh, his teachers were white . . . And, one of his teachers, she just had a nasty attitude, especially when I sat in the classroom one time.

She further shared how, "you already got pointed out because you live in that area," which she believed led teachers, especially white teachers, to automatically assume, "you're a mother who's got three kids and you live in that area so you probably drink, and do drugs, and have men running through your house." She believed these assumptions presented as barriers for her and her son, as she described, "I felt like they believed that one day Marshall was going to be a dope dealer and stuff. And I just felt like they just pointed him out."

Kendra also identified some limitations related directly to residing in a rural area. While she believes a formal group of mothers who get together to discuss and/or address educational concerns regarding their children "would be a great program," she feels that is non-existent in her area because "some mothers don't address it and don't get into it. They just feel like their children will kinda grow out of it." She believes there is an overall "lack of knowledge. Not knowing . . . Not knowing who to turn to. Not knowing what to do. Just a lack of knowledge" among mothers of children with behavioral concerns, and the school "is not really putting it out there" for mothers to gain awareness and act on it. In addition, she believes mothers are not aware of the prevalence of ADHD, and "think it's a problem that may go away." She emphasized that, through her experiences, she has learned that ADHD "is not just something that affects the black community, the white community, or Indian the community. It affects a lot of different children, a lot of different children. And I'm just now finding this out." She added that mothers often "focus on something they think is major" and that if they feel as though they are alone in the issues they encounter with their children then "they're not focused on" getting together with other mothers.

***Patrice's individual structural description.*** Patrice makes almost all of her decisions on behalf Jerome based on the fact that "I want him to actually learn. That's my only concern. I just want him to actually learn." She explained how, even when teachers retained him for two years in a row, she did not question them because she believed “the most important is getting a good education, and not just being pushed through school.” She also initially agreed with teacher recommendations for Jerome to go the alternative school because, after listening to their explanations she “thought it was for the best.” She believes his placement in special education has helped Jerome

> come so far simply in the reading department alone. Just in the reading department, he’s done wonders. As far as the rest of his schooling, he still struggles, but he’s doing much better than what he was before. So I can honestly see a difference from the beginning until now so.

Patrice is most vocal when feels that her son is being mistreated, or is at risk of being mistreated. She explained how, upon learning of the potential closure of the alternative school, she first wondered “What’s going to happen if he goes to another school and you know? . . . What if somebody’s picking on him?” These concerns prompted her to become involved in collective advocacy efforts with other parents from her son’s alternative school. She further described how, since he has returned to his primary school, he has encountered some mistreatment on the bus, stating “that was my biggest concern when they was talking about closing [the alternative school]. I knew this was going to happen, I knew it was.” Patrice shared some specific concerns she has had with the bus driver, and believes that negative assumptions have led to some unfair practices and decisions concerning the bus. For example, she stated “He [bus driver] thinks that because of the neighborhood that we live in, no one over here cares about their kids or whatever, and he felt like he was going to be able to do that and get away with it.” However, she feels that confronting the driver, while the school system did not approve, showed the bus driver that she is “not the one” to target, which has resulted in better treatment on the bus for her son. Although she doesn't care for her son's bus driver, she continues to teach her son to "tell him [bus driver] what's going on . . . so that if anything goes on you won't be at fault for nothing because you told somebody what was going on."

Patrice feels parents should make school a priority and remain involved in their children's education as much as possible. While her two jobs limit her ability to volunteer in the school at the present time, she implements a strict homework schedule at home in the evenings, explaining how she believes, "parents are pretty much the first teachers, so you need to take that role seriously. I mean, you have the biggest influence over your children anyway. You need to participate in their education as much as possible." She explained, "You have to be involved in their education. Because, . . . if you don't stand up for your children, who will?"

Patrice often shares the knowledge she has of Jerome's particular strengths and weaknesses related to his disability in an effort to ensure he reaches his academic potential. However, Patrice acknowledges times when, "I didn't know that. That was not explained to me" and states that if she had been aware of certain information she would have made different decisions. For example, she did not question the decision to retain Jerome in kindergarten "Because I was thinking, well maybe that's just how it works. Maybe that's how they do things. Because it was such a change to a new school." She now wishes, "he wouldn't have been held back that first time" and she stated "We just knew they were sending him to [the alternative school]. I didn't know it was going to be a whole start over deal." Patrice's first experience with special education has been with her son Jerome, and she revealed, “It’s just been a learning experience, like you learn as you go.  Basically that’s how it’s been for me.”

While not being fully informed of her options has been a limitation to Patrice’s’ special education advocacy efforts, having no access to social networks has also presented a barrier.  For example, when she got on the bus to confront the bus driver about mistreating her son, the school district sued her.  She was forced to accept a plea deal in court, in which she had to pay a significant amount of money, and agree not to get on the bus again.  She described how she tried to talk with school administrators about the whole ordeal, but they “did nothing” and referred her to the director of transportation, who “talked to [me] like I was nothing” and “made me feel like I was actually wrong for, you know, standing up for him.”  Other than school professionals, Patrice states she has no one else to talk with about Jerome’s educational needs or her concerns.  She stated there were no formal groups in her area, and “I honestly don’t know anyone around here who going through something similar.  I just don’t know anyone . . . No one knows anyone.”

***Shenetta’s individual structural description.*** Shenetta’s experiences are filled with her attempts to seek power to improve Damion’s positive life outcomes, as she explained, “You know, you got to have scores to go to college.”  One of the hardest decisions she had to make very early in Damion’s educational career was the decision to give him medication to control his ADHD.  Upon suggestions from school professionals, and repeated out of school suspensions, Shenetta sought advice from Damion’s pediatrician.  She described how, “I said ‘Lord, I don’t wanna do it but I got to do something.' So I just said I'm doing this to help him. That's how I looked at it. And I just put him on the medication." Shenetta described how her decisions to access several community-based services for Damion were because she was

> . . . striving to achieve my son's goals, trying to get him on the right track to do better so that he can do things that he know he say he wanna do. So I'm thinking maybe he just need help trying to guide him there or something. So I think maybe I'm doing a good thing by putting him in those services and um, getting people involved with him. Trying to help him.

As Damion progressed through school, and continued to get suspended and struggle academically, Shenetta requested the special education evaluation when he was in fourth grade because "like he needs some help, like I'm trying to see why his learning is on a second grade level." She explained how ". . . he gives me this impression that eventually he's gonna start sneaking and start dropping out and I don't know nothing about it. So I'm always on him and he don't like it." Ultimately, she stated that she wants Damion to achieve a good GPA, because her primary goal for him is "to go to a good college."

Shenetta's actions also imply her desire to nurture a positive racial identity for her son. She stressed that, "He's a good kid. He IS a good kid. But he just got his days that nobody will understand like why" when she explained how Damion will sometimes have behavioral outbursts at school and at home. She described how she will use other African American male athletes as role models to stimulate the conversations she has with Damion about his behavior. She gave one example where she worked with Damion on a school project about Michael Vick, then later explained to Damion, "I'm quite sure he acted out someway but to get where he's at he had to straighten up." Later, she described how professionals often make negative assumptions or judgments. For example, she stated, “Sometimes I be feeling like some people think that all black homes are gangster/ hood. Which all of them are not . . . Every generation has the same thing . . . my child is just one of those kids like any other child.” However, she voiced concern that her child has been “labeled” by school staff for many years, and automatically assume “He’s just bad. He’s a behavior child. He don’t have any goals.” Similarly, she stated that, “It always made me paranoid that if I didn’t try to do something about it [the behavior] they would think he came from a bad home and they would call social services.” However, many of her actions were based in her own belief in her son, and her desire for others to see him positively, as she continued to explain, “But in my mind he has a chance in life. And there’s a reason why my child is acting that way and I’m gonna find out. If they do or not.” In fact, she expresses that her primary reason for initially seeking mental health services was because she was “trying to find someone to believe that there was something wrong” and that her son was not just “bad.”

Finally, Shenetta’s educational choices and advocacy indicate her strong desire to ensure Damion’s physical and emotional survival. Due to his behavioral impulses and quick temper, Shenetta is very concerned that he might one day make a choice that could result in harm to himself or others. She described how her concerns that “. . . if he get out here, he might hurt somebody. ‘Cause that behavior . . . And he’ll be going to . . . And I don’t want to see him going there ‘cause I can’t say please stop. I mean, it will be too late . . . and I don’t want him to be around the wrong people” led her to make the decision to move from with the city limits to outside the city limits so that Damion did not have easy access to poor influences, such as gangs. She explained making the decision to place him on a football team with white coaches, a decision which many people have questioned her about:

> they're white people but . . . sometimes it takes a different generation to see. And I tell people, people get on him about 'Why you on that team?' I said, 'For one, they handle him very well.' I don't have to be at work worrying is he gone be all acting crazy and stuff

as an effort to ensure he is both physically and emotionally safe while he is at practice. She also explained that those particular coaches will visit Damion at school and encourage him to work hard in school. Later, Shenetta emphasized her desire to ensure Damion's physical and emotional survival, stating, "I want to see him get that far . . . I just want him, before I leave here, I wanna know that he's okay. I don't want nothing to happen and he's not."

Shenetta is primarily activates her knowledge of Damion and how the ADHD affects him as she attempts to ensure positive educational outcomes on his behalf. For example, when he came home with failing grades on his progress report, she called his teachers to explain "I'm not telling you to babysit the kids, but somebody like Damion, you would want to call me and give me a heads up." In addition, knowing her son had repeated second grade, she shared that information with school staff when they discussed the possibility of retaining him in fourth grade, explaining, ". . . so they realized that Damion had been held back before. So they couldn't hold him back." As Damion continued to struggle academically, Shenetta felt there were underlying reasons and verbalized to the teachers that "I want my son tested." She then "had to write a letter" once school professionals instructed her to put her request in writing. Shenetta has limited access to formal and informal social networks. Consequently, she has relied on mental health professionals to assist her with meeting Damion's educational goals. She has utilized their expertise to provide services to Damion in his classroom, afterschool, and currently in outpatient counseling. Informally, she described how "other mothers of children with disabilities" have referred her to various community-based services for Damion. She especially voiced much appreciation for the football coaches who offer her support and guidance with Damion's behavior and education. She repeatedly shared how "If I need them [coaches] to go to the school they'll go. It's the first time he ever had any coaches to go out to the school." She also appreciates how his football coaches share her belief and desire to see Damion succeed, explaining how they "really believe in Damion. And they tell Damion, 'Come on now, Damion. You're talented now. Let's do this.'"

While Shenetta has been able to share her personal knowledge of Damion's needs and offer her opinion of how his ADHD impacts his education in some situations, overall she has had a difficult time activating her cultural and social capital to achieve ideal benefits for her son. For example, during one encounter with a teacher, Shenetta attempted to explain her son's diagnosis and the impact it has on him, but she struggled in using the proper terminology, as she described, "This is something that I can't tell you why he's doing it. I just know it's a word for it, like letters. You know, I just know its letters. And I'm trying to do what I can do." She also struggled with understanding the specialized options available to her in the special education program. For example, when asked about Damion's placement, Shenetta explained, "She [the special education teacher] supposed to be pulling him out, but it seems like she's going into the classroom when everybody's there . . . it's supposed to be like one-on-one but he's not actually getting that. So I don't see what she's doing actually." Shenetta thought pull-out services were on his IEP, but she could not find his IEP and had not asked the school teachers about it. Similarly, when asked if Damion receives any services specifically for his behavior at school, Shenetta responded, "No" and seemed unaware that there were behavioral support services available for children with disabilities, an indication that school professionals may not have informed her of all of the potential services for which her son may be eligible.

Ultimately, Shenetta's stories imply a sense of hopelessness that she has acquired from repeatedly attempting to meet his educational needs, yet continuously encountering barriers and repeated suspensions. For example, during my initial phone call with her, she described her efforts to communicate with school staff and help Damion succeed in school because she wants "him to be something in life," but explained Damion is "already labeled." She disclosed that she often cries, and agreed to be in the study because "I wanna be heard about my son." Similarly, she described how teachers constantly called her but didn't seem to recognize her effort to care and provide for her family:

> I mean I done work two jobs back to back and still like, these teachers don't understand I have to work, just like they work. And I don't expect them to babysit my child. But it gets hard when they be like 'Will you come get him?' The teacher called me 15 times the other day. I mean, I didn't get no signal. The only reason why I had got it is because he [Shenetta's significant other] was on break at work and they called his phone.

She feels as though school professionals do not really care about Damion, pointing out that over the years, through all of his suspensions, "it's like he just keeps moving on, keeps moving on." In fact, she questions school professionals' claims about caring for her son, describing an incident several years ago that occurred as Damion was getting suspended yet again that year:

> the more that I went through it, the more I was like, they can tell me how much they cared, and I would snap on them like real quick. And my mother was with me one time and they were like, 'We love Shyheem.' And I was like 'You love Shyheem and you're suspending him? I don't think so.' You know, and my mother was like, trying to calm me down. And I'm like 'They always calling me about Shyheem all the time, all the time.' And they're following us outside and the principal was like 'We love Shyheem.' And I was like, 'Y'all don't love Shyheem, 'cause y'all wouldn't be sending him home if y'all loved Shyheem.'

The numerous suspensions have also led her to hesitate to communicate with school professionals about her concerns. She feels like "it's never easy" to communicate with school staff because "sometimes I think they get irritated with Damion. And then now they just, they see that he's not gonna try to control himself; they go ahead and suspend him for any little thing." She feels torn between her son and school professionals, explaining "because it's like, to me um, I'm like fighting for my child to let people know. See, the school doesn't know how really Shyheem is. He just go there. But they might hear about it. But, it makes me feel like I'm with him, and I'm also with them, but I'm with him . . . Like, he got two different things going on. So they should know something's wrong."

Residing in a rural area has limited Shenetta's access to other mothers of children with disabilities. Shenetta shared that there was no formal group of mothers of children with disabilities that she could meet with or turn to. She stated there has never been a time when she and a group of mothers have come together to address a particular educational concern for their children. Even though she's "quite sure there's plenty out there," Shenetta indicated that she doesn't know many other mothers who have children with disabilities who receive special education services, because "no body's ever directed to that point." She emphasized that she would like to see a local coordinated effort to bring mothers of children with disabilities together, revealing how "knowing I ain't the only one" and "knowing have they done what I've done" would be helpful. She even suggested that I consider scheduling a net conference so that all of the mothers in my research study could connect with one another, share their stories, and possibly learn from each other.

***Rochelle's individual structural description.*** Rochelle's advocacy efforts and the decisions she makes on behalf of her two children with disabilities are her attempts to seek power to improve positive life outcomes for her boys and ensure their emotional and physical survival. She originally consented to special education evaluation and placement because for her oldest son because she "felt like he needed some help," and currently believes that special education services have helped her youngest son improve his academic skills. She further explained how her children want to go to college, and her own most pressing priorities are, "that they get a good education, and stay in school; and no trouble and stay on the right track."

Rochelle has most often shared her knowledge of her children and their individualized needs with school professionals as she advocates for their needs. For example, she described telling teachers about specific reading and writing concerns she noticed when working on homework with her youngest son. In addition, she explained how she talks with the school administrator often because he helps keep Harold "in check" with his behavior. While she knows her children have IEP's, and she frequently shares that information with new teachers, Rochelle's knowledge of special education services and options are limited. For example, although she thought Harold was supposed to be receiving pull-out services and she has questioned the school about the fact that he is not receiving them, she did not seem to realize she could find that information on his IEP and hold school staff accountable to what is on the IEP. Instead, she described how the special education teacher told her there are too many children to do pull-out, and she accepted the teacher's explanation.

Rochelle's access to formal social networks has helped her improve educational outcomes for her children. Because her son Pernell was born prematurely, Rochelle was eligible for a home visitor program offered through the local health department. This person linked her to speech services, which began before Pernell started public education and then continued after he started in the public school system. She also enrolls her children in a summer tutoring program offered by a neighborhood church, which has helped both children academically. She explained how Pernell, "didn't want to read, but he come home now and want to read a book" after attending the program last summer.

Although Rochelle visits with her children's teachers daily and feels they are receptive to her, her stories indicate barriers to her ability to activate her capital to improve educational outcomes for her children. For example, Rochelle shared, "when I talked to her [Pernell's teacher] I told her that he's just having problems with his reading, and when it's time for him to write, he don't space. He put it all together. I try to get him to write neat, but it won't go neat . . ., and when I say do it over he gets to crying." Rochelle further elaborated that the teacher confirmed seeing the same behaviors in class, yet changed the subject to a discussion of how Pernell limps when he walks, rather than offering a specific plan to address Rochelle's concerns. In addition, Rochelle's concern that Harold's not being pulled out of class for his special education services has been voiced several times to various teachers, yet no one has explained to her why this is not taking place, nor has anyone offered to meet with her to re-examine Harold's IEP and special education services. While one teacher offered to check into it, Rochelle stated, "she ain't never said nothing to me about it." Another teacher told her, "there's not enough room" to do pull-out services. While Rochelle continues to wonder about the discrepancy between what is on Harold's IEP and what services are provided to him, the dismissive nature and implied authority of school professionals have prevented her from being able to successfully activate her cultural capital.

As a resident of a rural area, Rochelle indicates that there are no formal groups of mothers of children with disabilities or any other services in the area to help her advocate for her children. She is alone in her attempts to advocate for her children. In fact, Rochelle explained, "I don't believe I know anybody with a child with disabilities that I know."

***Joyce's individual structural description.*** Joyce's primary goal in her advocacy efforts and decision-making is to ensure her son's physical and emotional survival as she seeks power to ensure positive life outcomes for Reggie. Joyce described how she “puts school before, you know, before any games.” Although she initially hesitated to have Reggie evaluated for special education services, she decided to give consent because she believes “anything that’s gonna progress him to get the help, I’m fine with it.” Joyce consented to the evaluation, explaining, “I mean I’m all for it helping him, and if this is what’s gone help him then I’m fine.” She currently feels that Reggie’s, “getting what he’s needing, and that’s the most important thing” through the special education services he receives. Joyce believes she, as a mother, has to let her child know how much she values education, explaining, “So communication is a must that parents, we as parents we should do a lot. You know going out and focusing on them. If kids see that this really gets my mom or parent attention, then they’ll really strive.” She explained that she often drops in on Reggie’s classes so that he will understand how important his education is to her, because it’s “just the small things will help them along the way with their education.”

Joyce shared how she, herself, started college but had to stop, and now wants Reggie to get his college education. She explained,

> . . . school is the most important thing that I could ask of him. And to do well. And when he gives something, give his one hundred percent. You know like because education will take you a long way as long as you got it.

She often tells Reggie, “. . . you can do whatever you want to do as long as you go and get that four year degree.”

The decisions Joyce makes on behalf of her son are often made with the intention of nurturing a positive racial identity as well. She described Reggie's strengths as ". . . bright, he's smart, he's intelligent, and he's very respectful. I mean that." One of her reasons for requesting that teachers move him away from certain peers in school is because she did not want those peers to be a "negative influence." When Reggie was initially referred for a special education evaluation, Joyce hesitated, explaining,

> I wanted him to get the help, but I don't want him to be labeled. You know, me being a paraprofessional, those kids get labeled because they have the behavior problem. They have, you know, all types, and I just didn't what him to one of those. So that's the problem I had in it.

She also particularly stressed that although Reggie is identified as a student with a disability by the school system, she does not define him as disabled, and doesn't want others to view him as disabled, explaining,

> Again, when you talk about, to me when you talk about disability, . . . I know for the purpose of school they call it a disability . . . But I just think that it's just more, it's not really. [It's] Just the READING. So that's why when they first, . . . when they came to me and was like he's . . . I was like, 'well I don't him to be labeled as anything.'

Joyce has a very limited social network in helping her make decisions related to Reggie's education. She initially sought advice about special education placement from her own mother, who told her, "I know you know your child. You love your child and whatever you, she said, you just do it. If it's gone help him, get it," but has also turned to her brother, who is a member of the school board in her community, for input on special education policies and procedures. For example, when she was first faced with the decision of whether or not to place Reggie in the special education program, she sought her brother’s input. Joyce explained,

> when they brought it to my attention, and I was thinking that it was something else, he actually informed me on okay, that’s gonna work. Here’s what this is, and gave me the breakdown on it. So he really was able to, you know, help me understand, and I was all for it then. ‘Cause when she first called me, and I was okay, then I had the little meeting. They use the same vocabulary you use. I was like, he ain’t got no disability, just reading is all he need help with, but then he broke it down to me and that was that.

Most recently, as Reggie has just started third grade and will have to participate in standardized state assessments at the end of the year, her brother has informed her of testing requirements and the expectation that Reggie will have to read his test himself, and encouraged her to allow Reggie more independence when reading his homework.

Other than teachers, who Joyce relies on for advice on how she can best help Jerome at home, Joyce had no formal social networks to help her with making educational decisions for her son. She stated there were no church programs that she knew of that could assist her with educational needs. Likewise, she was not aware of any formal groups for mothers of children with disabilities in which she could participate in. She elaborated that,

> I ain’t never had a conversation or been able to talk to another parent with the same situation as me. No, I have never, and it might could, that might could help too, you know with that parent and me,

and even indicated that she could perhaps be a source of information and support for other mothers of children with educational concerns or disabilities.

Joyce had strong knowledge of her son, and feels that she knows what is best for him, explaining, "you know, you know your child." She took pride in the fact that when her son began displaying negative behaviors in school she was able to inform the teacher that it was the new group of peers he was near, so she requested that he be moved from those peers, and as a result his behavior improved. Joyce understands that her son has been identified as having a learning disability in reading, and is able to explain the special education services he currently gets at school. However, while she knows he gets "pull-out" services, and has a test administrator who can "real aloud" the end of grade test, she is not aware of other options for placement or test accommodations.

