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Understanding Family Experiences of IEP Meetings and Building Skills to Empower Families at the IEP Meeting

Elizabeth J. Golini
CUNY Hunter College

UNDERSTANDING FAMILY EXPERIENCES OF IEP MEETINGS AND BUILDING

SKILLS TO EMPOWER FAMILIES AT THE IEP MEETING

Elizabeth J. Golini

Mentor
Bonnie Keilty, EdD

Readers
Jan Valle, Ed.D.
Lauren Schnell-Peskin, Ph.D., BCBA-D

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DEDICATION

For Elliot Louis and Ada Kathleen.

Your energy, love, and zest for life are infectious. You inspire me and fill me with joy each and every day. Thank you for helping me to focus on the important things.

May you change the world someday in the same way you changed mine. I love you.

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Abstract

Since the Individualized Education Program (IEP) meeting is so important both to a student's progress and educational growth as well as the school's legal obligations, it is imperative that researchers work to understand parent perceptions of Individualized Education Program meetings (Fish, 2006). Family participation and advocacy are also important at the IEP meeting (Boshoff et al., 2016; Cavendish & Connor, 2018; Duquette et al., 2011; Fish, 2006). This study examined the family's perceptions of the IEP process and meeting for their child through semi-structured interviews. In order to support the family at the IEP meeting, families participated in coaching sessions to develop one or two new advocacy skills to apply at their child's next meeting with school staff. Results and findings showed this intervention was effective in teaching families new advocacy skills and the new skills changed how the families were positioned within the meeting. However, learning new skills did not solve all of the issues present at the meeting. Recommendations for the field and future research are discussed.

CHAPTER I

STATEMENT OF THE PROBLEM

Parents of children with disabilities have the right to be involved in their child's education (Individuals with Disabilities Education Improvement Act, 2004). In fact, parents have held this right since the passage of Education for All Handicapped Children Act (EACHA) in 1975 which outlined the specific protections for parents including access to information as well as the right to participate and consult on decisions related to their child's education (Education for All Handicapped Children Act, 1975). Their involvement could include parent teacher conferences, being a class parent, attending meetings, joining committees, volunteering, or countless other methods. Schools are more successful when the school-based staff have strong and collaborative relationships with families (Sheldon & Jung, 2015). A school that is responsive to the community around it and the cultures represented within the school will be more successful than a school that does not engage in robust family engagement. Parents have indicated they want to be involved and have a voice in their child's education (Besnoy et al., 2015). The home-school connection is meaningful for a child's overall educational attainment.

Parents with a child or a youth who has a disability and an Individualized Education Program (IEP) have a formal, legal role in their child's education through attending and fully participating in the IEP meeting (Individuals with Disabilities Education Improvement Act, 2004). This right has been legally protected for parents for nearly 50 years (EACHA, 1975). At this meeting, the IEP team meets to discuss the child's learning characteristics and what services, accommodations, and modifications are needed to provide the student with their free appropriate public education (FAPE). The IEP team includes the parent, school staff (such as administrators), teachers, service providers, and the individual themself when appropriate as well as anyone else

that the family would like to include in the meeting. Families often have important insights about their child including the way their child learns and preferred items and reinforcers (Werts et al., 2004). Research has demonstrated the importance of family involvement and participation at the IEP meeting (Cavendish & Connor, 2018; Fish, 2006).

For children with disabilities, the IEP meeting is a point of contact between the school and the family. To avoid dissatisfaction, empower the parents, and value the parents' contributions and voice, the IEP meeting process should be collaborative, where the group as a whole comes to a consensus about the child's educational needs and placement. Parents are provided with procedural rights and safeguards outlined in special education law to guarantee their active role. Parents also have the right to disagree with the placement and recommended support. In order to ensure that the IEP meeting ends with an agreed-upon and appropriate program, the meeting should be a shared collaboration with the parents seen as equals who have deep and intrinsic knowledge of their child.

While this sounds lovely, it is not often what happens in practice. Parents describe feeling like their thoughts do not matter (Cavendish & Connor, 2018; Fish, 2006; Goldman & Burke, 2019). The professionals may speak in educational jargon that families do not understand, reducing the family's opportunity to engage (Besnoy et al., 2015). Of course, not all families have this experience, but often families do (Fish, 2008). The IEP meeting is frequently couched in the medical and expert models of disability. Teachers and school professionals are valued as the experts in the room and therefore their thoughts and opinions are often more valued than those of family members. In the IEP meeting, the language used to describe the child and their needs is often deficit based - that is, focused on what the child cannot do rather than what they do well (MacLeod et al., 2017). This deficit-based language is difficult for families to hear,

decreasing the likelihood the family wants to be a part of the meeting. The IEP meetings also include power dynamics and differences - parents may be disempowered because of their race, class, or educational status in the IEP meeting as the school staff may not be culturally responsive or respectful toward the family (Olivos et al., 2010). This disempowerment of families is often exacerbated due to being a member of multiple marginalized groups.

The reauthorization of IDEIA in 2004 required acknowledgement and consideration of parent concerns in the IEP which further established family involvement as an expected practice. (Childre & Chambers, 2005). While challenges, and barriers exist that limit family participation within the IEP meeting for families, there are strategies that can be applied enabling families to advocate for their positions such as family advocacy. Duquette et al. (2011) recommended that "parents should learn how to advocate on behalf of their children" (p. 132). In this vein, teaching the family new advocacy skills may alleviate some of the challenges and barriers within the meeting, leading to them feeling more empowered. Further research should be conducted to learn about advocacy skill development in families and how development of these skills changes their experiences at IEP meetings.

Advocacy

Advocacy has been defined as a "non-violent empowerment and support process, through which families with disabled relatives can constructively express dissatisfaction and contribute to creative solutions to problems existing in human services systems" (Munro, 1991, as cited in Wright & Taylor, 2014, p. 591). Parents can build and practice advocacy skills in order to increase parent participation and voice in the meeting (Besnoy et al., 2015). These skills could include asking questions, clarifying information, reframing deficit minded approaches, sharing their experiences and knowledge, and asking for further evidence (Duquette et al., 2011).

Wright and Taylor (2014) stated, "when parents experience empowerment in the process of advocacy, they may discover inner strengths and new capacities that make them better advocates" (p. 602). If the parent is able to participate more fully, this could help to mitigate some of the power dynamics present in the IEP meeting.

Research on advocacy and parent participation has suggested the need for further work on parent training to develop their advocacy skills (Duquette et al., 2011; Trainor, 2010). Parents described their advocacy work as challenging, time-consuming, and tiring as well as rewarding since their advocacy work benefited their child (Boshoff et al., 2016; Duquette et al., 2011). Parents felt that if they did not advocate for their child, no one else would (Duquette et al., 2011). While advocacy may be difficult, parents indicated that advocating for their child gave them a "sense of empowerment as they found ways to support their child's educational needs" (Hess et al., 2006, p. 152). This study responded to these findings by investigating family perceptions of their current IEP meetings and the impact of advocacy coaching. By working with families to develop their advocacy skills, families may be able to combat the models of disability that can further disempower them in IEP meetings. IDEIA (2004) states that families should be fully participatory in the IEP meeting. Often schools do not fully include families, however, through learning advocacy skills, families can meet this goal.

Family Advocacy Strategies

In order to push for more inclusive IEP meetings, parents may need to speak up and advocate for their child. Research has demonstrated that advocating for a child is beneficial for both the child and the family as advocacy may make parents feel a sense of empowerment and also may result in better service outcomes for their child (Boshoff et al., 2016; Hess et al., 2006). By advocating, the parent can assert their rights and power within the meeting.

Additionally, parents want to be involved but sometimes do not know how to be involved (Besnoy et al., 2015). They may feel nervous to ask a question or clarify a statement made by a professional. Parents also report that attending IEP meetings can be stressful (Cavendish & Connor, 2018; Fish, 2006; Goldman & Burke, 2019; Sanderson & Goldman, 2022). The parent may not feel listened to or respected in the meeting. The information that they share about their child may be disregarded or glossed over in favor of the professionals' opinions. Based on what is known about the IEP meetings, parents need to know how to advocate for their child at the meeting (Duquette et al., 2011).

The IEP Meeting

The IEP meeting is not often set up to have power balanced between school personnel and families. Multiple components of the IEP meeting privilege the school based staff over the family. These components lead to a power differential within the meeting with school staff holding more power than the family. The IEP meeting frequently takes place in the school - the parent has to enter this space as a visitor which does not give them equal opportunity and power (Dabkowski, 2004). The meeting often has an imbalance of school staff to family members. There may be one parent with three to four school staff. This again demonstrates the power differential. Although the parent can ask for an IEP meeting at any point to discuss concerns about their child or their education, the school frequently schedules the exact time and date of the meeting. The family may be given some options, but generally the school staff determine the final scheduling (Browne et al., 2022). The selected time may be inconvenient for the family; they may need to move work time, reschedule appointments, find childcare, or take time off to attend. This scheduling again reinforces the way power is distributed by the meeting (Bacon & Causton-Theoharis, 2013; Cavendish & Connor, 2018). Families have reported that their

meetings do not start on time - this again displays that the professionals' time is more valued and more valuable than the family's time (Golini, 2022). Additionally, families may reschedule events to be able to attend, only to have the meeting end at a specific time even when the meeting is not over because the teacher and school staff need to 'get back to work.' (Browne et al., 2022). Again, this reinforces that the professionals' time is more important than the family's.

An additional component of the power issues at play in the IEP meeting is a lack of cultural reciprocity and awareness. The family may not feel included in the meeting for a variety of reasons such as an assumption that they do not want to be involved, their educational level, or lack of language access (Steeley & Lukacs, 2015). The language used in the meeting may be jargon that the family does not understand as they have not been taught this specific education related language (Cavendish & Connor, 2018; Fish, 2006; Goldman & Burke, 2019). The relationship between schools and families may also be impacted and influenced by differences in race, culture, and class (Banks et al., 2023; Fenton et al., 2017). Families may be treated differently because of their socioeconomic status and educational background (Gonzales & Gabel, 2017; Olivos et al., 2010). Parent training may provide some mitigation in the form of education for families to combat these inequities. The study was designed to give parents skills so that they can participate in the IEP meeting to assure the most effective services, placement, and programming for their child as well as advocate for their child which could also help the family to combat the challenges and barriers present.

Coaching

Coaching has been used as a methodology for teaching parents skills in a variety of contexts. In a coaching relationship, parents and families are provided with support and encouragement to meet their goals. Within coaching, support and encouragement are

individualized and consistent over time (Gupta & Daniels, 2012). This intensity is what makes

coaching different from other methodologies for learning new skills (Gupta & Daniels, 2012).

Coaching has been previously successful with teaching families new skills (Moore et al., 2014;

Sanders & Burke, 2014). This study used a coaching style methodology to teach parents new

advocacy skills to use at their child's IEP meeting.

Conceptual Framework

The relationship between professionals and families is significant for a child's academic

achievement and educational outcomes (Besnoy et al., 2015; Henderson & Mapp, 2002; Sheldon

& Jung, 2015). Parent engagement in the IEP meeting is essential and meaningful. The

conceptual framework for this study is framed in family-centered practices, parent training, and

positioning theory. Additionally, this study holds that disability is a socially constructed

phenomenon adhering to a social model of disability while recognizing the special education

field often continues to utilize medical and expert models. The current study combined the

theories and the social model of disability to create a conceptual framework that centered on

families and their experiences while allowing for an analysis of positioning and power dynamics

at the IEP meeting.

The current study sought to empower families to become advocates for their children

with disabilities and build competence and confidence (Mas et al., 2019). In family capacity-

building, the idea of help-giving is seen as empowering to the help-receiver (Dunst, 1997; Dunst

& Trivette, 2009). Within the framework of family capacity-building, family-centered practices

have been shown to empower families (Madsen, 2009). In this context, the term empower

implies to give power and positioning to make decisions (McCloskey, 2010). In the inverse, the

term disempower would imply the removal of such responsibilities. This study explicitly applied concepts from family-centered practices within the conceptual framework.

The conceptual framework draws from the literature on parent training as collaboration in parent training is seen as open communication and clearly defined goals and expectations with an understanding of the family's strengths and needs (Bearss, Burrell et al., 2015; Fenning & Butter, 2019). This framework applies concepts from parent implementation and parent support (Bearss, Burrell et al., 2015). Parents were taught a new advocacy skill (this is implementation) and the child will be a direct beneficiary of their parent's new skill. The study will include components of parent support as the parent will be asking questions to gather more information similar to the psychoeducational component of parent support (Bearss, Burrell et al., 2015).

Within this study, positioning theory provided a lens to see how the parent is empowered or disempowered in the meeting (McCloskey, 2010). In positioning theory, a person is assigned a role in a conversation through what happens during the conversation - the words used, the body language, and responses from others (Harré & van Langenhove, 1999). By looking at a person's role, their position can be viewed and analyzed. A person's position is not static - it can shift and change (Harré & van Langenhove, 1999). Positioning theory allowed for an analysis of how the models of disability are enacted in who is given power within the meeting. The IEP meeting includes multiple power dynamics. The power, rights, and responsibilities that parents are provided by law within the IEP meeting can be explored using positioning theory, which allowed for the study of decision-making and power sharing (Hirvonen, 2016; McVee, 2011). Campbell and Hodges (2020) used positioning theory to research how middle school and college students in small groups work together and collaborate on mathematics tasks and problems. Campbell and Hodges identified "five patterns of participation that groups exhibit: confirming one group

member, competing strategies, free-for-all, co-construction, and two-member collaboration" (p. 7). Positioning theory was applied to see if the parent's position shifted after learning a new advocacy skill.

This conceptual framework incorporates parent training and education to be centered on families and affirming their experiences while gaining insight into how power and decision-making are distributed at the meeting. The framework includes ideas to empower families and allow them to fully participate and advocate for their child's needs and services. The IEP meeting is an important, meaningful, and collaborative event between school based staff, parents, and other needed personnel to determine the appropriate services and supports for a child diagnosed with a disability. The IEP meeting is more meaningful when the family is fully included and considered.

There are a variety of models of disability seen in education systems which include the medical model and the expert model. In the medical model, the focus is based in healthcare with the belief that disability can be treated through medical interventions, therapies, and specific teaching styles (Bricout et al., 2004; Cormier, 2020). In an expert model of disability, the thoughts, and opinions of "experts," such as school staff, are valued over the lived experiences of the family or the individual (Bacon & Causton-Theoharis, 2013). These two models often include deficit-based thinking – meaning a focus on what the child "cannot do." Parents report how challenging and painful it is to hear this language to describe their children (MacLeod et al., 2017; Zeitlin & Curcic, 2014). Children may be further disabled by the systems and structures in place within schools. Instead of these models, this study used a social model of disability which believes that the structures, barriers, and attitudes in society are what create and enforce disability (Adam & Koutsoklenis, 2023). This study also used a family-centered approach to

disability which holds that the experiences of the family and the individual should be valued above the opinions and thoughts of the experts in the room. Families need to advocate in IEP meetings due to the typically held models held within education as well as lack of application of social model of disability (Kattari et al., 2017). The best source of knowledge and understanding related to a child's strengths and needs is their family or their own experience. The information gained from a family should be used to create a robust, individualized IEP for each child.

Figure 1

Conceptual framework
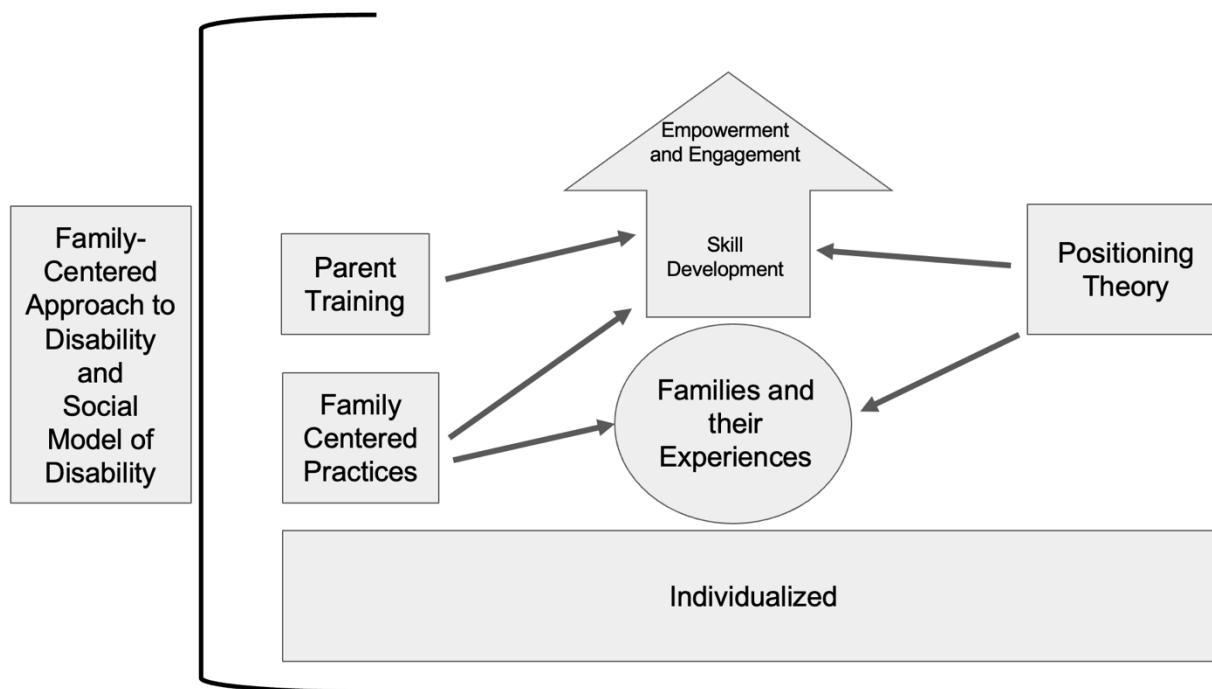
The Current Study

Due to the importance of the IEP meeting, research should be undertaken to focus on developing new advocacy skills for parents to use at the IEP meeting. This study worked to understand the parent perspective and teach new advocacy skills to make the IEP meeting more

available to families. By understanding more about the meeting and the experience of families as well as exposure to a training model for families, families may be better able to advocate for their child as well as share their deep knowledge and experience. This information could also be shared with other families to help support them as well in their quest to advocate for their child.

However, parents and families are already very busy. It is difficult to place another task and responsibility on families. While it would be ideal if the changes needed to make the IEP meeting more family-centered and focused could be the responsibility of the professionals, this is not the case. Although work should be undertaken to change the behavior of school professionals, it can be challenging to change their behavior due to their entrenched mindsets and the need for additional training (Tao et al., 2021). This study focused on the behavior of parents but recognizes that work should be conducted that focuses on changing and shifting the behavior of the professionals. (For this work, a parent is defined as the person who has educational decision-making authority. A foster parent, grandparent, aunt or uncle could all be a parent in this sense.) Due to this, families need further training to advocate for their children. This study investigated a model for coaching to incorporate more family voice in IEP meetings.

The current study taught parents one or two new skills to use in their meetings to better advocate for their child (Besnoy et al., 2015; Duquette et al., 2011) as well as research the impact of the new skill on the parent's comfort in the IEP meeting. Fish (2008) reported that "parents should be proactive during IEP meetings by not being afraid to ask questions and make suggestions" (p. 13). Based on the evidence in the literature, this study focused on using coaching to develop parents' chosen advocacy skills from a menu such as questioning deficit-minded statements in the IEP meeting, making independent strengths-based statements about their child, or asking clarifying questions (Moore et al., 2014). These advocacy skills can apply

across a child's educational lifespan. They also aligned with Wilson's (2015) notion that asking questions about the IEP and advocating for their child were two parent behaviors meaningful for parents' satisfaction with their child's IEP meeting. Parents have indicated that they want to advocate for their children and that advocating is empowering for them (Besnoy et al., 2015; Hess et al., 2006).

In the literature, parents suggested that the IEP process is difficult and leaves them feeling uneasy, defensive, or angry (MacLeod et al., 2017; Sanderson & Goldman, 2023). Fish (2008) identified parents felt more comfortable in the IEP meetings if they considered themselves to be equal partners in the meeting. Teaching the parent a new advocacy skill could alleviate some of their concerns about the meeting, leading to them feeling more comfortable in the meeting.

Research Questions

The study focused on answering the following questions:

1. How do parents who have a child with a disability perceive and experience the IEP meeting as it has occurred prior to the advocacy skills training?

2. What was the impact of the advocacy skills training?

   a. How did parents' advocacy skills change due to the training?

   b. How does the reported experience of attending and participating in IEP meetings change due to learning new advocacy skills?

   c. How does learning new skills change how the parent and child are viewed and positioned in the meeting by themselves and others?

CHAPTER II

LITERATURE REVIEW

Parent engagement with school staff is not a new field of study as there are "over 50 years of research" (Goldman & Burke, 2019, p. 109) to show the importance of the relationship between the parent and the school. Collaboration between home and school has lifelong implications for children, such as "increases students' academic achievement, improves school attendance, and raises graduation rates" (Besnoy et al., 2015, p. 109). Family engagement is now commonly seen as meaningful for school culture and student achievement (Banks et al., 2023; Salas et al., 2005; Underwood, 2010). Parent participation and involvement were linked to the overall success of the school (Sheldon & Jung, 2015). There are several benefits of parent engagement with school staff including students experiencing higher grades, enrollment in advanced programs, promotion to the next grade, improved social skills and behavior as well as benefits for families such as increased parenting confidence (Henderson & Mapp, 2002; Salas et al., 2005). There are also benefits to professionals such as increased volunteerism by parents, parent willingness to join school activities, and higher levels of parent support for the school (Henderson & Mapp, 2002; Peña, 2000; Salas et al., 2005). However, parent engagement has not been easy to accomplish as families and professionals often have different perceptions of their roles and positions within the school (Hong, 2011). Parents and professionals have considered children with different lenses; parents might have a whole child approach while the professional may focus solely on academic skills (Hong, 2011). Additionally, the parent's own educational history impacts their perceptions and attitudes towards the school (Lawrence-Lightfoot, 2004). Because of these differing perspectives, Hong found that the relationship between professionals

and parents "may end in conflict, distrust, and antagonism" (p. 13). The current study was grounded in the importance of parent engagement with schools, focusing on families who have a child with a disability.