Overall, Joyce feels that having open lines of communication with school professionals and being a visible presence in her son's school are the greatest facilitators of her advocacy efforts. Joyce stated that she realizes that "[what you do] for yours [your child] will reflect a lot on how things flow in their education." She stressed the importance of open communication with school professionals, particularly the importance of mothers being vocal when it comes to the needs of their children, explaining, "With me just listening, she [the teacher] gone feel like, 'well she don't care . . . I'm just gone write him up tomorrow if he do something.' So the conversation part . . . that really helps." Joyce emphasized, "You know, like if I'm just gone sit there, that conversation ain't gone get nowhere." She wants teachers to call her with any concern, describing how "I told her [Reggie's teacher] 'call me. If I'm on my job, I'm gone talk. I'm gone let my job know this is my baby's school and I'm gone take this call.'" She tells teachers, "You can call me wherever I'm at. As long as I can talk, call me." She stressed the importance of “Education plus communication, you know. Just doing things out of the ordinary with your child when it comes to school, you know being a real participant in school.” Joyce insightfully pointed out that her presence and willingness to communicate with teachers have facilitated her ability to advocate for her child, describing how, as a result,

> I was just one of the ones that was fortunate enough for that teacher to bring that to my attention. She called me matter of fact, personally on her phone to tell me what help, so I really appreciated that when she did that ‘cause some teachers ain’t gone. You got some that will. Got some that you know, parent don’t care, I don’t care, you know. Just, I’m being honest.

***Aileen’s individual structural description.*** Aileen has made many of her decisions out of her desire to ensure Curtis’ physical and emotional survival. As a result, Aileen does not hesitate to disagree with teachers’ recommendations until she feels she has enough information to make an informed decision. For example, she described how teachers asked her to get a medical evaluation due to Curtis’ behavioral difficulties, but she initially refused out of her concern about the side effects medication can cause, explaining, “You hear about, you know, children being on the medicines and how it makes them just so zombie-like and can’t function.” Also, Curtis’ teacher has recently asked that he attend afterschool tutoring at the school, but Aileen has been carefully weighing that decision, explaining,

> I’m not an advocate for Scholars and I’m gonna tell you why. When my little niece . . . was in, went to Scholars, [she] would come home, no work would be done, no homework would be completed, she couldn’t tell us whatever they talked about, what little tutoring she was supposed to have received. But she could tell

> us that they were on the playground, they had fun, they did this, they did that. . . . And so we would be up, you know, 7:30, 8:00 trying to finish homework.

So, while Aileen was leaning towards deciding against the teacher's recommendation for Curtis, her reason for doing so was to ensure that his emotional and physical needs could be met in the evenings at home. Likewise, she described a situation in which a teacher, "stuck her nails into Curtis so hard one day it left imprints for almost five months in his arm." When she found out, Aileen, "took him to the doctor . . . documented it and . . . told the school." As a result, Aileen stated, "[the teacher] was reprimanded and she was moved," ensuring Curtis would not be physically hurt by this teacher again. Ultimately, Aileen expressed that her actions are based on the fact that while "the blood may not be running through, but the love, that's what . . . the love is what we're demonstrating and giving [Curtis]."

Aileen indicated that her advocacy and decision-making is rooted in her efforts to help Curtis reach his life goals, explaining,

> what they think they gonna do [is] go to college. Like I say, if we see that they can't grasp it, I'm not gonna try to push them to do. But if there's a chance that they can . . . and I just feel like if we keep giving them the attention, the help, the love, the encouragement.

She added, "we know we got a struggle. We got a hard road. But if we stay with them, keep them focused, you know I think they'll do it."

Aileen's advocacy stems from her efforts to seek power to ensure positive life outcomes for Curtis. She described how, when the school called the police about him a number of years previously, she realized

> we just have to do whatever we have to do to make sure that these children receive what they can receive and be successful.  That's the number one thing. And try to find something that would help Curtis.  And that's what we did.

While her decision to remove him from the regular school and place him in an alternative school was a difficult one, she stated, "we were happy because we knew we couldn't leave him in that environment.  Where we know he just would not get any care, any love, any tender loving care.  Any teaching or whatever."  Thus, she expressed her desire for Curtis to receive the kind of care and teaching at school that would encourage him to reach his potential.  Ultimately, Aileen likes that Curtis has the support of the exceptional children's program, explaining,

> I like that he's getting the extra time that he needs.  And he's able to be pulled away when he has to be to do whatever he can do so that he can be successful and have a positive performance, or whatever the case may be.  So I am glad that things in that regard are working out for him.

She views special education as a resource that can help Curtis reach his personal goals, beginning with improving his reading skills.  For example, she described a recent IEP meeting during which the team considering reducing Curtis' resource time from 30% to 20%, explaining, "We got together and agreed with the teacher that we could change it to 80/20 because it seems like he can handle it.  He's doing well.  As long as they maintain that reading resource time that's most important."  She summarized her advocacy efforts by adding,

> we recognize it's gonna be a life-long battle.  You know, we hope and pray that when they graduate high school, and each one gonna graduate you know, that they'll be able to go further in whatever capacity they would like.

Aileen’s community advocacy is also rooted in her to desire to ensure physical and emotional survival and a positive racial identity for Curtis, his brothers, and many of the youth in her community. She explained the factors underlying her decision to start a community-based afterschool program,

> . . . the children, especially in our community, they need help. We had children in our church, smart kids, but for some reason just wasn’t getting it. And their grades were dropping. Kids who could’ve been making As were making Cs and Ds. And being a Sunday School teacher I witnessed, I see them struggle with reading. And trying to talk to them, seeing if they can listen and understand, ask them questions, so I was like we need it. And then of course their parents were talking about how poor their grades were. So we just started then. And it’s been going since then. You know, not trying to brag or anything, but the last 3 years all of our children have passed End of Grade.

Her strong desire for Curtis to develop a positive racial identify has led Aileen to arrange for him to soon become an apprentice at her brother’s upholstery shop. In addition, she takes pride in the fact that his school offers Boy Scouts, coordinated by a volunteer from the school district, describing how, “All of them need that. A positive male influence. And that’s why I’m so happy with the Boy Scouts. Because [a school employee] . . . he is doing an awesome job with the Boy Scouts. . . . They need it in this community.”

Over the years, Aileen’s informal social networks have helped her connect Curtis with a variety of professionals. For example, her brother was able to refer her to the psychologist who completed the first psychological evaluation on Curtis. Her sister, who worked for the local Department of Social Services before relocating to take a position at the state department, provided her with guidance and “said to check on these things with him. ‘Cause she recognized a lot.” She also referred Aileen to the occupational therapist, "somebody that they [social services] had utilized before," who helped treat Curtis' sensory deprivation. These connections were instrumental in allowing Aileen to gain thorough and correct diagnoses for Curtis, which then enabled her to advocate for his educational needs at school. Her church has been a strong formal network for Aileen, supporting her efforts to provide academic tutoring to Curtis and other children in the community. Aileen described how,

> a lot of the members of the church will come in and sit down. Just to sit for an hour or so just to listen to a child read. Um, and then ask questions. And yeah, it's very helpful . . . We got some folk who are really good in math and science. Like, my favorite is reading of course. Reading and language arts and things like that. But we've got other retired educators that are good in math and science. And so they can help. There's a gamut of things we can do. We've got activities, games, you know, math games, fraction games, decimal games. We have a game for almost every area. And it really helps their learning.

While Aileen has a strong social support network, she stated she has acquired her knowledge of special education services through her prior experiences of advocating for her niece who received special education services a number of years ago. She also commented that she has used the internet to attain information about special education and other community resources. In addition, Aileen does not hesitate to call various entities and ask questions if she is unclear on a situation, as she did when her niece's school initially refused to allow her in Beta Club. Finally, Aileen is aware of the legal rights and protections Curtis has, as a student with a disability, as indicated when she discussed college, "They have disability services in college. And it shouldn't make a difference. 'Cause if it does make a difference, then that's a case, you know."

Aileen demonstrated a keen ability to activate both her social and cultural capital in order to improve Curtis's educational outcomes. For example, she often uses her knowledge of Curtis's disability and the impact it has on his learning to ensure he receives appropriate accommodations as part of his special education services. She once described to a teacher exactly how his ADHD affected his ability to concentrate. When the teacher suggested Curtis not be tested in a separate room, Aileen explained,

> 'No, he can't do it. He can't be in that room because he's gonna hear things. Somebody cough, Curtis' gonna look. And then when he looks around, he's lost his place. And it's gonna take him another 10, 15 minutes to find out where he was.'

Aileen's efforts as both an intuitive advocate and disability expert have helped Curtis, as she shared, "But once we got them to understand that and went through that IEP they started making the changes and the grades got better. Because he can do it, he just can't be in that classroom with everybody else." Aileen also tends to rely on her first-hand knowledge of Curtis and his disability before readily agreeing with professional recommendations, explaining, "I can't take a chance you know. If this has been successful, we want to maintain it, you know." She hesitates to make teacher-recommended changes to his IEP "until I see it at home, and when I'm at the school . . ."

Aileen's social networks linked her with professionals in other geographical areas, who helped her acquire specialized information and knowledge about Curtis, his diagnoses, and his individualized needs. She then shared that specific knowledge with school professionals, and incorporated it into his individualized educational plan at school. For example, she explained how, once Curtis was diagnosed with seizures by a specialist at UNC Chapel Hill, she learned

> . . . it could’ve been, you know, part of that process why he would get so irritated because the doctor said he, when we would be thinking he was just daydreaming and we would get on him about it and he would get upset . . . And that could’ve been part of what was going on with the school,

then shared that information with school professionals so that “it’s documented exactly” in his records now.

Overall, residing in a rural area did not limit Aileen from accessing specialized services and care for Curtis, primarily because she had her own vehicle. Because Curtis was in foster care throughout much of the early part of his education, the local social services helped Aileen financially with mileage expenses for his out of town appointments. However, Aileen was forced to find a local mental health provider at one point, when, although “his behavior started improving, it really did, the distance got too much.” Aileen was unaware of any formal groups of parents or mothers of children with disabilities who meet on an ongoing basis and help each other with educational issues in her residential area or town, and feels that mothers “don’t have time from their jobs” to participate in collective activities.

***Teresa’s individual structural description.*** Teresa’s advocacy efforts stem from her desire to ensure Gregory’s physical and emotional survival. She described how, when the school system first requested permission for special education testing, she provided consent, explaining, “whatever decisions that the school had made, it was fine with me. Just so he could get the attention he needed so he could be successful.” She believes the exceptional children’s program has offered “support” for Gregory that she describes as “good.” She wants Gregory to “get [his] education so when it’s time to go out in society, and he turns 18 and leaves, I want him to leave and go off to college.” She also wants him to achieve his own goal of enlisting in the military. Teresa believes parents should have a “high role” of involvement in their children’s education, so that they can “[make] sure they get what they need to be productive kids in society.” She added, “Gregory told me he said, ‘I heard I can quit at 16’ and I said ‘Not in my house. We have no quitters.’”

Teresa’s informal social networks have assisted her with her advocacy efforts. Teresa’s sister, Aileen, attends all of Gregory’s IEP meetings with Teresa, and provides input on decisions that must be made. In addition, Teresa described having access to “other foster parents” who can just “call each other and talk.” In fact, another foster parent helped her locate a mental health therapist locally for Gregory. And, she described how, “mostly when I call in another foster parent it might be one that is like a therapeutic foster parent . . . So I call them in and I might talk to one of them on the phone” for suggestions and advice on raising Gregory and his siblings.

Although Teresa stated that she did not know of any formal groups in her area that specifically serve mothers of children with disabilities, as a result of her status as a foster parent Teresa is a founding member of the local Foster Parent Association. This formal social group meets regularly to “get together and talk about different issues that we have with kids.” She stated that the group may invite speakers at times, and recently offered presentations about ADHD in children and the dietary needs of children with ADHD. In addition, she shared that

> through the foster parent association we talk about different stuff, like they talk to us about the IEPS. We sit down and talk about different things, IEPs and what can we do to help the kids. And some of them, we do have teachers, we have a principal that is in the association. She's the new president . . . And she just touch bases with us on a different things. Trying to help the kids.

Teresa has specific knowledge of Gregory's strengths, weaknesses, and specific special education needs. She shared this knowledge with teachers in her efforts to help him achieve positive educational outcomes, as demonstrated when she did not agree with the recommended goals proposed by the IEP team and when she advocated for him to receive extra time and separate setting accommodations on tests. She emphasized the importance of open communication with school professionals, as she stated that it is easy for her to communicate with Gregory's teachers because

> any time anything go wrong they call me and they let me know. They don't wait until the last moment or minute to let me know anything. They let me know right up front Gregory having a problem with this and that. I don't care what teacher it is they mostly call me and let me know what's going on.

However, Teresa does not always succeed in activating her social and cultural capital to ensure her recommendations are honored. For example, although she disagreed with a proposed math goal on Gregory's IEP, she explained that

> the teacher did try to say that based upon the classwork, the quizzes that she's given, this is what she's basing [the goal] on. Not the exams and tests that we got home. So, you know, I realize that maybe we were just making just too much of

> it. As long as we saw the grade and at the end of the year he had a high grade in math. So everything was ok . . . they left it. We conceded.

In addition, her stories indicate that she viewed "the school" as the decision maker for Gregory, and trusts school professionals, stating,

> They are willing to help in any way they can with Gregory. So therefore if I call them for anything they'll, we'll set up meetings, or if they need me for anything we'll set up meetings. And we just meet and everything works out.

She concluded out that "whatever decisions that the school had made, it was fine with me."

***Penny's individual structural description.*** Penny's decisions and advocacy efforts for Alicia were grounded in her desire to seek power to improve Alicia's life outcomes. Penny described how she will do "anything to help her learn to pass so she can go on to college and all that. I don't mind." For example, while the cost of the tutoring program would have been a huge financial burden, Penny explained that

> I didn't have to pay anything. I filled out her papers and everything, the school had to fill out a paper, and then um, all I had to do was give [the tutoring program] my income. And they paid the whole thing, then I'm paying them back.

She was expecting to complete her $50 a month payments sometime this year, during Alicia's ninth grade year, but indicated making the payments was worth it because "it helped her a lot." And, while her decision to retain Alicia in first grade was not what the teachers recommended, Penny did so because she felt Alicia, "wouldn't have learned nothing. She'd just been going on, going on. She wouldn't have never knew what she needed to know."

When the special education teacher indicated Alicia may be exited from special education, Penny specifically sought to keep Alicia in the program, explaining, "But I didn't really want them to take her out you know. I just wanted, you know, somebody to help her with the math . . ." Penny described her most pressing priorities for Alicia, stating, "I want her to learn, and get all her education, and to do real good, and to be successful in what she do. And keep her mind focused on her work," stating that she thinks Alicia's education is more important than anything else, including her sports activities. She reflected on her decision to first place Alicia into special education, and the overall services Alicia has received, and commented, "It's good. I really approve of that. And you know, any other kids that need that, they need to go and go through that process. It'll help a whole lot. Whether they know it or not, it'll really help." She believes the EC staff "would help her with getting herself together with trying to focus on that math. And, like the EOG tests and stuff, they would help her with that. They did a good job," and as a result, "she really did a good job on her tests, too."

Overall, Penny believes she has made the best decisions she could make regarding retention and special education services to ensure physical and emotional survival for Alicia. She explained, "If I would have sit back and let them pass her on, or told [her teacher], 'no, don't try to help her,' she wouldn't have been learning nothing . . . She'd still been struggling. In ALL her classes." Her comments indicate that she believes school is the number one priority, stating, "Going to school is more important that messing up and messing around. As long as they stay in school keep their grades up. That's good," and all parents should, "make sure their kids get the best education that they can get. And stay on top of their grades and make sure they understand, you know."

Penny has had a very limited social network to turn to for assistance throughout the years of advocating for her daughter's educational needs. Other than her mother, who helped drive Alicia to and from tutoring when she was in elementary school, Penny did not identify any other source of informal social support. When asked to describe some of the services available to her as a mother of a child with a disability, she was silent, and then responded that was a "hard question." She stated that she did not know any other mothers of children with disabilities in the area, perhaps because, ". . . some people don't like to share information about their kids if they in this kind of program." She was not aware of any type of formal group of parents who meet on a regular basis to discuss concerns or issues related to their children's educational needs. As a resident of a rural area, she stated, "you know you can't hardly find no help in [this] county" and stressed that it's just been "only me and the teachers" working towards helping Alicia reach her academic potential. She has trusted teachers to help her make the best choices for Alicia, explaining,

> The only thing that I had assistance with was like the teachers. They was real nice and they wanted to help Alicia. But you know, 'cause at my point I know she was struggling. But I said maybe she would pick up. But, the teacher seen it better than I did. They helped me out a whole lot.

She credits Alicia's teachers with helping her get Alicia into the EC program and helping her keep Alicia in the program in eighth grade. Overall, Alicia's teachers have been her primary source of social capital, as they referred Penny to both the tutoring services and EC program, and she trusts the recommendations Alicia's teachers make to her. Other than the time she requested Alicia be retained, she could not recall a time she has disagreed with Alicia's teachers. She explained how she will usually tell them to, "Go ahead on and do what you gotta do. Anything to help my child to get a good education, go to college, I don't mind, you know, helping."

Penny's knowledge of her daughter's strengths and weaknesses has helped her advocate for Alicia's needs over the years. She was able to activate her knowledge of Alicia's weaknesses in math to allow her to repeat first grade, when the school staff recommended promotion, and to continue her EC services in eighth grade, when the school staff recommended exiting her from the program. However, Penny has limited understanding of the specific special education services Alicia receives, who to contact to request a meeting or ask a question, or how to make a change in Alicia's placement or services. For example, since Alicia has transitioned from middle to high school, Penny is not sure if she has continued to receive pull-out services. Alicia has told her mom "a teacher comes into the class to help everybody," but Penny stated, "Unless they changed it [the IEP] when she got to the high school," she was unaware that the pull-out time had been decreased. Regardless, she explained that, at the high school, "they don't have time, they got too many students. They don't have time to be one-on-one. Alicia just gotta kind of pick up a little bit with it," indicating she does not understand the broad realm of individualized services the special education program can potentially offer her daughter. Although Penny realizes she "need(s) to go out there though and check and make sure cause they said that she'd get help at [the high school], and she would see that lady," Penny is not sure who to contact at the high school to discuss her concerns related to Alicia's special education services.

Penny is limited in her advocacy efforts by her work schedules as well. Being an employee at Alicia's middle school helped Penny logistically, as she was able to attend more meetings and keep in frequent contact with Alicia's teachers for the three years Alicia attended the school Penny worked in. She described how, "When [Alicia] was at [the middle school], they knew where I was at in the cafeteria so they would come down there. And they would talk to me and tell me about how Alicia doing." However, now that Alicia is at the high school, Penny's work schedules severely limit the amount of time she can meet with teachers, as she explained, "By the time I get off my bus they be . . . they'd be gone . . . by the time I get in my car and go where I got to go everybody be gone."

***Nicole's individual structural description.*** Nicole's advocacy efforts have been a result of her desire to ensure the physical and emotional survival of Cashmere. Nicole described how she wants Cashmere to "go to college, 'cause I didn't get to do it. I just want her to better herself." She states that she ranks education as "the highest" priority in Cashmere's life. She views special education as a resource that has helped her in her efforts to seek power to improve Cashmere's positive life outcomes. She is glad that she requested to have Cashmere evaluated for the EC program because, "she was doing good" now.

In addition to wanting Cashmere to reach her academic potential, Nicole wants Cashmere to have a positive racial identity.  Because Cashmere was born prematurely, Nicole described how other children have teased Cashmere over the years about the "sound of her voice."  So, when she met with Cashmere's teachers at her new school, she spent time explaining Cashmere's medical history.  She emphasized to the teachers that, "I just wanted her to uh, get well-adjusted with the other students" because she wants Cashmere to "feel good about herself."

Through the years, Nicole's social capital has emerged from one informal support person, her cousin.  She stated that her cousin is a school counselor in the school that Cashmere now attends.  However, several years ago, her cousin informed her about special education and how to request an evaluation for Cashmere.  Thus, as a result of her close relationship to her cousin Nicole was able to access improved educational services for Cashmere, explaining, "I had talked to [my cousin] about it.  And she told me to get in contact with somebody.  And I did, and that's when we did the paperwork."  Nicole stressed the significance of her cousin's involvement, sharing ". . . 'cause if it weren't for her, she knew all the stuff.  What to tell me."  Now that Cashmere is a student at the school in which her cousin works, Nicole explained that her cousin is providing Cashmere with afterschool tutoring and is "checking" on her IEP and EC services. Nicole is grateful for the direction and support her cousin provides her, explaining, "If it weren't for her I don't know what I'd a did.  'Cause I probably be still running around trying to figure out what we was gonna do."

Nicole's knowledge of her daughter has been an important component of her advocacy efforts. Nicole shared that mothers know their children best, "better than [teachers] do . . . you might tell me another thing, but I know. I see this," emphasizing the importance of mothers' observations of their children at home. She activated her knowledge of Cashmere to make specific requests for her education and special education placements. However, Nicole has limited knowledge of the special education program and the rights her daughter is afforded through that program. For example, she described receiving the handbook of parent rights but stated, "I really don't pay attention to that . . . 'Cause . . . just because there's something on that paper does not mean that's what they will do." As a result, Nicole did not realize there were specific timelines that applied to her daughter's special education services during her move to the new school.

Overall, Nicole feels that her attempts to advocate for her daughter have "mainly been difficult." She compared her experiences at two of the different schools Cashmere has attended. At the first school, she felt school professionals did not really listen to her. She wished, "For them to listen to me telling them how I know how [Cashmere] acts. She might not act like that at the school, but when she gets [home] there's a difference. And I was hoping that they could see it too. But you know, they ain't paying attention to it." She described feeling disempowered as she sat in a meeting, "It's like a fast talk. They all around talking, and like, 'any questions?' I'm like, 'well it look like to me y'all got it done y'alls self.'" The day she requested testing for Cashmere she explained, "I was really aggravated that day. 'Cause I was like, 'I been told y'all that she needed help.' . . . But it seemed like no one was listening." She was disappointed as well, explaining,

> . . . you really can't count on all teachers. I understand how teachers are. You have to deal with, not just one child, you have to deal with a whole lot of children. 'Cause the way they putting them in classes, full and all that. I understand that. But I was just wanting them, to, you know, try to help me out.