<div align="center">**Involvement vs. Engagement**</div>

The conversation around parent participation often includes the terms involvement and engagement. These two terms are sometimes used interchangeably in academic texts, policy, and schools (Olivos et al., 2010; Underwood, 2010). Gonzales and Gabel (2017) highlighted that studies typically do not use the same definition for parent involvement and the type of study (e.g. qualitative or quantitative) may impact the definition of parent involvement. Other scholars view them both as separate concepts (Fenton et al., 2017; Ferlazzo, 2011; Underwood, 2010). Based on previous research, Fenton et al. described involvement as school-sanctioned, one-way communication. Ferlazzo described this kind of involvement as the school 'doing to' the family. Underwood noted that engagement indicates a fuller, more collaborative, two-way relationship where both parties work to understand each other's differing experiences while Ferlazzo described engagement as 'doing with' which emphasizes partnership. Banks et al. (2023) noted that family involvement is based in school-sanctioned activities while engagement implied more self-directed activities that are collaborative between parents and school staff.

In a 2010 article, Underwood explored the differences between engagement and involvement for families who have children with disabilities. Underwood described family involvement as passive receptors of information from the teacher while engagement was linked to active family participation in the school community and culture. Thirty-one families were interviewed to discuss their experiences with the school and completed a parent questionnaire. Results indicated that parents experienced both involvement and engagement with their child's

school. Parents identified that they were asked to provide information or data to support the development of the IEP which would be classified as involvement. Parents felt that increased engagement such as volunteering at the school did not lead to further satisfaction as their volunteer work was not directly linked to their child's education and the volunteerism was directed by the teacher and school staff (Underwood, 2010). This finding is consistent with Hong's (2011) research who reported that parents found volunteering to be a challenge as the work was often teacher directed and not linked to their specific child. These studies suggest that engagement rather than involvement is more meaningful to families due to their bi-directionality and not directed by the teacher and school staff alone. Alternatively, Fenton et al. (2017) suggested that school staff may prefer involvement to engagement and that this preference is perhaps linked to biases teachers may hold related to families of a different culture or who speak a language other than English. Salas et al. (2005) found that schools, administration, and teachers are often the deciders when it comes to the amount of engagement or involvement that a parent can have with the school community. Although the IDEIA calls for more family involvement in the IEP and collaborative decision making (IDEIA, 2004), this is not what often happens in schools for a variety of reasons such as biases, social capital, differing cultural backgrounds, and teacher perceptions (Fenton et al., 2017; Peña, 2000; Salas et al., 2005).

In their 2000 case study, Peña conducted research with families at an elementary school that had a large population of Mexican American families. Peña interviewed families and found Mexican American parent involvement was influenced by cliques of other parents at the school and cultural influences such as language and traditional cultural roles. The cliques seemed to be linked to having the same language background as well as the amount of time a family had lived in the neighborhood. The cliques in power made choices about parent involvement at the school

that impacted all families. In their review article, Salas et al. (2005) recommended that schools with Mexican American families must understand the parents' background in order to partner with them effectively. Trustworthiness was also noted as an important factor for Mexican American families and that if families do not trust the school, they may avoid involvement.

School staff and parents may have diverging goals and perspectives, leading to family involvement rather than engagement (Lawson, 2003; Underwood, 2010). Lawson (2003) interviewed 12 teachers and 13 parents at an urban elementary school. They specifically sought to include parents who were not involved at the school and defined 7 of the 13 families as uninvolved, families who were not regularly in the school building. The involved families were selected by snowball sampling while the uninvolved families were contacted by the school's parent coordinator after in-person outreach failed. Lawson found parents identified parent involvement as school-centric - that is focused on the needs of the school and how parents can help the school. Parents also identified poor communication with the school as a barrier to their involvement and believed the school should do more such as initiate more contact with them. Some parents also felt the school staff believe they are the 'experts' and do not value the opinions of families. In the same study, teachers confirmed the beliefs of the families as the teachers believed they knew best and that the families should just do what the teachers suggest. The teachers described parent involvement as school focused - volunteering at school or completing tasks to help the teacher. The teachers reported lack of parent involvement was a challenge for them and blamed families for not being more involved.

In a practitioner facing article, Banks et al. (2023) discussed the importance of trust for strong family engagement with schools. They posited that schools must work to build an environment of trust that values the knowledge and expertise of the family as well as their lived

experiences. Deficit-based approaches and mindsets by school staff may chip away at trust between schools and families.

Barge and Loges (2003) conducted a focus group study to ask 128 6th, 7th, and 8th grade students and 80 families about their perceptions of parental involvement. They conducted a survey with all middle school teachers. Barge and Loges found teachers and families agree on the significance of parent involvement for monitoring grades and opening communication between the school and home while disagreeing about discipline and respect for the teacher's authority. The teachers felt that parents should affirm any discipline that a teacher delivered while parents felt that their voices and concerns were not heard (Barge & Loges, 2003). Barge and Loges found that teachers felt that negative communication from the school staff (e.g. complaints or concerns) hindered family involvement with the school.

These findings illustrate the importance of family engagement, but also show the challenges to family engagement. Although the Lawson (2003) study did not specifically look at IEP meetings, the themes that Lawson identified are very similar to what has been previously reported about parent participation in other studies. Engagement with families should also be aware of the family's cultural background and be respectful of it as well (Peña, 2000; Salas et al., 2005). Barge and Loges (2003) identified that there are significant power differentials between schools and families. The issues and challenges identified with family engagement for all families in the school community also apply to families who have a child with a disability.

Children with Disabilities and Parent Engagement

While family engagement is important for all children, it is specifically important for children with disabilities. All children with disabilities are guaranteed access to their free appropriate public education (§ 300.101, IDEIA, 2004). The child's placement and services are

documented in the student's IEP. The student's parents are invited and encouraged to participate in meetings to develop an agreed upon IEP for their child. IDEIA (2004) regulates that the parents have the opportunity to participate in the IEP and that the school district must attempt to ensure family participation. However, Hess et al. (2006) noted that while the law calls for participation, school professionals have the authority and power to determine what that really looks like. While parents are guaranteed the right to participate in the meeting, the IEP document is based around specific compliance and legal requirements (Block & Montalvo, 2017). Additionally, the reauthorization of IDEIA in 2004 promoted family involvement by requiring acknowledgement and consideration of parent concerns in the IEP (Childre & Chambers, 2005). Steeley and Lukacs (2015) argued that parent participation is truly about attendance rather than engagement at the meeting in this compliance and legal sense. However, some schools believe that just getting parents to the building is enough 'involvement' for the parent (Salas et al., 2005). This idea of 'involvement' is not within the spirit of IDEIA as the law specifically states that the IEP should consider the "concerns of the parents for enhancing the education of their child" (Sec. 300.324, IDEIA, 2004).

Despite the mandate, family participation can be challenging for districts to fulfill as there are some known barriers to parent participation in IEPs, including parents who are not informed of the process or their rights (noting that the onus for this falls to the school district), scheduling concerns, expert opinions, increased stress felt by parents, and use of special education jargon (Cavendish & Connor, 2018; Fish, 2006; Goldman & Burke, 2019). In their 2018 mixed methods study, Cavendish and Connor spoke with 17 teachers, 16 transition-aged students, and nine families about family engagement with the IEP process. Cavendish and Connor highlighted four themes. One theme was scheduling challenges. The teachers reported

that approximately 50% of parents did not regularly attend IEPs due to other time constraints. Teachers also reported that parents did not seem to understand the IEP meeting. The parents reported that their "voice was not really heard" at the IEP meeting (Cavendish & Connor, 2018, p. 38). Some of the parents reported that their involvement with the IEP meeting was passive (Cavendish & Connor, 2018). Blackwell and Rossetti (2014) noted in their literature review on the development of IEPs that teachers and school staff often controlled conversations about IEP development which meant that families and young people were not active nor meaningful participants.

In order to establish and respect the rights of children and families related to the IEP process and parental participation, procedural safeguards are required to be presented to families in written format, at specific times, with the family given the opportunity to ask questions or voice any concerns (IDEIA, 2004). The law assumes that the family can understand and act on the information provided in the document, but this is often not true (Fitzgerald & Watkins, 2006). Fitzgerald and Watkins analyzed procedural safeguards documents across all 50 states. As criteria for this analysis, Fitzgerald and Watkins cited two reports that suggest that documents for the general public should be written at an approximate 7th to 9th grade reading level so that they will be clear and accessible to the reader. Their results revealed that less than 10% of the documents were at this reading level and nearly half of the documents were written at a collegiate reading level (Fitzgerald & Watkins, 2006). These documents serve to inform parents of their rights and responsibilities in their child's IEP process. If the documents are inaccessible to families, then they are not serving their purpose. While a call for a revision to the safeguards documents is indicated, families need to understand these safeguards now, which could be done through parent training.

Dinnesen and Kroeger (2018) studied the use of the procedural safeguards for families and noted that there are significant concerns in the written documents such as readability, use of jargon, and reading level. The use of jargon in education has been cited in other research as a potential barrier for parents so it is especially concerning that this document which serves to support families may be full of jargon (Cavendish & Connor, 2018; Fish, 2006; Goldman & Burke, 2019). In their study, Dinnesen and Kroeger interviewed 14 families who had a child (ages 5-20 years) with an IEP and who had received the written procedural safeguards. Families reported that it was difficult to understand the document (Dinnesen & Kroeger, 2018). Of the 14 families, only five indicated that they read the document fully. Five families said that they skimmed it while four families stated that they grew frustrated and gave up. Families referred to the document as "a waste, a joke, not eye-friendly" (Dinnesen & Kroeger, 2018, p. 59). Parents also felt that the document did not provide the information that they needed. The document may also be littered with acronyms and jargon or written in a small typeface that make it even more challenging to understand (Fitzgerald & Watkins, 2006). As the cited research demonstrates, these documents, while designed to provide support to families, do not function as such. The procedural safeguards are not enough to ensure that families feel empowered and able to fully participate in their child's meeting. By providing further training and advocacy, the spirit of the procedural safeguards could be pushed forward to ensure families are well educated about their rights and able to make informed decisions based on those rights during the IEP meeting.

The IEP Meeting

The IEP meeting is a critical time for a child with a disability and their family (MacLeod et al., 2017). Within the meeting, the child's services, placement, and support are discussed and decided by the team. School professionals are encouraged to incorporate the voice of the parent

into this meeting (MacLeod et al., 2017). While the law states that parents should be involved in their child's IEP meetings, parents often do not participate for a variety of reasons. Peña interviewed Mexican American parents who revealed that they did not participate at the meeting as they did not feel welcome at the meeting (2000). Hess et al. (2006) interviewed 27 parents who had a child with a disability in a large, urban district in the southwestern part of the United States. The authors found three major themes, which were teachers having a "dual role as expert and as family's main support system" (Hess et al., 2006, p. 151), and the way parents view inclusion. The final theme, the difference between "passive compliance" (Hess et al., 2006, p. 151) and becoming an advocate for your child, illustrated how parents felt a struggle between advocating and having decisions made for them by the school (Hess et al., 2006). Parents also indicated that they are unsure of what their role is in the meeting (Hess et al., 2006). Of course, parents may want to have their voices heard (Duquette et al., 2011), but there are often barriers to participation at the meeting and advocacy such as lack of knowledge about the process, policies, and procedures of special education (Besnoy et al., 2015). When families do participate, their participation may be less active or less meaningful than school administrators and staff (Goldman & Burke, 2019). Research has shown that advocating for their child at the IEP meeting can be a challenge for families (Besnoy et al., 2015). Parents may experience "microaggressions" at the IEP meeting including "flippant tone of voice, dismissive facial expressions, or perception of the parent's disagreement with teachers as denial or unfit parenting" (Fenton et al., 2017, p. 217). Lake and Billingsley (2000) theorize that there are eight specific factors in parent-school conflict in special education including mismatched views of the child, power, knowledge, communication, and trust that contribute to conflict. They also note that the conflict may not fall neatly into one factor and often encompasses multiple

factors. Block and Montalvo (2017) highlighted challenges with the IEP meeting such as scheduling it for a short amount of time or being focused on compliance.

Fish (2008) identified that parents felt more comfortable in the IEP meetings if they considered themselves to be equal partners in the meeting. Teaching parents new skills may make them feel more empowered and perhaps like they are equal partners with school staff. Parents also noted that a welcoming environment from the school staff at the IEP meeting made them feel comfortable (Fish, 2008). Fish suggested that "reviewing strengths before student deficits and seeking parents' input throughout the meeting also facilitate the parents' comfort levels" (p. 12). The IEP meeting has also been described as including "asymmetrical relationships . . . where there is an imbalance of knowledge, power, and authority" between school staff and families (Zeitlin & Curcic, 2014, p. 379).

Research focusing on parent perception and how it impacts decision making at the IEP meeting remains limited. In their review paper, Matson and Williams (2015) drew on their own experiences and the literature to identify a variety of potential reasons why a family or caregiver may choose a specific educational approach or placement for their child during the IEP meeting, including the parent's knowledge and awareness about various options, access to a specific professional such as a Board Certified Behavior Analyst (BCBA) for challenging behavior, access to specialized medical care, occupational therapist or physical therapist for motor needs, the child's age, and parental preference for skills taught at school. Additionally, parents may choose a specific option out of desperation - they want to help their child in any way they can and will take any approach that seems promising (Matson & Williams, 2015). Families may also experience social pressure from family or friends, want their child to be at the same school as peers or in an inclusive setting, or impacted by the contents of the meeting including the use of

special education jargon and the opinions of the 'experts' in the room (Fish, 2006; McCloskey, 2016).

In a 2023 study, Sanderson surveyed just over 800 parents across the United States about their experiences at the IEP meeting and what advice they would offer to other families. Results showed that less than 15% of parents described positive experiences, about one third of parents described a neutral experience, and the remainder described negative experiences at IEP meetings. Parents noted several strengths including collaboration and student centered meetings. Parents also noted that the meetings could be deficit-based, with school based staff engaged in unprofessional behavior at the meetings, and that their input as a parent was not respected. Sanderson also asked families what advice they would offer to other parents. The advice was sorted into six major themes which included be prepared, find support, advocate, be a team member, prepare for negative experiences, and specific strategies and tips. This study sought to coach parents to develop their advocacy skills so that they can be more prepared for their child's IEP meeting.

Further research on parent engagement and involvement in their child's IEP has shown similar findings. In the 2010 study described earlier, Underwood interviewed 31 parents; 18 of whom stated that they were very involved in the IEP process for their child while 13 parents reported that they were not involved. Some of the parents reported difficult relationships with teachers while others had more positive experiences. Of the 31 parents, a very limited number indicated that they were asked for their input in the IEP process and most felt that the meeting served to provide them with an update on their child's educational progress but was not a fully collaborative meeting to discuss next steps for their child. However, about two thirds of the families did indicate the IEP team asked them to contribute towards goal setting. Within the

sample, a little more than half of the families stated they needed to advocate or speak up to make changes when the IEP was not appropriate or not providing the needed support to their child. Approximately 60% of the families said that they were pleased with their level of involvement while the remaining 40% of families said they were either neutral or dissatisfied. This study shows the need for further research and study of family advocacy to ensure that all families are able to participate fully in their child's IEP meeting and collaborate with the team to develop an appropriate plan to support their child.

In their 2014 qualitative study, Zeitlin and Curcic interviewed 20 families about the IEP process and product. The families had children across ranges of ages who received services for at least two years and had an IEP meeting which the parents had attended within the last year. The themes indicated that families felt the IEP meeting was an emotional event with the majority of the emotional responses being negative. Parents also noted that the meeting was not personal, and that the school staff seemed to place boundaries on their participation. Parents noted this was exacerbated by computerized IEP programs which used 'drop-down' menu style response options that limited their answers to specific language that is in the system already. Parents reported that power was not balanced in the meeting and they felt like adversaries with school personnel. When reflecting on the document itself, a parent stated that the IEP felt like more of a medical or legal document than educational, and deficit minded. In response to how they would change the meeting, parents discussed more collaboration and acknowledgement of their experience, expertise, and knowledge and want to change their current positioning in the meeting. Blackwell and Rossetti stated participant roles in the IEP meeting often shaped how much they contributed to the IEP development (2014). This current study taught parents new skills to help them speak up and share their knowledge and experience of their child. This action

may directly impact their role and positioning at the IEP meeting. By teaching the parents new skills to use at the meeting, families may be able to have more collaborative meetings where they can contribute fully to the development of their child's educational services, programming, and placement.

Strategies Used at IEP Meetings

To solve some of the identified issues at IEP meetings, IEP facilitation is one strategy that can be applied. In a facilitated IEP meeting, a neutral facilitator attends the meeting and leads the meeting (Mueller, 2009). The facilitator uses specific components to run the meeting including an agenda, a parking lot for questions, and established ground rules. The use of a facilitated IEP has been successful in some districts to improve parent communication (Mueller et al., 2008). In a study at a district that implemented facilitated IEPs, a general education teacher and a school administrator both found the process to be helpful (Mueller et al., 2008). In fact, the school administrator said that facilitated IEPs prevented two families from moving to further due process (Mueller et al., 2008). In one of the first studies to research this topic, Mueller and Vick (2017) interviewed 32 people who were involved with facilitated IEP (FIEP) meetings. The participants reported that the FIEP meetings were very positive. Of the 32 participants, five were parents who also agreed that the FIEP meeting was meaningful and successful (Mueller & Vick, 2017). Asking for an agenda, which is a component of the facilitated IEP process, was selected as one of the skills to coach families on due to the research that showed the importance of the use of an agenda (Mueller et al., 2008; Mueller & Vick, 2017).

There have been studies that showed how differing approaches to IEP meetings could help to foster parent participation. In their 2005 study, Childre and Chambers explored the impact of Student Centered Individualized Education Planning (SCIEP) on family perspectives

of the IEP meeting. The authors suggested that this SCIEP model may help to make the IEP meeting more person-centered which would target some of the existing concerns surrounding IEP meetings (Childre & Chambers, 2005). Within the SCIEP model, there are specific forms and documents that the family completes prior to the IEP meeting as well as a facilitator designated for the meeting (Childre & Chambers, 2005). Childre and Chambers interviewed six families who had a child with a disability in middle school and participated in the SCIEP model. In order to ensure that SCIEP was implemented with fidelity, the facilitator used a written protocol and received training (Childre & Chambers, 2005). The families were interviewed twice — once before the meeting with SCIEP and once afterwards (Childre & Chambers, 2005). The participants felt that the use of SCIEP altered the dynamics of the meeting and allowed for more honest and open communication during the meeting and participants also preferred an IEP meeting with SCIEP to an IEP meeting without it (Childre & Chambers, 2005). Although the results were positive, four of the six families indicated that the use of SCIEP did not reduce all of their fears, anxieties and concerns about the IEP meeting (Childre & Chambers, 2005). While the current study did not use the SCIEP, many components of the Childre and Chamber study were applied to the current study.

In a 2021 qualitative study, McNamara et al. worked with seven families who had children with a visual impairment. In the study, they trained the families to use a checklist when discussing adaptive physical education (APE) at the IEP meeting. The checklist focused specifically on access to adaptive physical education and adding APE to the IEP. The results demonstrated that the families felt that the checklist was meaningful and helped them to advocate for more APE within the IEP. Families also indicated that this checklist could be useful if applied to other parts of the IEP or other services such as speech. Additionally, a participant

noted that the checklist made them more aware of their rights at the IEP meeting. The current study drew from McNamara et al. (2021) by including training specific to parent rights as well as the advocacy skills offered to participants.

How Disability Is Seen

Raising a child is challenging for all parents, however, society views parenting a child with a disability through a different lens. Parents reported that they are expected to feel shame, guilt, or blame about their child's diagnosis (Lalvani, 2019). If parents have not expressed those kinds of emotions, society assumes that the parent is in denial about the child and their disability and does not understand how the disability and the diagnosis will impact their child (Lalvani, 2019; Miller, 2019). Block and Montalvo (2017) discussed how they, as educators, believed on multiple occasions that a parent was in denial about the severity of their child's needs when the parent pushed for more inclusive placements. Additionally, parents confront the different models of disability and how those models empower or disempower them as parents. Parents may push back against the expert or medical models of disability which is the common model used in school settings (Lalvani, 2019). It is important to think about how families frame and consider their child's disability and how that shapes their placement decisions as well as other decisions made at the IEP because the decisions made at the IEP meeting can have long-lasting impacts on a child's education (Vaughan & Super, 2019). Teaching parents specific advocacy skills to use at the IEP meeting may help them share their perspective of their child's disability, including their knowledge, experiences, and understanding of their child and their educational needs.

The IEP meeting itself is often framed in the medical or expert model of disability, which devalues the parents' further. (Lalvani, 2019; Lalvani & Polvere, 2013). Research has highlighted the use of a deficit model towards parents and children with disabilities based on the

information presented at the IEP meeting, which often focused on the child's individualized deficits and strengths rather than focused on how the collective team can best support the child, and how the evidence presented by school staff can further enforce the expert model of disability (Bacon & Causton-Theoharis, 2013; Block & Montalvo, 2017; Fish, 2006). Information and evidence parents provide about their child is perceived as not worthy of consideration by the 'experts' (Bacon & Causton-Theoharis, 2013). Zeitlin and Curcic (2014) found that parents felt the IEP document was deficit based and that the meeting was difficult for them.

Parents report that they are not always seen as an equal partner in the IEP process (Cavendish & Connor, 2018) and that they do not feel valued at the meeting (Cavendish & Connor, 2018; Fish, 2006; Goldman & Burke, 2019; McCloskey, 2016). This inequality can be seen in the way that the meetings are scheduled (Bacon & Causton-Theoharis, 2013; Cavendish & Connor, 2018), who is listened to at the meeting (Fish, 2006), and the power dynamics at play in the meeting (McCloskey, 2016). The use of education related jargon which can be challenging for families may be another indicator of the inequality in the IEP meeting (Bacon & Causton-Theoharis, 2013; Fish, 2006). Sanderson (2023) demonstrated that parents felt that their child's IEP meeting improved once the parent learned more of the specific special education language used in the IEP meetings. Parents may also feel discrimination from school staff, especially for families whose background differs from the school staff (Miller, 2019).