However, at the middle school Cashmere later attended, Nicole felt that professionals were more receptive to her input, which positively impacted her advocacy. She explained, how, "They were willing to take time out to talk to me. Like, I'd go out there and they'd talk to me one-on-one." During IEP meetings, she appreciated that they put an electronic copy of Cashmere's IEP on a board, for the entire team to see, and would ask her questions to gather her opinions and input, which was then incorporated into the final IEP. She felt that it was easier to talk to them because felt heard, commenting,

> 'cause really you want to be heard. Yeah, you feel for other students too, but this is my child. I want you to listen to what I'm saying about MINE. I'm not talking about nobody else's child. Let that parent worry about their child. I mean, mines, yeah!!

Nicole stated that other than her cousin, she has not had anyone else to assist her with her advocacy efforts. She did not know any other mothers of children with disabilities, stating that "people don't know what's going on in the schools, finding out who has the same problem as her. They need to know more." She was also unaware of any formal social group that might exist in the area for mothers of children with disabilities, stating that "you have to go other places . . . far!" to find support from other parents and mothers of children with disabilities.

***Barbara's individual structural description.*** In her effort to ensure physical and emotional survival for Travis, Barbara actively sought power that would improve positive life outcomes for Travis. She stated, "because Autism is such a wide spectrum, I personally have felt like I'm on my island and I'm just gonna have to do what I need to do for MY son." From the time she realized her son had Autism, Barbara began seeking answers, telling professionals, "I just need to know what to do next to help him." She initially sought an accurate diagnosis for Travis because she felt, "If you know early, you know what to do, and that was important." She explained that throughout his education, she has been ". . . adamant about not getting stuck. I didn't want him just to be in daycare his whole life. It was about making sure that he was getting educated and not just taught to . . . live . . ."

She explained her requests for Travis to participate in inclusion as

> I always wanted him to socialize more, since he knew the same 5 kids who were going with him from school, to school, to school. Unfortunately in [this] county, they move that program around so much that it was challenging for us because it was so much change when he needed consistency. So he clinged to those five kids. So I wanted him to branch out so the fear of the unknown wasn't so detrimental.

She and his siblings have introduced him to new social situations outside of school as well. Even when Travis was reluctant, Barbara persisted, because she felt,

> Had I just never, ever taken him to the movies again, had I never, we never went to Wal-Mart again, I just always left him home with the sitter, he would be that same kid that's just afraid of the world. You know, and I just, that's not what my goal is for my son. I don't know how far he's gonna go, but we gone take him as far as he can get.

At times, her desire for Travis to exceed others' expectations led her to disagree with professional recommendations, such as the time she did not want the school to focus only on activities of daily living. And, when professionals wanted to work with Travis on sign language, Barbara agreed but with restrictions, explaining, "I didn't want to push so much, 'cause I wanted him to be verbal, so we did that to limits." She described how she has always pushed Travis to try new things and new situations, such as the inclusive settings at school, because

> I think my only concern really was 'How far can he go? How far will he go?' I wanted him to be the best and do the best. That's why now I still want to push him academically. I don't want him to limit himself because someone thinks that, or because he's labeled autistic. It cuts him off here. So that's my goal. Is always to go as far as he can go.

While the school district referred her to the Autism Society, Barbara chose not to join, explaining,

> I didn't want to get him, especially since he's locked in that self-contained class at school, I didn't want his only network of friends to be Autism Society . . . So I kind of just steered away from that and tried to put him in different programs and get him involved in the same things his sisters and brothers were getting in to so that he kind of knew other things.

Barbara's concern for Travis's physical and emotional survival has led her to voice her concerns about the potential emotional effects the district administrative decisions to move Travis's self-contained class to various schools across the county could have on him and his peers, explaining, "If you're supposed to be head of this department, you're supposed to know this. But you're making financial decisions that are detrimental.  Our kids can't progress if they're being held back because of emotional situations all the time."  Overall, Barbara explained that all of her decisions and advocacy actions have been because she

> just wanted to make sure that um, he is understanding of the outside world.  And that we just don't contain ourselves in here.  So that's my main goal.  That he progresses so he can function.  I want him to be, um, I'm not sure if the day will come where he can get his own apartment.  But if it comes, I want him to be mentally ready.  Or as close as he can.  As close as he can.  If he gets to where he's in a group home, where he feels more independent.  I want him to get as much independence as he can.  You know, be comfortable and understand.  I don't want to throw him out in the world and be afraid of it.  That's my goal.

Barbara's stories and comments indicate her actions also stem from her desire for Travis to develop his own positive racial identity.  She emphasized that all parents need to advocate for their children, explaining,

> if you don't, you'll be doing your child an injustice.  Just like you want to make sure your kid gets off to college and you make sure you push them to do their work.  This is the same thing, you know.  Just maybe you have to do it a little harder, because he can get lost in the system.  Because some people just don't, I don't ever want my child to be considered a throw-away child you know.  So, I gotta be right there with him.  So, they know him, they know Travis, they know Barbara.  Yeah, so I think every parent, every parent, you have to be that way.

She indicated her desire for Travis to be seen as his own, individual person, not a person with a disability, stating, "He's not autism, he's Travis" and explaining,

> I can say I never, you know, worried that he wouldn't, or he would be disabled.  We never did consider him disabled.  Even now, people, we have to think to explain that he's not being rude . . . You know, because if someone's talking to him and he's not being engaging, they're like, 'He's not looking at me.'  Even his siblings, we have to be like 'Oh, that's Travis.'  Most everybody in his life think, 'that's just Travis.'  You know, so it's not like, 'Oh, he's autistic.'  I don't think

> we even use that word in here.  Not that we can't, it's just that it doesn't come up here.

Barbara has few connections outside of the school system to help her advocate on behalf of Travis.  Informally, her mother and Aunt have helped connect her with resources and information that have assisted with her efforts.  Barbara described,

> When I first initially had him tested, I didn't know where to go.  My mother actually, she worked with a woman who worked with social services, and I said I want to talk to her to see if there's any way that I can find out where I can have him tested.  So she gave me, connected me with [the mental health provider]. They were the ones who did the testing for me.

Throughout his school years, she has relied on an Aunt, who lives in a different area of the state but who is very familiar with special education policies and procedures.  Barbara shared, "Fortunately I have an Aunt . . . and that's what she studied.  That's what she majored in . . . she had went back to school late and she studied special needs."  She described consulting with her Aunt on issues, such as her special education options and rights.  Once she receives reassurance from her Aunt, Barbara felt more confident to verbalize during IEP meetings, "This is what I want.  I'm not asking, I'm telling.' You know, 'I want him to be here and there.  If I need to come and sit with him I will.'"

Formally, Barbara states she utilizes the IEP team members and Exceptional Children's staff at the district office to help her achieve her goals for Travis.  She explained how,

> The IEP team has been a resource for me . . . Whenever I've had concerns I've brought them up at that meeting.  And they've been very helpful.  And the committee's always changing in every school he's been to, but I've been able to

> voice my concerns and my issues at that meeting all the time and they've been very helpful with resolving issues that I've had.

However, Barbara also acknowledges that perhaps her frequent attendance at IEP meetings and visits to central office have helped her to form social networks that, as a result, have enabled her to gain advantages for Travis in his education, explaining,

> I mean, it was very helpful to the point to where, people remembered me. So that, I felt, people remembered Travis. Because I was very active, and I felt like he was afforded some things, and didn't get pushed back.

As she looks ahead Travis's transition to high school next year, Barbara has formulated a plan for ensuring he continues working on appropriate educational goals, describing, "hopefully there's gonna be a guidance counselor there at the high school. I have NO problem sitting up there all day to find out exactly who does that." However, should she run into barriers, she plans to once again utilize the social network she developed many years ago with the central office preschool coordinator, who first placed Travis into the EC program, explaining,

> [the preschool coordinator] has always been a big help, even with my 2 adopted children, as far as resources, what I need to do, who I need to talk to. So I'll call her up constantly and ask who do I talk to, who do I get . . . 'cause I have a child with special needs and that is her department. So I'll use her as well.

Barbara's stories indicate she has an ample amount of knowledge regarding special education policies and procedures, and she has been able to successfully activate it to achieve better educational outcomes for Travis. She explained that school staff "give you that pamphlet all the time" that she reads to become informed of her parental rights. In addition, Barbara stressed that the community college class about disabilities that she first took years ago, before Travis was diagnosed, as part of her Early Childhood Education degree, gave her a basis of knowledge about Autism and specific educational options. For example, she indicated that "through my class, they were big advocates of inclusion," when sharing how she knew to request for Travis to leave his classroom to go to a regular education class for a portion of his day. And, she knew that there were differences in the speech therapy services Travis would receive at school versus the services he received at home, as she explained, "school is never adequate as far as speech therapy is. And that's just the truth . . . they were doing group sessions, when everybody had their own individual needs." She used this knowledge to advocate for her son to continue to "get some home visits. Not as much as he was getting prior, but we were still getting some home visits" for individual speech services.

Barbara displays tenacity in activating her social and cultural capital as she seeks the services and programs that she feels are best for Travis. She explained,

> I've had a girlfriend say 'rules don't apply to you.' I'm like 'what do you mean?' She's like, 'well, if they say no, you say yes.' [laughter]. And I said, 'Well, that's all about knowing your worth, knowing your child's worth, and demanding your rights, that's all.'

And, she acknowledged that knowing these rights have given Travis advantages that other children with Autism in his class are not receiving, such as in the case of the inclusion services that he receives, explaining,

> . . . he's making those necessary connections. And that's gonna help him. Because with Autism being that socialization disorder he needs that. You know,

> and that's only helping him. Other kids in his class aren't getting that. Are not getting that, you know.

Although Barbara has been successful in achieving her overall goals for Travis, she still feels some services and attitudes in her rural area are deficient. As a rural resident who used to live in an urban area, she stated that "I am concerned about being in this environment here, like in this small environment and the limitations that I face." She feels that, in the rural schools, students with disabilities are "more segregated" and shared that "it concerns me that unfortunately that not everyone like me is gonna push." Additionally, Barbara worries that, "You know, when it's so small minded, as far as [students'] capabilities, they get stuck. I wish that there was other programs that would come in to the community to foster [higher expectations]."

Similarly, Barbara acknowledged that the area has a local Autism Society, but she felt that its purpose and mission are focused on providing social opportunities for children with Autism and respite services for their parents, instead of on collective advocacy efforts. She feels that this, too, would be different in a suburban or urban area, explaining,

> because there's more children out there, in a city per se, with special needs, the groups like Autism Society, they're bigger. There are more spin off groups to them. More parents who are like-minded like myself, who don't want to just sit around and say 'hi, my name is Barbara. I have a son who is Autistic.' You know, 'we want to get out in the community, be more active, more supportive, and more inclusive.'

Finally, Barbara's efforts to create change on a system level have hit roadblocks, which she attributes in part to the rural area in which she resides. For example, she explained that,

> Um, because I guess we're a small town and, a lot of, I'll see people at the Special Olympics and everyone is very welcoming and it's kind of reassuring and we're all cheering for our child. But I think children misplaced, and I say that because of my experience with the school system, we're not consistent. So, we're all over the place so we don't really get a chance to come together in my view,

referring to how her son's class has been moved from school to school over the years, thus limiting her ability to get to know more than the five parents of children who are in his class. She explained that "we don't really see each other that much" and, "trying to maintain people's privacy" prevents school professionals from helping parents network with each other.

Barbara also indicated that, because of the frequent moves between schools that her son has endured, her concerns are not necessarily important to current collective groups, such as the school's PTA, explaining,

> like they have the PTA for the school, and their focus isn't, they don't have enough focus on the special needs. They're just a class, a self-contained class in the school. They don't involve them enough. . . . And I think it's because each school just looks at it as, 'There's six kids in that class. That's not our main . . . we got a hundred kids over here.' And since they're moved so much it's hard for other teachers, even staff, to get attached because they're always somewhere. For them to say "we need to do something with our program" . . . heck, they don't know if they're gonna be there next year or not.

She indicated that, when she did try to rally more parental support for Travis and the peers in his self-contained class, she never heard from any parents. She believes that living in a rural area, where everybody knows everybody, could prohibit some parents from speaking out, explaining how Travis's teacher once told her she believed other parents were "upset, but they feel like this is what they have to accept." Therefore, Barbara explained, "it was hard to get the support" she felt she needed to continue to push for change at a district level.

**Composite structural description.** Drawing from the mothers' individual structural descriptions, a composite structural description is created for all of the participants of the study. Primary themes are identified and integrated into this synthesis of the structural experience of the participants.

***Composite structural description of advocacy.*** All of the mothers' advocacy experiences were influenced by a number of factors: (a) the meaning the mother assigned to her advocacy efforts; (b) the types of social and cultural capital each mother possessed; (c) the facilitators and barriers each mother encountered as she attempted to activate her capital; (d) the rural setting of the mothers' homes; and (e) the child's disability.

The specific meaning assigned to the decisions and actions made on behalf of their children with disabilities clearly reinforced the mothers' advocacy efforts. During the times when the mothers could have been perceived by school professionals as demanding, difficult, or disagreeable, these mothers explanations indicate their choices were simply what they felt were in the best interest of their child. Every advocacy effort identified in the mothers' stories were a result of their desire to ensure their children's physical and emotional safety, seek power to improve positive life outcomes for their children, and/or nurture their children's positive racial identities.

The types of social and cultural capital each mother possessed, and how they were able to activate their capital, varied, and proved to be an extremely significant influence in their advocacy actions. As a whole, the mothers who had greater amounts of social capital seemed to experience greater success in their advocacy efforts. They had more social networks to provide them with emotional support, link them to resources, or help them navigate the special education setting, and were usually able to overcome barriers and accomplish their goals for their child. While the majority of the mothers did not have a strong foundation of cultural capital regarding their child’s disability nor the special education setting prior to their own child’s identification within the school setting, those who were able to access knowledge about their child’s disability, and learn specifically about special education policy, options, and rights, were more likely to advocate for her child’s special education needs as a “disability expert” or “strategist.” The two mothers who had previous experience and formal education in special education and child development also indicated attempts to advocate as “change agents” to create better environments for children other than their own. Similarly, those mothers with the greatest amounts of social and cultural capital were more likely to overcome systemic barriers to their advocacy efforts because they were more aware of their rights and who to contact at the district-level if their concerns were not addressed at the school.

There were some essential factors identified that appeared to facilitate the mothers’ advocacy efforts. Each mother emphasized the importance of open communication and the engagement of hands-on administrators. When they felt there was an open-door policy, they were more likely to engage in productive conversations about their concerns and wishes.  However, all mothers had also encountered barriers to their advocacy efforts, indicating that professionals who do not take the time to genuinely listen to and address their concerns often prevent them from reaching their advocacy goals.  Residing in a rural area also seemed to negatively affect the mothers' advocacy efforts, as there was no access to formal networks of support for most mothers, and specialized resources and assistance were often too far away to drive to on an ongoing basis.

Finally, the children's characteristics and disability types seemed to influence the advocacy experiences of the mothers.  It appeared that mothers of children with Autism had the most support from the school system and found it easiest to communicate with school professionals.  However, those mothers of children with behavioral disabilities encountered more barriers and had the most demanding and time-consuming advocacy experiences.

## Essence

The final step in Moustakas's (1994) phenomenological analysis requires the reduction of the phenomenon to its essence.  In this step, I combined the composite textural description and composite structural description in an effort to reveal the essences of the mothers' advocacy experiences (Moustakas, 1994).  In this research study, the phenomenon being studied is the rural special education advocacy experiences of African American mothers with children with disabilities.  The themes that emerged as measures of my research helped to capture the true essence of the phenomenon of rural special education advocacy for African American mothers.  The composite textural-structural description, or essence, has five domains which integrate the experience and the context of the experience.

First, parental advocacy efforts were evident in each of the mothers' stories; however each mother's advocacy experience was different. All of the mothers advocated intuitively, sharing their personal knowledge of their children with school teachers and administrators. A subset of the mothers advocated as disability experts, incorporating their knowledge of their child's disability into their conversations with school professionals. Two of the mothers advocated as strategists, integrating their knowledge of special education policies, procedures, and rights into their advocacy efforts, and change agents, attempting to create systemic change for a larger population of children with disabilities.

Secondly, the mothers described their special education advocacy experiences as an emotional experience which can involve both positive and rewarding emotional aspects and very challenging and distressing aspects. These mothers discussed advocacy experiences that resulted in positive outcomes for their children, but they also recalled experiences that were frustrating and did not improve educational outcomes for their children. Sometimes, advocacy was experienced as "easy" and part of a team effort to meet the needs of their children with disabilities. However, most of the time the mothers advocacy experiences proved challenging and demanding of their ongoing attention and time. When their advocacy efforts resulted in positive changes for their children, the mothers indicated feeling proud and content, but when unsurpassable barriers to their efforts were encountered, the mothers were often left feeling discouraged, frustrated, and not knowing who to turn to for support. The mothers in this study discussed aspects of their advocacy that they felt were necessary for them to be able to advocate for their children most effectively. Access to social networks and knowledge regarding specific disabilities and the special education setting were imperative. However, even the mothers who possessed the highest levels of social and cultural capital identified other aspects that enabled them to activate their capital throughout their advocacy efforts. Overall, each mother indicated that open communication is the most essential ingredient in special education advocacy experiences. The mothers wanted to feel that, not only could they could call or visit school teachers and administrators at any time, but their opinions and concerns would be heard and validated. They also wanted teachers and administrators to reach out to them, and contact them immediately with concerns or questions regarding their children. Open lines of communication helped develop mutual respect and trust between the mothers and school professionals. In addition, it led to the mothers feeling that school professionals knew and cared for their children, and also desired what was best for their children. As a result, the mothers who experienced these factors as part of their advocacy efforts were more likely to successfully activate their capital to achieve positive educational experiences for their children.

Next, an unexpected finding of the study is that the child’s disability category appeared to be an overarching influence on each mothers’ advocacy experience. Although the mothers did not indicate an awareness of this, their stories certainly indicated that those mothers who had children with behavioral concerns experienced more barriers in their advocacy experiences. In addition, they were more likely to encounter teachers and administrators with negative, judgmental attitudes and have children with patterns of suspensions, and yet be less likely to receive referrals from regular education teachers or school administrators for special education evaluation, which offers some legal protections for their children. Therefore, the indicators of a potential disability that a child initially displays in school, and the subsequent diagnosis of the disability, seemed to directly influence how the mothers would experience their advocacy efforts.

Fourth, the mothers in the study all indicated that residing in a rural area presented unique challenges in their advocacy experiences. The mothers often commented on the lack of services available to them and their children locally. Many of the mothers did not have their own transportation and could not access services that were 40–100 miles away. Those who did have transportation could not afford the cost of fuel to drive great distances on an ongoing basis. However, perhaps most importantly, was the fact that none of the mothers had any formal source of social capital that provided direct assistance with their advocacy efforts related to their children’s special education needs. When school and district professionals denied their requests, the mothers had no one else to consult with for guidance and advice on their parental rights. In fact, even the mothers who were members of local formal support groups explained that those groups were not specifically aimed at assisting with special education decisions and advocacy. Moreover, none of the mothers knew another mother well enough to join together to address school concerns collectively. As a whole, the mothers indicated that more support for mothers of children with disabilities is needed in rural areas.

Finally, the underlying meanings each mother attributed to each of their advocacy actions undoubtedly guided every decision and action these mothers made on behalf of their children with disabilities. Whether the mothers were quietly agreeing with every recommendation made by school professionals, calmly and politely explaining their position and specific requests, confronting professionals about their decisions and actions towards their children, or verbally speaking out to district administrators against what they perceived to be social injustices aimed at their child, and others, with disabilities, they did so with the intent to (a) seek power to improve their children's positive life outcomes; (b) nurture their children's positive racial identity, and/or (c) ensure the physical and emotional safety of their children (Cooper, 2007). These mothers' advocacy experiences were remarkably different at times, but ultimately embedded in the same underlying meanings.

# CHAPTER V

# DISCUSSION

This chapter presents a summary of the study in its entirety including a discussion of the results in relation to the review of the literature presented in chapter two. Recommendations indicated by the mothers' stories for professionals in rural areas who work with African American families of children with disabilities will then be described, following which limitations of the study and implications for further research will be discussed.

## A Summary of the Study

The phenomenon of African American mothers' advocacy experiences within rural special education has not been explored in the field of education. Because African American parents have often been labeled as more of a hindrance than benefit to their children's education (Cooper, 2007) and "uncooperative, unconcerned, and uncaring about their children's education" (Ritter et al., 1993, p. 107) while "upwardly mobile minority parents are often maligned as pushy, demanding, and unreasonably ambitious for their children" (Ritter et al., 1993, p. 107), education professionals will be more understanding and successful at establishing genuine partnerships with these families if they are familiar with the phenomenon and its underlying meaning and context. This transcendental phenomenological study aimed to understand the African American mothers' lived experiences of advocating for the educational needs of her child or children who receive rural special education services. For the purposes of this study, advocacy was defined as any activity a parent engages in, or attempts to engage in, with the hopes of accessing appropriate services for their child. Thus, advocacy actions took the form of letter writing, phone calls, parent/ teacher conferences, attendance at IEP (Individualized Educational Plan) meetings, classroom visits, etc. Moustakas's (1994) transcendental phenomenology methodology was employed to guide the investigative process.

Chapter I delineated the researcher's epistemological foundations to offer the reader an understanding on how the topic and method for researching the topic were identified. Thus, an overview of the problem was provided. In addition, an explanation of how components of social and cultural capital theories and black feminist explanations of motherwork would be combined to illustrate the social, structural, and cultural dynamics involved in mothers' advocacy experiences related to the needs of their children with disabilities and to demonstrate aspects of mothers' decision making for children with disabilities that are both gendered and culturally anchored served to provide a conceptual framework for the research.

In Chapter II, a review of the literature discussed the theoretical understandings and research findings related to parental advocacy, facilitators and barriers to parental advocacy, specifically within rural settings in education, social and cultural capital, and motherwork. This review established a framework from which to examine and understand the advocacy experiences of African American mothers of children with disabilities who receive rural special education services.

Chapter III described how the phenomenological research approach of Moustakas's (1994) transcendental phenomenology was applied in conducting the study. This chapter highlighted an explanation of the research methodology, including participant selection and methods of recruitment. Moreover, data collection procedures, and how issues of trustworthiness, confidentiality, and ethical issues were addressed were outlined. The data analysis procedures of Phenomenological Reduction and Imaginative Variation employed to organize, analyze, and synthesize the data were detailed in Chapter III as well.

In Chapter IV the findings generated from the researcher's individual interviews with twelve research participants were disclosed. The results of the data analysis data yielded textural and structural themes that were reflective of the twelve African American mothers' individual experiences of parental advocacy within rural special education. Through the textural analysis, six textural themes related to the phenomenon of mothers' advocacy experiences within rural special education were identified. These themes, which include subthemes, facilitate an explanation of what rural special education advocacy is for African American mothers of children with disabilities. The key themes identified are as follows: (a) Advocacy begins early; (b) Advocacy looks different; (c) Advocacy includes locating and utilizing community resources; (d) Advocacy includes ongoing communication within schools; (e) Advocacy is doing what it takes; and (f) Advocacy is being visible. Through the structural analysis of the interviews with the mothers six structural themes, or influences, related to the phenomenon of mothers' advocacy experiences within rural special education emerged. The key themes, which include subthemes, are: (a) The influence of meaning; (b) The influence of social capital; (c) The influence of cultural capital; (d) The influence of how capital was activated; (e) The influence of the rural setting; and (f) The influence of behavior.

In the final step of the transcendental phenomenological research process, "the structural essences of the Imaginative Variation are then integrated with the textural essences of the Transcendental-Phenomenological Reduction in order to arrive at a textural-structural synthesis of meanings and essences of the phenomenon or experience being investigated" (Moustakas, 1994, p. 36). Husserl (1931, as cited in Moustakas, 1994, p. 100) describes essence as "that which is common or universal." This final phase of the research process involved synthesizing the textural and structural descriptions of the participants' experiences into a composite description of the phenomenon through "intuitive integration" (Moustakas, 1994, p. 100), resulting in the "essential, invariant structure of ultimate essence which captures the meaning ascribed to the experience" (Moerer-Urdahl & Creswell, 2004, p. 22). Upon synthesizing the six textural themes and six structural themes described above, the essential nature of the phenomenon of rural special education advocacy for African American mothers of children with disabilities can be described. This composite description merged the textural and structural themes from my research findings in order to understand how the participants as a group verbalized what they experience (Moustakas, 1994). As a result, this chapter will situate the essence of the personal advocacy experiences described by twelve African American mothers of children with disabilities who reside in a rural area within the theoretical frameworks of social and cultural capital and black feminist explanations of motherwork, drawing from the mothers' own words and explanations.

## Relationship of Results to Review of the Literature

There are six essential themes that emerged from the data that encompassed both the how and the why of the participants' experiences. The essence of African American mothers' advocacy within rural special education was identified as: (a) variable; (b) dependent on social and cultural capital; (c) affected by family-school partnerships; (d) shaped by the individual and unique characteristics of the child and his or her disability; (e) hindered by barriers related to residing in a rural area; and (f) guided by choices and meanings that constitute a form of motherwork.

### Essential Theme 1: Variations of Advocacy

Parent advocacy efforts were evident in each of the mothers' stories; however each mother's advocacy experience was different. While two mothers discussed advocating for educational systems change, most of the mothers focused their advocacy efforts on addressing their own child's individualized preferences, strengths, and needs. The approaches to advocacy described by the mothers of this study match Trainor's (2010) typology of parental advocacy experiences in which parents acted as intuitive advocates, disability experts, strategists, and agents for systems change.

According to Trainor (2010), intuitive knowledge includes the "perceptive insights" (p. 40) mothers develop through their relationships with their children. As intuitive advocates, the most frequent variation of parental advocacy found in the study, the mothers all indicated that they believe they know their child best, thus demonstrating

Trainor’s notion of perceptive insights.  For example, Valerie, Lynette, and Barbara were the first mothers to suspect that their child or children may have a disability, and the first to question professionals about their suspicions.  When they encountered professionals who initially discounted their concerns, they continued their advocacy efforts because they knew “something was wrong.”  Penny and Nicole were each the first to voice concerns about possible delays in their daughters’ learning based on their observations from working with their children at home.  As a result, each requested their child be retained because they were concerned about them progressing in school without having the knowledge they needed to be successful.  Eventually, both of their concerns were validated when their daughters were found eligible for special education services due to learning disabilities.  Kendra and Shenetta, both mothers of boys with Attention Deficit Hyperactivity Disorder, said they communicated their understanding of their sons’ behavioral challenges and diagnoses to teachers and administrators on multiple occasions.  Aileen and Teresa both described IEP meetings where they openly disagreed with teachers’ recommended goals for their children based on what they had “observed at home.”  Each mother’s willingness and desire to frequently communicate their knowledge and understanding of their child to education professionals was evident throughout their stories.

Intuitive advocacy, however, did not always result in positive outcomes for the mothers and their children.  The mothers’ stories indicated that teachers and school administrators often disregarded this type of information, thus impeding their advocacy efforts.  For example, Kendra tried to advocate based on her intuition regarding her son’s mounting behavior and academic problems from the time he began kindergarten. Yet, when she initially requested a special education evaluation, her son's teacher discounted her request, suggesting she speak with a doctor instead. Moreover, when Kendra disagreed with the kindergarten teacher's decision to retain her son based on her intuition that her son could do the work if he had more individualized assistance, the teacher "didn't want to take interest into what I was saying and listen to me."

Other mothers also shared similar roadblocks that resulted from their intuitive advocacy efforts. For instance, when Patrice attempted to advocate for her son to receive a modification for his assignments and tests to be given in large print based on her perceptions of his strengths and needs, teachers did so for a short time period then stopped, even after Patrice's repeated requests for the modification. And, when Rochelle and Shenetta both requested specific placements for their children based on their personal knowledge of their sons' strengths and needs, school staff explained "there wasn't room" to accommodate their requests and did not make any attempt to honor them.

Some of the mothers included specific knowledge about their child's disability as they advocated for their children, demonstrating an approach to advocacy Trainor (2010) refers to as "the disability expert" (p. 41). Similar to Trainor's (2010) findings, these mothers were more likely than those who solely implemented an intuitive advocacy approach to describe stories of successful advocacy. These mothers said they acquired such knowledge from a variety of sources outside of school settings, such as doctors, friends, family, scholarly literature, and the internet. Valerie and Kendra both described reading literature from the pediatrician's office and internet that helped them understand their children's diagnoses. Kendra then used that information to advocate for her son's need for small group instruction and prevent the school administrator from suspending him from the bus. Barbara, who acquired much of her knowledge about Autism during her college courses on child development, incorporated the information she had learned into her son's IEP goals as she requested that her son focus on academic and social goals rather than "activities of daily living" at school. Aileen and Teresa both shared their knowledge of how their children's disabilities necessitated certain accommodations on the IEP, such as extended time and separate setting for classroom and standardized tests.

A more sophisticated approach to advocacy employed by only two of the mothers was that of the "strategist" (Trainor, 2010, p. 42) in which they "combined their understanding and sense of disability and their children's unique strengths and needs with their knowledge about special education" (Trainor, 2010, p. 42). These two mothers incorporated advanced knowledge about IDEA, including their understanding of special education documents, procedures, and parental rights, as they carried out their advocacy actions. As Trainor (2010, p. 42) explains, "strategists understood the role they could potentially play in making decisions about referrals and evaluations, services and accommodations, and inclusion." For example, Barbara, who perceived that her son's most recent evaluation was poorly planned and administered, disagreed with the findings of the evaluation and requested a second evaluation at a later date. In addition, Barbara described making the requests that her son leave his self-contained classroom for a portion of the day to receive education in an inclusive setting as part of his "rights" to a Free and Appropriate Public Education. When asked how she knew about her rights, Barbara replied, “you know they give you that pamphlet all the time . . . that big handbook. Well they assume no one reads it” and emphasized that she does, in fact, refer to her Handbook of Parental Rights.

Similar to Barbara, Aileen also strategized her special education advocacy efforts. Aileen often referred to her son’s IEP during conversations about her advocacy experiences. She demonstrated a familiarity with the document and an understanding of the legal implications that could incur if school staff failed to follow the document. For example, she described an impromptu classroom visit where she found her child taking a test in his classroom rather than in the separate setting specified on his IEP. She successfully pointed out the discrepancy to the teacher, who then implemented the accommodation as written on the IEP. Aileen also ensured appropriate accommodations and testing modifications were included and maintained on her child’s IEP when teachers at a new school wanted to remove them. By verbalizing her knowledge of how the accommodations and modifications helped her son access the general education curriculum, Aileen was able to successfully advocate for them to remain on the IEP. And, when the IEP team once pressured her to remove a test modification from her child’s IEP, she questioned their reasoning, asking, “Are you concerned about staff. Not having the staff?” because she knew they could not refuse the modification based on staffing shortages and/or financial reasons. She feels her request was then honored as a sole result of her specific questioning of their suggestions.

While these two mothers, who strategized their advocacy efforts, were most successful in reaching their advocacy goals on behalf of their children with disabilities, they too encountered barriers. As Barbara reported, sometimes district personnel did not listen to her concerns and honor her requests. She described how the special education director was “making financial decisions that are detrimental” to her son’s education by moving the school his class is placed in multiple times over a period of eight years, and while she has explained her position and concern to the special education director, the moves continue to occur. Likewise, when Aileen once realized her child was administered the regular form of a standardized state science test even though he was administered an alternate form of the standardized state reading and math tests, she inquired with the special education teacher only to be told that she “agreed” to that, even though she felt that she would have never agreed for that to occur. And, Aileen described disagreeing with one teacher’s recommended goal for her child’s IEP because she knew her child had already mastered that concept, but the IEP team left the teacher’s recommended goal in place.

Similar to the strategists in Trainor’s (2010) study, the two mothers who used strategic approaches to their advocacy efforts also connected their desire to meet the needs of their own children with the need for change in the educational system for other children as well. As change agents, these mothers attempted to advocate for systemic change on behalf of their own and other children with disabilities. For example, Aileen described joining the PTA and considering running for president so that she could help implement a volunteer reading program in her child’s school that could benefit all children. In addition, she developed and coordinated an afterschool tutoring program for children in her residential area out of her desire to help all children, specifically children who may be considered at risk for academic failure, reach their academic potential.

However, at times their efforts to create system change were not infallible. For instance, when Barbara attempted to reach other parents of children in her son's self-contained Autism class to form a group of parents that could advocate for their children's needs on a collective level no one returned her message, leaving her to feel as though parents were "afraid" of what might happen if they speak out on behalf of their children. Moreover, when Aileen addressed the school board members to request that they not close her child's alternative school, she did so as an advocate for all children with disabilities. She stated,

> And I was one of the parents they asked to speak that night in support of [the alternative school]. And I just told them how it made a difference in those boys' lives. And how a school like that is needed. All of us march at a different drum. And some of us, that drum is a little slower. And these children needed folk who were willing and able and learned whatever needed to be done to help the children. And it was hard to put them back in to a school system where you're gonna be met with criticism, you're gonna be met with teachers who already over stressed because of a regular job, and then you got 2 or 3 kids that you gonna have to constantly have to do double work you know.

However, when the school board members and district personnel ultimately decided to close the school, Aileen felt as though her efforts, and those of the other parents who attended and spoke ". . . didn't make any difference. 'Cause if the money's not there, the money's not there you know. What can you do?"

## Essential Theme 2: Social and Cultural Capital

Irrespective of the approach each mother took to advocate for their child or children, each of their stories in this study indicated aspects of their advocacy that were necessary for them to be able to advocate for their children most effectively. Mothers' use of resources while advocating for their children encompassed a range of formal and informal social relationships and networks as well as a variety of sources of knowledge. Similar to the findings of Trainor (2010) and Lareau (2000), the mothers' experiences signify a relationship between the social and cultural capital they each possessed, the type of advocacy each mother engaged in, and their overall success at activating their capital to achieve their desired goals for their children.

All of the mothers demonstrated strong intuitive knowledge about their children and implemented an intuitive approach to advocacy in their efforts. The majority of the mothers indicated that they primarily rely on their personal knowledge and observations of their child(ren) when communicating with school professionals. More specifically, the mothers with less access to formal and informal social networks and less personal knowledge about their child's disability and special education policies, procedures, and parental rights were most likely to advocate using only the intuitive approach. As a result, they were also less likely to be successful in achieving their goals as quickly and as frequently as other mothers in the study. For example, Nicole voiced her personal concerns about her daughter's learning to educators for several years, and even retained her in first grade, due to her own observations of her daughter at home, but her requests for "help" did not lead to a special education evaluation until her cousin, a school counselor, explained to her the formal steps she needed to take to specifically request one. When Nicole was asked if she had ever read the state's special education handbook on parental rights she said, "I really don't pay attention to that . . . That's just paper, black and white . . . I don't look at it, 'cause I don't believe it." Likewise, Shenetta often attempted to educate his teachers about her son's ADHD disability and his personal strengths and weaknesses, yet her advocacy efforts did not result in her requests for one-on-one services to be provided to him. When asked if she had a handbook of parental rights she was "unsure" and did not have a clear understanding of how Damion's IEP relates to the services he is provided. Furthermore, Penny "thought" her daughter's IEP included one-on-one services, but did not know where to find the IEP or who to talk to at Nikki's new school to inquire about the services that were on the IEP. Finally, Lynette and Valerie both believed their children's previous teacher had initiated the process for their children to leave their self-contained classroom for inclusion in a regular education setting for a portion of the day, but neither mother knew how to follow-up to see if these services had, in fact, been added to their children's IEPs. These mothers, like parents in other studies (Leiter & Krauss, 2004; Silverstein et al., 1992), were not always aware of their rights or the services that their children may be entitled to; as a result, they encountered significant barriers during their intuitive approach to advocacy.

Similar to Plunge and Kratochwill's (1995) study in which some parent participants were not aware that IDEA required schools to provide related services, such as transportation, counseling, or nursing, if needed for a student to receive FAPE, the mothers in this study who solely implemented an intuitive approach in their advocacy efforts were most often unaware of the various options and services afforded to their children who were in the special education program.  For example, although Shenetta's son, Damion, was suspended three times during the first few weeks of his fifth grade school year, Shenetta did not realize she could request school counseling services, and was unaware that the school district offered behavioral specialists to some children in the special education program.  Therefore, although she continued to talk to teachers and make classroom visits, Damion was not provided any related services because she did not know what to specifically request for him.

Studies have found that social networks significantly help families advocate for the special education programming they believe their children needed (Gewirtz et al., 1995; Mirza & Reay, as cited in Vryonides, 2007; Munn-Joseph & Gavin-Evans, 2008). While all of the mothers implemented an intuitive approach to advocacy, the small subset of mothers who had increased access to formal and informal social networks implemented a disability approach as well.  Kendra and Teresa had access to social networks that empowered them to develop increased knowledge about their children's disabilities and their parental rights within special education.  For example, in addition to reading literature at the pediatrician's office and searching the internet for additional information regarding her son's disability, Kendra had access to sisters who had formal education in psychology, sociology, and nursing, along with parental experiences in special education.  Her sisters provided her with knowledge about ADHD and her rights as a parent of a child with a disability.  In fact, it was through networking with her sister, who also had children in special education, that Kendra was able to bypass reluctant school staff and request an exceptional children's evaluation from the district office staff.

Similarly, Teresa's sister Aileen, who had a Master's Degree in Nursing and prior experience as a caregiver of a child in special education, was a valuable social network for Teresa. As an "other mother" to Teresa's children, Aileen accompanied Teresa to IEP meetings and often informed her of specific requests she could make on behalf of her children. In addition, Teresa, as a founding member of the local Foster Parent Association, connected with a formal network of other foster parents, educators, and presenters to glean information specific to her children's needs related to their disabilities. Teresa and Aileen also had another sister who was employed in a state position by the Department of Health and Human Services who was able to connect them to multiple formal resources for their children. These connections provided both Teresa and Aileen with specific knowledge about their children's disabilities that they then shared with school professionals.

Barbara specifically described her connection with an Aunt who had a formal college education in special education. She relied on her Aunt to answer questions regarding her rights and the rights of her son, and explained that, as a result, she then knew "what to ask for" when she wanted to make a specific request on behalf of her son. In addition, Barbara recognized how her connections to social networks within the school and district offices also afforded extra opportunities for her son, explaining, "it was very helpful to the point to where, people remembered me. So therefore, I felt, people remembered Marshall. But because I was very active and I felt like he was afforded some things and didn't get pushed back."

Although Aileen and Barbara had access to informal social networks that they were able to activate in their advocacy approach as disability experts on behalf of their children with disabilities, they were the only two mothers in the study who attempted to advocate as strategists. Interestingly, these mothers, who implemented a more specialized approach to advocacy, were also the only two mothers in the study who had finished a college (associate's and master's) degree. These findings compare to West and Nodden's investigation (1998) in which researchers found that mothers who had achieved higher education levels demonstrated an increased likelihood of trying to ensure their children's chances of educational success. As a result of their specialized knowledge of child development and special education policies and procedures, Aileen and Barbara were able to more effectively ensure that their children had access to educational accommodations, modifications, and resources. For example, Aileen gave many descriptions of how she explained Curtis' disability to teachers and school administrators in IEP meetings, verbalized how his disability impacted his education, requested specific goals, accommodations, modifications, and services for Curtis' IEP, and ensured Curtis' IEP was being followed throughout the year. From the time Travis entered school, his mother, Barbara, also, specified goals for his IEP and requested and accessed specific services, such as inclusion, on Travis' behalf. These efforts ensured Curtis and Travis received individualized services that other mothers, who primarily incorporated an intuitive or disability expert, were not able to achieve for their children. For example, Valerie and Lynette, who also had children in the same self-contained classroom as Barbara’s son was in during elementary school, had not been able to ensure their children participated in inclusion. In addition, when asked if other children in Travis’ class participate in inclusion, Barbara responded, “I don’t know not one other child in his class that goes out.” Similarly, Rochelle, Shenetta, Penny, and Nicolette had not been successful in getting one-on-one services in place for their children.

Research documents that class distinctions include differences in acquisition and use of both cultural and social capital, and that these are inseparable from access to economic capital (Bourdieu, 1974). Similarly, Trainor’s (2010) study disclosed that, irrespective of racial and ethnic group membership, parents from low socioeconomic backgrounds had minimal access to cultural and social capital when compared to parents who were not from low socioeconomic backgrounds. As a result parents from low socioeconomic backgrounds most often advocated intuitively, sharing knowledge about their children, rather than acting as change agents, while parents who were not eligible for free-reduced school lunch activated a larger variety of cultural capital resources, accessed wider range of sources of social capital, and were the only parents who demonstrated attempts to advocate for systemic change. Correspondingly, while all of the mothers in the present study had children who were eligible for state funded assistance, such as Medicaid and Free and Reduced Lunch, because Aileen and Barbara both had prior access to economic capital that the other mothers did not have, due to their histories as college graduates and full-time, white collar employees, it is reasonable to conclude that their socioeconomic backgrounds were more advantageous than the other mothers in the study. Therefore, it is not surprising that these two mothers, as “change agents” (Trainor, 2010), activated a wider range of cultural and social capital as they attempted to advocate for systemic change on behalf of all children with disabilities and educational struggles.

## Essential Theme 3: Interpersonal Factors

The style in which educators relate to and support families can influence families’ sense control over their life circumstances (Dunst & Dempsey, 2007). In this study, all mothers, irrespective of the levels and types of social and cultural capital possessed, identified interpersonal factors of educators and administrators that empowered them to activate their capital during their advocacy efforts. Similar to Hess et al.’s (2006) findings that “it was not the teacher’s level of expertise, years of experiences, degree, or research-based practice that was emphasized; rather it was a teacher’s perceived caring and openness to communication that parents viewed as most important” (p. 153), mothers in the present study primarily felt open communication, validation of their feelings and concerns, care, and mutual trust were interpersonal factors that, when present, facilitated their advocacy efforts.

Comparable to findings in previous research regarding family-school partnerships and parental advocacy experiences (Blue-Banning et al., 2004; Hess et al., 2006), each mother indicated that open communication is the most essential ingredient in special education advocacy. The mothers, realizing they could call or visit school teachers and administrators at any time, also wanted teachers and administrators to reach out to them, and contact them immediately with concerns or questions regarding their children. For example, Joyce tells teachers, "You can call me wherever I'm at. As long as I can talk, call me." She stressed the importance of "education plus communication" Likewise, Valerie, Lynette and Rochelle emphasized the need to visit their children's teachers often, sometimes during daily drop-offs and pick-ups, to ensure there are ample opportunities for parents and teachers to communicate and share information with one another. Kendra valued how the principal at Marshall's second school "has called me" even when her son is not in trouble, emphasizing the fact that "[*The principal*] was the one that called me. Not the vice principal, not anyone else." And, Teresa appreciated teachers who reach out to her, explaining "any time anything go wrong they call me and they let me know. They don't wait until the last moment or minute to let me know anything. They let me know right up front Gregory having a problem with this and that."

Mothers not only wanted educators and administrators with open door policies, but also desired for their opinions and concerns to be heard and validated by professionals. In congruence with findings by Park et al. (2001) and Sheldon et al. (2010), Barbara explained that

> the most "positive" part of her advocacy efforts has been having school professionals validate her concerns and implement her ideas. She stated, "It's like the teachers have taken more time for his individual needs. And that's important you know. 'Cause when I go I want to see that his space is individualized for Travis. And I've seen that. So that's been the most positive thing.

Kendra appreciated that the school principal "will listen to me." Joyce valued that her son's teacher once took her advice and moved Reggie away from peers who she felt were having a negative influence on his behavior, while Patrice appreciated teachers who initially implemented accommodations for her son, Jerome, based on her requests. Finally, Aileen identified teachers who were “open and receptive” as factors that make her advocacy efforts easier.

Like the African American parents in previous studies (Sheldon et al., 2010; Zionts et al., 2003), the mothers in the present study indicated a need for mutual respect and trust to exist between parents and teachers in order to facilitate their advocacy efforts. Open lines of communication helped develop mutual respect and trust between the mothers and school professionals. The accessibility and genuine concern of teachers and administrators led the mothers in the present study to believe that school professionals knew and cared for their children, and shared their desire to do what was best for their children. As a result, the mothers who experienced these factors as part of their advocacy efforts were more likely to successfully activate their capital to achieve positive educational experiences for their children. For example, Barbara said, “I feel like they REALLY care . . . his teachers really care. They really want their jobs. They care about these children.” Kendra appreciated that the staff at her son’s new school took the time to get to know all the students individually, and not just the students with behavioral and academic concerns. In addition, she felt respect and genuine concern from those teachers who acknowledged her efforts to mother her son and meet his educational needs. Lynette, who stated she often visited her children’s classrooms and talked with their teachers over the phone, indicated she was able to trust her children’s teachers “‘Cause they understand . . . they know. They’ve been through all kinds of kids with disabilities and they pretty much know what to do.”