Although using deficit-minded language could be solved through training and behavior change for school staff (Kalyanpur & Harry, 2012), parents have indicated that they want to advocate for their children (Besnoy et al., 2015). Due to the inequality at IEP meetings as well as confronting the models of disability, the IEP meeting can be challenging for families. Boshoff et al. (2016) reported that advocating for their child with ASD can be a coping strategy for families

to handle those challenges at the meeting. Parents stated that advocating for their children was empowering for them (Hess et al., 2006). Since advocacy is known to be empowering and meaningful for families, it is imperative that families are given the opportunity to advocate for their children.

CLD Families at IEP Meetings

Families who are culturally and linguistically diverse (CLD) may have additional challenges at IEP meetings. Gonzales and Gabel (2017) noted that teachers may not understand the unique characteristics of their students, such as speaking languages other than English at home or being raised with differing cultural values, and may assume that all students are the same. This thinking can similarly lead to misunderstandings of family engagement for CLD families. The teacher may think that the family is not doing enough when in fact there are barriers to the family's involvement such as teacher bias (Gonzales & Gabel, 2017). Families who are CLD may also engage in "unnoticed" family engagement that occurs at home such as helping their child with homework (Gonzales & Gabel, 2017). This engagement is meaningful and valid, but since the school staff does not see it, it is not recognized as engagement. As Santamaría Graff (2021) explained, families who are multiply marginalized (i.e. have a child with a disability and are CLD) are often viewed through a deficit lens by teachers who are often non-disabled, monolingual, and white. Additionally, CLD parents may feel unwanted, alienated, and/or mistrusted by the educational system due to negative attitudes from school staff (Geenen et al., 2001; Gonzales & Gabel, 2017; Olivos et al., 2010). Additionally, the family engagement work that schools engage in may not have the same impact for CLD families as the idea of advocacy at the IEP meeting is a distinctly American ideal. While parents may feel anxious about the IEP meeting, these feelings are often heightened for CLD families (Santamaría Graff,

2021). Some families may be uncomfortable acting as advocates based on their cultural norms engaging with professionals (Gonzales & Gabel, 2017; Olivos et al., 2010). Therefore, it is important to work with families to increase their advocacy skills to ensure that they can participate fully in IEP meetings in ways that are comfortable for that individual family culture.

Language issues can also be a barrier for CLD families (Olivos et al., 2010). The school may use the secretary as an interpreter, yet this person may not know the specific jargon of an IEP and therefore not provide a fully accurate interpretation (Steeley & Lukacs, 2015). The materials may not be translated properly even though the law calls for this (Gonzales & Gabel, 2017). Gonzales and Gabel (2017) noted that school principals may hold negative attitudes about CLD students who are learning English and their families which influences teacher perceptions of these students and families. These perceptions may include blaming students who are learning English for their academic needs as well as creating a school climate that perpetuates stereotypes and biases (Gonzales & Gabel, 2017). Based on the evidence in the literature about families who are CLD, further research should be undertaken to make schools more culturally and linguistically inclusive as well as work to empower CLD families to advocate within existing systems.

Why Do Families Need to Advocate?

Advocacy is a more specialized version of family participation focused on individualized support, service delivery, placement, and accommodations for children (Trainor, 2010). By advocating, a person can feel more empowered (Hess et al., 2006; Wright & Taylor, 2014). Research has shown that advocating for their child at the IEP meeting can be challenging for families (Besnoy et al., 2015; Duquette et al., 2011). Alper et al. (1995) stated "an advocate is someone who takes up another person's cause" (p. 261). A person's advocacy for a child with

disabilities often targeted the child's academic, self-management, or socio-emotional needs (Alper et al., 1995). Alper et al. conceptualized four classes of advocacy which range from informal to structured and included self-advocacy, social support, interpersonal, and legal. Attending IEP meetings and working with the school was classified as interpersonal advocacy as it "involves direct interactions by family members, professionals, or others on behalf of the child or youth with disabilities" (Alper et al., 1995, p. 6). Since this study is situated in IEP meetings, it specifically targeted interpersonal advocacy.

Advocacy and advocating for their child can make the family feel more empowered (Hess et al., 2006; Wright & Taylor, 2014). Empowerment is defined as "assessing personal power and taking control over one's own life" (Wright & Taylor, 2014, p. 593). Parents may feel empowered when they make active efforts to secure services for their child (Wright & Taylor, 2014). Hess et al. (2006) suggested that advocacy may make parents feel a sense of empowerment and also may result in better service outcomes for their child. Wright and Taylor (2014) studied this idea of empowerment and advocacy using a mixed method survey with 400 families in 38 states and 6 countries. For this particular study, they focused on 76 of the 400 families as they had a child between birth to age six years. Results indicated 71% of the parents reported they advocated for their child in a school setting. Themes from the open-ended responses included frustration about how long it took to learn to be advocates and feeling stressed by the need to advocate (Wright & Taylor, 2014). The findings also included that parents who advocated for their child "experienced some of the key components related to empowerment, including self-efficacy, participation and collaboration, understanding the environment" (Wright & Taylor, 2014, p. 691). In a 2023 study, Sanderson found that parents who have participated in IEP meetings would encourage other parents to advocate at their child's

meeting. The current study responded to this research by providing coaching to parents to help them learn skills to apply at the IEP meeting when advocating for their child and the potential impact of the coaching on their feelings of empowerment.

Hess et al. (2006) noted that advocacy is not a one-time-event; families generally need to advocate for their children multiple times. Parents considered advocacy "a strategy for coping with fear, frustration, depression, and anger" (Boshoff et al., 2016, p. 788). However, maintaining a high level of advocacy and involvement could be challenging and daunting for a family (Dinnesen & Kroeger, 2018). Dinnesen and Kroger also found that families discussed that they advocated because they wanted what was best for their child and began to act more as advocates for their child after encountering a professional who demonstrated advocacy to them. Families continued to look to and seek assistance from other parents for support and guidance over the years. These specific findings were quite meaningful for the current study as they indicate that parents want to know more about advocacy and this study will coach families to apply specific advocacy skills as a strategy in an IEP meeting.

Due to the known challenges as well as the importance of advocacy, Duquette et al. called for parents to learn how to advocate for their child. Duquette et al. (2011) suggested four dimensions of educational advocacy "awareness, seeking information, presenting the case, and monitoring" (p. 125). Awareness is when the parent becomes aware of their child's differences. Seeking information is learning more about their child and their child's strengths and needs through a variety of sources. Presenting the case is when the family shares their recommendations for their child. Monitoring is when the parent checks in to make sure the plan is being followed as designed (Duquette et al., 2011). The current study focused on seeking information and presenting the case as the dimensions of advocacy that were taught to families

as some research has shown that these can be effective ways for families to advocate (Fish, 2008; Wilson, 2015). Additionally, seeking information and presenting the case are important components to the parent's role with the IEP team. Alper et al. noted that a parent's advocacy efforts may include both long-term and short-term objectives but recommended that families focus on one objective at a time.

Some research has highlighted ways families can advocate (Alper et al., 1995; Fish, 2008; Wilson, 2015). As shown in Sanderson (2023), parents who have children with IEPs suggested that other families be prepared, and advocate at IEP meetings. This study directly addressed the suggestion for advocacy and being prepared for the meeting. Additionally, parents have suggested that "parents should be proactive during IEP meetings by not being afraid to ask questions and make suggestions" (Fish, 2008, p. 13). Wilson (2015) specified asking questions to school staff about the IEP to "foster discussion and decision-making" (p. 37) and advocating for their child's appropriate services as two behaviors linked to parents' satisfaction with their child's IEP meeting. These specific skills were included in the menu of choices for families to learn in the coaching sessions conducted during this study.

Coaching

Coaching is a known modality for family support with a robust research base (Allen & Huff, 2014; Moore et al., 2014; Sanders & Burke, 2014). Coaching should include planning as a team, observation, specific actions, time to reflect, and feedback (Kemp & Turnbull, 2014). Coaching has been used as a form of professional development for educators (Rakap, 2017). Generally, coaching for educators can either be supervisory or side by side. In a supervisory coaching relationship, the coachee is provided with feedback after the session while in side by side, they receive in-vivo feedback (Rakap, 2017). Both forms have been shown to be effective

when compared to programs that do not use coaching (Rakap, 2017). This current study used both forms within the coaching protocol with families rather than professionals.

Coaching has also been used successfully with families. Family coaching has come out of coaching psychology and family life education (Allen & Huff, 2014). In their 2014 quantitative study, Allen and Huff surveyed 180 family professionals (for this study, a family professional was a person who works with and supports families such as a family life educator, family therapist, and/or a parent educator) from 38 states. Of the 180 participants, 85% stated that they were familiar with coaching and saw a benefit to using coaching in their practice with families (Allen & Huff, 2014). Allen and Huff (2014) identified that family coaching can vary by the needs of the family, but usually is individualized. Coaching can be provided in group or individual sessions. However, previous research on parent training has shown that parents prefer individual coaching to small group coaching (Booth et al., 2018). Additionally, small group coaching may not be impactful for families as Siller et al. (2014) found that participating in a group Parent Advocacy Coaching (PAC) did not "reveal large individual differences in the nature and intensity of children's intervention programs" (p. 441). This study incorporated this finding by providing individual coaching for families.

Kemp and Turnbull (2014) completed a very thorough review and synthesis of the coaching literature. They found that the term coaching was used in the different studies along a continuum - in some studies, it was a relationship-driven process while in other studies coaching was described as being directed by the interventionist (Kemp & Turnbull, 2014). In their review, they found eight articles that fit the criteria. Three of the studies viewed coaching as "engagement in conversations with parents to learn how to use existing routines and materials to jointly plan interventions" (Kemp & Turnbull, 2014, p. 313) while five of the studies used

coaching to teach parents a specific intervention curriculum to use for specific routines in the

home. For all of the studies, the family's children were between 3 months and 40 months (Kemp

& Turnbull, 2014). Overall, the parental outcomes reported in these studies were positive (Kemp

& Turnbull, 2014). Parents demonstrated fidelity with the interventions as well as a variety of

personal successes including feeling more capable (Kemp & Turnbull, 2014). In a 2018 study,

Siller et al. researched how the use of a coaching intervention called Focused Playtime

Intervention (FPI) impacted families who had a child with ASD. FPI specifically targets both

child communication and parental responsiveness to those communications. The researchers

compared FPI plus Parent Advocacy Coaching (PAC) to PAC alone across 70 families. They

found that FPI was an effective coaching model for families and that FPI with PAC could be

"associated with significant increases in the *capacity for reflection and self-evaluation* among

parents of young children with autism" (Siller et al., 2018, p. 302, emphasis in original). The

current study sought to teach parents new skills and see how that new skill impacts the IEP

meeting as well as whether coaching could make parents feel more empowered, confident,

and/or comfortable at their child's IEP meeting as Siller et al. (2018) suggested that changes or

shifts in feeling can be achieved through coaching.

Moore et al. (2014) implemented a coaching study that targeted increasing parent

capacity for their toddler's language abilities. In the intervention, eight parents received coaching

in Language and Play Everyday (LAPE) in a group setting and individual at home sessions with

opportunities for practice in between sessions (Moore et al., 2014). The coaching in this study

was individualized, based on the procedures of the LAPE model, and included evidence-based

practices such as modeling skills and self-reflection (Moore et al., 2014). Moore et al. found that

the toddlers increased their language use and their parents increased their responsiveness to their

child due to the LAPE coaching (Moore et al., 2014). However, these results did not maintain over time which Moore et al. linked to previous research that suggested that families need more intensive and individualized support to maintain skills over time. The current study applied this information in the procedures by providing individualized support to families as they learned new skills. The parents did indicate that they were satisfied with the program. In their discussion, Moore et al. highlighted that families need individual support to implement LAPE with fidelity. These findings demonstrate the efficacy of coaching to teach parents a new skill when individual support is targeted. These same approaches were used by the current study using a structured protocol.

Lendrum et al. (2013) discussed the use of a structured conversation protocol to improve home-school connections and relationships for families who have a child with a disability. The conversation focused on "four key stages; *explore, focus, plan*, and *review*" (Lendrum et al., 2013, p. 2, emphasis in original). In this project, a key teacher (KT) was coached on the specific steps of the conversation to have with the family (Lendrum et al., 2013). In the explore stage, the KT worked to listen to the family to gain a better understanding of the child and the child's history (Lendrum et al., 2013). In the focus stage, the emphasis was on pinpointing the key issues while in the plan stage, the parents and the KT worked together to collaborate and set targets to address the key issues (Lendrum et al., 2013). In the final review stage, the KT and the family would summarize the meetings and decide on next steps (Lendrum et al., 2013). The parents reported in interviews that the staged conversation practice did help to create a stronger relationship between the school and the family (Lendrum et al., 2013). Although this was an international study and therefore did not focus on IEP meetings, the findings of this study demonstrated that perhaps a structured model for conversations at meetings or a structured

question protocol could be helpful for families during IEP meetings (Lendrum et al., 2013). The current study applies the ideas of the explore, focus, and plan stage by targeting specific skills that the family can use at the IEP meeting to share information about their child and collaborate with the team on the goals, services, and supports.

In a 2019 study, Majnemer et al. illustrated their protocol for a developmental coaching system for families who have a child with an emergent developmental delay. As a part of the justification for the work, Majnemer et al. conducted an online needs assessment with families. The results of the needs assessment showed that families want coaching that targets advocacy as well as family dynamics and support. The families' desire for more training and coaching on advocacy has been seen in other studies as well (Majnemer et al., 2019). The current study will support this need by using coaching to teach families how to advocate for their child at IEP meetings.

There is limited research on coaching families specifically at IEP meetings. In a 2021 article, Smiley suggested particular strategies and approaches to family coaching in preparation for an IEP meeting specifically for families who have a child with hearing impairment. The recommendations included having the family focus on a specific issue and identify who could help them with that issue as well as following the 'chain of command' (Smiley, 2021). While this article provides strategies, it is not a research article so it is not clear if these strategies actually helped a family at the IEP.

Behavioral skills training (BST) can be viewed under the umbrella of coaching. Dogan et al. (2017) stated that BST "is viewed as an integral part of a number of well-researched and empirically supported parent training programs" (p. 806). BST has been used in many studies to teach new skills such as gun safety for children, skill development for teachers, intervention

skills for parents as well as sexual abuse prevention. BST utilizes a four component training procedure consisting of instructions, modeling, rehearsal, and feedback (Dogan et al., 2017; Harriage et al., 2016; Himle et al., 2004; Miltenberger et al., 2004). The four parts of the BST are similar to the suggested activities for a coaching relationship which include "joint planning, observation, feedback, and reflection" (Gupta & Daniels, 2012, p. 207). This study applied the idea of joint planning by asking the family to self-select the skills to learn. The middle two components of coaching are aligned with the components within BST. The final component of coaching will be addressed through offering the family the opportunity to reflect on the coaching in the final interview.

BST has been used in previous studies to teach parents new skills. Dogan et al. (2017) used BST to teach parents how to implement BST training to teach social skills with their children with ASD using a nonconcurrent multiple baseline design to demonstrate experimental control. The authors measured the accuracy of BST steps by the parent, the child's correct performance, and the parent's evaluation of treatment acceptability on an abridged assessment tool as dependent variables (Dogan et al., 2017). The study results indicated that the BST intervention increased the parent's correct teaching behavior for all four dyads (Dogan et al., 2017). Harriage et al. (2016) used BST to teach parents a most-to-least prompting hierarchy to teach pedestrian safety skills in situ to their children who have ASD. Participants implemented the training procedures correctly after receiving the BST training, and their children gained new pedestrian safety skills (Harriage et al., 2016). Coaching has also been shown to be affirming of the individuals who participate in it which is equally important when working with families as the families and their input should be valued, honored, and affirmed.

Theoretical Frameworks

The relationship between professionals and families is significant for a child's success as parent involvement in school has a long-lasting impact on a child's academic achievement and educational outcomes (Besnoy et al., 2015; Henderson & Mapp, 2002; Sheldon & Jung, 2015). As demonstrated by the previous research, parent engagement in the IEP meeting is essential and meaningful. In order to study parent engagement within the IEP meeting and how families can advocate for their children, I drew from four existing theoretical frameworks and linked them together – positioning theory, parent training, family-centered practices, and social model of disability.

Positioning Theory

Positioning theory holds that conversations create our social environment and world (Harré & van Langenhove, 1999). Through studying how people position others and themselves, more can be learned about the dynamics and meaning of interactions. (van Langenhove & Harré, 1999). Positioning theory does not just look at what a person does, but what the person may or may not do, which makes it different from other forms of cognitive psychology as it focuses on a person's rights and duties, interaction with conflict, and patterns (Harré et al., 2009). Harré et al. (2009) called for the use of positioning theory to further explore more complex social situations and phenomena. In positioning theory, a person is assigned a role or part in a conversation through what happens within the conversation (Harré & van Langenhove, 1999). This position can and does change and shift - in fact, "one can position oneself or be positioned as e.g. [*sic*] powerful or powerless, confident or apologetic, dominant or submissive" (Harré & van Langenhove, 1999, p. 17). A person can also engage in self-positioning or reflexive positioning which implies that they are trying to achieve specific goals by self-positioning (van Langenhove

& Harré, 1999). However, when a person positions themself, they also position another person (Harré & van Langenhove, 1999; McCloskey, 2010). This is referred to as interactive positioning (McCloskey, 2010). By using positioning theory to study IEP meetings, "we can gain insight into positions parents assert for themselves and others that are thrust upon them, as they interact with practitioners who work in the field of special education" (McCloskey, 2010, p. 163).

Previous research has demonstrated that parents and professionals think about their role in the IEP meeting differently (Hong, 2011). As Lake and Billingsley (2000) described, power may be one of the main factors contributing to conflicts between families and professionals in special education. McCloskey (2010) used positioning theory to explore a parent's position at her child's IEP meeting through interviews and observations. In the study, McCloskey worked with the parent over a period of a year and attended meetings at her child's preschool (2010). The parent needed to advocate and negotiate on her child's behalf for his placement and services (McCloskey, 2010). McCloskey used positioning theory to track and identify how power moved through the meeting and how the behavior of everyone in the meeting positioned and re-positioned the other members. McCloskey found that the parent was able to position and re-position herself through the actions she took in the meetings. As the parent became more well versed in speaking up at the meetings, the parent learned about how to position herself to achieve her goals for her son (McCloskey, 2010). Miller (2019) highlighted that families might reposition themselves as evidenced by their use of anti-deficit language when faced with deficit-minded language about their child in school settings. Positioning theory has been applied to the relationship between professionals and families as it allows researchers to explore "feelings, beliefs, motives, values, and actions" (McVee, 2011, p. 15) and how they lead to actions and consequences.

Positioning theory has been applied to understand decision-making in multiple settings such as a family's IEP meeting (Hirvonen, 2016). Lalvani and Polvere (2013) highlighted that positioning theory has the "potential to inform, extend, and contextualize existing knowledge about families of children with disabilities" (Disabling Research Methodologies section). Through the use of positioning theory, researchers can learn more about how families have been positioned by the medical models of disability and how this positioning has impacted them (Lalvani & Polvere, 2013). Hirvonen (2016) applied positioning theory to study the decision-making processes for four videotaped board meetings. Findings included that decision-making typically followed a pattern or storyline and previous decisions influenced new choices made by the group (Hirvonen, 2016). Hirvonen noted the decision-making process positioned the person who presented the information as the expert in the room and positioned the listeners as lacking information. This component of positioning theory would be beneficial when analyzing IEP meetings as parents are often not considered the expert while other people in the room such as psychologists, teachers, therapists, and administrators are positioned as the expert (Lalvani, 2019).

McVee (2011) described how positioning theory can be applied in educational research, by examining and considering how a person builds their story including the speech that they use and how this reveals their position (McVee, 2011). One way to understand a person's positioning is to look at their words as well as any body language that is associated with it (McVee, 2011). Through understanding the words and positioning, the person's storyline is seen - this is referred to as the 'positioning triangle' (van Langenhove & Harré, 1999). Within the triangle, a person's "storyline refers to the dynamic episodes or patterns that are created through speech acts and positions" (McVee, 2011, p. 8). The questions for this current study focused on the family's IEP

experience with examples or episodes to illustrate that experience to understand their positioning during the meeting.

Positioning theory has been used to look at collaborative relationships such as those that should exist within the IEP meeting team (Hirvonen, 2016; McCloskey, 2010). Campbell and Hodges (2020) used positioning theory to research how middle school and college students in small groups of three work together and collaborate on mathematics tasks and problems. The authors identified that their use of positioning theory was novel as collaborative learning has not been studied using this theory (Campbell & Hodges, 2020). Campbell and Hodges identified "five patterns of participation that groups exhibit: confirming one group member, competing strategies, free-for-all, co-construction, and two-member collaboration" (p. 7). In the different patterns, students were seen as a passive, balanced, or dominant contributor to the group. In "confirming one group member," two members did not participate actively but agreed with the third who was more dominant (Campbell & Hodges, 2020, p. 7). The "free for all" and "co-construction" are opposites - in the former, everyone works alone to determine their own answer while in the former the group works together to determine the solution. In "competing strategies," two members share their thoughts and are unwilling to work together to find an answer while in "two member collaboration," two members work together while the third does not participate actively. These different patterns could all be seen in an IEP meeting. However, the reported experiences of parents and families seem to map more onto "confirming one group member," "competing strategies," or the "free for all." Families indicated that they would like collaborative meetings like the problem solving seen in the "co-construction." Although the meetings reviewed in this study were not meetings of 3, the patterns seen here were considered during analysis.

Parent Training

Parent training has been used to support children with ASD as well as a variety of other disabilities (Bearss, Johnson et al., 2015). Much of the literature is specific to ASD (Bearss et al., 2012; Dogan et al., 2017; Fisher et al., 2020; Stocco & Thompson, 2015). Although parent training seems similar to coaching, parent training as a framework is specifically applied to families. In this study, it was chosen as the study focuses on coaching parents to develop new skills and this framework allowed for a grounding in theory. In this context, parent training will be considered as a framework that could be applied to any family with a child with a disability.

As explained in a theoretical article by Bearss, Burrell et al. (2015), the definition of the term parent training is quite broad. The authors laid out a specific framework and conceptualization of parent training and created two categories under the larger umbrella of parent training that they named parent support and parent implementation. Parent support focused on giving the parent new knowledge, and parent implementation concentrated on skill development (Bearss, Burrell et al., 2015). In parent support, the child is an "*Indirect* beneficiary" (Bearss, Burrell et al., 2015, p. 171, emphasis in original) as the focus of parent support is care coordination, parent education, understanding, and advocacy. In parent implementation, the child is identified as a "*Direct* beneficiary" (Bearss, Burrell et al., 2015, p. 171, emphasis in original) where the parent learns strategies that result in behavioral changes and/or new skill development for the child (Bearss, Burrell et al., 2015). .

Bearss, Johnson et al. (2015) compared a parent training program to a parent education program. In the parent training programs, parents learned specific strategies and skills to help manage challenging behavior at home. In the parent education cohort, the parents received more general information about ASD, but were not taught specific skills or strategies. When these two

cohorts are lined up with the model that Bearss, Burrell et al. provided and was discussed earlier, the parent training program included both parent support and parent implementation while the parent education would qualify as parent support (2015). This study was the first large-scale randomized study with blinding to compare these two parent engagement models and found that parent training was more effective at reducing challenging behavior for children than parent education (Bearss, Johnson et al., 2015). The current study applied a parent support approach as the family was taught skills and given new knowledge through coaching.

Kaiser et al. discussed that parent training is a well-known strategy to increase advocacy in parents (2022). Kaiser et al. studied the implementation of a culturally responsive parent training program for Black families. Participants included nearly 150 families who participated in the parent training. Findings demonstrated that this parent training program resulted in parents feeling more empowered and more prepared to advocate for their child.

Within parent training, there have been frameworks that provide a way to think about parent participation and engagement during the training (Fenning & Butter, 2019). Fenning and Butter (2019) defined engagement as "encompassing attendance and persistence, participation during sessions and motivation for treatment, adherence to session content and assignments, and enactment of recommended strategies" (Fenning & Butter, 2019, p. 63). Within parent training, there are specific communication strategies to build a working relationship with families which include clear expectations for parents and professionals, distinct goals, balancing parent training time and needs with other services, and understanding how parent training fits into the child's overall level of support and service (Fenning & Butter, 2019). They explained that for parent training to be successful, the family and provider need to have a strong relationship, including the parent viewing the clinician as "caring, invested, and committed to the child's and parent's

success" (Fenning & Butter, 2019, p. 65). Parent engagement within parent training viewed collaboration as open communication, clearly defined goals and expectations, and understanding the family's needs (Bearss, Burrell, et al., 2015; Fenning & Butter, 2019). Parent training is a robust framework that is clearly linked to the current study as the framework is focused on skill development and knowledge growth for families.

Family-Centered Practices

Family-centered practices are understood as a warm, welcoming, friendly collaboration with the family that includes providing support, opportunities for decision-making, and the application of strategies to increase the family's ability within these contexts (McWilliams et. al, 1999). Research has demonstrated that family-centered practices are best practice in working with families to create collaboration between families and professionals (Hardin et. al, 2014). In a 1992 article, Bailey et al. outlined four assumptions of family-centered practices. These four tenets are that families and their children are linked together - that is - an intervention for the child will also impact the family, involving and including the family may result in a stronger intervention for the child, families should have agency to determine their level of involvement in their child's programming, and that professionals should work to meet family priorities "even when those priorities differ substantially from professional priorities" (Bailey et al., 1992, p. 299). Dunst (1997) defined family-centered as "a particular approach to intervention that aims to support and strengthen parents' abilities to nurture and enhance child well-being and development" (p. 75).

Madsen (2009) identified that there may be minor variations in the definition of family-centered principles but that there has been general agreement about the principles. Madsen described that the central tenets of family-centered principles include a strengths-based approach,

collaborative partnerships, cultural awareness, and a focus on empowering families. By applying these principles, Madsen suggested that work with families can be more respectful and affirming towards them. Family-centered practices are strengths-based and have been shown to be effective in different settings such as public schools, medical settings, or early intervention (Dunst et al., 2007). Collaboration within family-centered practices included "equal, active status and partnership and an empowerment of the family's competency" (Lee, 2015, p. 2). Dunst (1997) indicated that family-professional collaboration should be facilitated across all environments such as homes, school settings, or clinics. Lee (2015) identified successful collaboration and understanding of the family's culture as two components needed for quality family participation.

Family-centered practices have been shown to empower families (Dunst, 2007; Hardin et al., 2014; Madsen, 2009). Family-centered care has been applied in medical settings which found that its use may result in increased empowerment (Kuo et al., 2011). In the medical setting, family-centered practices include family-centered rounds (FCR) which "studies report that FCR [family-centered rounds] may increase family understanding and sharing in decision-making" (Kuo et al., 2011, p. 301). FCR is defined as rounds in the hospital setting that take place at the patient's bedside with the full and participation of the family rather than in a separate location (Sisterhen et al., 2007). The proposed study seeks to empower families to become advocates for their children with disabilities and build competence and confidence to fully participate in the IEP meeting and associated decisions (Mas et al., 2019).

Although the framework of this study is family-centered practices, there are some applications of family capacity building within the study. Dunst (1997) defined "the term family-centered refers to a particular approach to intervention that aims to support and strengthen

parents' abilities to nurture and enhance child well-being and development" (p. 75). Within a family capacity building framework, Dunst (2007) identified three dimensions of help-giving practices which are "relational help-giving, participatory help-giving, and parent–practitioner collaboration" (p. 170). Relational help giving is related to the behaviors of the professional such as active listening and being empathic (Dunst, 2002; 2007). Participatory help-giving includes a focus on the family's concerns and the opportunity for the family to be involved in decision-making while parent-practitioner collaboration involves working together to set goals and determine plans (Dunst, 2007). Hardin et al. (2014) applied the participatory and parent-practitioner domains in their study which used a focus group to learn more about the choice to use American Sign Language for families who have a child who is deaf. These participatory elements of family-centered help-giving practices are linked to the current study as I asked the parent to identify their own skills for learning which allows them to target the skill to their concerns as well as being active in the decision making. I will also be asking the family to provide feedback and share any concerns during the coaching sessions which also targets the participatory components. The study also targeted the parent-practitioner collaboration through teaching the parents new advocacy skills to help them collaborate with the IEP team. Additionally, Swanson et al. (2011) promoted an active and engaged role for families while traditional models used a passive role for families. This study sought to encourage parents to be active and engaged in their child's IEP meeting by increasing their advocacy skills.

Models of Disability

There are a variety of models of disability. Often, parents must confront the different models of disability and how those models empower or disempower them as parents. In schools, disability may be framed through different lenses including medical and expert models. In the

medical model, disability is seen as a healthcare issue that can be treated and fixed through therapies and teaching modalities (Bricout et al., 2004; Cormier, 2020). People with disabilities are described based on their symptoms with a focus on detailing how the disability impacts their access to the curriculum and their environment. This language is often deficit minded - that is, the child "cannot do", "struggles with", "is unable to complete" and so on.

In schools, the expert model of disability is also frequently seen (Lalvani, 2019). In this model, "experts" as defined by their professional status and their opinions are valued over the lived experiences of a person with a disability and their family. In schools, the "experts" are often teachers, psychologists, service providers, and administrators. The opinion and perspective of the identified "experts" is given more power and weight over the experience of the individual or their family (Bacon & Causton-Theoharis, 2013). Essentially, the message of the "expert" is what is reported in the IEP document rather than the lived experiences of the child and their family.

Although not as prevalent, the charity model of disability may also be at play during the meeting (Cormier, 2020).In this model, the person with a disability and their family are viewed as someone to pity. Language often includes comments about how sad or tragic it is to have a disability. Non-disabled people may state that they feel so badly for someone with a disability or for their family. Comments could also include statements about how challenging and difficult it is to be disabled and how strong and brave the person and their family must be. This model can be painful for families to hear - they love their child and to hear them pitied in such a way is difficult. This discourse is common within educational spaces (Cormier, 2020). Society expects that parents feel shame, guilt, or blame about their child's diagnosis (Lalvani, 2019). If parents have not expressed those kinds of emotions, society assumes that the parent is in denial about the

child and their disability and does not understand how the disability and the diagnosis will impact their child (Lalvani, 2019; Miller, 2019). Family advocacy can challenge these models to allow for a fuller, more robust IEP meeting that focuses on the strengths of the child and what the school can do to help the child grow rather than focusing on what the child cannot do.

An alternative model to the traditionally deficit-based models of disability is the social model of disability. The social model of disability recognizes that disability is a socially constructed phenomenon resulting in "the transgression of hetero-normative social norms becom[ing] a manifestation of the student's disability" (Bacon & Causton-Theoharis, 2013, p. 8). Basically, if a child does not conform to social standards of 'normalcy,' they are labeled as disabled. The education system often defaults to a medicalized model of disability (Bacon & Causton-Theoharis, 2013). Therefore, families still need to advocate due to the typically held models held within education and other systems and/or the inconsistent application of social model of disability (Kattari et al., 2017).

In order to study parent engagement within the IEP meeting and how families can advocate for their children, I drew from parent training, positioning theory, family-centered practices, and the social model of disability. Parent training and family-centered practices include ideas of honoring and centering families as well as empowerment for families. Positioning theory allowed for analysis of how families are positioned in the IEP meeting and how their positioning may shift due to learning new skills.

As illustrated in this literature review, there is a need for further research into family perspectives of the IEP meeting as well as family advocacy during the IEP meeting (Duquette et al., 2011; Underwood, 2010). Families should be fully included in the IEP process in order to advocate for their child. Families have indicated a desire for more training and coaching on

advocacy (Majnemer et al., 2019). By teaching the family new advocacy skills, families will

have the ability and opportunity to question the challenging situations in the meeting, such as

deficit-minded approaches or not being heard, and collaborate fully with the IEP team to ensure

that their child with a disability receives appropriate services and supports.

CHAPTER III

METHODOLOGY

This study sought to understand the parent perspective of the IEP meeting and teach new advocacy skills to make the IEP meeting more participatory for families by identifying ways to support families to be better advocates for their children.

Research Questions

The study focused on two research questions:

1. How do parents who have a child with a disability perceive and experience the IEP meeting as it has occurred prior to the advocacy skills training?

2. What was the impact of the advocacy skills training?

   a. How did parents' advocacy skills change due to the training?

   b. How does the reported experience of attending and participating in IEP meetings change due to learning new advocacy skills?

   c. How does learning new skills change how the parent and child are viewed and positioned in the meeting by themselves and others?

Researcher Positionality

I am a Board-Certified Behavior Analyst (BCBA) and well versed in the use of applied behavior analysis and BST. I do not subscribe to the expert model of disability and believe that the individual and their immediate family should be recognized as the "experts" for that particular child. As a BCBA, I came to this research with more exposure to quantitative methods. However I felt that using mixed methods allowed for the deepest exploration of my research questions as it would allow me to learn more about a family's context and how they experienced the IEP meeting. While I have had specific training, I recognize that I am in no way an expert on

a certain child. In my work, I encourage open, respectful, and ongoing relationships between schools and families. The IEP process should be affirming for the family and result in the best possible agreed upon services and placement for every child. I also believe that teachers, school psychologists, diagnosticians, and school staff should also be valued as important partners, but their input should not be prioritized over the family or the individual. This perspective influenced me as a researcher. Based on my experiences in IEP meetings and my knowledge of IEP meetings, my bias may impact the study as I might assume that a neutral statement from a parent is negative as I know that the literature suggests that the meetings are challenging for families. Additionally, my bias may have led to me assigning blame to school staff when a parent said that an IEP meeting went poorly rather than understanding the complexities within the system. In order to combat this bias, I designed the interview questions by using the literature and my research questions to guide the interview questions. I piloted the questions with other professionals working in the field and asked follow-up questions to ensure that I gathered all details rather than assuming that the experience was painful for them. I believe that the family should be seen as the "expert" for their child. This belief may have led to me not asking follow up questions or making assumptions in the interviews. In order to combat this, I was purposeful about asking follow-up questions and clarifying my assumptions throughout the interview process.

My positionality also includes my own identity as a White, middle-class, cisgender woman who is a mother of two small children. My identity gives me a high level of privilege and access within many educational settings. The families who I worked with in this study may not have the same identity as me. This may have influenced the study as I have had exposure to different experiences due to privilege and did not ask about certain elements due to this privilege.

In order to be aware of my identity and privilege, I worked to build trust with the participants by honoring the parent as the expert on their child, respecting their experiences (while understanding that it was different from mine), and empathizing with their lived history. I also solicited feedback from them to see if I should change my approach to be more aware of them and sensitive to their specific needs.

In order to mitigate this bias, I used a variety of tactics for each research method within the study. For the qualitative interviews, a research team of doctoral colleagues with training in qualitative methodologies was used to analyze the data to ensure that any bias impacting the conclusions was minimized and that any conclusions are not made from assumptions, but rather based on the textual evidence. The participants had the option to check their transcripts in a member check procedure to combat potential bias and misunderstanding such as assumptions or areas where the information is unclear (Ravitch & Carl, 2016). The participants also had the opportunity to check the findings to ensure that they were representative of their lived experience. In terms of reporting findings and results, I worked to push the words of the participants and center their experiences as the qualitative researcher should not allow her voice to drown out the voice of participants (Trainor & Graue, 2014).

Research Design and Procedures

This study utilized single-case design (SCD) and qualitative interviews to answer the research questions. The interviews allowed for deep analysis of data collected related to the family's participation and perception of the IEP meeting. In the SCD, I used coaching with behavioral skills training (BST) to teach the family new advocacy skills to use at their child's IEP meeting with a multiple baseline design (see Appendix A for a visual of the procedures).

Participants

For this study, parents were selected for inclusion through purposeful sampling (Maxwell, 2013). In order to participate in the study, the parent needed to (1) have a child in grades K-12 diagnosed with a disability and who received special education services at the start of the 2022 or 2023 school year and (2) have a meeting with the school team scheduled by early spring of the school year. Families were screened via a brief Google form to make sure that they meet participation criteria. The study was conducted virtually using ZOOM which is a secure video conferencing software. I chose to conduct the study using a virtual conference for the interviews and intervention so that it would be more accessible for families to participate. As the study was virtual, families from any state could participate. For this work, a parent is the person who has educational decision making authority. A foster parent, grandparent, aunt, or uncle could qualify for the study if they meet the criteria.

Nine participants completed the initial interview. Four participants chose not to continue in the study due to a variety of factors (e.g., time, attrition, lack of need). In total, nine participants completed Interview 1 and five participants completed Interview 1, Intervention and Interview 2.

Table 1

Participants

Participant Name	Child and Age	Interview 1	Intervention	Interview 2
Sally, female	Male, 17	Yes	-	-
Anna, female	Male, 8	Yes	-	-
Nancy, female	Male, 10 and Female, 7	Yes	Yes	Yes
Amanda, female	Male, 14	Yes	-	-

Kara, female	Male, 7	Yes	-	-
Tina, female	Male, 10	Yes	Yes	Yes
Ellie, female	Male, 16 and Female, 16	Yes	Yes	Yes
Lisa, female	Male, 10 and Male, 12	Yes	Yes	Yes
Maura, female	Male, 15	Yes	Yes	Yes

Recruitment

Families were recruited for participation through announcements on social media platforms. In addition to a general post, recruitment included parent and family groups that target families who have a child with a disability as well as on specific organization pages with their permission. The recruitment post included the requirements for participation, basic information about the study, approximate time commitment, that the study was approved by the Institutional Review Board, and my email address. Families who were interested completed a brief screening form. The social media posts were share-able to allow for further dissemination of the information.

Qualitative Interviews

Data were collected through two semi-structured interviews. The first interview has 14 questions (see Appendix B), plus additional follow-up and clarification questions as needed. The second interview had 16 questions and took place after a meeting with the team (see Appendix C) (McCloskey, 2016). I interviewed the parents prior to the intervention (Interview 1; see Appendix B for questions) and again after the first meeting that was either an IEP meeting or a meeting with school staff after the intervention (Interview 2; see Appendix C for questions). Interview 1 focused on the family's previous experience at IEP meetings including how they felt

at the meeting. Interview 2 focused on the new advocacy skills and how they altered their perception, perspective, or comfort in the IEP meeting as well as how well they think they applied their new skills. The interview questions clearly defined the terms used in the questions to ensure that they fully understand the concepts during the interview (Hess et al., 2006). Parents were asked to rate their comfort at the meeting, engagement at the meeting, and confidence at the meeting on a scale of 1 to 5, with 1 being not at all and 5 being very. Open-ended interview questions allowed the parent to explore these ideas and provide more nuance, anecdotes, and personal experiences.

The interview was constructed by using backwards planning as well as thinking about how positioning theory could be applied to the questions. I used backwards planning from the research questions to determine what questions should be asked to answer the specific research questions. My research question was "How do parents who have a child with a disability perceive and experience the IEP meeting as it has occurred prior to the advocacy skills training?" I broke this question into multiple questions in the interview by asking about diagnosis, who attended meetings, and what the parent remembered about the meeting. Positioning theory influenced the questions as well. I asked participants questions to learn about their positioning such as who led the meeting, how decisions were made, and if they felt they could speak up.

Social Validity

Social validity questions (Huntington et al., 2023; Snodgrass et al., 2021) were asked in Interview 2 which focused on the family's experience with the coaching procedures and if the family felt the skills were appropriate and meaningful. I asked participants to comment on the specific skills that we worked on together and if the skills were helpful for them (Interview 2; see Appendix C for questions listed under Social Validity). The participant was also asked if they

felt the coaching procedures were appropriate and given the opportunity to share any feedback or recommended changes. These specific questions were chosen to understand the full impact of the intervention, include the voice of the participants, and allow for the participants to comment on the appropriateness of the intervention (Huntington et al., 2023; Snodgrass et al., 2021).

Pilot Study

Two colleagues who each have a child with a disability piloted the interview questions. I met with them to conduct the interview and then asked them afterwards for feedback. Their feedback included reducing the use of jargon and breaking multi-part questions into smaller questions. Changes to the interview questions were made based on their feedback as illustrated in Table 2 below.

Table 2

Changes to Interview Questions based on Pilot Study Feedback

Original Question	Feedback	Edited Questions based on Feedback
Who do you think facilitated the meeting - an administrator, a teacher, a service provider, a diagnostician, you, or someone else?	Reduce jargon	Who do you think facilitated the meeting?
Please tell me about your child's first IEP.	Break down question	When was your child's first IEP meeting? Who attended the first IEP meeting? What do you remember about that initial IEP meeting?

Procedures

Participants contacted me via the screening questionnaire. I worked with the participants to schedule their interview at a time convenient for them. Consent for the interviews was obtained at the start of the interview. I emailed the parent the informed consent document and then verbally checked with them for any questions or concerns before starting the interview. Each interview lasted approximately 45-60 minutes. Although the intent was to conduct Interview 2 after an IEP meeting, this was shifted during the study in order to collect data on intervention impact in a timely manner since some participants' IEPs were up to 12 months after the intervention and to be respectful of the participants' time. For three of the five families, the second meeting was an IEP meeting. For one family, the second meeting was a 6 week review meeting with their child's case manager and for other family, the second meeting was a parent-teacher conference. Present at the interview was the family member and me. Occasionally, the participant's pet or child attended for a portion of the interview. Interviews were audio-recorded using the recording feature on Zoom. Zoom's automatic transcription was also enabled. However, the Zoom transcriptions were not reliable, so I used an online transcription service. Once I received the transcripts back from the transcription service, I reviewed them for accuracy. Across the course of the study, I took memos on thoughts, ideas, potential links or wonderings while conducting the study and engaging in the research process (Creswell, 2015). I wrote memos after interviews as well as during the coding process.

Data Analysis

The interview data were analyzed holistically using in-vivo coding to center voices of participants (Creswell & Poth, 2018). Using a colleague as a peer coder who is also trained in

qualitative methodology, the data were shared through a secure password-protected online database.

For Interview 1, the peer coder and I read all nine transcripts. The transcripts were then segmented into data units (Creswell, 2015). The team identified 60 primary codes in the data which were sorted into codes and sub-codes. After reviewing two transcripts, the team added 6 codes. These 66 codes were changed and shifted into the final set of codes that included 13 codes with sub-codes underneath. The process was iterative — the team met several times to review and refine codes — an example of the code collapsing is in Appendix D. During the data analysis, the team discussed positionality and how it could impact the findings. Once the team determined final codes, each coder coded the transcript and then the team came back together to come to review the codes (see Appendix E for the final codes with definitions). To come to consensus on the codes, the research team discussed any questions, inconsistencies, or discrepancies as a group. In total, the principal investigator (PI) coded all nine transcripts and peer coder coded five transcripts. After the transcripts were coded, the codes were condensed into themes (Creswell, 2015). During the coding process, copious notes and memos were taken.

The procedures for the data analysis for the second interview was the same as for Interview 1. Both coders read all five transcripts to develop initial codes. The team identified 32 primary codes which were sorted into codes and sub-codes. After reviewing two transcripts, the team dropped four codes, clarified five codes, and added one. An example of how the codes were collapsed into themes in in Appendix F. A code book with definitions was developed for the second set of codes (see Appendix G)

In order to incorporate positioning theory, the transcripts were reviewed to look for patterns of collaboration within the meeting based on how Campbell and Hughes used

positioning theory (2020). This analysis included looking deeply at the words that the parent uses as well as their descriptions of body language to analyze their position at the meeting (McVee, 2011).