Alternatively, most of the mothers, even those who advocated as strategists and change agents, encountered interpersonal factors that posed as barriers in their advocacy efforts. Mothers indicated educators' negative assumptions and failure to value their input regarding their children often led them to feel more frustrated and hopeless regarding the effects of their advocacy efforts. Similar to previous research documenting preconceived negative assumptions held by educators regarding minority and low-income parents (Kozleski et al., 2008; Ritter et al., 1993), the mothers in the present study described teachers whose comments and actions implied implicit negative assumptions and judgments that were based on their ethnicity and economic class. Kendra described feeling judged based on the housing she and her son resided in, while Shenetta filed a complaint after a teacher indicated her son's clothing may have been negatively impacting his behavior. These assumptions further distanced the mothers' from forming partnerships with the educators who made them, as indicated by the fact that both mothers later moved with the sole intent of transferring their children to different schools.

When parents perceive educators as devaluing their input, they feel restricted from providing meaningful input in the IEP process (Fish, 2006). Research (Harry et al., 1995; Park et al., 2001) thus, interpersonal factors, such as professionals' inconsiderate, timing of conferences, use of professional jargon in communication, reference to high caseloads, and implied authority over decisions, lead parents to feel devalued and act as deterrents to parents' advocacy efforts. Mothers in the present study cited similar factors that led them to feel educators and administrators neglected to value their input regarding their children, leading them to feel disempowered in their approaches to advocacy. For example, Lynette, who worked various shifts in retail, Patrice, who worked two jobs, and Nicole, who worked 12-hour shifts at night, each referred to the difficulty they have in attending parent/teacher conferences and IEP meetings due to their work shifts. Penny, who sometimes worked up to three jobs at once, worked for the school district but found that, by the time she completed her bus route, teachers had often left for the day. These three mothers' stories indicated professionals who are never accessible to parents with varying work schedules negatively impact their advocacy efforts, as they each had difficulty determining what services their children should be receiving within their special education program. Nicole and Valerie both indicated that professionals' communication styles can lead mothers to feel their opinions are not valued. For example, Nicole explained how professionals' use of "fast talk" during meetings led her to feel her questions and input were not valued. Similarly, Valerie implied a lack of self-confidence related to communicating with professionals, sharing that "it's kind of hard to explain a child's situation, and their condition, in a formal fashion." In the same way that parents' realizations that teachers had a high number of students to serve preventing them from feeling justified in making special requests on behalf of their children in Park et al.'s (2001) study, Shenetta and Rochelle both questioned special educators' about their desire for their sons to receive one-on-one services, but were reluctant to continue to pursue their requests after teachers explained there were too many students and not enough classrooms for one-on-one. And, finally, educators' implied authority over educational decisions in their interactions with mothers impeded mothers' advocacy efforts. For example, Valerie described a specific time where school professionals refused to honor her request for mental health services to be provided to her son in class. When asked what her response was, she replied, “I had to go by what they said,” signifying that she felt there was nothing else she could do to change their decision. Patrice described how she tried to talk with school administrators about a time when she felt her son was mistreated on the bus, but they “did nothing” and referred her to the director of transportation, who “talked to [me] like I was nothing” and “made me feel like I was actually wrong for, you know, standing up for him.”

### Essential Theme 4: Characteristics of the Child and His or Her Disability

Fourth, an unexpected finding of the study is that the child’s personal characteristics and disability category appeared to be an intrinsic influence on each mothers’ advocacy experience. Research demonstrates that students with social, emotional, and behavioral difficulties often present as uniquely challenging for teachers and encounter negative teaching attitudes (Cook, 2001; Cook, Cameron & Tankersley, 2007; Hastings & Oakford, 2003; Shapiro, Miller, Sawka, Gardill, & Handler, 1999). In addition, parents, as well as teachers in Broomhead’s (2013) study, indicated that students with challenging behavior were often stigmatized and therefore ‘unwanted’ in mainstream schools. This is confirmed in the present study in that the mothers’ stories indicated that those who had children with behavioral concerns experienced more barriers in their advocacy experiences than those mothers who had children with Autism, Learning Disabilities, Visual Impairments, Speech Impairments, and Intellectual Disabilities. Specifically, mothers of children who did not have behavioral concerns most often perceived educator’s efforts as extra “help” for their children, and voiced feeling “grateful” for the extra services afforded to their children through the special education program. Conversely, the three mothers who had children who exhibited difficulties with focus and impulsivity related to their ADHD disabilities felt their children were stigmatized and unwanted in their classrooms and schools, which manifested as unique factors in their approaches to advocacy.

Aileen, Kendra, and Shenetta all encountered educators who displayed stigmatizing attitudes regarding their children with ADHD. For instance, Aileen shared how classroom teachers “just couldn’t tolerate” Curtis’s behavioral needs when he was in first grade, and “had no patience.” She said the teachers had difficulty handling, “anything to deviate from what their lesson plan was for the day.” Kendra felt as though Marshall’s teachers held were quick to jump to conclusions about Marshall’s behavior as a result of her race and socioeconomic background. She said,

> I really felt, because of the area where I lived, and then at the time Marshall’s father wasn’t in the home, uh, his teachers were white. And, one of his teachers, she just had a nasty attitude, especially when I sat in the classroom one time. And I noticed how her attitude against certain students, especially of ethnic descent, was different. Or even children who, like you could look at them and tell poverty level children, I could tell like her attitude was different.

She continued to explain,

> you already got, what’s the word I’m looking for, you already got pointed out because you live in that area. So, you’re a mother who’s got three kids and you live in that area so you probably drink, and do drugs, and have men running through your house and this is why . . . none of that. I feel like a lot of assumptions was made about a lot of people that lived over there. Just because of the area that you live in. And I felt like they believed that one day Marshall was going to be a dope dealer and stuff. And I just felt like they just pointed him out.

Finally, Shenetta also encountered educators who negatively judged her and her son, as she explained in her experience with one of Damion's teachers who referenced the way Damion dressed and insinuated that his attire had a negative impact on his behavior.

In addition to the biases these mothers endured from educators, the actions of educators and school administrators left these mothers feeling like their children were "unwanted" in their schools. For example, each of the mothers described multiple suspensions their sons had been given as consequences for their behavior, especially during their kindergarten and first grade years. Kendra stated Marshall was "constantly" suspended, while Shenetta shared how "sometimes I think they get irritated with Damion. And then now they just, they see that he's not gonna try to control himself; they go ahead and suspend him for any little thing." And, after school administrators called police twice within one month to intervene with Curtis due to his behavioral outbursts, Aileen explained how, "Within a month after realizing what kind of student Curtis was . . . whoosh . . . they whipped him to [an alternative elementary school] quick." Shenetta described an incident where a school administrator, after suspended Damion, stated "We love Damion." However, Shenetta responded, "Y'all don't love Damion, 'cause y'all wouldn't be sending him home if y'all loved Damion." Finally, Marshall's "constant" suspensions eventually led Kendra to relocate so that he could attend a different school.

Contrary to research that indicates educators often refer African American students to special education services at increased disproportional rates than their peers (Kearns, Ford, & Lenney, 2005) resulting in an overrepresentation of African American males in special education (Watkins & Kurtz, 2001), Kendra and Shenetta experienced the opposite.  Even though their children experienced multiple suspensions beginning in kindergarten, Marshall and Damon were less likely to receive referrals from regular education teachers or school administrators for a special education evaluation, which would have offered some legal protections regarding out of school suspensions for their children, than the other children in the study.  Although Curtis was already in the special education program when he entered his foster care placement, Marshall and Damion's mothers were instrumental in getting their special education services in place, as teachers and school administrators inappropriately and continuously dismissed their children's actions as simply behavior issues.  Kendra described how teachers initially tried to talk her out of a special education referral, but she eventually went to the central office to make the request after he was retained in kindergarten.  Shenetta, after years of enduring suspensions related to Damion's behavior, finally told a teacher she wanted him "tested" but pointed out to the researcher that, given his history of suspensions, she believed educators should have informed her of that option years prior.

However, similar to research that documents the exclusionary discipline practices commonly used with African American males (Children's Defense Fund, 1975; Gonzalez & Szecsy, 2004; Skiba et al., 2000; Skiba & Peterson, 1999; Skiba & Rausch, 2006, as cited in Fenning & Rose, 2007), Shenetta and Kendra, while experiencing some success in advocating for their children, each described how the ongoing suspensions presented as barriers to their advocacy efforts.  For instance, Kendra said, "He was suspended several times.  Suspended off the bus, several times.  It got to the point where, I almost just didn't want to send him to school.  I'd rather stay home and try to teach him whatever he's got to learn rather than him going to school." Likewise, Damion's numerous suspensions have also led her to hesitate to communicate with school professionals about her concerns. She feels like "it's never easy" to communicate with school staff. As a result, she feels torn between her son and school professionals, explaining "it makes me feel like I'm with him, and I'm also with them, but I'm with him . . . " Alternatively, Barbara, the mother of a child with Autism, interestingly linked her positive advocacy experiences directly to her child's positive behavior at school. When asked what particular factors she believed had helped her develop positive partnerships with school professionals, she openly and honestly replied, "Um, probably a big factor is that he is not severely autistic, where he has a lot of behavior issues. He is a well-behaved child."

## Essential Theme 5: Rural Settings

Parents of children with disabilities who live in rural areas have to contend with barriers that impede their advocacy efforts at greater levels than parents residing in urban and suburban areas. Limited or no access to parent support centers, educational libraries, and parental advocates tend to leave parents in rural areas feeling inadequate to challenge "professional dominance" (Trussell et al., 2008, p. 20), as was evident in the mothers' advocacy experiences in the present study. For instance, the mothers indicated specific rural factors, such as lack of public transportation, inaccessible specialized services for their children, and non-existent formal social networks as barriers to their advocacy efforts.

Many of the mothers cited a lack of public transportation option as a particular barrier related to residing in a rural area. For example, four of the mothers did not have their own transportation and could not access services that were located 40–100 miles away. Rochelle, Valerie, Kendra, and Nicole each relied on family members and friends for transportation needs. Valerie specifically commented on the fact that some specialized services that her son was eligible for were located out of town, and there was no public transportation service that could help transport them. Nicole also shared how specialized medical care for her daughter was located so far away that accessing those services presented a hardship for her when her daughter was young. Those mothers who did have transportation could often not afford the cost of fuel to drive great distances on an ongoing basis. For instance, Aileen and Teresa took their children to mental health and occupational therapy services that were up to 100 miles away, but eventually had to stop due to the rising costs of fuel.

The mothers often commented on the lack of services and options available to them and their children as residents of a rural area. Valerie and Barbara, whose children had Autism, both expressed concern that specialized programs for children with Autism were available in suburban and urban areas, but not in their rural area. Aileen and Teresa commented on the fact that, in order to get the diagnoses and services their children needed, they had to travel up to 100 miles frequently because those types of services were unavailable where they reside. Shenetta voiced frustration with trying to find appropriate mental health services for her son in a rural area because she wanted a provider who wouldn’t make assumptions about her son’s behavior before they got to know him. And, Penny, who enrolled her daughter in a tutoring program that was 35 miles away, explained that in her residential area “it was just only teachers” who she could turn to for assistance.

However, perhaps most importantly, was the fact that none of the mothers had any formal source of social capital that provided direct assistance with their advocacy efforts related to their children’s special education needs. When school and district professionals denied their requests, the mothers had no one else to consult with for guidance and advice on their parental rights. Therefore, the mothers’ cultural capital was limited as well, as there were few resources available to them to help build their specific knowledge of special education law, policies, and procedures. While nine of the mothers were not members of any parental support groups, even Valerie, Lynette, and Teresa, who identified themselves as members of formal support groups, felt the goals of their groups were not specifically aimed at assisting parents with special education decisions and advocacy. Moreover, none of the mothers knew another mother of a child with a disability well enough to join together to address school concerns collectively. As a whole, the mothers indicated that more support for mothers of children with disabilities is needed in such a rural area.

### Essential Theme 6: Motherwork

Finally, the underlying meanings each mother attributed to her advocacy actions undoubtedly guided every decision and action they made on behalf of their children with disabilities. Whether the mothers were quietly agreeing with recommendations made by school professionals, calmly and politely explaining their position and making specific requests, confronting professionals about their decisions and actions towards their children, disagreeing with professional recommendations, or verbally speaking out to district administrators and school board members against what they perceived to be social injustices aimed at their child, and others, with disabilities, they made their choices and decisions with the intent to (a) ensure the physical and emotional survival of their children; (b) seek power to improve their children's positive life outcomes, and/or (c) nurture their children's positive racial identity (Collins, 1994; Cooper, 2007, 2009). These mothers' advocacy experiences were remarkably different at times, but ultimately embedded in the same underlying meanings. Their special education advocacy approaches constituted a form of political resistance and advocacy that possessed the goal of securing educational access, equity, and opportunity to promote their children's survival and raise their social, intellectual, or political level or condition defined by Cooper (2007) as motherwork. Similar to the mothers in Cooper's (2007) study, these mothers' stories demonstrate how their emphasis on education and ethic of care motivates them to advocate for the educational needs of their children with disabilities.

The mothers in the study also advocated and made decisions of their desire to nurture positive racial identities for their children. African American families have often viewed education as a possible means to "escape poverty and isolation and achieve personal and professional goals" (Cooper, 2007, p. 498). Similarly, all of the mothers in this study described their special education decisions and advocacy efforts as attempts to ensure the physical and emotional survival of their children. For example, all 12 mothers in this study emphasized their desire for their children to reach their academic potential and financial and social independence, and they each viewed special education as a resource that could help them attain these goals. Lynette, who's two children had Autism, explained that she most wants her children to "learn. And, try to live the best they can in this society," while Barbara indicated she wants her son to live as independently as possible, which included attaining a college degree. Valerie and Shenetta both emphasized the fact that being in school will help keep their sons "safe" and "off the streets." Like Penny and Nicole, Joyce stressed wanting her son to go further in college than she did "because education will take you a long way as long as you got it." Similarly, Aileen and Teresa wanted to support their children their personal goals, which included joining the military and becoming a policeman, but both stated they primarily want them to get a college education. Kendra voiced hopes that her own efforts to now attend college would help her son realize the importance of a college education. And, Rochelle and Joyce both verbalized their desire for their children to one day attend college. While only two of these mothers were college graduates, all of the mothers' wanted children to achieve greater educational goals than themselves, exemplifying their advocacy efforts as attempts to ensure the physical and emotional survival of their children.

While the approaches each mother took in their advocacy efforts varied, their concerns regarding their children's physical and emotional survival prompted each of them to become advocates on behalf of their children with disabilities, seeking power to improve their children's positive life outcomes. Each of the mothers sought information about their children's' disabilities and special education options by accessing community resources and professional services, attending school-based meetings, visiting their children’s classrooms, talking with teachers, and making the special education decisions they felt were best for their children’s overall academic success. The mothers attempted to seek power as parents by “doing what it takes” (see Table 5) to ensure their children’s survival. For example, several of the mothers discussed their efforts to “stand up” for their children during perceived wrongdoings by school staff.

**Table 5. Definitions of “Doing What It Takes”**

| | |
|---|---|
| “Doing What It Takes” | Standing up for child |
| | Changing schools |
| | Making tough choices |
| | Being Persistent |

Almost half of the mothers exercised their rights to either formally request changes in schools or teachers based on their children’s specific needs or not report changes of addresses to officials in efforts to ensure their children remained in the school they felt was most appropriate for their children. The mothers’ referred to the “rights” of their children to receive a free and appropriate public education as part of their special education program and their “right” to be involved as parents. For example, all of the mothers talked specifically about exercising their rights to be involved in making educational decisions as mothers, while Barbara described public school as part of her son’s “God-given rights.” Other mothers ensured they were visible in their children’s schools and classrooms. Both Joyce and Barbara indicated that parents who are more visible are more likely to encounter teachers who will work with them and their children. Finally, all of the mothers actively sought power to improve their children's life outcomes as they accessed community based professionals and resources and attempted to activate their social and cultural capital in their efforts to ensure their children reach their academic potential in school.

According to Cooper (2007) Black feminist theory associates Black women's membership in multiple disadvantaged groups (Black, female and frequently low-income) with inequities and hindrances in society, yet also recognizes their ability to enact political agency. Therefore, as with the mothers in Cooper's (2007) study, the racial and socioeconomic identities of the mothers and their children in the present study were critical factors in their advocacy experiences, as evidenced by the stories of the mothers who encountered teachers' judgmental attitudes and assumptions about the mothers and their children based on their racial and socioeconomic identifies. Kendra and Shenetta commented specifically on white teachers who they perceived "blamed" them for their children's behavioral problems based on where they lived, their status as single parents, their race, and how their children dressed. Furthermore, Aileen pointed out what she feels is an unfair discrepancy in how district funds were appropriated, potentially due to the more privileged status some children and their parents hold. When describing the school board's decision to close her child's alternative school, she explained,

> It bothers me that children that in these honors programs, and um, accelerated programs, academically you know, they get all of this extra money, all of this extra attention. They have a school bus that goes from neighborhood to

> neighborhood and pick up those children, you know? Those children, the majority of them are in households where their parents can afford to drive and bring them to school.  Those children in households where they can afford to pay for anything extra.  But these children, you know, and it's not everybody that's from a poor environment, minority environment, low-income environment.  But, I just couldn't' understand.  How you can do that, put them there, give them all these computers, these laptops and what not, and then you take away a school where the cost is probably a third less than what you're giving them.

Two of the mothers verbalized their concerns for marginalized families of children with disabilities as their purpose for attempting to advocate for their own and other children with disabilities.  For instance, Barbara described her efforts to change the district administrator's decision to move the location of her son's self-contained classroom as advocacy for not only her own child, but for the children in his class with parents who "don't want to cause problems" and feel as though their efforts will not "make no difference."  When sharing her efforts to increase the reading and math achievement for her own children, Aileen disclosed that she started a tutoring program for other children in neighborhood and planned to implement a volunteer program to promote reading in her children's school for all children.

## A  Conceptual Model of African American Mother's Advocacy Efforts within Rural Special Education

The essences of the mothers' advocacy experiences within rural special education can be illustrated using a conceptual model.  The following model illustrates the intricate relationship between each of the essences described above.

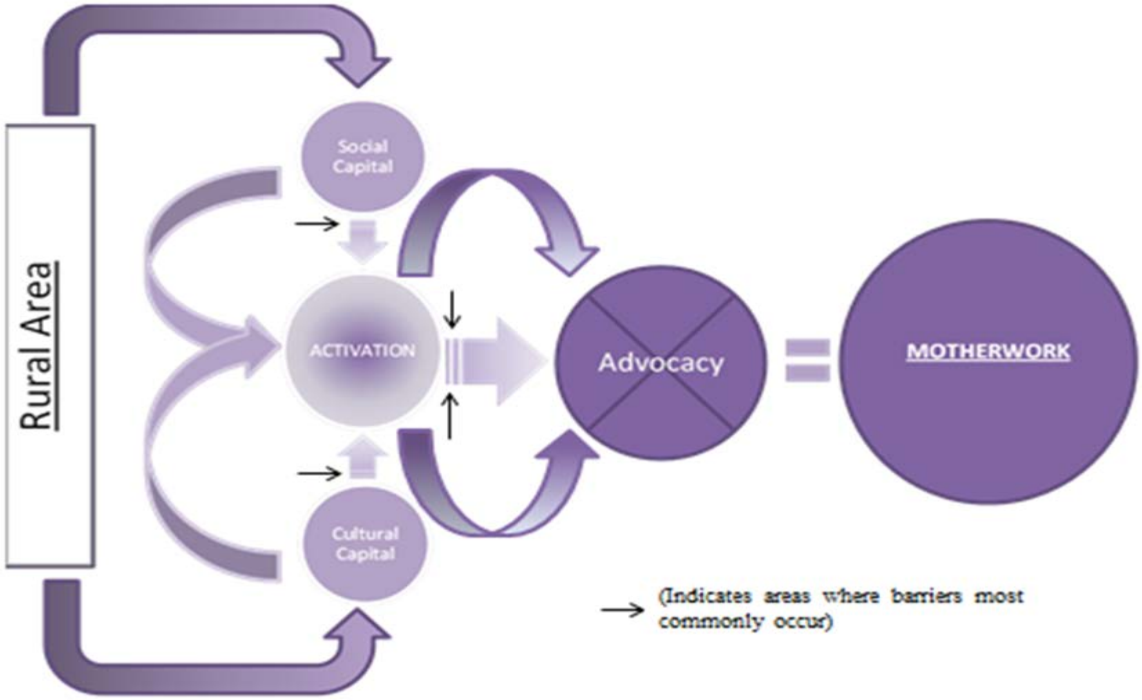

**Figure 2. Conceptual Model of the Essence of African American Mothers' Advocacy as Motherwork within Rural Special Education.**

As the model depicts, residing in a rural area had an impact on both the social and cultural capital the mothers possessed. The mothers who were successful in their advocacy experiences not only possessed increased levels of social and cultural capital, but were able to activate their capital throughout their advocacy efforts, often as a result of specific facilitators to their advocacy efforts such as interpersonal communication styles and characteristics related to their children's disability and the services their children received as a result. Their advocacy efforts are symbolized by the circle with the X in the middle, which depicts the various types of advocacy the mothers engaged in. This entire process constitutes motherwork.

While the overall model illustrates the essence of the mothers' successful advocacy experiences, there are small black arrows pointing at larger, disjoined arrows that represent areas where the mothers most often encountered barriers to their advocacy, such as implied professional authority, specific interpersonal communication factors that impeded collaboration, and inconsiderate timing of meetings. However, some of the African American mothers in this study encountered very specific barriers with which other mothers, such as white mothers, would not have to contend. These barriers, such as negative interpersonal factors, racist attitudes, and the stigma educators' assigned to the African American males' behavioral and/or mental health disabilities, functioned as unique barriers in these mothers' advocacy processes, necessitating a separate model illustrating the unique experiences related to the race of these mothers (see Figure 3).