Trustworthiness

Trustworthiness is important in research to ensure that the conclusions and findings are true, dependable, and accurate (Creswell, 2015). First, during the interviews and sessions, clarifying questions were asked as needed to ensure that the participants' answers were thorough and complete as well as avoid any misunderstandings or confusion. Second, the participants were asked if they agree with the transcripts and given the opportunity to comment – through member checking (Frey, 2018; Ravitch & Carl, 2016). For interview one, one participant completed the review and three started the process but did not complete it. For interview two, one participant started the process but did not complete it. Third, member checking occurred again where the participants were offered the opportunity to review the findings to see if the conclusions match their lived experiences (Frey, 2018; Jackson & Golini, 2024; Ravitch & Carl, 2016). This final member check took place over email and was voluntary for participants. For Interview 1, three of the nine participants chose to participate. The participants were emailed the findings and asked "Can you please review them and let me know if you agree with them? Do you think your experiences are represented in the conclusions? Any other thoughts or feedback?" For the first interview, two participants agreed with the findings and felt represented. The third participant did not respond after asking for the findings. For interview two, two participants started the findings review but they did not reply after the materials were sent to them. Thick description was used throughout the findings to center the voices of the participants over the voice of the researcher (Trainor & Graue, 2014).

Two peer audits were conducted of the qualitative findings - one for Interview 1 and one for Interview 2. During the peer audit, a peer, who is trained in qualitative research, reviewed the findings and transcripts to see if she agreed with the findings. I reviewed how the codes were collapsed and how themes were developed with the auditor. For Interview 1 and Interview 2, the peer auditor agreed with the coding and findings. For Interview 1, she also suggested that the findings should include more thick description. For Interview 2, she recommended that two sub-themes could be combined for clarity. These suggestions were incorporated into the manuscript.

Single-Case Design

The advocacy training intervention consisted of family rights training and a single-case design (SCD) of advocacy skills using BST. The SCD portion was run as a non-concurrent multiple baseline across participants design to demonstrate whether the independent variable results in a change to the dependent variable (Dogan et al., 2017). The participants did not know each other, which reduces concerns about changes in one person's behavior resulting in changes to other participants (Kazdin, 2011).

Rights Training

Prior to and after the advocacy skills training and in order to provide the families with information and access about their rights, I reviewed with the families two documents from the Center for Parent Information and Resources, the national hub for parent center information and is federally funded by the Office of Special Education Programs at the US Department of Education (see Appendix J to review the resources). Families had the option to participate in this review at the completion of the first interview or to schedule another session to better fit their schedule. Four parents chose a later date while one chose to do the rights training immediately following Interview 1. Within the rights training, I verbally reviewed the documents with each

family as well as provided a copy of the resource and a link to the documents on the internet. This training included both a discussion of the rights as well as practice applying in the rights in the IEP meeting. We discussed some simple strategies that families could apply such as styles of dress, backgrounds (for virtual meetings), or bringing a friend. I also provided the families with additional resources at the second interview that targeted more of their rights related to the entire special education process (see the final question in Interview 2 at Appendix C).

Independent and Dependent Variables

The dependent variable for this study was advocacy skills. The independent variable was a coaching intervention using BST. The families selected one or two skills from a menu of discrete variables that have been shown in the research to be meaningful for parent participation in three specific studies (Mueller & Vick, 2017; Sanders & Burke, 2014; Wilson, 2015) as well as skills that were suggested by professionals in the field.

Pilot Study of Dependent Variables

As a pilot study, the skills were informally reviewed by six family professionals at a non-profit agency in a large Northeastern city that provides parent training and education for families who have a child with an IEP. A list of the skills was sent to these professionals with instructions to read them and share any feedback. The professionals were given the option to provide feedback on a Google Form, in written form, or verbally. The professionals noted the skills were valid and meaningful but should be presented to families in more accessible language as parents may not know what some of the terms such as "unsolicited," "solicited," and "deficit-minded" means. One professional suggested a skill of "parents bring their own agenda" which was also seen in the literature. They also suggested focusing on open ended questions for the two question

asking variables. Based on this feedback, the original list of skills in less technical language was created (see Appendix I).

Dependent Variables

The dependent variables were based on previous research and had been shown to be meaningful for parent participation in three specific studies (Mueller & Vick, 2017; Sanders & Burke, 2014; Wilson, 2015). As mentioned previously, agenda use was identified by a family professional during the pilot study. Two families were not interested in the six originally provided skills. I worked with them to determine an appropriate skill that would meet their needs. With each family, I discussed what they saw as significant barriers to their involvement and participation at the IEP meeting. I then suggested some skills that could help to meet their need. As an example, Tina identified that she often got overwhelmed at the meeting and that sometimes she would have a question or comment, but by the time she had the opportunity to speak, she had forgotten it or she was never given an opportunity to speak. We discussed that "Jumping In" could help her to ask her question or make a statement at an earlier point in the meeting (see Appendix I for the specific skills that were added). The dependent variables were collected via frequency data collection using a researcher created data sheet (See Appendix J).

Response to Deficit-Minded Statements. This variable is defined as the frequency of times when the parent asks a targeted follow-up question when presented with a deficit-minded statement about their child. An example of this behavior is the parent responding, "Can you tell me something that she is good at?" when the professional says, "Your child cannot write." A non-example is the parent responding, "Okay, I can talk to her about it" when the professional says, "Your child never does her homework."

Independent Strengths-Based Statements. This variable is defined as the total

frequency of the parent making a specific strengths-based statement about their child that is not in response to a comment by a professional. An example of this behavior is the parent saying, "My son is very good at making connections." A non-example is the parent asking a question.

Question Asking - Requested/Prompted. The frequency of times when the parent asked a question based on information provided when given the opportunity to ask a question. An example of this the professional y says, "Your child is struggling in math. Do you have any questions or comments about this?" Jane, the parent, responds, "Yes, can you tell me why?" A non-example of this is Joe says, "Your child likes art class. Would you like to add anything?" Bill, the parent, shakes his head no.

Question Asking - Not Requested or Prompted. The total frequency of the parent asking a question when not prompted/given an opportunity to ask. An example of this is the professional says, "Your child is struggling in math." Jane, the parent, responds, "Yes, can you tell me why?" A non-example of this is Joe says, "Your child likes art class." Bill, the parent, does not respond.

Agenda Use and Correction. The parent asks for an agenda from school staff prior to the meeting and follows through with using the agenda during the meeting. An example of this is the parent referring to the agenda and saying "Next, we will discuss my child's academic goals" as well as the parent correcting a staff member when they skip a section on the agenda. A non-example is the school psychologist skipping a section on the agenda and the parent does not point out this skippage.

Disagreeing with School Staff. The parent disagrees with the school staff on a specific point in the IEP meeting and provides disconfirming evidence. An example of this is when the school staff says "Joey needs to be in a smaller class" and the parent responds, "I do not fully

agree with that statement as he has been in an integrated class and done well this year." A non-example is when the school staff says "Joey needs to be in a smaller class" and the parent does not respond.

Jumping In. The parent interjects into the discussion while the school staff are speaking to ask a question, clarify, or provide additional information. An example of this is when the school staff says, "Joey needs to be in a smaller class as he does better in a smaller group…." and the parent interjects, "He has been in an integrated class and done well this year." A non-example is when the school staff says, "Joey needs to be in a smaller class" and the parent does not respond. This behavior is often paired with an expression such as "wait," "hold on," or "excuse me."

Asking for a Pause. The parent asks for a pause during the meeting to collect their thoughts, take a quick note, or for some other reason. An example of this is when the school staff says, "Joey needs to be in a smaller class as he does better in a smaller group…." and the parent says, "I need a minute to process that. Can we pause?" A non-example is when the school staff says, "Joey needs to be in a smaller class" and the parent does not respond, and the meeting continues or the parent responds with a general expression that could be unclear to the professionals such as "okay" or "sure."

Skill Selection

After the rights training, the parent was emailed a list of skills (see Appendix H for the list) and asked to choose two advocacy skills to use at their child's IEP meeting. Three participants identified one skill and two participants identified two skills to learn in the coaching sessions. Two families were not interested in the six originally provided skills. I worked with them to determine an appropriate skill that would meet their needs which resulted in the new

skills of Jumping In and Asking for a Pause as identified previously. See Table 3 for participant skill choices.

Table 3

Participants and Skill Choice

Participant	Skill 1	Skill 2
Nancy	Agenda Use	No second skill
Ellie	Agenda Use	No second skill
Maura	Asking for a Pause*	No second skill
Lisa	Responding to Deficit Minded Statements	Generalized/incidental - disagree with school staff, coached on Agenda Use
Tina	Question Asking-Requested/Prompted	Jumping In*

*new skill developed during intervention

Independent Variable

The independent variable in this study was a coaching intervention based on BST to teach parents new advocacy skills to use at their child's IEP meeting. Within the coaching sessions, I used active training methods such as rehearsal, feedback, and modeling (Sanders & Burke, 2014) as well as components of BST such as instruction and modeling (Himle et al., 2004; Miltenberger et al., 2004). Individual Zoom sessions were scheduled with the family with an average of 2 weeks between sessions (range of 1-31 days) so the family could engage in independent practice in between sessions (Moore et al., 2014). The sessions were recorded via Zoom recording in order to allow for analysis of the data.

Session Description

Each session followed SCD procedures using BST strategies. Within one coaching session, there were four different types of activities which were instructions, modeling, rehearsal, and feedback. The number of sessions for each participant was dependent on the participant's responses.

Baseline

Baseline data were collected through a simulated meeting. A confederate was used for the simulated meeting and for probe sessions. The confederate and I acted as school based staff at an IEP meeting to create a simulated meeting environment. Multiple opportunities for the parent to display the skill were offered within one session. I included five opportunities in each baseline session to allow for repeated measures (Lobo et al., 2017). However, if the parent scored 4 accurate and independent in a row or 3 incorrect in a row, I would end the session as they met the criteria. This occurred in one baseline session for Ellie, Nancy, and Tina. If the parent demonstrated less than 80% accuracy and independence within the five opportunities, they moved into the intervention. If the parent demonstrated 80% or higher accuracy and independence, this skill was not taught as the parent could already demonstrate the skill. The parent was then given the opportunity to choose another skill. Maura and Nancy both chose a new skill as they demonstrated accuracy and independence on the first skill that they selected.

Intervention

In the intervention or coaching sessions, I coached the parent through the chosen skill using the tactics of BST.

Instructions. I provided specific instructions on the skill, when to use it in the IEP

meeting, and a brief description of why this skill is important and meaningful. The parent and I

also reviewed the definition of the skill.

Modeling. I modeled the use of the targeted skill by providing a video model of the skill

with a confederate. These videos were short 1-5 minute video clips. The videos were filmed at a

table or on a couch with the two participants next to each other. I provided a brief verbal

description of the skill and then a short vignette with a colleague acting as a school based staff

member and myself acting as parent in an IEP meeting (see Appendix K for scripts). I chose to

use a video model to ensure that the model was the same across all participants and sessions

(Lobo et al., 2017). This consistency assisted with the internal validity of the study (Lobo et al.,

2017).

Rehearsal. The family rehearsed the skill with me four to five times. Lisa asked for more

practice during a session. None of the other participants indicated that they needed additional

rehearsal. Two sessions ended early for Lisa and one session ended early for Tina due to the

family's scheduling needs.

Feedback. I provided feedback to the parent on their performance of the skill during the

rehearsal phase. This feedback was specific to the skill, rather than general feedback. The

feedback included both supervisory coaching as well as side-by-side coaching (Rakap, 2017). In

supervisory coaching, I would wait until the parent finished the practice and then provide

feedback. In the in-vivo model, I would provide feedback as the participant was responding. The

family also had the opportunity to offer their feedback at this point in order to be aligned with

family-centered practices and coaching practices. As an example, Nancy stated that she liked the

procedures but wanted more specifics and details such as how old the child was and what grade level.

Return to Baseline

The return to baseline sessions were run in the same format as the Baseline sessions. I presented five opportunities unless the parent had 100% accuracy and independence and appeared comfortable and confident in the skill. In that case, I elected to end the session after four opportunities and confirming that the family felt confident. I ended a return to baseline session at four opportunities for Nancy, Ellie, Maura, and Lisa. Once the parent demonstrated 80% accuracy and independence with the first skill, the same procedures could restart for the second skill. If the parent did not meet the 80% criteria, the coaching sessions were repeated. Another return to baseline was run at the end of the coaching sessions and the same criteria was required to move to the second skill.

Inter-observer Agreement

Inter-observer agreement (IOA) was assessed across sessions by having a second data collector watch the recorded sessions. I trained a second data collector for IOA. IOA was calculated for 37.01% of the sessions. For this study, I had a total of 27 sessions and IOA was scored for two sessions for each participant. For the baseline and probe session, trial by trial IOA was collected and calculated. IOA was calculated by dividing the number of agreements by the number of agreements plus number of disagreements and multiplying by 100. IOA was scored for eight baseline or probe sessions with 97.5% agreement. For the coaching sessions, frequency IOA was collected using the same calculation. IOA was scored for two coaching sessions with 100% agreement. When both forms of IOA were combined, IOA was collected for ten total sessions with 98% agreement.

Data Analysis

The data from the coaching sessions were graphed using the software program GraphPad Prism and visually inspected to show changes in the dependent variables (Kazdin, 2011). Sessions were recorded and inter-observer agreement scored. To understand and analyze the BST portion, I followed the typical BST protocols for data analysis (Himle et al., 2004; Miltenberger et al., 2004). The visual inspection looked for shifts in level, trend, and variability (Lobo et al., 2017). In order to determine whether the intervention was responsible for changes in behavior, the shifts in level must be discernible while the trend must be moving in the appropriate direction and there should be low amounts of variability within the data (Lobo et al., 2017). This visual inspection was not a one-time event as visual inspection should be an on-going and dynamic process to look at the data (Rakap, 2017). The graphs with all identifying information removed were shared with another BCBA who is a faculty member at Hunter College who was familiar with visual analysis to verify the conclusions drawn from the visual analysis. The second observer agreed that the conclusions drawn based on the graphs were accurate and valid.

Validity

Fidelity measures included inter-observer scoring and agreement of the sessions. The procedures in this study targeted internal validity, external validity, and social validity (Lobo et al., 2017). Internal validity was controlled through the use of an independent, trained person reviewing the graphs for agreement as well as the use of multiple opportunities for participants to demonstrate the skill. External validity was targeted through the use of a multiple baseline design across participants. Social validity is important for studies that use behavior analytic methodology (Huntington et al., 2023). In order to meet this standard, I targeted social validity in

the pilot study. Study social validity was also enhanced by modifying procedures in response to participant feedback. This included the development of new dependent variables and revising the number of skills taught. The intervention design of using myself as a participant in the video models of the skills was intentional to develop a connection with participants as I took on the role of family. Since this study had multiple components, I created a fidelity of implementation checklist to ensure that all participants participated in all components of the study (see Appendix L). When I completed the peer audit for the interviews, I also asked the peer auditor to review the fidelity of implementation checklists for completion.

Combining Interview Data and SCD

After data were collected and analyzed for both parts of the study, I worked to link together the analysis. The data were analyzed in a parallel fashion (Östlund et al., 2011) using triangulation which allowed me to create a "fuller treatment, description and explanation of the subject area" (Erzberger & Kelle, 2004, p. 174).

In mixed methods studies, the researcher looks to see if the qualitative data and quantitative data converge, complement each other, or diverge (Erzberger & Kelle, 2004). In this study, I found that the data complemented each other as the two portions were not looking at the same issue. The interviews were focused on the parent's perspective of the meeting and how it shifted after learning new skills. The SCD was focused on the instruction and development of the new skills. The data sets were combined to answer the research questions related to if learning new skills changed the parent's positioning and experience at the meeting.

Validity/Trustworthiness

Validity and trustworthiness were established through a variety of methods. Huntington et al. stressed the importance of social validity data collection for studies that use behavior

analytic methodology (2023). This study had multiple sources of data which helps to increase

validity for the study (Yin, 2017). The data was triangulated across the data sources including

interview transcripts, researcher memos, and the results from the coaching/BST procedures.

Multiple measures were included for the qualitative portions of the study including member

checks and thick description (Ravitch & Carl, 2016). In the SCD portion, a multiple baseline

design was used and IOA was taken as a measure of validity and trustworthiness. The study also

used a peer audit conducted by a qualified doctoral student who is familiar with qualitative

methodology as well as a review of the graphs by a BCBA who was not affiliated with the

study. Additional trustworthiness measures included reporting of disconfirming evidence.

CHAPTER IV

ARTICLE 1: "GOT YOUR SHIT WADERS ON?...BECAUSE WE'RE GOING TO BE TRUDGING THROUGH SOME KNEE-DEEP CRAP": PARENT EXPERIENCES AT THEIR CHILD'S IEP MEETING

Abstract

Parent participation and advocacy are critical at the Individualized Education Program (IEP) meeting (Boshoff et al., 2016; Cavendish & Connor, 2018; Duquette et al., 2011; Fish, 2006). Parents are expected to be true partners in the IEP meeting however, participating in the IEP meeting is challenging for families (Cavendish & Connor, 2018; Fish, 2006; Goldman & Burke, 2019). By learning more about their thoughts about the IEP meeting, the field can work to enshrine more collaborative practices. This study examined nine parents' perceptions of their participation and treatment during IEP meetings using semi-structured interviews. Findings included concerns about power dynamics at the meeting as well as the challenges present at the IEP such as rigid school policies and lack of knowledge from school staff. Future research directions are recommended.

Introduction

The Individualized Education Program (IEP) meeting is important to a student's progress and educational growth as well as the school's legal obligations. Special education law has always required parent participation since the passage of the Education for All Handicapped Children Act in 1975. The reauthorization of IDEIA in 2004 and amendments in 1997 "promote[d] family involvement by requiring the consideration of parental concerns and information in individualized education program (IEP) development" (Childre & Chambers, 2005, p. 217). Family participation and advocacy are critical at the IEP meeting as parents often have important insights about their child, including the way their child learns and preferred items and reinforcers (Werts et al., 2004). Research has demonstrated the importance of family involvement and participation at the IEP meeting (Cavendish & Connor, 2018; Fish, 2006). However, families have described participating in the IEP meeting as difficult (Cavendish & Connor, 2018; Fish, 2006; Goldman & Burke, 2019). This complexity has been discussed in research for nearly 20 years, however the challenges persist. Additional research on parent perceptions can add to the knowledge base and perhaps lead to potential solutions. While there are many avenues for research related to IEP meetings, this study focused on parent perceptions due to the fact that parents are the ones who are experiencing the challenges which can limit their participation. Due to the importance of family participation in the Individualized Education Program (IEP) meeting as well as known barriers to that participation, research is needed to learn more about the experiences of parents at the IEP meeting so that changes can be made to make the meetings more accessible for parents and to increase parent participation (Cavendish & Connor, 2018; Duquette et al., 2011).

The Role of the Parent at the IEP Meeting

Parents with a child who has a disability and an IEP have a formal, legal role in their child's education by participating in the IEP meeting (Individuals with Disabilities Education Improvement Act [IDEIA], 2004). These rights include specific procedures and safeguards to guarantee their active role. Families also have the right to disagree with the placement and/or recommended supports and work collaboratively with the team to determine the free appropriate public education (FAPE) for their child. In order to meet this mandate, school staff are required to include the voice of the parent(s) in this meeting (MacLeod et al., 2017).

Families have important insights about their child including the way their child learns (Werts et al., 2004). To avoid dissatisfaction, empower the families, and value their contributions, the IEP meeting should be a collaborative process resulting in consensus about the child's educational needs and placement. While this sounds lovely, it is not what often happens in practice. Parents describe feeling like their thoughts do not matter (Cavendish & Connor, 2018; Fish, 2006; Goldman & Burke, 2019). The language used in the meeting may be jargon that the family does not understand which may reduce a families' opportunity to engage (Besnoy et al., 2015; Cavendish & Connor, 2018; Fish, 2006; Goldman & Burke, 2019). The thoughts of "experts," like teachers and school professionals, are frequently valued over those of family members. The language used to describe the child is often deficit based — focused on what the child cannot do rather than what they do well (MacLeod et al., 2017). Parents report how challenging and painful it is to hear this language to describe their children (MacLeod et al., 2017; Zeitlin & Curcic, 2014). This deficit-based language is difficult for families to hear, decreasing the likelihood the family wants to be a part of the meeting.

Challenges at the IEP Meeting

Previous research has demonstrated that families experience multiple challenges and barriers at the IEP meeting (Cavendish & Connor, 2018; Fish, 2006; Goldman & Burke, 2019; Sanderson, 2023). First, the power is often not balanced between school personnel and families as multiple components of the IEP meeting privilege the school based staff. The school-based staff hold the power in scheduling the meeting, the location of the meeting, and meetings starting on time for a professionally designed duration (Bacon & Causton-Theoharis, 2013; Browne et al., 2022; Cavendish & Connor, 2018; Dabkowski, 2004). Sanderson (2023) surveyed parents (who were mainly female) about their experiences at their child's IEP meeting. The findings included that the staff were often uninformed, the special education system was difficult, and meetings were often a site of heightened emotion for families.

Research has demonstrated that parents have mixed levels of satisfaction with the IEP process for their child. Greater satisfaction was seen in families who had stronger relationships with the school staff (Sanderson & Goldman, 2022). Additionally, families were more satisfied when they had younger children suggesting that the IEP process may be less stressful when parents are newer to and perhaps less familiar with the process or their advocacy role (Sanderson & Goldman, 2022). Slade et al. (2017) found that families with higher annual incomes and higher levels of parent education are more satisfied with their child's IEP meetings than those with lower income or education. Although these factors contribute to higher parent satisfaction, the IEP process is still not easy and these factors do not mitigate all of the potential challenges. An additional component of the power issues at play in the IEP meeting is a lack of cultural responsiveness and awareness. Parents may be disempowered because school staff may not be

respectful of the family's race, class, or educational status (Banks et al., 2023; Fenton et al., 2017; Gonzales & Gabel, 2017; Olivos et al., 2010).

Although much is known about the experience of parents at IEP meetings, there are some areas for further exploration. The field has known about the challenges in the IEP process for many years and it is meaningful to look at this issue again to see if any improvement has been seen. Recent research has highlighted the emotional impact of the IEP meeting on parents (Sanderson, 2023), but further work could add to this knowledge base by deepening the information about emotions at the IEP and adding more specificity about their emotions. Additionally, there is limited research that explores the power dynamics within the IEP meeting and how it impacts family participation. This knowledge can improve IEP meetings for all families as the field can work to create more equitable parent participation which has been shown to have long term benefits and impacts for children (Henderson & Mapp, 2002). The purpose of the study is to contribute to assuring meaningful IEPs for all families by exploring how parents who have a child with a disability perceive and experience the IEP meeting.

Frameworks

The conceptual framework for this study was situated in family-centered practices and positioning theory to be focused on families and affirm their experiences while gaining insight into how power and decision-making are distributed during IEP meetings. Family-centered practices are understood as a warm, welcoming, friendly collaboration with the family that includes providing support, opportunities for decision-making, and the application of strategies to increase the family's ability within these contexts (McWilliam et al., 1999). Research has demonstrated that family-centered practices are best practice in working with families to create collaboration between families and professionals (Hardin et al., 2014). In this study, family-

centered practices were applied when developing the interview questions to ensure that parent voices were honored. Additionally, this study looked at parent empowerment at the IEP meeting which is a part of family-centered practices.

Positioning theory provides a lens to see how the parent is empowered or disempowered in the IEP meetings (McCloskey, 2010). In positioning theory, a person is assigned a role in a conversation through what happens during the conversation - the words used, the body language, and responses from others (Harré & van Langenhove, 1999). By looking at a person's role, their position can be viewed and analyzed. A person's position is not static - it can shift and change (Harré & van Langenhove, 1999). A study conducted by Campbell and Hodges (2020) used positioning theory to identify "five patterns of participation that groups exhibit: confirming one group member, competing strategies, free-for-all, co-construction, and two-member collaboration" (p. 7). In "confirming one group member," two members did not participate actively but agreed with the third who was more dominant. The "free for all" and "co-construction" patterns are opposites - in the former, everyone works alone to determine their own answer while in the latter the group works together to determine the solution. In "competing strategies," two members share their thoughts and are unwilling to work together to find an answer while in "two member collaboration," two members work together while the third does not participate actively. These different patterns were used to understand the perceptions and experiences of parents at the IEP meeting.

Methodology

This study utilized qualitative interviews to answer the research question: *how do parents who have a child with a disability perceive and experience the IEP meeting?* This article presents the initial interview of a larger project that included two interviews and coaching. These initial

interviews allowed for deep analysis of parents' participation in and perceptions of their experiences at IEP meetings and encouraged parents to provide detailed and historical information regarding their IEP experiences (McCloskey, 2016).

Researcher Positionality

The Principal Investigator (PI) on this study recognizes her positionality within this work. The PI identifies as a White female who is a mother. The members of the research team included two other female researchers - one who identifies as Black, and one who identifies as White. Although the study did not focus on race, two researchers who have differing backgrounds helped to mitigate potential bias based on race.

The PI participated in many IEP meetings over her career as a Board Certified Behavior Analyst (BCBA) and a special education teacher. The PI believes the individual child and their immediate family should be recognized as the "experts" for that particular child. The previous work of the PI was to encourage open, respectful, and ongoing relationships between schools and families. The IEP process should be affirming for the family and result in the best possible agreed upon treatment and placement for every child. This perspective could influence the study implementation and analysis as the PI could be judgmental about the experiences described by the families. Due to this bias, the PI may have assigned blame to school staff when a parent said that an IEP meeting went poorly rather than understanding the complexities within the system or thought a meeting went poorly when the family's statement was neutral. However, this perspective also allowed for the PI to be empathetic to the experiences of the family as well as draw on her own knowledge to make connections and recommendations for the field in discussing the findings.

In order to mitigate this bias, the research team used a variety of tactics. To address bias, the PI designed the interview questions by using the positioning theory literature and research questions as a guide and was open with families during the interview process about her background and held an open mind to respect family experiences. A research team of doctoral colleagues with training in qualitative methodologies was used to triangulate the data across coders. All interviews were audio-recorded and transcribed verbatim to ensure that the participants' voices were truly heard in the analysis. Additionally, the participants had the option to check their transcripts and the findings in a member check procedure to ensure the findings represented those who contributed their perspectives.

Participants

Parents were recruited through purposeful sampling using an email blast to a parents' online group as well as share-able posts to targeted social media groups nationwide (Maxwell, 2013). A recruitment request was sent to the online groups to disseminate to their listserv or posted directly in the group. Interested parents clicked on a link that brought them to a brief online form to make sure that they meet participation criteria.

To participate, the parent needed to: (1) have a child in grades pre-K - 12 who receives special education services and has an IEP and (2) be between the ages of 18-65 years. Nine women participated in this study and they represented multiple regions of the United States. Their children ranged in age from 7 to 17 years and were in a variety of grades in school. See Table 1 for detailed information regarding the participants.

Table 1

Participants in the Study

Participant Name and Gender Identity	Region of Country	Child and Age in Years	Child's Grade Level
Sally, female	Northeast	Male, 17	11th
Anna, female	Northeast	Male, 8	3rd
Nancy, female	Northeast	Male, 10 and Female, 7	2nd and 5th
Amanda, female	West	Male, 14	8th
Kara, female	Northeast	Male, 7	2nd
Tina, female	Northeast	Male, 10	3rd
Ellie, female	Northeast	Male, 16 and Female, 16	11th
Lisa, female	Midwest	Male, 10 and Male, 12	4th and 6th
Maura, female	Southeast	Male, 15	10th

Procedures

Data were collected through one semi-structured virtual interview lasting approximately 30-45 minutes. The interview had 14 questions (see Appendix B), plus additional follow-up and clarification questions as needed. The interview was constructed using backwards planning by considering what questions would elicit the information necessary to inform the research question of "How do parents who have a child with a disability perceive and experience the IEP meeting?" This question was broken into multiple questions in the interview by asking about

diagnosis, who attended meetings, and what the parent remembered about the meeting.

Positioning Theory influenced the questions as well. Participants answered questions about their

positioning such as who led the meeting, how decisions were made, and if they felt they could

speak up. The PI piloted the interview with two colleagues who have a child with a disability

and then asked for feedback. Their feedback included reducing the use of jargon and breaking

multi-part questions into smaller questions. Changes to the interview questions were made based

on their feedback.

The parent/guardian and the interviewer were the only adults present at the interview.

Consent for the interviews was obtained at the start of the interview by emailing the parent a

consent form that they reviewed and signed after a verbal overview at the start of the interview.

Interviews were audio-recorded and transcribed through an online service. After the transcription

was complete, the PI reviewed the transcripts for accuracy. The transcripts were also sent to the

parents who had the opportunity to review it for accuracy. Of the nine participants, one

responded and stated "Yes I was able to see the document and everything looks good."

Data Analysis

The data were analyzed using in-vivo coding to center voices of participants (Creswell &

Poth, 2018). The PI and the peer coder read all nine transcripts. The team identified 61 primary

codes which were sorted into codes and sub-codes. The transcripts were separated into data units.

Two transcripts were coded using the preliminary codes. Upon review of the coding, the team

added 6 codes. These 67 codes were changed and shifted into the final set of codes that included

13 main codes with 2-8 sub-codes underneath. This process was iterative - the team met several

times to review and refine codes. An example of the code combining is in Appendix D. Once the

team determined final codes, each coder independently coded the same three transcripts and then

the team came back together to come to review the codes (see Appendix E for the final codes with definitions). During the review, the PI and secondary coder discussed any differences in codes and came to consensus on the codes. The PI coded all nine transcripts and peer coder coded five transcripts. After the transcripts were coded, themes representing the codes were created.

In order to build trustworthiness, a variety of strategies were employed. The data were triangulated through the use of a secondary coder and multiple participants. Disconfirming evidence was reported in the findings. Thick description was used to center the voices of the participants over the voice of the researcher (Trainor & Graue, 2014). Memoing through notes and reflections was also completed over the course of the interview process as well as on first reactions and thoughts during transcript reviews. The study also used member checking in multiple procedures (Frey, 2018; Ravitch & Carl, 2016). First, clarifying questions were asked as needed during the interviews to ensure the interviewer was accurately understanding what the participant wanted to say. Secondly, the participants were asked if they agreed with the transcripts and given the opportunity to comment and correct. Third, the participants were given the opportunity to review the findings for accuracy and agreement. Two of the nine participants provided feedback and agreed with the findings and felt their experiences were represented in the findings. One participant responded that she wanted to participate in the member check, but did not respond after she was sent the findings.

A final strategy for trustworthiness was a peer audit by a member of the research team who did not participate in the coding process. The PI reviewed the coding procedures with the auditor, asked the auditor to review coding for agreement and findings to make sure they were explicitly linked to the coded transcripts. The peer auditor agreed with the coding and findings.

She also suggested that the findings should include more thick description which was incorporated into the manuscript.

Findings

Four themes emerged from participant descriptions of their lived experiences of IEP meetings and their thoughts and reactions to the meetings. The first theme centered on how power is divided and shared at the meeting. The second theme related to the specific strategies families used to overcome the power dynamics. The third theme was their emotional reactions during and after the IEP meetings. The final theme was the logistical challenges or the "rocks in the road" for IEP meetings. Pseudonyms are used to identify the speaker for quotes.

Who Holds the Power?

The first theme was how power is distributed at the IEP meeting which included how decisions are made. Parents described feeling they did not hold power and also discussed how they attempted to assert their role at the meeting. Participants also discussed how power shifted throughout the meeting based on their use of strategies.

It is a Binary - Parent OR School Professionals

Parents described how power moved in the meeting with either the family or the school professionals holding the power. Rather than co-constructed power used in true collaboration (Campbell & Hodges, 2020), the power seemed to originate with school staff and then the family would assert their role to reclaim power. Parents revealed how the IEP meeting disempowered them. As Lisa described, "It's not a collaboration, it's definitely me versus a company." Multiple components of the meeting gave power to the school such as having the family walk into a room where the team had already assembled. As Maura described, "I feel like sometimes,

well, I'm going to walk in there, and they're going to already have discussed this, and…they're all going to be on one side and we're going to be on the other."

Parents described using a variety of tactics to stand up for themselves and their children, such as asserting their rights, bringing specialists, or asking the team to go back and repeat a statement. Kara noted "I have no problem, like, going back through the meeting and saying, 'no, I want to review this,' or, 'no, I am going to pause here,' or, 'no, I want to slow down and talk about this.'" Standing up was sometimes difficult for parents and made them feel uncomfortable. Sally noted that the team sometimes pushed back when she stood up for her son stating, "depending on the case manager's overall attitude and presentation will depend on how effectively you can speak up. So, I have had times where a case manager is very defensive." In this example, the school is attempting to take back the power. Kara described her strategy at the IEP meeting as:

> Putting them in their place in the most respectful way. One of my TAs called it "nice nasty," so yeah, if I have to, you know — it is always respectful — and sometimes I stop the meeting and say, you know, "We need to make sure we're all equal members of the IEP team and we need to be respectful." I call them out.
>
> Lisa used a similar approach in her meetings:
>
> I feel like if I come at it, like, a professional, nice approach, it doesn't go anywhere. I have to be harsh if that makes sense, and like putting data back in everyone's face. You know, like I feel like that's the only way I kind of get heard.

While the families tried to empower themselves during the meeting, they also described times when the school staff's actions got in the way. In these situations, parents felt that they were not listened to or that the team was distracted. Lisa explained that, during her son's IEP, the

general education teacher was "on their laptop the entire time typing away emails." Some parents described feeling frustrated by the process and overwhelmed or that "IEP meetings are a lot" (Ellie). Anna noted that the school team "weren't willing to give me any type of diagnosis because of his age [2nd grade], and by that point I was very frustrated, extremely frustrated." These examples demonstrate how the school system held the power leaving parents feeling disempowered.

This power binary was also seen in the use of time at the meeting, leaving families feeling it was too short or rushed. Lisa noted "I feel like they try to rush them so fast. And I respect everyone's got things to do, but I always try to make sure I say, like, 'Make sure you put enough time in there, so I get a chance to say what's going on.'" Amanda felt that the time at the meeting was not well utilized and noted that the team wasted time at the meeting by discussing topics that she did not feel were important or meaningful. This use of time values the school over the family.

The physical elements of the meeting, like body language or where people sit, demonstrated how subtle moves by the professionals shifted divided power at the meeting. Lisa noted how one of the staff members was distracted and "kept checking her watch." Maura noted that the beginning of the meeting makes her uncomfortable as:

> You're made to sit out in the office, and they come get you when they're ready, which is, you know, you're supposed to be a team member. Well, if you're really a team member, why is it that they're all sitting there with their computers when you walk in?

Maura perceived this as the professional team members started without them in the room. Similarly, Sally wanted the entire team present and when there were team members missing

thought "it's not appropriate to have a meeting when everyone's not there when you are told that they're going to be there" (Sally).

Not all participants reported feeling disempowered. In fact, some participants felt their meetings were balanced and collaborative between them and the school based team. Tina described this balance as "Everyone has their own input. I think we have a pretty great team." Anna reported "And in the meeting…they were open to hearing how, you know, my perception, and I feel like they already had [listened to me] because we were in constant communication throughout the process." Nancy felt empowered at her son's meeting as the school team was "almost afraid of doing something inappropriate. Because of that, I mean my son has 20 specialists, so like, I have 20 people on the other side of the table…with me that can say, 'No, he needs this.'"

In terms of making decisions at the meeting, parents wanted collaborative, problem solving meetings as seen in "co-construction" (Campbell & Hodges, 2020, p. 7). Lisa stated, "I wish that it could be more of like a team approach and not feeling like one against however many telling you what your child can't do." Parents identified the power differential in the meeting: "I mean it's just typical of what most people say. You know, you definitely feel like it's yourself against an entire team of people (Lisa)." The number in attendance often was more school based staff than parents and their supported others which led to feeling outnumbered or overlooked at the meeting. Although the meeting is a team meeting, there was no discussion about how decisions would be made by the team. Parents felt decision making at the meeting was often predetermined or "just the way it was done" (Maura). Most of the families reported that the team did not discuss who would lead the meeting and that the school staff ran the IEP meeting "because that's what the school system had decided (Maura)."

The More You Know: Knowledge as Power

By having more knowledge about the IEP meeting process and special education law, families claimed their role and power. They applied their knowledge to "armed [*sic*] myself" (Maura). This knowledge came from a variety of sources including participating in support groups, talking to other families, and conducting independent research (often online). Parents attended classes at advocacy organizations as well as conducted research on sites like Wrightslaw to learn more. The knowledge participants gained from other families helped them to have successful IEP meetings as "most parents at this point know that [the team often has a pre-meeting] because we tell other parents" and while "you're a team member according to IDEA, while that's true, they've already had their meeting" (Sally). In Sally's experience, this pre-meeting is often just held with school staff and by being aware of the pre-meeting, parents can be better prepared to attend the IEP meeting. Independent research empowered parents and grew their confidence. As Amanda stated, "As I started researching and reading and learning, my confidence has grown to a five [out of five]."

Some of the parents accessed their own professional knowledge in IEP meetings, but this was not always helpful to them. Anna, who works as a social worker, thought her "level of awareness or expertise" made the meeting "probably harder for me than it was for a regular parent" because school staff assumed she knew the system and could get her son what he needed. Kara, who was a teacher and is now in training to become a professional advocate, highlighted the challenges of applying her professional skills at her own son's IEP stating, "I think it's challenging as a parent compared to maybe putting me in my advocate role."

How Diversity Impacts Power

An emerging concept in the data was how diversity, including race, culture, gender, disability status, and socio-economic status, impacted the flow of power within the IEP meeting. Parents discussed how these concepts influence the meeting, drawing from their own experiences as well as situations that their friends and family have experienced.

Participants believe their gender impacts how their power and role is viewed in the meeting. In this study, the participants all identified as mothers. The school based staff was more respectful and/or responsive to them when a male attended the meeting or was added to an email chain:

> I feel like they take men [more seriously]. I hate saying this because it feels horrible, but I do feel there's a difference. There are a few meetings now that I will tell him [my ex-husband and son's father], like, "I know you're going to be on your phone the whole time. I know you're not going to pay attention. But I need you there, because when you're there, they listen. (Lisa)

Race and culture also emerged as a power differential within the meeting "because sometimes you are either going to be met well or you are not going to be met well [by the IEP team]" (Ellie). When the family's culture is not the same as the school staff's culture, "sometimes they're [school staff are] not going to understand you" (Ellie). Some parents felt lucky they did not have the same experience as families who were a different race had. Amanda noted "I would honestly say that, and this is just from me talking to other parents from different races….I actually would say I'm fortunate." Nancy remarked she is a member of the dominant culture in her child's school so has not experienced any challenges due to her race or culture, but has a friend who has a multiracial child noting her friend is "White and her son's father is Black.

I find that she does have a harder time than I do getting her son what he needs." Not all of the families agreed that race and culture impact the meeting as their personal experience was that "no matter who I'm dealing with – and also talking to other people whose kids have IEP, that may be of a different race, or a different ethnic background — I don't feel like they were treating anybody else any differently. Not that I heard, anyway" (Maura).

One participant felt her disability impacted the meeting. Tina has the same genetic condition that her son has and is deaf in one ear. She described "at the IEP meetings, if they talk too fast that's hard for me." Tina used a variety of strategies to accommodate her disability such as "sitting my husband…on my bad ear specifically, so I can have a teacher, whoever, on my good ear," having her husband take notes, and speaking up for herself by "ask[ing] them to repeat up to three, four, five times which I don't care if they like it or not. That's what I do."

The idea of wealth also emerged. Families noted that they had access to money or capital which made advocacy more available to them. As Kara stated, "I think I am privileged because I have the resources to advocate [and] get help." Parents needed to take time off of work to prepare for IEP meetings which suggests a level of privilege within their employment and job security. As Nancy described:

> When I got Gil's first things [medical and educational supports] going on when he was little, I thought, "I need to be involved in this." And so, my husband and I had a conversation and I said, "How about I take a couple years?" And I talked to some people at work and they were like, "Listen, you take two or three years off, figure out what's going on, we'll take you right back."

Families recognized not all families have these opportunities. Two of the nine families stated that they had the resources to move from one school or district to another because of how

poorly their child's IEP meetings were going. Sally described how she moved to another district "because the district was so out of ... compliance, and nobody was doing anything about it and my child was suffering and honestly at that point since my child was suffering, I was suffering." Being able to move indicates a level of privilege and socioeconomic status that is not accessible for all families.

Preparing for the Meeting: "Because I know it's going to be a battle" (Kara)

Parents used a wide variety of strategies at IEP meetings to assert their role and stand up for their child. While these strategies are similar to the knowledge they used to assert and reclaim power during the meeting, these strategies are more related to the preparation for the meeting and the activities and work parents completed prior to attending the meeting. These tactics often included a time component - the strategies required advance planning to complete. The strategies were learned from other parents or their own lived experiences and included using their network and skills, preparing for the meeting, and building relationships.

Use a Network of Support and Your Skills

Parents identified how they used their networks and skills to benefit their children and build their confidence. Parents participated in online networks such as Facebook to gather information. These networks provided parents with support and encouragement as they worked through the special education process.

Participants detailed how arranging to bring a friend or another support person was a useful strategy for the IEP meeting. This support person would provide general emotional or targeted topical support. Often the support person was a friend or family member, however some participants brought a lawyer or a paid advocate. An advocate specifically made Kara more active and confident at the meeting: "Because of my educational experience, my [advocacy]

training definitely helped me, and having these advocates who are ruthless and amazing, too, as backup, that is why I am in this position. If you would have asked me like two years ago before my training, I was a lot more quiet." While the support person could provide assistance during the meeting, some parents used them after the meeting as well. Lisa reviewed progress report documents with her support person after the meeting: "My mother-in-law is a retired special ed teacher so I am lucky I have her for guidance. But I said, you know, 'Do you mind just taking a look? Am I being unrealistic on the expectations?' She was like, 'That is a horrible report, I cannot believe she would send that to you.'"

Preparing for the Meeting

Parents described the importance of preparing for the IEP meeting as a strategy. Completing all of the preparations for the IEP meeting required a time commitment from families. Sally noted "my strategy was always bringing credible literature…..we took a whole week off I think before his three-year IEP and then his kindergarten one to study the regulation [*sic*]." These efforts often included researching, bringing documents, and taking time to review the draft IEP and make comments, as well as studying special education law. Parents brought print-outs of special education law, copies of old IEP documents, progress reports, district specific regulations, and/or reports about their child's history (e.g. evaluation reports, medical records). Parents also noted the volume or size of the paperwork they brought to the meeting. One parent described "binders, three-inch binders filled with…[school district] information" (Amanda) while another brought "a stack of papers that was probably like six inches thick" (Nancy). The parents brought the materials for a variety of reasons including as evidence for their case for what their child needed. Families brought these materials to "feel a little more comfortable and confident in the meeting" (Kara) even if others might see it as "overly organized

and overly prepared" (Kara). These stacks of papers were often paired with independent research which made parents feel more empowered and confident.

Build Your Relationship with School Staff

Parents stressed the importance of building a strong relationship with their child's team in hopes for a better meeting. Anna's positive relationship with her child's teacher resulted in " having conversations, basically, bouncing our observations off of each other. So I feel like it [the IEP meeting] was easier at that point." In order to build the relationship, parents used a variety of tactics including offering to do tasks around the school or bringing treats to the meeting. Lisa chose to bring treats for the team at her son's first IEP:

> Because I know, like, meetings go best over meals. So I brought like cupcakes and a [coffee] thing, and everyone could just sit and discuss what was best for Josh. …That was my first experience and I remember everyone being blown away. They were like, "No one's ever brought us treats before." And I guess it was more like to make things more open.

Many parents worked to build relationships with the school community. For example, Nancy's relationship building spanned beyond her child's IEP team by reaching out to the special education director in her district. Sally stressed the importance of identifying what the school is doing well and what is not going well to help build relationships: "that's one of the reasons why I do what I do [correspond with the school team] before the meeting. So that they are aware of what my concerns are or a grievance…I'll put nice things, too, and also that they are aware that I'm aware."