The heavier, darker arrows in Figure 3 illustrate the compounded barriers present for the African American mothers in this study who encountered barriers specifically related to their race, in addition to the other barriers described above. Overall, both models illustrate that while the process itself still constituted motherwork for these participants, their advocacy efforts were not as successful at times due to particular barriers, which most frequently limited the mothers' abilities to successfully activate their capital and reach positive outcomes for their children through their advocacy efforts.

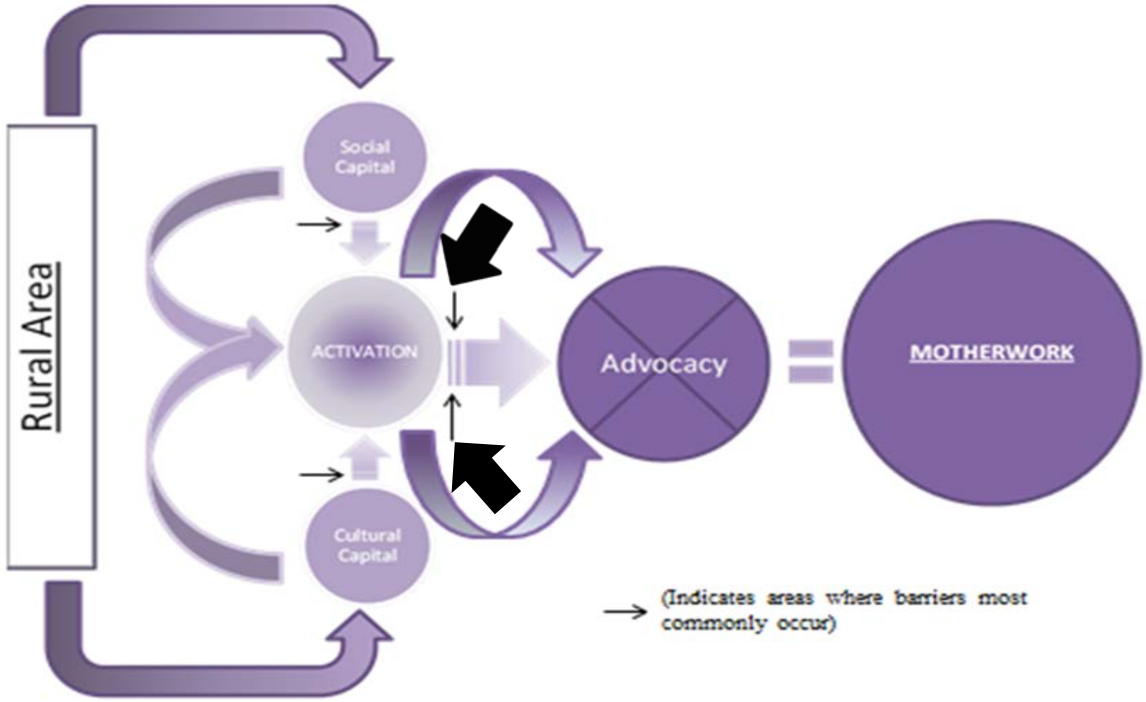

**Figure 3. Conceptual Model of the Essence of African American Mothers' Advocacy as Motherwork within Rural Special Education Compounded by Race.**

## Recommendations by Mothers for Professionals

Through their stories, the mothers in this study provided a number of recommendations for teachers, school administrators, and social workers who work in schools and communities. All of the mothers stressed the importance of not only open lines of communication with school teachers and administrators, but also having their voices heard and their feelings and experiences validated. Similar to research that shows school-community partnerships are sometimes impeded by a lack of trust and understanding between families and educators (Shields & Warke, 2010), while positive communication often facilitates an increase in trust (Sheldon et al., 2010), the mothers in this study who had more positive experiences of communicating with school professionals viewed their role as “partners” with the school. Therefore, when working with African American mothers of children with disabilities, professionals need to listen to their thoughts, concerns, and ideas, and develop clear plans of action that incorporate their input.

In addition, Lareau (2003) theorizes that middle-class parents’ cultural capital, such as educational backgrounds, allows them to view teachers as their “equals or subordinates” (p. 249) and gives them the self-assurance to critique educational professionals and intervene in matters related to their children’s schooling. However, working-class and poor parents, like the mothers in the present study, often view education professionals as their “social superiors” (p. 249) thereby limiting their confidence to question and challenge educational professionals. For instance, Lynette implied teachers knew more about her children’s disabilities than she did because they had years of experience working in special education. Many of Patrice’s decisions were based primarily on advice given to her by school professionals. Joyce, Penny, and Nicole relied on teachers to implement their children’s special education programs, indicating their view of teachers as experts and their hesitancy to question them. Therefore, it is imperative that school professionals share not only their advice with parents, but also explain all of the options available to mothers of children with disabilities so that they can make informed decisions based on what they feel is best for their children.

All of the mothers indicated a concern about the lack of support for parents of children with disabilities in rural areas. Mothers in this study indicated that limited or no access to formal networks of special education parental advocacy groups often left them feeling unsupported and unable to challenge professionals' decisions. For example, Kendra, Shenetta, Patrice, Rochelle, and Nicole's stories all provided examples of situations where, had an advocate been available, their special education concerns and requests could have been addressed more efficiently and effectively. When the mothers were asked if they knew other mothers of children with disabilities, many of them responded "no," demonstrating that they often feel alone in their advocacy journeys. In addition, many of the mothers, like Patrice, Kendra, Shenetta, Joyce, Nicolette, Aileen, Teresa, Penny, and Barbara, thought a formal group for mothers of children with disabilities would be beneficial to them and other mothers of children with disabilities to that they would realize they are not "alone" and be able to compare their experiences and decisions with those of other mothers. Both school-based and community social workers, as advocates for marginalized populations, are in prime positions to offer parental advocacy support and develop outreach programs that address the unique concerns of and offer support for African American mothers of children with disabilities who reside in rural areas. As a result, increased social and cultural capital could empower these mothers to become more effective advocates for their children and collectively create systemic changes that could benefit all children with disabilities.

## Limitations of the Study

There are two significant limitations to this study. The process that was implemented to select participants is the primary limitation of this study. School social workers and EC Case managers in a rural school district were asked to contact African American mothers of children with disabilities to tell them about the study and request permission to provide their contact information to the researcher.  A total of five school social workers and one EC Case manager initially agreed to assist.  However, the EC Case manager did not refer any mothers to the study.  Therefore, all of the participants were identified by school social workers, who had developed relationships with the mothers through their work.  Although the mothers' stories demonstrated a wide variety of advocacy approaches and outcomes, it is possible that the mothers who were ultimately selected to participate had experienced more difficulties in educational settings, requiring the assistance of a school social worker, than other mothers might have had.  Also, the mothers in this study were all recruited form one geographical area, within one school district.  Therefore, their descriptions of the barriers related to their advocacy efforts may have been unique, and may not be generalizable to other populations in other geographical areas.

Another potential limitation to this study is the researcher's own ethnicity and socioeconomic status.  As a white researcher of middle-class status interviewing African American mothers of low and working class backgrounds, the researcher could easily be seen as an "outsider" (Dwyer & Buckle, 2009), and struggle to gain access and high levels of authenticity with research participants.  However, to offset the potential costs associated with the outsider status of the researcher, the researcher attempted to be "open, authentic, honest, deeply interested in the experiences of (the) research participants, and committed to accurately and adequately representing their experience" (Dwyer & Buckle, 2009, p. 59).  The researcher did this by employing specific skills developed throughout her preparation and practice as a licensed clinical social worker that helped build rapport with others by using sensitivity, active listening, and cross-cultural empathy (Keefe, 1976; Lu et al., 2005). Overall, mothers demonstrated a sincere connection with the researcher as they welcomed the researcher into their homes, made eye contact during conversation, and often laughed and cried during their stories. In addition, several of the mothers shared stories related to how their advocacy efforts were impacted by their race and socioeconomic. Therefore, the mothers' stories demonstrate they were comfortable disclosing sensitive information to the researcher.

## Strength of Researcher Bias

As a mother of a child with a disability who receives special education in the same rural area as the research participants, it is possible to assume that a bias, the researcher's personal experiences, was present. However, this bias likely strengthened the study. For example, the researcher disclosed to participants during the recruitment interview that she, too, is a mother of a child with a disability who has sometimes encountered obstacles in her special education advocacy efforts. Therefore, it is likely the mothers perceived the researcher to be an "insider" (Dwyer & Buckle, 2009) and felt more comfortable in sharing their experiences. The researchers' personal experiences and familiarity with the local school system also meant she was able to more clearly understand some of the participants' stories and probe for clarification as needed.

## Implications of the Study

There is a significant absence of research and literature regarding parental advocacy experiences of African American mothers, and an even more significant gap in examining the advocacy experiences of African American mothers of children with disabilities in rural areas. There are even fewer studies, if any, that focus on the advocacy experiences of African American mothers of children with disabilities in rural areas using a strengths-based approach while acknowledging the effects of gender, race, and class. The value of this research is that it helps education and social work professionals and society at large to better understand the unique experiences from the perspective of African American mothers of children with disabilities who reside in a rural area. It disproves negative assumptions that African American mothers do not care about their children's education and rather validates that not only do they care about their own children, but they care about other marginalized children with disabilities as well. In addition, it builds on previous research findings (Cooper, 2007) that African American mothers with working and low class backgrounds want educators to "validate them as good, caring parents and to recognize the abilities and potential of their children" (p. 505). Possessing this knowledge is crucial to helping educators more effectively engage in family-school partnerships.

This research also expands on other studies that link parental involvement and advocacy experiences, along with student achievement, with the parents' possession and activation of social and cultural capital (Cooper, 2009; Gewirtz et al., 1995; Horvat et al., 2003; Lareau, 2000; Munn-Joseph & Gavin-Evans, 2008; Park et al., 2001; Reay, 1998; Trainor, 2010; West & Nodden, 1998; Zhou & Bankston, 1998). The mothers in this study who possessed the most social and cultural capital were the most successful at activating their capital to achieve improved educational outcomes for their children. For example, Aileen was successful in getting her son moved to what she perceived to be a better learning environment where teachers cared for Curtis. She also utilized information gleaned from social networks when she successfully refuted teachers' recommendations to remove some of Curtis's accommodations and modifications from his IEP plan. Similarly, Barbara employed her knowledge of her son's special education rights obtained from her Aunt to ensure Travis had opportunities the other children with Autism in his self-contained class were not afforded. However, this research also underscores educators' and school administrators' responsibilities to mothers who may not possess specific knowledge of special education, their children's disabilities and rights, or have access to social networks that can help them navigate the world of special education law and procedures, as it was these mothers that often hit barriers and vented frustration about their advocacy efforts. Furthermore, these mothers, such as Patrice and Joyce, often trusted and relied upon information provided from education professionals when they made decisions on behalf of their children. As a result, school leaders not only have an ethical responsibility to ensure parents of diverse backgrounds and children with disabilities have access to school staff (Starratt, 2004) but school leaders need to encourage their teachers and student support staff to develop open, honest partnerships with families through which complete and accurate information of families' options and rights can be shared and exchanged using amateur language with parents (Frattura & Capper, 2007; Ruffin-Adams & Wilson, 2012). This will not only promote positive family-school partnerships, but will help combat the injustices and inequities that occur when parents are not aware of all of their options and have limited abilities and resources to inform them of their options.

Next, this research highlights the unambiguous hindrances African American mothers of children with behavioral disabilities encounter when compared to other children with non-behavioral disabilities. While Kendra, Shenetta, and Aileen experienced similar barriers to the other mothers in terms of access to special education services, they unfortunately encountered professionals with judgmental attitudes and unfounded assumptions, further compounding the barriers other mothers encountered with barriers related to their race. Through their stories, all three of these mothers shared frustrations with the numerous phone calls from educators bearing negative news about their children, and continuously offering out of school suspensions as a primary consequence. As their children got suspended from school time after time, and shifted from a regular to an alternative school placement, these mothers were made to feel as though their children were unwanted and uncared for by public school staff. These findings coincide with other research that indicates students with behavioral, emotional, and social difficulties are often misunderstood by general education teachers, who prefer to exclude them rather than offer genuine support to the mother and student (Center for Social Justice, 2011; McGregor & Mills, 2011), while “African American males’ behavior and achievement are monitored, scrutinized, and disciplined more harshly than those of other student groups in large part because of educators’ presumptions that these males are predestined to academic failure or socially disruptive behavior” (Children’s Defense Fund, 2007; Ferguson, 2000; Monroe, 2005, as cited in Ruffin-Adams & Wilson, 2012, p. 85). All three mothers indicated that, rather than refer them for special education, general education teachers recommended retentions and merely wanted their children “medicated.” While Aileen viewed special education services as a resource that could provide invaluable accommodations and modifications that would help Curtis achieve his potential, and Shenetta and Kendra actively sought special education services in their efforts to ensure their children’s positive life outcomes and emotional and physical survival, Shenetta explained the teachers “didn’t even offer” a referral for her son, and Kendra’s requests for testing were ignored by her son’s teachers. This finding further substantiates the need for education professionals develop “authentic partnerships with families by sharing power, supporting their advocacy, and collaborating with them in a way that makes them feel valued and engages them in democratic participation” (Auerbach, 2010, as cited in Ruffin-Adams & Wilson, 2012, p. 92). This finding also supports the need for ongoing professional development for educators on topics such as behavioral management and interventions for students with mental health diagnoses and cultural diversity and sensitivity when working with families of minority backgrounds.

Finally, this study broadens the knowledge base of the unique barriers that exist for low-income and working-class African American mothers of children with disabilities who reside in rural areas. Gallagher (2006) identified the establishment of parent groups as “one of the major social phenomena of special education” (p. 230), employed by citizens as they pursue ways to help their children with disabilities overcome the challenges of public schools. However, one of the most glaring flaws of residing in a rural area faced by the mothers in this study was the lack of parent advocacy groups and networking opportunities. The majority of the mothers indicated there were no groups available for mothers of children with disabilities, and many of them stated they didn’t even know one other mother with a child with a disability even though the study took place in a school district with a high percentage of disproportionality. The three mothers, Valerie, Lynette, and Teresa, who identified themselves as members of formal support groups indicated their children often reap benefits from the socialization activities offered by the groups, yet very little is offered to assist mothers in their educational advocacy efforts. Education professionals such as school social workers, school administrators, and general and special education teachers, and other community professionals, such as social workers, church leaders, and civic leaders are in positions, as community leaders, to facilitate the development and formation of formal social groups for parents of children with disabilities so they might join collectively and more effectively address their unique advocacy needs.

## Implications for Future Research

Legislation has increasingly raised expectations that educators form partnerships with parents, specifically within the field of special education (IDEA, 2004), recognizing parents as educational decision makers and partners in all phases of educational assessment and planning for students who are receiving special education services. However, research on the advocacy experiences of marginalized families of children with disabilities who reside in rural areas is limited in the current literature. Therefore, studies that examine ways to strengthen special education partnerships with families, particularly marginalized populations, are critical if children with disabilities are to be effectively served by the both public and private education systems Research that investigates the educational decisions of low-income African American mothers who have children with disabilities while utilizing a framework that discredits some of the assumptions educators will add to the research on parent advocacy in special education settings, and will provide a perspective that will enable educators and policymakers to focus on the strengths of rural, low-income African American mothers while understanding some of the barriers they face.

This study is the first in a future line of research that aims to more closely examine the unique advocacy experiences of mothers of children with disabilities who reside in rural areas. Future studies will include the perspectives of mothers of different cultural and socioeconomic backgrounds and the perspectives of educators who work with mothers of marginalized backgrounds. In addition, given the differences found in this study based on disability, the impact children’s behavior in school might have on mother’ advocacy experiences should be further examined and should include a closer examination of if and how these students are identified for special education services. Finally, since three of the mothers in this study indicated they were members of parental advocacy groups but did not find these groups helped them with direct issues related to their children’s education, it would be informative to investigate the formal parental advocacy groups that are present in rural areas to get a clearer idea of the services they offer to mothers of children with disabilities.

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# APPENDIX A

## INVITATION SCRIPT

(To be used by the school social workers and EC case managers for invitation to mothers to share their name and contact information with the researcher)

"Summer Stanley, a mother of children with disabilities who receive special education services, is seeking permission to contact other mothers and primary caregivers about the possibility of participating in a research study she is conducting to fulfill the requirement of a doctoral degree in Special Education. I am helping her to identify mothers and other female primary caregviers to assist her with her research. She is interested in interviewing mothers and other female primary caregivers about their experiences raising children who receive special education services in school.

Summer has to keep her study very narrow and is only looking to interview mothers or other female primary caregivers who are African American, English-speaking, and reside in a rural area. The children should have a disability, be of school age (7 to 21 years of age), and be in the special education program for at least 1 year. Summer plans to do more research in the future with mothers of other races, fathers, adoptive/foster parents, and other full-time care providers as well as those who represent other ethnicities and cultural backgrounds.

Do you think you would be interested in letting her contact you about the possibility of participating in the study? No one at __________ school will know whether you decide to participate and your decision as to whether to let Summer call you will not affect your relationship with ________ school or your services in any way. ________ school is not affiliated with the project, but has agreed to assist in inviting mothers to participate.

[IF INTERESTED} . . .

Okay, I'm going to give your name and number to her and she will contact you within a week. Do you prefer that she call or visit? [IF PARTICIPANT PREFERS PHONE CALL ASK FOR THE BEST PHONE NUMBER TO BE REACHED AT. IF PARTICIPANT PREFERS A HOME VISIT ASK FOR A CURRENT HOME ADDRESS]. When she contacts you, you can ask her any questions you want to ask about the project, and if you decide then that you do not want to do it, that's completely fine. If you decide to do the interview, you and she can set up the date/time that works best for you. Here is her contact information in case you need to reach her before she contacts you: Summer Stanley, (910) 280-0036."

# APPENDIX B

## RECRUITMENT/INITIAL CONTACT SCRIPT

(To be used by the researcher during the first contact with potential participants)

Hello. My name is Summer Stanley, and I am calling from the University of North Carolina at Greensboro where I am currently a doctoral student. I was given your name and phone number by a staff member at your child's school. This person mentioned that they spoke to you about your possible interest in a research project addressing mothers' experiences raising children who receive special education services in school.

1. Are you still interested in hearing more about this project?

**[If no: Thank you for your time.]**
**[If yes, proceed as follows:]**

Thanks you for your interest. Before you decide to participate, I will tell you a little bit about myself, the project, and the expectations there would be for your participation. But first, may I ask you a few questions to verify that you meet the criteria for participation in the study?

2. Are you your child's biological mother or female primary caregiver? YES NO
3. Do you have a child with a disability who receives special education services at school? YES NO
4. What is your child's disability? ____________________________________________
5. How old is your child? ____________________________________________________
6. Has it been at least one year since your child was placed in special education? YES NO

**[If NO to #6, participants cannot be included in the study. Say: "Thank you for your interest in the study and for your time. Unfortunately, you do not meet the criteria for this study."]**
**[If YES to #6, continue with the following . . .]**

7. And, this is also a very personal question, but I need to ask: Do you have a history of mental illness or a diagnosis or clinical depression? YES NO

**[If YES to #7, participants cannot be included in the study. Say: "Thank you for your interest in the study and for your time. Unfortunately, you do not meet the criteria for this study."]**
**[If NO to #7, continue with the following . . .]**

I have just a few more questions to ask to determine eligibility. These questions might feel sensitive and I want to remind you that you do not need to answer them if you are not comfortable.

Okay, now I would like to ask you several questions about some your experiences as the mother of a child with a disability who receives special education services.

1. In what ways, if any, have you been involved in decisions about your child's educational needs?
2. Have you ever disagreed with a recommendation made by someone at school about the educational need of your child? If so, what was your reaction?
3. Do you attend meetings at school about your child?
4. Do you ever contact teachers or other school personnel, either in writing, by phone, or in person, on behalf of your child to ask questions or make specific requests?

**[If they DO NOT indicate any advocacy activities they do not fit the criteria for the study. Say: "Thank you for your interest in the study and for your time. Unfortunately, you do not meet the criteria for this study."]**

**[If they DO indicate advocacy activities they fit the criteria for the study, and you should go on and explain the rest of the study as follows to see if they are willing to participate.]**

Okay, thank you so much for answering those questions. I also want to answer any questions you have about the project. You have been told from someone at your child's school that this research project is my doctoral dissertation. They may have also told you that I, too, am a parent of children with disabilities who receive special education services, thus I have an obvious interest in this area of study and I want to make sure that families' voices are heard and reflected in the professional research. That is why I am calling you.

The purpose of this project is to learn more about the experiences of mothers and other female primary caregivers of children with disabilities who receive special education services at school. For this study, I am only looking at the experiences of mothers of school-aged children with disabilities who have been receiving special education services for at least one year, and African-American mothers who are 18 years of age or older, English-speaking, and who reside in a rural area. I plan to do further research with other populations such as mothers of other races and backgrounds, fathers, other primary caregivers, and foster or adoptive families as well as families who may speak other languages.

If you agree to volunteer for this study you would participate in two interviews, lasting approximately 1–2 hours each, with me. The interviews would take place in your home or wherever you would feel more comfortable. You would be asked questions about your experiences raising a child with a disability who receives special education services, and how you feel these experiences have affected your life and your child's life. After the interview, I, or a paid transcriptionist, will transcribe the audiotapes. A summary of the interview will be provided to you for you to review to assure accuracy. You would be paid $30.00 in the form of a gift certificate upon the completion of the review.

I also want to assure you of confidentiality. If you agree to participate in the study, I will create a file that has your name and a random number that I will assign to you. I will use that number to label digital audio recordings and transcripts as well as any other information for data collecting, so your name will not appear on any data, and the other file linking your name to the number will remain on my computer under password protection. Only a hired transcriptionist will hear your voice on the digital audio file. This person will have signed a confidentiality agreement. After the interviews have been transcribed, the digital audio recordings and transcriptions will remain on a password protected computer. All other data, such as typewritten transcriptions and consent forms will remain in a locked file cabinet in my office for 3 years after the ending date of the study. After three years, all electronic data relevant to this study will be permanently deleted and paper transcripts and consent forms will be destroyed by shredding. All information obtained in this study is strictly confidential unless disclosure is required by law.