Initial Optimism and Later Defeat: Emotional Response to the IEP Meeting

Participants described a wide variety of emotions that they felt at their child's IEP meeting and when reflecting on the meeting afterwards. At their child's IEP meeting, they felt prepared, confident, at ease, disrespected, tense, anxious, and sad. Parents described their initial meetings as more positive than subsequent meetings: "I have yet to have an IEP meeting where I walk out and I feel good, other than that first kindergarten one" (Lisa). Lisa's emotional response to the meetings changed over time:

> At first, I was like, oh this is great, everyone seems so wonderful. It's not until you get that second IEP meeting that you're like, oh my goodness, they don't follow anything. They don't really care. Like, that's when you realize your child's a number. The first one is always glorious, but the second ones are not.

Families also highlighted differences within the same meeting – going into the meeting feeling prepared and confident but leaving feeling disappointed. Nancy described it as "you can go in as confident as you could ever feel and leave there feeling completely defeated. So, you definitely need to have…high expectations but know you might get hit with something."

Feeling Disrespected by Staff

Participants highlighted how school staff made them feel disrespected. Two main forms of disrespect at the IEP meeting were gaslighting - feeling that the team was trying to make them question their own thoughts or experiences – and feeling mocked by the team.

The gaslighting by the school team led to breakdowns in communication between the team and made it harder for the team to work together. Kara detailed experiences where the team questioned her about her request for an auditory processing exam for her son: "My kid has anxiety, and so they basically said to me, 'Are you sure you want to do this to your kid? You

keep on asking for all this testing and you're making your kid anxious.'" The school staff did not

believe Anna when she brought up her son's diagnosis:

> So, they said clearly he is able to learn. He doesn't really have a cognitive issue. And I
>
> was very irritated because I am, like, there is something clearly up with my kid. So,
>
> everybody else [other professionals and family] was able to kind of see it. We all kind of
>
> thought something, but they [school staff] just kind of wrote it off as a behavioral issue,
>
> which I knew it wasn't.

This kind of undercutting of the parent was harmful to the relationship between school

staff and the parent which could lead to further breakdown in the team dynamics. It could also

lead to the parents holding more negative emotions about upcoming meetings as Kara explained

"I am like petrified."

Parents described feeling mocked or made fun of for their concerns about their child. As

Lisa described, "I've walked into so many of them [IEP meetings] where like, you walk in and

they're talking and they're literally talking about you. So, no I don't feel that great." Often this

mocking happened after the parent stood up for their child and advocated for them. Lisa

described walking into an IEP meeting after asking for more information about the curriculum:

> The one special ed director would not get back to me on the curriculum for dyslexia. So I
>
> wrote her an email - no, I wrote her a letter - and I walked in, they had the letter out, and
>
> they were literally like, "Can you believe she put this in there? and blah, blah, blah." And
>
> I was like, "Hi, I'm here" and I was professional. And I get it, like everyone talks about
>
> whatever but still it was like, poor timing.

Sally discussed that some teachers did not think her son should be in their class and how

they treated her when she advocated for her son to be in an inclusive environment:

They didn't see that he should be in their classes. They started mocking me. It was just

horrible. And his education started to really tank. The quality of the type of work he was

giving went down. I mean, it was just disgusting.

This gaslighting and mocking parents felt and experienced at the IEP meeting shaped

their reactions to the meeting. It resulted in less collaborative meetings and more contentious

relationships between parents and school staff.

Questioning

The IEP meeting often triggered questions for families. They questioned themselves and

also questioned the knowledge of school based staff.

Self and Self Doubt. At the IEP meeting, parents described feeling uncertainty and self-

doubt about what to ask and when to ask questions. They were concerned if they were making

the "right" choices. Tina described feeling "I wish I knew if I'm asking the right questions" and

later felt that she needed to agree with the speech pathologist "because she worked in the

schools. She had the credentials and everything. So, in hindsight 20/20, I would've gotten

someone else [to work with my son]." This uncertainty made parents apprehensive to contribute

during the meeting. Parents questioned their own statements at the IEP when they were offering

their experiences and bringing up topics in the meeting. When these statements were not

affirmed by professionals, Lisa shared, "I can't make other people validate what I say."

Knowledge of Professionals. Parents began to wonder if the school staff had appropriate

or sufficient knowledge about special education or how to best serve their child. Parents were

surprised by this lack of knowledge resulting in a lack of faith in the special education system to

educate their child:

We were so surprised that they didn't have ideas as to what to do to help him --That they seemed like they knew less about it [child's diagnosis] than what we did. You know, you walk into a school, and especially if you have a special education teacher there, you expect that teacher to know something. (Maura)

Kara discussed the lack of knowledge from school staff in special education law and the procedural safeguards stating "Yeah, they're not going to explain it [the law]. And honestly, I don't necessarily know if they understand it themselves." Tina suggested the teacher's lack of knowledge could be related to their training or experience noting "She has her bachelor's in psychology, but she won't graduate with her masters in special education until May. So, I don't know how they work around that but she doesn't even have a degree in education yet." Some families were also concerned about the knowledge of the school administration. As Sally stated: "I mean, it's one thing to have teachers who maybe aren't great at doing certain things or need more support. That is not the same thing as, you know, the top administration and where their mind is and where their vision is" (Sally) related to knowing how little the district administration knew about inclusion or if the district implemented inclusive school environments.

Feeling Heard

Several parents described more positive, supportive meetings. Tina's experience at her son's IEP meeting was collaborative as professionals are "…always asking if I have any questions, if I have any input, [asking,] 'Do you need me to repeat anything.' You know, so I do feel heard." Anna described her son's IEP as supportive stating "So, I do, like the last IEP meeting, I felt supported. And I felt like they gave me a lot of information and in a way to be helpful." Sally reported that her son's IEP meetings in elementary school were positive:

When he was in elementary school we had no problem. I had a principal that was very

supportive. And because I had a principal that was very supportive, it kind of set the tone.

And we had bumps in the road, but overall they were excited to do this [include my son].

Like they had never done it before, and they were excited to do it. They saw a lot of

progress. They were even perplexed sometimes by some of the outcomes they were

getting.

Rocks in the Road: Systemic Challenges to the IEP

Parents described logistical barriers were often systemic issues or 'rocks in the road' that

the parents tried to work through and work around. Sometimes, their strategies would be helpful

to solve issues and barriers, but certainly not often. The barriers fell into several categories -

accuracy, jargon, and rigid school policies.

Accuracy in the Document and at the Meeting

Parents described concerns about the accuracy of the IEP meeting and the IEP document.

For some participants, the IEP document did not provide a full description of their child. As

Nancy stated, "I don't think that if you just read the IEP, you're really getting a good picture of

either one of my children." Parents noted that sometimes one thing was said at the meeting, but

something else was actually happening in the school building. As Maura explained, "You can

work as hard as you want on [designing] the IEP, and you can get all the buy-in around that

table. And the minute they leave the table, they just go back to what -- what they normally do,

and they don't worry about it." This inaccuracy or mismatch between what was said at the IEP

meeting, what was written, and what truly happened in the school was often annoying and

concerning to families.

Some parents began to not believe the data after years of IEP meetings. Sally, whose son is in 11th grade, stated "I think that I have always been leery, this is going to sound strange, but I have always been leery about data. Not because it's not important, but it can skew the whole perspective of the team." These concerns about in/accuracy were also seen in evaluation reports. Parents questioned if the results were accurate and valid "because we didn't feel like she [evaluator] had spent enough time with him to make that diagnosis" (Maura).

This inaccuracy, both in documents and in actions, led to participants mistrusting their child's team. Participants trusted their child's team at the beginning of team formation and sometimes, specific actions would break their trust and cause mis/trust within the team. Tina described it as feeling "totally blindsided." Parents also wanted the team to be more honest and "a little more forthcoming to me" (Tina). This mis/trust sometimes leaked into all interactions with the school team and led to a breakdown amongst the team as illustrated by Amanda:

> I wanted my son to learn, because I explained to him, "when you reach high school, once
> you reach a certain age, they're going to try to do it [have an IEP meeting] without me
> being present, unless you speak up and say, "No, my mother needs to be present."
> They're sneaky like that.

On the other hand, Anna felt like the IEP "was accurate. I feel like me and the teacher, which is what I feel like is important, the only way they can accurately catch it [the specific needs and supports of the child] is if the teacher and the parent are on the same page."

Jargon

Families identified jargon as a barrier to collaboration at the IEP meeting. Parents noted that "IEPs are still hard to read" (Tina) and that the language can be confusing or unknown. Parents cited the use of acronyms as a specific challenge and that they "sometimes don't always

understand the vocabulary of the IEP meeting" (Ellie). As a work-around strategy to this, Nancy and a friend created a glossary for IEP meetings so she could reclaim some power as it did not allow for "[school staff] to talk around me with acronyms and have me not know what they're talking about. Because I'll either stop the meeting or I'll go and flip through to my acronym page and then know what they're talking about."

Rigid School Policies

Families often faced challenges at the meeting that they tried to solve only to be met with rigidity. Parents attributed this rigidity to money and school staff time. Parents were told that specific services (e.g. assistive technology) were not available as "the school was like, 'no, we're not doing that [referring to assistive technology for her son]'" (Lisa) which prevented their child from accessing needed services on the IEP. Another parent was told fidget materials were too distracting and therefore not available in the classroom while another was told testing accommodations were not available due to staff time. When discussing an upcoming meeting, the cost of services was a concern for Kara who noted that the team is "not going to want to do it because it costs money." Parents tried to solve these issues through workarounds, such as modifying tests themselves, but these solutions were not allowed by the school. This lack of availability for services and school rigidity was frustrating for families and led to the parents "kind of try[ing] to de-compartmentalize it" (Kara).

Discussion

This study explored parent perceptions of and experiences at the IEP meeting. The resulting themes demonstrated the continued challenges that parents experience at the meeting as well as how the meeting empowers and disempowers the parent as a member of the IEP team. The themes also included how parents prepare for the meeting ahead of time, their emotional

responses to the meeting, as well as logistical challenges. The findings are discussed in relation to practices in IEP meetings and needed professional development for school staff, as well as future research.

Overall, the results and findings from this study aligned with some of the previous research on the experience of families at the IEP meeting (Cavendish & Connor, 2018; Fish, 2006; Goldman & Burke, 2019; Sanderson, 2023). Participants in this study discussed the logistical challenges at the IEP which have been seen in earlier work (Browne et al., 2022). The findings of this study aligned with Sanderson's findings that the school staff had a lack of knowledge and that meetings were often a site of heightened emotion for families (2023). These ongoing issues impact IEP meetings in a variety of ways including making parents feel frustrated or leading to a lack of trust in the school staff. Obviously, the collaborative relationship between school staff and the parent can suffer due to this. The IEP meeting is designed to be a collaborative meeting where the team works together to create the most appropriate program for a specific child. If the team is not collaborating to share information about the child, then the process is not working. Solutions for these challenges are multifaceted - school staff might need further training on special education and disability types as well as how to support parents. Obviously, there is so much information available and school staff cannot know everything to be well versed in all topics, however, school staff should have the training and ability to say that they do not know something or need to ask a colleague. In terms of heightened emotions, the nature of IEP meetings could be shifted to be more welcoming for parents. To solve this, school staff could be trained in using more positive, affirming language about students as well as using

active listening techniques at the IEP meeting. The parents in this study described multiple

efforts that they made to help make IEP meetings more successful such as bringing coffee and

food or working to build relationships and rapport with school staff. In both of these cases, the

onus of the work was on the family. However, school staff could shoulder some of this

responsibility - school staff could bring food to the meeting or reach out to build relationships.

Additionally, parents mentioned that school staff often hold a 'meeting before the meeting' —

school staff could make families feel more welcome by calling them prior to discuss concerns.

Families reported feeling both empowered and disempowered at the meeting. Their

empowerment appeared linked to their use of advocacy strategies — like standing up for their

child, asking questions, or knowing their rights. However, parents identified that the meeting

could be disempowering as well. It was meaningful that nearly all participants stated that the

school ran the IEP meeting, but that they did not recall any discussion of why the school staff led

the meeting. This distinction shows how the power at the meeting is generally assigned to the

school. It is assumed that the school staff will run the meeting rather than discussing who will

lead the meeting. Having the school staff lead the meeting sets up the power differential — the

school is in charge and the parent is an attendee at the meeting. Rather than assuming who will

lead the meeting, IEP teams could have an open discussion to determine who will lead the

meeting as well as establishing other meeting norms.

Parents described their attempts to reclaim power and how they were not always

successful or met well by the school staff. Campbell and Hodges (2020) identified five different

dynamics in meeting environments. Parents in this study desired meetings that were "co-

construction" dynamics — where the whole team worked together collaboratively (Campbell &

Hodges, 2020, p. 7). Instead, they described meetings that met other pattern dynamics such as

"confirming one group member" or "two-member collaboration" (Campbell and Hodges, 2020,

p. 7). In both of those patterns, power is not shared amongst the team. In "confirming one group

member" and the "two member collaboration," the school held the power (Campbell and

Hodges, 2020, p. 7). This was especially seen with the decision of who led the meeting. Parent

attempts to assert power could be deemed competing strategies where two members share their

thoughts and are unwilling to work together to find an answer. Within the IEP meeting, parents

were actively trying to co-construct power with the school team by adjusting the power

differential and resist professional power. However, professionals did not respond in kind to this

and instead their behavior, whether intentional or not, created a power differential at the meeting.

The parent's work to adjust to the power differential and resist it results in a meeting that is not

collaborative. The IEP meeting will never be a site of collaboration if one party is constantly

trying to reassert their role in the meeting. The collaboration is not balanced if the parent is

working to be heard and being met with disrespect or being mocked for standing up for their

child. Parents want meetings to be collaborative and hope for this collaboration, but often find

their hopes dashed by the reality of what happens in the meeting. In order to resolve this issue at

IEP meetings, school based teams could implement the "co-construction" patterns where the

team works together to determine the solution.

Although the field has been talking about collaboration for years, the findings of this

study suggest some specific challenges and potential practical, simple to address solutions to

increase collaboration. For example, parents reported that they enter a room full of school-based staff, who may already be discussing the parent, their child or the particulars of the IEP. Instead, all members of the team could enter the meeting room together. Additional strategies for increasing collaboration could include encouraging parent input, using meeting norms or agendas to ensure everyone's voice is heard, or discussing how the meeting will be run rather than assuming that the school staff will lead the meeting.

An emerging theme in this study was how diversity impacts the IEP meeting. Participants noted that being a member of a marginalized group could impact the meeting. They described how attending the meeting as a person who is disabled required accommodations. These accommodations should be present at the meeting for all parents by using a universal design approach. For example, Tina spoke about needing to bring her husband to take notes at the meeting due to her hearing loss. All members of the IEP team could benefit if detailed notes were taken and shared after the meeting.

The women who participated in this study raised the idea of gender as a factor that impacts power at the meeting, citing that they were listened to more when a male was present at the meeting as a support person. This is not an unusual pattern in research about the parent perspective at the IEP meetings (Sanderson, 2023; Sanderson & Goldman, 2022). It is troubling that women feel that they are not listened to at the meeting without a male present. This presents specific challenges for families in terms of scheduling to attend the meeting if two adults need to attend for a woman to feel like the team listens to her. Suggesting that women bring another adult to the meeting is a "band-aid" on this issue - it does not strike at the root cause which is the

bias held by school staff. This is an area for professional development for school based staff which could focus on the implicit bias that school staff hold towards women. Participants also discussed how race and culture could impact power at the meeting. This is another area that could be addressed by training for school staff on their bias. Additional research could expand the literature base by studying the experiences of marginalized populations such as families from different socioeconomic statuses, racial identification, or language specifically during IEP meetings and how the intersection of race and culture at the IEP impacts their experiences at the meeting.

Future research could also look at the experiences of males at the IEP meeting to see if males report similar experiences at the IEP. Additionally, families are diverse in their make-up. Children may have two mothers, a single father, or live with a family member. Further research could study various family constellations (i.e. foster parent, grandparent, step-parent etc.) to see how that impacts the experience at the IEP meeting. This study focused on the experiences of the parents at the meeting. Further research should explore how the IEP meeting impacts a student when they attend the meeting.

Parents also noted that they found their child's first IEP meetings to be better than later meetings which links with previous research where parents who are newer to the special education system are more satisfied with their child's IEP meeting (Sanderson & Goldman, 2022). The reasons for this satisfaction may be connected to less exposure to the challenges of the IEP meeting as well as parent confidence that the school system will help. In this study, the parents left the first meeting feeling more secure. This may be because the parent has not yet

experienced the disrespect or mistrust that other parents described as they have not had as many

exposures to IEP meeting behaviors (Sanderson & Goldman, 2022). Additionally, the parent may

not be as aware of their rights and therefore may not be able to identify when the school staff

does not meet the requirements outlined in the law. To combat this, additional parent training

could be made available and accessible for parents before the initial IEP meeting, so families are

well informed right from start.

School staff should also understand the importance of the parent rights and become

confident and competent in reviewing those rights with parents at the IEP meeting. Like the

findings of Sanderson (2023), parents felt school staff lacked knowledge. Some of the

participants suggested school staff do not know special education law. This is another example

of the logistical challenges that exist to the IEP process for families. To be clear, it should not be

the responsibility of the parent to know the intricacies of special education law. Special

educators and school administration should have training to explain the rights to the parents.

Schools do have an obligation to review the parents' rights with them as a part of the IEP process

through the procedural safeguards (IDEIA, 2004). The law assumes that the family can

understand and act on the information provided in the document, but this is often not true

(Fitzgerald & Watkins, 2006). Dinnesen and Kroeger (2018) highlighted that the document is

often full of jargon which makes it difficult for families to comprehend. School staff are

expected to explain the document to parents, but the participants did not report this experience.

Overall, these findings suggest a true lack of expertise in special education law for school-based

staff which trickles down to gaps in parent knowledge. School-based staff could remedy some of

these issues through fully discussing parent rights with parents. Future research could audit and analyze college courses for teachers to see if and how special education law is taught.

Parents employed a wide variety of strategies to prepare for an IEP meeting. Impactful strategies included using their networks for support, bringing documents, and building rapport with the school staff. It is important to note that multiple parents identified the time or money cost of implementing strategies. This finding is linked with previous research as Slade et al. (2017) found that families with higher annual incomes and higher levels of parent education have increased satisfaction with the child's IEP meeting. If the family is not able to afford private advocates, classes, or research, they may be hindered in the meeting. Additionally, families who do not have time to pursue these strategies may also be disadvantaged. This suggests the need for more available low-cost or free parent training programs with flexible schedules and modalities such as recorded on-line sessions available at any time, and weekend and evening in-person sessions that are recorded for parents who cannot attend in person. These sessions should focus on strategies parents find successful. Additionally, parents also reported their self-doubt and questioning which could potentially be mitigated through parent training and coaching. Considering how parents rely on other parents for support, advice, and knowledge, sessions that are led by parents who have lived experience could be especially meaningful for other parents and could target both the specific knowledge that parents need as well as provide support to address self-doubt and build confidence.

The findings described families' emotional states at the IEP meeting, including a lack of faith in the professionals due to their limited knowledge about specific diagnoses (e.g. dyslexia)

and special education in general. Although Sanderson (2023) found that parents felt staff were not knowledgeable, this study builds on those findings to show the impact — the lack of staff knowledge leads to a breakdown in IEP meetings as parents may not trust the school based staff. Obviously, school based staff should be informed and knowledgeable about special education and disability as well as confident to admit and ask for help when they need more information. Although this study focused on the experiences of parents, it would be useful to know if professionals feel that they are not equipped to participate in IEP meetings due to their knowledge level.

Parents also reported feeling disrespected at the IEP meeting. This was not a surprising finding but was disappointing as the field has known about the challenges at IEP meetings for years, yet nothing has changed. Of course, there may be disagreement within the IEP team, but work can be done to ensure that any discussion is respectful. Strategies to target respectful discussion could include setting meeting norms, using a facilitator, or taking a break when the meeting becomes intense. While strategies could mitigate some of the challenges, parents should not feel disrespected at the meeting. This is completely unacceptable and speaks to the lack of trust that was previously mentioned. If a parent is disrespected at the meeting, it makes sense that they will not trust the school staff. This suggests the need for further training for school staff on building respectful relationships with families. Training on this topic could include work on bias, changing staff mindsets, and using respectful, collaborative approaches when working with a family – this would be ongoing work that would involve multiple stakeholders in a school

building and would require significant time investment as it could not be solved in one ninety

minute session after school.

Although the parents in this study used a variety of strategies to advocate at their child's

meeting, systemic and logistical barriers exist. It is unfortunate that these barriers continue to

persist as systemic change (i.e. how teachers are taught about IEP meetings) would be needed to

change this. As Tao et al. (2021) noted, it can be challenging to change the behavior of school-

based staff due to their entrenched mindsets and the need for additional training. These

challenges are things that could be solved in some ways through further training for school staff.

Inaccuracy or inconsistency between was also a significant concern. School staff could make

efforts to ensure that the IEP document, what is said at the meeting, and what happens in the

building are the same.

Parents reported that the IEP meeting was a challenge to understand due to the use of

jargon. Professionals should work to actively avoid using jargon to make sure all members of the

team can participate. The participants in this study represented six different states across the

country and reported similar experiences with the logistics components of the IEP meeting. In

order to learn how widespread these issues are, further research could use more targeted

recruitment or perhaps a national survey. If further research finds that these issues exist

nationwide, then major changes and overhauls may be needed to the special education system

and IEP process to mitigate these logistical challenges and make the meeting more accessible to

parents.