Finally, I want to share with you the risks and benefits to you if you choose to participate in this study. Because the topic we will be discussing may cause you to feel upset or angered, I want to provide you with the name and number of an access line for mental health services you could contact to help you address any mental health needs that may arise, including feelings of sadness, anxiety, or anger. 1-800-670-6871. If you have a history of mental illness or have been diagnosed with clinical depression you should not participate in this study. Overall, your participation should pose minimal risk to you. In fact, many parents who participate in studies in which they are asked to share their experiences in raising children with disabilities indicate that talking about their child and their feelings is therapeutic for them. If at any time during the study you wish to withdraw your participation, you may do so just by letting me k now. Any information you have provided up to that point will be destroyed and not used in the study.

Do you think you would like to participate in this research study?
**[If NO: Okay, I understand. Thank you for your time.]**
**[If YES: Proceed as follows:]**

Great! Let me verify some information before we set up the interview.
Okay, thank you! Now let’s set up a time for the interview on a day and time that is convenient for you.

**[AGREE TO MEETING DATE, TIME, LOCATION.]**

I will call you the night before the interview to confirm that time is still convenient. If you need to contact me before the interview to make changes you may email me at slstanle@uncg.edu or call me at 910-280-0036.
I’m looking forward to meeting you. See you then! Good-bye.

# APPENDIX C

## DEMOGRAPHIC SURVEY

1. What was your age on your last birthday? ________
2. What is the highest grade you completed in school or college? ________
3. What is your religious/spiritual preference? ________
4. Are you employed outside your home? ________
5. If so, what type of job do you have? ________
6. In what range is your annual family income?
    a. Less than $10,000
    b. $10–20,000
    c. $21–35,000
    d. $36–50,000
    e. $51–75,000
    f. $76 or higher
7. What is your present marital status?
    a. Single
    b. Married
    c. Widowed
    d. Separated
    e. Divorced
    f. In a relationship
8. How many children do you have, including __________? _______
9. What birth position does ________ have in the family?
    a. Youngest
    b. Middle
    c. Oldest
10. Does anyone besides your husband or significant other and children live in the household? _______
11. Does ________ attend school?
    a. What type of school program is he/she enrolled in:
        i. Regular public school class
        ii. Public school, special class
        iii. Regular private school class
        iv. Special school _____________________
    b. What grade is ________ in at the present time?

13. Does he/she have an IEP? ________

12. What is his/ her disability? ________

Thank you very much for taking the time to answer these questions. I really appreciate your participation in this study.

# APPENDIX D

# INTERVIEW QUESTIONS

## INTERVIEW 1 QUESTIONS

Id Number: ________

*Thank you for agreeing to allow me to interview you. I am interested in learning about mothers who have children with disabilities and their experiences with the schools their children attend. I am interested in what you have to say because I think it is important for educators to become more knowledgeable about mothers' individual and collective experiences. I just have a few questions, but if anything I ask is uncomfortable or unclear please let me know.*

1. Can you tell me a little bit about your child? For example, is your child a boy or girl? What is his/her name, age, and grade?
2. I'd like to know a little bit about his/her disability and how it you think it affects how he or she learns in school.
3. Think back to when you first learned he/she had a disability. Who was involved in that discussion with you? What was that like?
4. I'd like to know more about how decisions are made regarding the educational needs of your child. First, can you tell me about the time your child was first placed into special education services? Who was involved in that process? How were you involved in that process? What was that like for you? How did you feel?
5. Now, think about the most recent time an individualized education plan (IEP) was developed for your child? What was your role in that process? Who else was involved? What was that like? How did you feel during that process? Can you tell me more about that?
6. Tell me about a time that you have had to communicate with the school regarding the educational needs you feel your child has. What was that like? How did you feel? What helped you through this process? Can you tell me more?
7. Was there another time you have had to communicate with the school regarding specific educational needs for your child? What was that time like? How did that make you feel? What helped you through this process?
8. Is there another time you would like to share with me? Tell me about it. What was it like? How did you feel? What helped you through this process?
9. As a parent, what are your most pressing priorities for your child? How do you rank the importance of education in comparison to other aspects of your child's life? (e.g. sports, art, music, play, other after-school activities).Why is this so?
10. What do you like about the overall services your child has received at school as part of his or her special education program?

11. What do you like about your own experiences within the school setting on behalf of your child? Tell me more about that.
12. Are there things about your own experiences with the school that you wish you could change? If so, tell me about them. How would these changes make you feel?
13. Overall, what do you think the role of parents should be in their children's education? Should they be involved in any particular type of school activities, like PTA, volunteering in the classroom, etc.? If so, how often? To what extent are you involved in any of these?
14. Overall, how easy or difficult has it been for you to communicate or interact with school professionals? Are there particular factors that help or hinder you from communicating with teachers or other school professionals?
15. Are there any other comments you would like to share about your experiences working with the school on behalf of your child?

*Thank you so much for allowing me to interview you. I have really learned a lot from your stories today. Can we schedule a day and time for our second interview?*

# INTERVIEW 2 QUESTIONS

Id Number: ________

*Thank you for agreeing to allow me to interview you again today. The last time we met, you shared with me some things about your child. Now I'd like for you to share some things you have found to be helpful to you as a mother of a child with a disability. I am interested in what you have to say because I think it is important for educators to become more knowledgeable about mothers' individual and collective experiences. I just have a few questions today, but if anything I ask is uncomfortable or unclear please let me know.*

1. What are some of the key services available to you, as a mother/ primary caregiver of a child with a disability? Tell me a little more about these. How do you access them? How often do you access them? How do they assist you in meeting the needs of your child?
2. What formal and informal groups, associations, or networks exist for mothers/ primary caregivers of a child with a disability? Tell me a little more about these. Do you consider yourself to be a member, such as by attending meetings or volunteering your time in other ways, of these? How do you access them? How often do you access them?
3. Tell me a little bit about the networks or groups that you have found to be helpful in resolving issues related to the education of your son or daughter with a disability. Do you ever turn to anyone for help? If so, what is exchanged between you and these networks or groups? (goods, services, favors, information, moral support, etc.).
4. At what different public or private settings or events do these groups or networks come together? How many people do they bring together? How often do these meetings occur?
5. To what extent do you believe mothers of children with disabilities collaborate with one another or work together in order to solve problems related to the educational needs of their children?
6. Can you recall a time that you, or other mothers/ primary caregivers of children with disabilities, collaborated with one another to solve any problems or concerns associated with meeting the educational needs of their children? If so, please tell me more about that. How did they work together? What was the outcome?
7. What kinds of barriers limit mothers/ primary caregivers of children with disabilities abilities to work together to address concerns related to their children with disabilities? Can you tell me more about that?
8. As a mother/ primary caregiver of a child with a disability, what do you feel is or has been your greatest challenge in addressing his/her educational needs?
9. Are there any other comments you would like to share about your experiences advocating for the educational needs of your child?

*Thank you so much for allowing me to interview you. I have really learned a lot from your stories today. I appreciate your willingness to allow me to interview you for my study.*

# APPENDIX E

## CONSENT TO ACT AS A HUMAN PARTICIPANT: LONG FORM

Project Title: African American Mothers of Children with Disabilities: Parental Advocacy within Special Education

Project Director: Summer Stanley
University of North Carolina at Greensboro
slstanle@uncg.edu, (910) 277-1921 or (910)280-0036

Participant's Name: ______________________________________________________

**What is the study about?**
The purpose of this study is to learn about the experiences of African American mothers/primary caregivers of children with disabilities who receive special education services. This information will be obtained through interviews of mothers/primary caregivers.

**Why are you asking me?**
You have been chosen to participate in this study because you are an African American mother/primary caregiver of a child with a disability who is of school-age and who is in special education. In addition, you have been chosen because you are 18 years of age or older, English-speaking, and reside in a rural area. Since the study of rural, African American mothers' perspectives raising school-age children with disabilities is limited your feedback will be very valuable in understanding your experiences.

**What will you ask me to do if I agree to be in the study?**
If you agree to participate in the study, you will be asked to participate in two interviews lasting approximately 1 ½ to 2 hours each. The interviews will take place at a time and place of your convenience, but they should be in a place which is quiet and free of distractions. Questions will be asked regarding your experiences raising a child with a disability who receives special education services and how you feel these experiences have affected your life and your family. The interviews will be audiotaped and transcribed. You will be asked to review a typed summary of each of the interviews to assure accuracy. You will be paid $15.00 for each interview, for a total of $30.00, in the form of a gift certificate, upon the completion of your review of the interviews. Your decision to participate in this study will have no effect on your relationship with the school/ school staff from which you are recruited.

**What are the dangers to me?**
Parents who are given the opportunities to discuss their experiences raising children with disabilities typically report an enhanced overall outlook, including experiences of joy, but

you may also experience sadness, anger, or anxiety while talking about your experience raising a child with a disability who receives special education services. If you feel you are becoming depressed or unusually anxious and you believe you need mental health services at any time during or after your participation in this study, please call 1-800-670-6871. Overall, participation in this study should pose minimal risk to you. If you have any concerns about your rights or how you are being treated during the study/interviews please contact Eric Allen in the Office of Research Compliance at UNCG at (336) 256-1482. Questions, concerns, or complaints about this project or benefits or risks associated with being in this study can be answered by Mary V. Compton at (336) 334-3771 or Summer Stanley at (910) 280-0036 or slstanle@uncg.edu.

**Are there any benefits to me for taking part in this research study?**
There are no direct benefits for taking part in this research study. Parents who participate in studies in which they have the opportunity to share their experiences in raising children with disabilities typically indicate that the experience is therapeutic for them. It provides the opportunity to share their experiences with someone who understands what they are feeling. In addition, your participation may feel empowering, as your story may help change the negative perceptions educators sometimes have of parents. Upon conclusion of the study a resource guide for parents of children with disabilities will be provided to you.

**Are there benefits to society as a result of me taking part in this research?**
There is limited research available on rural African American mothers'/ primary caregivers' experiences advocating for the educational needs of school-age children with disabilities. Your participation in this research study will provide education professionals with firsthand knowledge about rural African American mothers'/ primary caregivers' experiences and help them learn what they can do to make a positive difference in the lives of families of children with disabilities who receive special education services.

**How will you keep my information confidential?**
Since the interviews will be audiotaped, your voice will be potentially identifiable by anyone who hears the tapes. Your confidentiality for things you say on the recording cannot be guaranteed, although the researcher will try to limit access to the recording. The researcher, a hired transcriptionist, the faculty supervisor, and a peer de-briefer will be the only ones with access to these tapes.

Random numbers will be assigned to individual names and these numbers will be used to identify all data, including audiotape labels and computer filenames for transcripts. However, a file will exist which links your name to this random number. This and all other files will be stored on the researcher's computer under password protection. Audiotapes will be stored digitally on a password protected computer. All information obtained in this study is strictly confidential unless disclosure is required by law. All data and signed consent forms will be stored for a period of 3 years from the ending date of the study in a locked storage cabinet located in the office of the researcher and only the study researcher will have access to it. Three years after the end of the study, all interview data in paper form and signed consent forms will be shredded and all electronic data will be permanently deleted.

**What if I want to leave the study?**

You have the right to refuse to participate or to withdraw at any time, without penalty. If you do withdraw, it will not affect you in any way. If you choose to withdraw, you may request that any of your data which has been collected be destroyed unless it is in a de-identifiable state.

**What about new information/changes in the study?**

If significant new information relating to the study becomes available which may affect your willingness to continue to participate, this information will be provided to you.

**Voluntary Consent by Participant:**

By signing this consent form you are agreeing that you read, or it has been read to you, and you fully understand all the contents of this document and are openly willing to consent to take part in this study. All of your questions concerning this study have been answered. By signing this form, you are agreeing that you are 18 years of age or older and are agreeing to participate, or have the individual specified above as a participant participate, in this study described to you by Summer Stanley.

Signature: ___________________________________________ Date: _____________

# APPENDIX F

# TABLE OF HORIZONS

| **Textural Description of the Phenomenon** | |
|---|---|
| Examples of Horizons | Themes |
| Well I noticed it when he was little. 'Cause everybody just kept saying he's a boy, he's a boy. But I noticed it when he was little that Marshall would focus on something, but then after that if something else happens, he's off in another world. So I noticed it when he was little but everybody just kept writing it off like "he's alright, he's alright." | (1) Advocacy begins early |
| It started when he was about maybe one. He um, would really never talk. He would just point at certain things. He would try to say it but he would mumble it somewhat, but he wasn't using his pronunctions saying it right. But the doctors kept on saying it could be because um, he's had a lot a lot of earaches, so that could impair him talking. | |
| Girl, that was amazing. And the way that they did it first of all was wrong. They had that meeting, and the parents came, and the teachers came, and the people got up and spoke. A little girl got up. I cried. Oh my gosh, I cried. This little girl got up, and she just read a little paragraph in one of her favorite books. And then she said, and before I went to SAA I could not do that. | (2) Advocacy looks different<br>a. Individual advocacy<br>b. Collective advocacy |
| Oh, yes. Oh, yes. Dr. ___. In fact she stopped yesterday and we talked about the PTA that's gonna start tonight 'cause we had talked before. And she, and I had told her I was interested in working with it so she was encouraging for us to come. | |
| they had called for a meeting with the school board and they asked all the parents to please come to that meeting so that we could voice our opinion. And we all did come. And I was one of the parents they asked to speak that night in support of SAA. And I just told them how it made a difference in those boys' lives. And how a school like that is needed. All of us march at a different drum. And some of us, that drum is a little slower. And these children needed folk who were willing and able and learned whatever needed to be done to help the children. And it was hard to put them back in to a school system where you're gonna be met with criticism, you're gonna be met with teachers who already over stressed because of a regular job, and then you got 2 or 3 kids that you gonna have to constantly have to do double work you know. And I just, I just told them the experiences we had at ___ were just too horrible. I wouldn't want these children | |

| | |
|---|---|
| to go back in to that environment. You know. | |
| Have y’all always been involved at the PTAs at the elementary schools? | |
| P: Yes. | |
| I just hope and pray that we can get some good things going. Because I really, I know PTA a lot of it is fundraising. Helping raise money for programs and activities for the kids. But I want to do something academically too. I wanna do some different little things. Maybe we can all just be there and helping with reading capacities. Definitely proctoring. And things of that nature. I’d love to see if we can set up an AR schedule where we can go and help the kids. Because for some reason, and this is at ___ only that I’ve observed. | |
| I got a calendar and I write down different things that he don’t do or don’t listen. So they want to know everything. | |
| R: So you had seen some of that angry side at home, just not with other children?<br>P: Yes. Yes. Not with other children.<br>R: ‘Cause he was an only child for a long time.<br>P: He was an only child for six year.<br>R: So it sounds like you kind of shared with them what you had seen at home?<br>P: Yeah. They just didn’t’ think that he’s he’s this mean. I mean, he’s not mean, he just doesn’t like anybody pushing over him. | |
| I watched how and what they were doing, and what seemed to benefit for, um, a child. And then I said, “You know what, I’m his mother. I should know what’s best for him.” So I started watching more about Anthony, what his needs, what do he like to attend to do, and I just kept on writing down different things, and they kept putting it all in their notes and stuff.<br>R: Great! So you would observe things and then share it with them?<br>P: Um-hum.<br>R: And they would include it.<br>P: yeah, | |
| I’ve been going to every single IEP meeting since then<br>R: wow.<br>P: . . . this is what I want for him, I don’t think this is right for him, um, do he have to do this, or is this helping him better, or is he learning, or anything like that. | |
| I knew something was wrong. I didn’t know exactly what was wrong, | |
| you know, you know your child. | |

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| I just told her "separate him from them completely". I don't want, you know, "cause he's getting in trouble with them, I don't want him hanging with them at all. You know, if I have to remove him from this class, I will because it's affecting." You know I was devastated. | |
| But once we got them to understand that and went through that IEP they started making the changes and the grades got better. Because he can do it, he just can't be in that classroom with everybody else 'cause (he) is gonna be looking at everybody else. | |
| When he had that 2nd IEP meeting, they wanted to change it. They wanted to reduce his pulling out, resource time you know. And they wanted to um, not give them the extended time too. Especially for the End of Grade. And see you can't do that. Gregory and Curtis both, Gregory um, he could handle it. He didn't want to have the long extended time even though we still fought to keep it on there. Curtis got to have it. Curtis has got to be able to sit. It's gonna take him, this is another one of those things I think is autistic, it's gonna take him enough time just to sit there and see if he has to write his name. I think it's on the computer now so hopefully that won't be an issue anymore . . . where he's gonna write his name, what he's gonna do. Then, if he writes an E, and he don't like the way it look, he's gonna erase it about 5 or 6 times. Those are the kind of things we does. | |
| I told them no, he can't do it. He can't be in that room because he's gonna hear things. Somebody cough, Curtis' gonna look. And then when he looks around, he's lost his place. And it's gonna take him another 10, 15 minutes to find out where he was. You know, I'm probably exaggerated a little bit, but that's the way it is. | |
| And they were telling me, and I was telling them no, because I know for a fact that Gregory know his multiplication. And when I called him over there I said Gregory, and we started calling them out and stuff and he was just [snapping], I said "So I don't know where you getting that from. He knew them, we went through them." | |
| P: Um, the most I told them is I just wanted her to uh, get well-adjusted with the other students. That's the main thing. They knew that she was complaining about how students picked at her voice and stuff like that. That's the main thing she always told. If anybody asked her what's the main problem she had, that was that. | |
| P: Yeah, better than they do. Yeah, yeah, I said, you might tell me another thing, but I know. I see this. | |
| P: Yeah! So, that statement just really made me puzzled. Because | |

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| you’re telling me that my child, “I think he can help it. I think he’s just doing this.” You can say that, but if you go back into time you can’t say that Shyheem is just doing that. He was only in kindergarten. And kindergarten, that’s still a baby. | |
| P: When she was telling me you know, I said, “They gone take her out?” ‘Cause I know, the last time they picked ‘em up and take ‘em to the board of education. That’s what happened. She must’ve been improving or something and that’s why they want to take her out. And then I was telling them, she knew Bri was struggling in Math. So, I asked her is there any other way that they could keep her in there just for that Math part. And then she say she would find out. So . . . | |
| P: So I kinda drift. I told the teacher she said “well it’s o,” I said “pull him away from those friends, and watch the change.” And that’s what she did. And she was like, “oh you were right,” | |
| As a parent, I feel like one of your biggest things is it’s like the employee is always right type thing. They never listened. Like the parent, that’s your child, you know your child. So not the parents always right. But maybe take some interest in what they’re saying. | |
| he takes it by himself. Like, you know, how everybody is sitting in the classroom and everybody, he can go to a room, him and the reader or him and like the other few students in the class that kinda need that quiet one on one. Because (he) is very easily distracted, very, very, easily distracted. | |
| Marshall doesn’t eat when he’s on medication like he’s supposed to. And because Marshall doesn’t eat when he’s on the medication, I’ll give him a Pop Tart or a bowl of oatmeal or just something that he can hurry up and eat while he’s going down to the bus stop. And I remember the bus driver got on him really badly about having a Pop Tart and told him to put it in his coat pocket and it got all mushed. And I was like, “Marshall, why you do that.” “Because the bus driver was yelling at me and I have to eat something in the morning. And I told the bus driver that I have to take it with my medicine but he didn’t care.” So I was like, “He didn’t care?” And then the bus driver wrote him up for it. So I got the write up and Mr. Beyers called me. And he was like “Marshall might get suspended for that.” And I was like “No he’s not gonna get suspended for that.” I said, “You as well as I know that Marshall’s on medication. You’re not gonna suspend him for that and he has to eat something in the morning when he takes his medication. He has to.” And they were like, “Oh, well we didn’t know.” And I was like, “Yes you did, yes you did know that.” I was like, “You’re not gonna suspend my child off | |

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| that bus for that. I promise you, if you suspend him off that bus, knowing that he has to take some medication for it, I'm going to the school board." I was going to make sure that it was addressed that they were suspending a child that has to eat something. | |
| Somebody said we can start doing large print stuff for him. And I said, yes, that would help him out a lot. Because with him being as nearsighted as he is, that would be wonderful. Okay, we can do that. And they did it for like a week. | |
| Where we came into problem is when they started moving them from school to school.<br>R: Okay.<br>P: That was always a challenge. Even so, he went to Sycamore Lane for 6th grade, and then Spring Hill for 7th and 8th grade. That was our biggest obstacle. Because they didn't tell us until 2 days before school started.<br>R: Oh, no.<br>P: Yes. So I mean, it was the most, for all of us, I mean I know they hated to see me coming. I was at the school board, and they were being apologetic . . . there's nothing they could do. But I was like, "You are killing us here. My child needs consistency." And, now we live here. You know, Spring Hill is in Wagram!<br>so it was stressful. Because I mean, especially without notice. I was like, "Don't you understand? I have to prepare him for this."<br>and the thing I had learned off the cuff was that it had been in the works for awhile, they just weren't sure what they were gonna do so they didn't inform. And I'm like, that's totally unacceptable. That's unacceptable. Especially for a group of children who need consistency, they're the only ones not getting it. | |
| he just had his IEP yesterday, so I know you'll need to know that.<br>R: Yes, you'll have to let me know how that went.<br>P1: It went really well. We maintained the accommodations and they were trying to take that, remember the Extend 2, away from him again.<br>R: The extended time?<br>P1: No, you know there's the Extend 2 test. Whereas the other kids might have 25 math questions or something in one area, Curtis would only have 10 or 12. That's the Extend 2. It's a shortened test. And they didn't want to give. They thought he could go into the regular thing and I was like, no, no, no we tried it last year, and it did not work. Curtis needs that extra time to process. And now that we're regulated his medicines again, he definitely needs that time. Because he may get there and just be not able to focus for a while before his mind say "okay, now look at it." | |

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| R: So he gets the extended time but he also takes the Extend 2?<br>P1: Extend 2, that’s exactly right.<br>R: And they wanted to switch the Extend 2?<br>P1: The Extend 2. But I told them no.<br>R: And they agreed?<br>P1: Yeah, they agreed. And the EC person, like I said she was new and didn’t know them, and thinking about what was better for the school and what not, but she was saying that um, “I was just trying to make sure that he would be able to do everything and get everything that he was supposed to have and what not.” And so I asked her “Are you concerned about staff. Not having the staff?” And before I could get it out of my mouth, the principal, which had finally spoke up, and the teacher said at the same time, “That is not a concern. If you want Extend 2, he will get Extend 2.” And they looked at her. And so I said “Thank you.” They finally agreed. Because really and truly he needs that extra time and he needs the shorter test. | |
| It always made me paranoid that if I didn’t try to do something about it they would think he came from a bad home and they would call social services. Social services would be coming up in here. And I’m really gone be angry. Because my child acting up you calling social service? And the first thing I say when I talk to people, I’m in here because you ain’t fixin’ to call social service on me, like my child getting abused and neglected up in here ‘casue that’s not what’s going on. He has a issue that I didn’t even know about until he hit kindergarten. Head Start, no problems. Kindergarten, phone calls. You don’t belive me, go ask somebody. Everybody remembers Damon. WalMart remembers Damon, swinging under the clothes. I mean, they be like, where your son. I be like, he in daycare. [Laughter.] | |
| R: So one of the reasons you went to counseling was because . . .<br>P: I was trying to find someone to believe that there was something wrong. | |
| We went to the doctor, the ___ Clinic, and they started him on, goodness, I can’t even think of it right now . . . Focalin. I don’t know if you’re familiar with Focalin? | (3) Advocacy includes locating and utilizing community resources |
| And then I, you know, I figured maybe something might be a little wrong. So, when I went, took him to the doctor | |
| And um, I went to the Dr. and was like “This is what’s going on.” And it’s like the Dr. knows what you’re getting ready to say. They be like, go ahead and get their little pamphlet. And he suggested trying him on this medicine. 5mg, 10mgs, then he said 30 mgs. | |

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| We’re working really hard on his vision. Dr. ___ is amazing. | |
| I always paid for my tutoring. $75 a week, when he’s not even interested. That’s money that’s already gone, and he hasn’t learned nothing from it. | |
| then I had to take her to Sylvan Learning. | |
| And I try to get some help with him with the tutoring. ‘Cause I was paying somebody $75 to tutor him. | |
| It was outside the school. I took him out of the scholars because I felt like he wasn’t doing what he was supposed to be doing. | |
| And now he, he do get a tutor. We try to get it on weekends, not during the week. | |
| One of the local churches had a program where they were helping the kids with English, reading and math. And they had other activities for them | |
| That’s why I try to go for the disability. To help him. | |
| Because he was going there every day and would come home with a piece of paper with nothing on it. And then when he start seeing other kids doing something, he come home with some work done.<br>R: Um hum.<br>P: So they helped him a whole lot.<br>R: So it helped him more like with behavior. I mean just learning to do.<br>P: Um hum. ‘Cause at one time he didn’t want to read, but he come home now and want to read a book.<br>R: Good. And you think the church program encouraged that?<br>P: Um hum. | |
| R: Yeah. | |
| It prompted me to go to the doctor when they told me he was going to fail kindergarten. Children are not supposed to be failing kindergarten. | |
| The Speech Therapy, they kind of cut-off when he got in school. School more or less picked that up. Well that wasn’t sufficient for us, so I had to kind of go into my pocket to get him some more speech therapy until he no longer needed it at home or I felt that he was getting enough that would be adequate. | |
| you know they talking about stopping Medicaid. And I’m paranoid, hoping they don’t. ‘Cause Damon gone need some services. And I was talking to my caseworker and she was telling me, she was like, “you might be having to get BCBS.” I said “for what?” And she said “‘cause their Medicaid might stop.” And I mean, a parent like me like, I work and you got ones that sitting home and they getting daycare assistance and getting a tech. And | |

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| some people ask me, "why do you get food stamps?" I don't get a lot, but I say because I feel like I'm entitled to some because I pay taxes. But I said my kids gone eat regardless. But I also have went and got my light bill paid before twice. I feel like if it's out there, use it! And then sometimes I be like, well I'm not gonna be greedy, I'm gonna pay my light bill. But when I heard about it that's what happened. I ended up getting my light bill paid twice. And I just feel like its room for me to get my kids what they needed basically when school started. | |
| Certain agencies have day treatment where they can pick him up from school or come by home and work with him a couple hours every day. They'll work with him on behavior and they'll also work on some homework. | |
| So, we started going to counseling. | |
| I'm gone keep fighting this time. Because he needs the assistance. 'Cause he's getting ready to go to the 6th grade. | |
| I put him in some tutoring. | |
| So I noticed first grade he needed to, he needed to uh, to get a tech. | |
| He would act up at school and they would call me so I started trying to get some counseling about it. | |
| I started getting him tested and all that through the doctors | |
| then when I took him to the doctor I was like, "He cannot focus, there's something wrong." | |
| I even tried to get educational things to help him learn. Um, we took him all the way to Raeford. | |
| Normally decisions is made mostly through me. | |
| I've been going to every single IEP meeting since then | |
| This is what I want for him, I don't think this is right for him, um, do he have to do this, or is this helping him better, or is he learning, or anything like that. | |
| So I started watching more about Anthony, what his needs, what do he like to attend to do, and I just kept on writing down different things, and they kept putting it all in their notes and stuff. | |
| And, when he done that they tried to say he need to be on this, he need to be on Ritlin, he need to be, um, medicalized every day. I'm like, oh no, we don't need all that. | |
| But if I have anything to tell her usually I'll drop them off and tell her. Or call her. | |
| And it kinda irritated me, like that whole year they kinda like pushed it. I was looking in to it, but they were like "well we'll solve this if you just put him on something." And I was thinking | |

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| about it, but then I wasn't thinking about it because still my family was like "He doesn't need anything." And I didn't think he needed anything neither. I just felt like he needed some extra work, a little bit more one-on-one. | |
| Normally decisions is made mostly through me. | |
| I've been going to every single IEP meeting since then | |
| This is what I want for him, I don't think this is right for him, um, do he have to do this, or is this helping him better, or is he learning, or anything like that. | |
| And, when he done that they tried to say he need to be on this, he need to be on Ritlin, he need to be, um, medicalized every day. I'm like, oh no, we don't need all that. | |
| after that I made a commitment, I was like, "you're not going to that school anymore." We're gonna do what we have to do but we're gonna get from over here. | |
| R: They put it on his IEP?<br>P: Um hum.<br>R: Okay, and they did it.<br>P: They did it for like a week. And then after that, I noticed that his homework and stuff was coming back to the house the way it was before, and I said what happened to the large print stuff? And he was like "I don't know momma this is what they gave me." So I asked again what happened with the large print stuff. And they was like, okay we forgot. Don't worry about it. We'll get it. Got about a week out of that, and that was it. That was the only time where I was like, what y'all doing now? What's happening?<br>R: Did they ever get it on track?<br>P: Yes and no. It was kinda like, if I said something, they would go ahead on and do it. But if I didn't say anything, they weren't really.<br>R: So you had to keep on it constantly?<br>P: Um hum. | |
| P: Yeah, like his homework. I wants to know a website when your teacher is putting your homework on the site so I can see it. So when you come home and tell me you don't have nothing to do like, last year he missed a major project that was a countable grade. And she actually let him . . . he was telling her that my momma don't have no money to get me this stuff. We don't have no computer and all this.<br>R: Well how did you feel when you found that out though and they didn't call you and . . .<br>P: I felt bad, like, y'all couldn't . . . I mean, I'm not telling you to babysit the kids, but somebody like Damon, you would want to | |

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| call me and give me a heads up. SO now, it’s like basically I have to stay on the teachers to find out if he has a major assignment. | |
| I call and I go. I mean, soon as I get official report card or something like that, and I’m thinking something ain’t right, I’m like, I need a parent conference. | |
| P: Um-hum. And I asked to write a statement. I believe I still got it somewhere. I kept it. Um, like now when she see me I’m like, why would she say that. And a lot of other teachers was saying she would do stuff like that, she would say stuff like that. And I wrote a statement and I had to be in an actual meeting with her in front of me. And I said, My child, what he wears and his clothes do not got nothing to do with what he can’t control. This is something that I can’t tell you why he’s doing it. I just know it’s a word for it, like letters. You know, I just know its letters. And I’m trying to do what I can do. | (4) Advocacy includes ongoing communication within schools<br>a. asking questions<br>b. making specific requests<br>c. disagreeing with teachers’ recommendations<br>d. special education meetings |
| when I talked to her I told her that he’s just having problems with his reading, and when it’s time for him to write, he don’t space. He put it all together. I try to get him to write neat, but it won’t go neat and it’ll all be, and when I say do it over he gets to crying. And she said she noticed that in class. And when she take him out when they get ready to go outside and get ready to walk she noticed he got a limp. And I told her the doctor say they don’t know what it is.<br>R: Um hum.<br>P: That was all she said. | |
| in 2nd grade I noticed his learning was kinda if or but. And, at the end of the school year it was like time for them to start contacting the parents and letting them know things. And I was saying to myself, “why y’all didn’t let me know something ahead of time so I could’ve done something about it?” But they was telling me he was doing good. And so um, I want to um, no, I already knew that I didn’t want to send him to 3rd grade like that.<br>R: Okay.<br>P: So I held him back in 2nd. | |
| I’m gone speak for my child. | |
| P: I check every day, morning and afternoon. Morning and afternoon I check. | |
| I feel like that everybody that participated kind of helped. Helped talk to me, this is the best thing to do. This is not what you want to do for him cause you want him to be like a normal kid and everything. But, I knew that was the best thing to do. I didn’t want it, but I knew it. | |

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| I just had a lot of questions.  What kind of testing were y'all doing ya know? What was SAA? How as he going to get back and forth? How was that school different from this school? What was the difference between this program and y'alls program? I had a lot of questions. | |
| I held her back in 1st grade.<br>R: Okay.<br>P: They were trying to pass her, um, and uh, it was her math. They called me and asked me would I let them pass her.  "No.  If she don't know it, don't do it."  So I felt good about doing that though. | |
| I really think that that's what it's was about.  He thinks that because of the neighborhood that we live in, no one over here cares about their kids or whatever, and he felt like he was going to be able to do that and get away with it, I'm not the one. | |
| I said "Lord, I don't wanna do it but I got to do something."  So I just said I'm doing this to help him.  That's how I looked at it.  And I just put him on the medication. | |
| I would classroom volunteer, so.  But I feel like that the sorta thing you have to do.  You have to be involved in their education.  Because, like I was saying, before with the whole bus situation, if you don't stand up for your children, who will? | |
| I felt like, okay, I think because at the time I didn't really understand what was going on.  And I'm thinking, I don't understand what's going on.  THEY should understand what's going on.  And the more that I went through it, the more I was like, they can tell me how much they cared, and I would snap on them like real quick.  And my mother was with me one time and they were like, "We love Damon."  And I was like "You love Damon and you're suspending him? I don't think so."  You know, and my mother was like, trying to calm me down.  And I'm like "They always calling me about Damon all the time, all the time."  And they're following us outside and the principal was like "We love Damon."  And I was like, "Y'all don't love Damon, 'cause y'all wouldn't be sending him home if y'all loved Damon." | |
| after that I made a commitment, I was like, "you're not going to that school anymore."  We're gonna do what we have to do but we're gonna get from over here. | (5) Advocacy is doing what it takes.<br>a.  Standing up for child<br>b.  Choosing schools<br>c.  Making tough |
| I remember me riding all over this area looking for a house because I just wanted Marshall to go to ___ School.<br>R: So you choose where you live because of his needs for school? Because of what school you felt would be best for him?<br>P: Yes.  Yes.  That's what I chose 'cause hands down ___ school | |

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| is one of the best schools in this county. I don't care what anybody else says. | choices<br>d. Being persistent |
| do you know within a month after realizing what kind of student Curtis was . . . Woosh . . . they whipped him to (another school) so quick. Which, we were happy because we knew we couldn't leave him in that environment. Where we know he just would not get any care, any love, any tender loving care. Any teaching or whatever | |
| Now Marshall is in a different district and now he can go to (another school). So. You can really tell the difference in the schools in a school system. | |
| I don't want Jerome to go to (a particular school).<br>R: So how would you go about getting him in to (another school)?<br>P: Um. I would probably have to use his grandmother's address. That's how my oldest son goes. Like I said, he is with her anyway. | |
| But I kept him at (that school) because they know Damon. If I would've sent him here [the new school] it would have been all over again. Like, a new file. So the thing is, if he continues to get in trouble they will start sending out social workers. And they're gonna be coming here and saying "You live here, and Damon's supposed to be here."<br>R: So do they know where you are living? At (his current school)?<br>P: The school? Um-um. [No.]<br>R: Okay.<br>P: they don't know. They just got a PO Box. They got the old house. They never had to come out. But if they ever have to come out they will know. | |
| They did it for like a week. And then after that, I noticed that his homework and stuff was coming back to the house the way it was before, and I said what happened to the large print stuff? And he was like "I don't know momma this is what they gave me." So I asked again what happened with the large print stuff. And they was like, okay we forgot. Don't worry about it. We'll get it. Got about a week out of that, and that was it. That was the only time where I was like, what y'all doing now? What's happening?<br>R: Did they ever get it on track?<br>P: Yes and no. It was kinda like, if I said something, they would go ahead on and do it. But if I didn't say anything, they weren't really. | |
| We attend all of the meetings and do field trips too. | |

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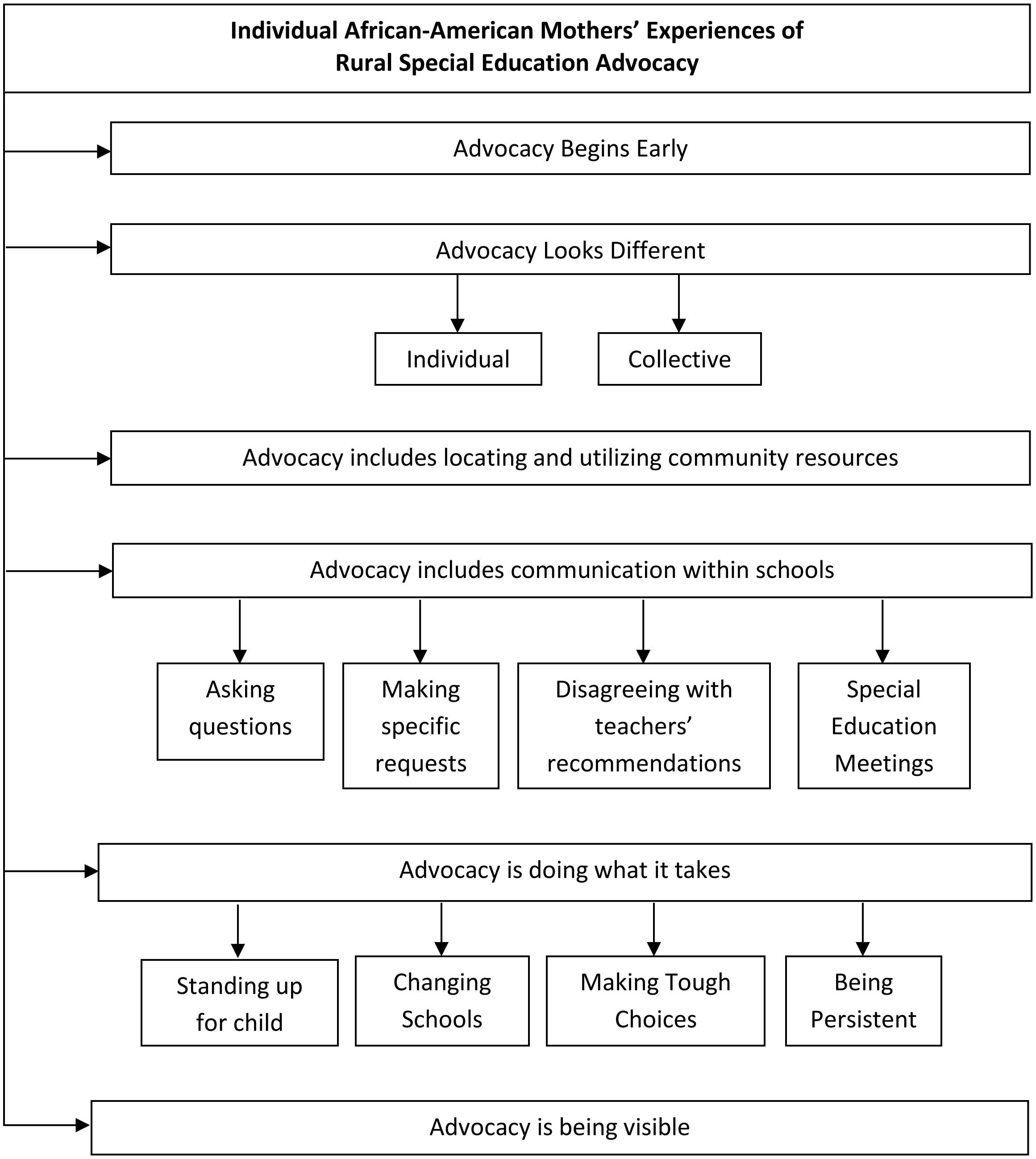
| I think it should be a high role as far as the kids education. Making sure they get what they need to be productive kids in society. Just be involved. Not only just to go to a parent conference, but do the impromptu visits. Show up and make sure of what they're doing from day to day. Not everyday, but once or twice a month or so, just keeping tabs. | |
| Well I go. I drop in. Sometimes I tell him, sometimes I don't. Like today, I didn't tell him, I just dropped in. | |
| I stayed in the window because if I sat in the classroom he really ain't gone you know what I'm saying. He really gone try the best that he can be. But if I peep in there, and stand at the window and don't get his attention, oh he's just as fine. | (6) Advocacy is being visible |
| When I wasn't working first shift, or didn't have to take care of mamma, I was constantly volunteering at school. | |
| I feel like you need to go and you need to sit and pay attention to what the teacher is teaching or see how your child interacts in a school system. | |
| So the football coaches, the ones you requested . . .<br>P: They go out to the schoolhouse and check up on him too. | |
| Do you usually like just sit down and observe or does she, you get to help?<br>P: Yeah, I just kinda sit back. Just kinda watch, | |

# APPENDIX G

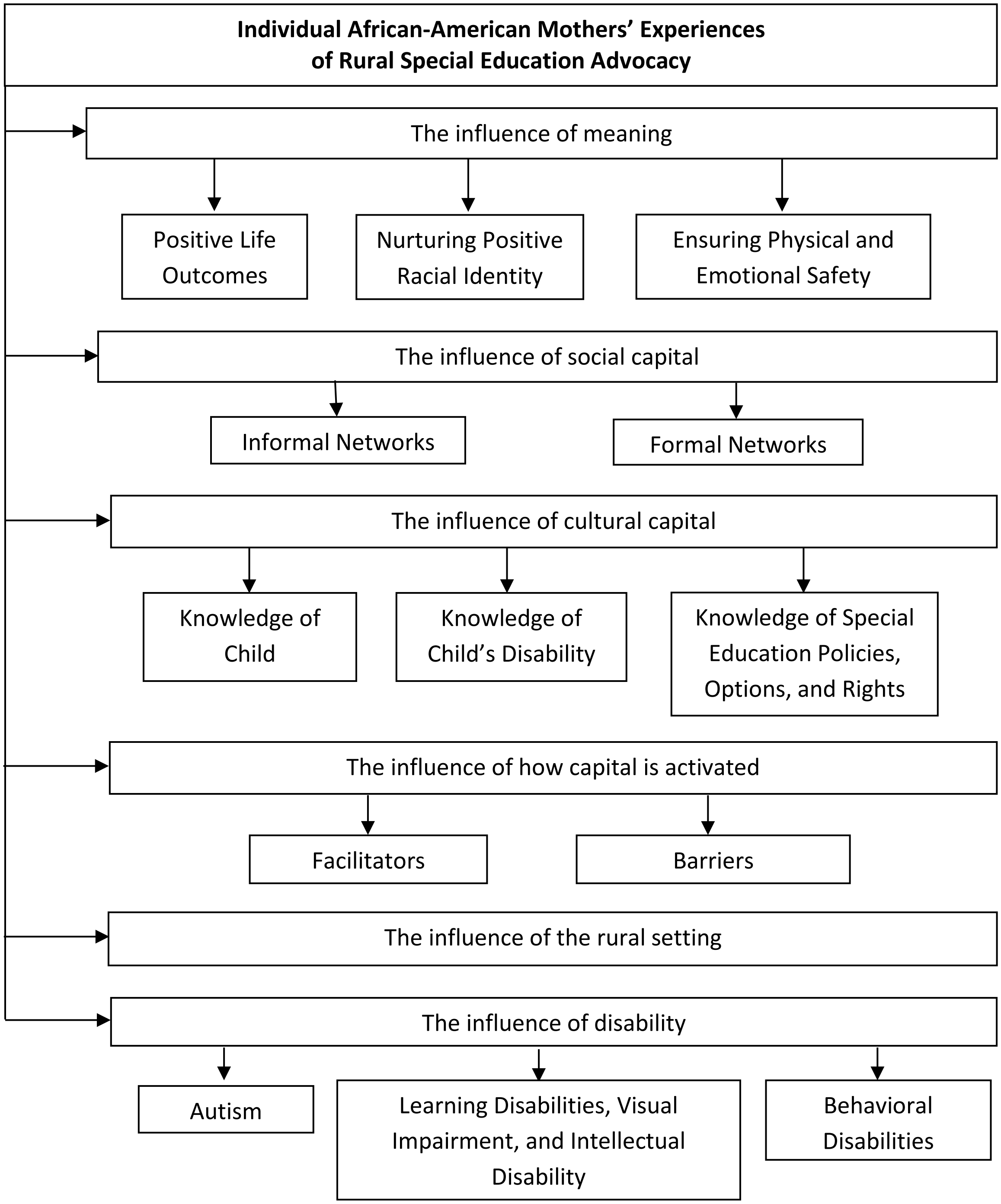
## DIAGRAM OF TEXTURAL THEMES



Adapted from Barth (2009)

# APPENDIX H

## DIAGRAM OF STRUCTURAL THEMES



Adapted from Barth (2009)