Limitations

This current study had a few limitations, most of which are related to the sample and participants. In this study, the participants all identified as female which has been seen in other research (Bacon & Causton-Theoharis, 2013; Golini, 2022; Sanderson, 2023; Sanderson & Goldman, 2022). This study included nation-wide recruitment, however, only six states were represented. Additionally, this sample was not stratified in any way for marginalized populations. Additionally, all interviews in this study were conducted in English and families were not asked about their socio-economic status. Perhaps a different population represented in the sample would have resulted in findings that diverged more from the current knowledge base. An additional limitation is that the parents were all at different points in their journey with the IEP process - some parents had participated in IEP meetings for more than 10 years while others had only participated in a few meetings. As demonstrated in the findings, parents used their knowledge to "arm" themselves at the IEP meeting. Therefore, parents who had a longer history with IEP meetings would have different responses to parents who were newer to the IEP process. This is a limitation as the findings might be more specific if the study focused on parents who were newer to IEP meetings or focused on parents who had several years of experience.

Conclusions

This study sought to understand more about the experiences of families at their child's IEP meeting. The IEP meeting is an important and meaningful activity to ensure that all students receive their legally mandated free and appropriate education. Qualitative analysis revealed that parents experience multiple challenges and barriers to their participation in the IEP such as how power and decision making work in the meeting and logistical challenges. Parents engaged in a variety of strategies to meet these challenges and barriers. Additionally, parents expressed a

variety of emotional responses to the IEP including feeling disrespected, a lack of faith in the knowledge of school staff, and self-doubt. Implications for the field include increased parent training as well as further school staff training and behavior changes to make the meeting more comfortable for all participants.

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CHAPTER V

ARTICLE 2: THE IMPORTANCE OF "KNOWING YOUR RIGHTS, KNOWING THE SAFEGUARDS THAT ARE IN PLACE": FAMILY EXPERIENCES AT MEETINGS WITH THEIR CHILD'S SCHOOL BASED TEAM AFTER ADVOCACY COACHING AND TRAINING

Abstract

Family participation and advocacy are essential at the IEP meeting (Boshoff et al., 2016; Cavendish & Connor, 2018; Duquette et al., 2011; Fish, 2006). However, families find advocating at the IEP to be challenging (Besnoy et al., 2015). This study utilized a coaching intervention to teach families new advocacy skill(s) to empower them at their child's IEP meeting. Post-intervention interviews were used to uncover participants' perceptions of those skills and how the coaching impacted the family-professional partnership in subsequent meetings with school staff. Results showed this intervention was effective in teaching families new advocacy skills and the new skills shifted or changed the meeting; however, the new skills did not solve all of the issues present at the meeting. Recommendations for the field and future research are discussed.

Introduction

Families with a child or a youth who has a disability and an Individualized Education Program (IEP) have a formal, legal role in their child's education by attending and fully participating in the IEP meeting (Individuals with Disabilities Education Improvement Act, 2004). Families have held this right since the passage of the Education for All Handicapped Children Act (1975) about 50 years ago. The IEP meeting is critical both to the student's progress and educational growth as well as the school's legal obligations. School professionals are expected to incorporate the voice of the family into this meeting (MacLeod et al., 2017). Additionally, research has demonstrated the importance of family involvement and participation at the IEP meeting (Cavendish & Connor, 2018; Fish, 2006). However, this is not what happens in practice. Instead, families report that participating at IEP meetings is challenging (Cavendish & Connor, 2018; Fish, 2006; Goldman & Burke, 2019). It is a true detriment to the IEP meeting as family participation and advocacy are critical since families offer essential information to the professionals on the team such as how their child learns and what their child prefers (Werts et al., 2004). To mitigate these difficulties, families have used a variety of strategies to make participating in the meeting more successful. These strategies include advocacy skills such as asking questions, clarifying information, sharing their experiences and knowledge, and asking for further evidence (Duquette et al., 2011). However, not all families know about these skills or how to apply them at the meeting. Due to the importance of family advocacy and participation at the Individualized Education Program (IEP) meeting as well as known challenges, research is needed to explore the development of these advocacy skills and how they can impact the IEP meeting. This study focused on the development of advocacy skills since previous research has shown their impact and importance for family participation.

The IEP Meeting

For children with disabilities, the IEP meeting is a point of contact between the school and the family. To avoid dissatisfaction, empower the family, and value the families' contributions and voice, the IEP meeting process should be collaborative, where the team as a whole comes to a consensus about the child's educational needs and placement (Lytle & Bordin, 2001). Families are provided with procedural rights and safeguards outlined in special education law to guarantee their active role. Families also have the right to disagree with the placement and recommended support. In order to ensure that the IEP meeting ends with an agreed-upon and meaningful program for the child, the meeting should be a shared collaboration with the family seen as equals who have deep and intrinsic knowledge of their child.

While this sounds lovely, it is not often what happens in practice. Families find that the IEP process is difficult and leaves them feeling uneasy, defensive, or angry (MacLeod et al., 2017). Families want to have their voices heard (Duquette et al., 2011), but there are often barriers to participation and advocacy at the meeting such as lack of knowledge about the process, policies, and procedures of special education (Besnoy et al., 2015). The IEP meeting is frequently couched in the medical and expert models of disability. Teachers and school professionals are viewed as the experts in the room and therefore their thoughts and opinions are often more valued than those of family members. In the IEP meeting, the language used to describe the child and their needs is often deficit based - that is, focused on what the child cannot do rather than what they do well (MacLeod et al., 2017). This deficit-based language is difficult for families to hear, decreasing the likelihood the family wants to be a part of the meeting. When families do participate, they may be less active or less meaningful than school administrators and staff (Goldman & Burke, 2019). Finally, families may experience "microaggressions" at the IEP

meeting including "flippant tone of voice, dismissive facial expressions, or perception of the parent's disagreement with teachers as denial or unfit parenting" (Fenton et al., 2017, p. 217). To target these issues, teaching the family new advocacy skills may alleviate some of the challenges and barriers within the meeting, leading to them feeling more empowered.

Advocacy

Advocacy has been defined as a "non-violent empowerment and support process, through which families…can constructively express dissatisfaction and contribute to creative solutions to problems" (Munro, 1991, as cited in Wright & Taylor, 2014, p. 591). Previous research has highlighted the need for families to learn how to advocate to meet some of the challenges present at the IEP meeting (Burke & Goldman, 2018; Duquette et al., 2011). Families described their advocacy work as challenging, time-consuming, and tiring as well as rewarding when their efforts benefited their child (Boshoff et al., 2016; Duquette et al., 2011).

During an IEP meeting, specific advocacy skills can be applied which include asking questions, clarifying information, reframing deficit minded approaches, sharing their experiences and knowledge, and asking for further evidence (Duquette et al., 2011). In the research base, several skills have been used to help families advocate such as asking questions, following up, indicating preferences, or asking for an agenda (Duquette et al., 2011; Mueller et al., 2008; Mueller & Vick, 2017). Other advocacy skills include questioning deficit-minded statements in the IEP meeting, making independent strengths-based statements about their child, or asking clarifying questions (Moore et al., 2014). Wilson (2015) suggested that asking questions about the IEP and advocating for their child contribute to families' satisfaction with their child's IEP meeting. By building and developing their advocacy skills, families can increase their participation, power, and voice in the meeting (Besnoy et al., 2015).

Power at the IEP Meeting

Although advocacy can help with the challenges at the IEP meeting, there are systemic power issues at play. The IEP meeting is not often set up to have power balanced between school personnel and families. Multiple components of the IEP meeting privilege the school based staff over the family. These components lead to a power differential with school staff holding more power than the family. The IEP meeting frequently takes place in the school - the family must enter this space as a visitor which does not give them equal access and power (Dabkowski, 2004). The meeting often has an imbalance of school staff to family members with more school staff than family at the meeting which can make families feel uneasy or unwelcome. Although the family can ask for an IEP meeting at any point to discuss concerns about their child or their education, the school frequently schedules the exact time and date of the meeting. The family may be given some options, but generally the school staff determine the final scheduling (Browne et al., 2022). The selected time may be inconvenient for the family and this scheduling again reinforces the way power is distributed by the meeting (Bacon & Causton-Theoharis, 2013; Cavendish & Connor, 2018). The language used in the meeting may be jargon that the family does not understand as they have not been taught this specific education related language which furthers the power differential between school staff and the family at the IEP meeting (Cavendish & Connor, 2018; Fish, 2006; Goldman & Burke, 2019). An additional component of the power issues at play is a lack of cultural reciprocity and awareness impacting and influencing the relationship between schools and families based on differences in race, culture, and class (Banks et al., 2023; Fenton et al., 2017). If the family is able to participate more fully, this could help to alleviate some of the power dynamics present in the IEP meeting. Wright and Taylor (2014)

stated, "when parents experience empowerment in the process of advocacy, they may discover inner strengths and new capacities that make them better advocates" (p. 602).

Coaching and Behavioral Skills Training (BST)

In order to increase family participation and empowerment, families can use advocacy skills to assert themselves at the IEP meeting. Coaching is a known modality for family support with a robust research base which includes planning as a team, observation, specific actions, time to reflect, and feedback (Allen & Huff, 2014; Kemp & Turnbull, 2014; Moore et al., 2014; Sanders & Burke, 2014). In a coaching relationship, parents and families are provided with individualized and consistent support and encouragement over time to meet their goals (Gupta & Daniels, 2012). This intensity is what makes coaching different from other methodologies for learning new skills (Gupta & Daniels, 2012). Additionally, coaching allows for an individualized approach and allows the family to self-select skills and be the center of the exercise (Moore et al., 2014). Coaching has also been shown to be affirming of the individuals who participate in it which is equally important when working with families as the families and their input should be valued, honored, and affirmed. This study applied a coaching style methodology to teach families new advocacy skills to use at their child's IEP meeting.

Behavioral skills training (BST) can be viewed under the umbrella of coaching and has been used in many studies to teach new skills such as gun safety for children, skill development for teachers, intervention skills for parents as well as sexual abuse prevention (Harriage et al., 2016; Himle et al., 2004). BST uses a four component training procedure consisting of instructions, modeling, rehearsal, and feedback (Dogan et al., 2017; Miltenberger et al., 2004). The four parts of the BST are similar to those for a coaching relationship — "joint planning, observation, feedback, and reflection" (Gupta & Daniels, 2012, p. 207).

Given families' challenging experiences at IEP meetings, further inquiry into advocacy, family participation, and parent training is needed (Trainor, 2010). The purpose of this study is to make the IEP meeting more collaborative and equitable for families through stronger advocacy for their children which includes sharing their deep knowledge. The objective of the study is to coach families on new advocacy skills to implement at a meeting with school staff to see if the new skills change or shift the dynamics of the meeting. This study worked to understand the family perspective and teach new advocacy skills to make the IEP meeting more available to families. This information could also be shared with other families to help support them as well in their quest to advocate for their child.

Frameworks

The conceptual framework of this study is based on family-centered practices, parent training, and positioning theory to center on families, empower them to advocate, and affirm their experiences while gaining insight into how power and decision-making are distributed to answer the question of how advocacy skills can shift the meeting. The study also used a family-centered approach to disability and held the social model of disability as well. Firstly, family-centered practices have been shown to empower families giving them power and positioning to make decisions (Madsen, 2009; McCloskey, 2010). Family-centered practices informed the design and implementation of the intervention. Secondly, the literature on parent training emphasizes collaboration between families and school staff via open communication and clearly defined goals and expectations with an understanding of the family's strengths and needs (Bearss, Burrell et al., 2015; Fenning & Butter, 2019). Finally, positioning theory was applied to understand decision-making in multiple settings, such as a family's IEP meeting, to further explore more complex social situations and phenomena (Harré et al., 2009; Hirvonen, 2016). In

positioning theory, a person is assigned a role or part in a conversation through what happens within the conversation (Harré & van Langenhove, 1999). This position can and does change and shift - in fact, "one can position oneself or be positioned as e.g. [*sic*] powerful or powerless, confident or apologetic, dominant or submissive" (Harré & van Langenhove, 1999, p. 17). In this study, positioning theory provided a lens to see how the family is empowered or disempowered in the meeting (McCloskey, 2010).

There are several models of disability. Often these models hold a deficit-based approach to disability - meaning a focus on what a child "cannot do." However, an alternative model to the traditionally deficit-based ones is a family-centered approach to disability within a social model of disability lens. In this model, the experiences of the family and the individual are valued above the opinions and experiences of the experts in the room. Families are viewed as the best source of knowledge and understanding related to their child's strengths and needs. This information should be used to generate a strong IEP for each child. Additionally, this study recognized that disability is a socially-constructed phenomenon. In this phenomenon, "the transgression of hetero-normative social norms becomes a manifestation of the student's disability" (Bacon & Causton-Theoharis, 2013, p. 8). Basically, if a child does not conform to social standards of "normalcy," they are labeled as disabled. Even though this study viewed disability as a socially-constructed phenomenon, the education system does not view it in this way and in fact typically defaults to a medicalized model of disability (Bacon & Causton-Theoharis, 2013). Therefore, families still need to advocate due to the typically held models held within education and other systems and/or the inconsistent application of social model of disability (Kattari et al., 2017). By combining these theories, the conceptual framework provided a backbone for answering the specific research questions.

Methods

This study utilized mixed methods to learn the impact of an advocacy skills training and how the family's advocacy changed and how the family and child are viewed and positioned in the meeting by themselves and others after the training. Families participated in coaching sessions to develop their advocacy skills and qualitative interviews post intervention Informed consent for the study was obtained prior to the study implementation.

Recruitment and Participants

In order to participate in the study, the family needed to: (1) have a child in grades pre-K-12 who receives special education services and has an IEP (2) be between the ages of 18-65 years. Families were screened via a brief form to make sure that they meet participation criteria. Families were recruited through the use of purposeful sampling through the use of an email blast to the email list for a parents' online group as well as targeted social media groups nation-wide and share-able posts (Maxwell, 2013). The families were recruited through the use of an email blast to the email list for a parents' online group as well as targeted social media groups nation-wide and share-able posts. A recruitment statement was sent to the online groups to disseminate to their listserv or posted directly in the group.

The participants in this study were five mothers who had a child with a disability and were provided services through an IEP. As noted in Table 1, the participants all identified as female and had children between the ages of 7 and 16 years.

Table 1

Participants

Participant Name and Identity	Region of Residency	Child and Age	Child's Grade Level
Nancy, female	Northeast	Male, 10 and Female, 7	2nd and 5th
Tina, female	Northeast	Male, 10	3rd
Ellie, female	Northeast	Male, 16 and Female, 16	11th
Lisa, female	Midwest	Male, 10 and Male, 12	4th and 6th
Maura, female	Southeast	Male, 15	10th

Overview of Study Procedures

Participants in this study participated in multiple components which are shown in Figure 1. Before beginning the intervention, the family member was asked to rank their comfort, engagement, and confidence at their child's IEP meeting on a Likert Scale. The family member then started the coaching intervention which included a rights training and advocacy skill coaching. After completing the coaching intervention and attending a school meeting with members of their child's team, the family member participated in a post-intervention interview which also included a repeated presentation of the Likert scale.

Figure 1
Graphic of Study Procedures
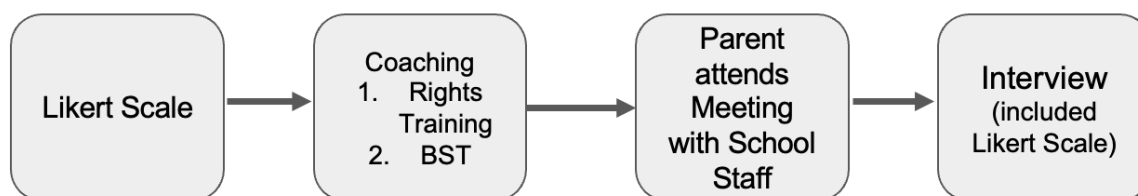
Researcher Positionality

The Principal Investigator (PI) acknowledges her positionality within this study as a White female who is a mother. The members of the research team included two female White researchers. The implication of this is that the research team may be sympathetic to the experience of other women. Since all of the participants also identified as female, this meant that the research team needed to be aware of this bias as they could have inadvertently "sided" with the participants and thought the school staff were wrong. As all the researchers are White, there may be lived experiences of participants who are a different race that are divergent from the experiences of the research team. The research team may have made assumptions based on their personal perspectives. To address this potential bias, the data was triangulated through multiple coders.

As a BCBA and a special education teacher, the PI has attended many IEP meetings over her career. In this work, the PI holds that individual children and their guardians and/or parents and/or family should be recognized as the experts. Additionally, the IEP process should be affirming for the family and result in the best possible outcomes, such as treatment and/or placement, for every child. Her work has encouraged accessible, respectful, and continuous relationships between schools and families. The study implementation and analysis could be influenced by this perspective as the PI could be overly critical about the family's described experiences. The PI may have made assumptions such as thinking that an entire meeting was negative based on only one comment. On the other hand, the PI was able to use her perspective to be empathetic to the experiences of the family as well as refer to her own history and experiences to connect the findings and results to the research base and recommend new directions for the field.

The research team used a variety of tactics to mitigate this bias. To address bias in the interviews, the interview questions were inspired by the literature and research questions as a guide. The PI was open with families during the interview process about her background and held an open mind to respect family experiences. A research team of doctoral colleagues with training in qualitative methodologies was used to triangulate the data across coders. To ensure that the participants' voices were heard in the analysis, all interviews were audio-recorded and transcribed verbatim. A member check procedure was also used where participants had the option to check their transcripts and the findings to ensure the conclusions represented those who contributed their perspectives.

Coaching Intervention

The advocacy training intervention consisted of a family rights training and a single-case design of advocacy skills using BST. The intervention was run as a non-concurrent multiple baseline across participants design to demonstrate whether the independent variable (i.e. advocacy skills training) results in a change to the dependent variables of advocacy skills (Dogan et al., 2017).

Rights Training. Prior to the beginning of the coaching sessions, the families participated in a brief training on their rights. In this training, the PI reviewed with the families two documents from the Center for Parent Information and Resources, the national hub for information and resources tailored for families and is federally funded by the Office of Special Education Programs at the US Department of Education. During the rights training, the participant and PI discussed the resources and how they could apply to the family's specific advocacy needs during their meetings. The rights training was about 20-30 minutes long. In addition to reviewing their rights, the PI and the participant discussed simple strategies that

families could use at the IEP such as considering what one wears, using a virtual background, or bringing a friend.

  Dependent Variables: Advocacy Skills. The dependent variables were six advocacy skills pulled from the literature base and discussions with professionals who work in parent training and advocacy. The six skills were: Response to Deficit-Minded Statements, Independent Strengths-Based Statements, Question Asking - Requested/Prompted, Question Asking - Not Requested/Prompted, Agenda Use and Correction, and Disagreeing with School Staff. If the family was not interested in the six provided skills, the PI worked with them to determine a skill that would meet their needs. Two skills, Jumping In and Asking for a Pause, were added during the intervention portion based on family need and feedback. Table 2 outlines the final eight skills with definitions for the skills. To choose their skills, the participants reviewed a hand-out with the variables and simplified definitions using family-friendly language.

Table 2

Advocacy Skills with Definitions

Skill Name	Definition
Responding to Deficit-minded Statements	The participant asks a targeted follow-up question when presented with a deficit-minded statement about their child.
Independent Strengths-Based Statements	The participant makes specific strengths-based statements about their child that are not in response to a comment by a professional.
Question Asking - Requested/Prompted	The participant asks a question based on information provided when given the opportunity to ask a question.
Question Asking - Not Requested or Prompted	The participant asks a question when not prompted/given an opportunity to ask

Agenda Use and Correction	The participant asks for an agenda from school staff prior to the meeting and follows through with using the agenda during the meeting.
Disagreeing with School Staff	The participant disagrees with the school staff on a specific point in the IEP meeting and provides disconfirming evidence.
Jumping in*	The participant interjects into the discussion while the school staff are speaking to ask a question, clarify, or provide additional information.
Asking for a Pause*	The participant asks for a pause during the meeting to collect their thoughts, take a quick note, or for some other reason.

*new skill developed during intervention

Families were asked to choose two skills to work on during coaching (see Table 3).

However, Nancy, Maura, and Ellie only worked on one skill as they did not feel that they needed

to work on other skills. Lisa and Tina worked on two skills. Two of the five families worked on

self-identified skills. The dependent variables were collected via frequency data collection using

a researcher created data sheet.

Table 3

Participants and Skill that they worked on

Participant	Skill 1	Skill 2
Nancy	Agenda Use	No second skill
Ellie	Agenda Use	Generalized/incidental - Disagree with School Staff, did not coach on an additional skill
Maura	Asking for a Pause*	No second skill
Lisa	Responding to Deficit Minded Statements	Generalized/incidental - Disagree with School Staff, coached on Agenda Use
Tina	Question Asking- Requested/Prompted	Jumping in*

*new skill developed during intervention

Pilot Study of Dependent Variables. The advocacy skills were informally reviewed by six family professionals at a non-profit agency in a large Northeastern city that provides parent training and education for families who have a child with an IEP. A list of the skills was sent to these professionals with instructions to read them and share any feedback. The professionals noted the skills were valid and meaningful but should be presented to families in more accessible language as parents may not know what some of the terms such as "unsolicited," "solicited," and "deficit-minded" means. One professional suggested a skill of "parents bring their own agenda" which had also been seen in the literature. They also suggested focusing on open ended questions for the two question asking variables. These changes were integrated into the final list of variables.

Independent Variable: Skills Training. The independent variable in this study was a coaching intervention using BST to teach families new advocacy skills to use at their child's IEP meeting. Active training methods of rehearsal, feedback, and modeling (Sanders & Burke, 2014) and BST methodology of instruction and modeling (Himle et al., 2004; Miltenberger et al., 2004) were used. Individual Zoom sessions were scheduled with the family with an average of 2 weeks between sessions (range of 1-31 days) so the family could engage in independent practice in between sessions (Moore et al., 2014). The sessions were recorded via Zoom to analyze the data.

Session Description. Each session followed SCD procedures using BST strategies. Within one coaching session, there were four different types of activities which were instructions, modeling, rehearsal, and feedback. The number of sessions for each participant was dependent on the participant's responses. A confederate was used for the simulated meeting and for probe sessions. The confederate and PI acted as school based staff at an IEP meeting to create a simulated meeting environment during baseline and return to baseline sessions.

Baseline. Baseline data were collected through a simulated meeting. Multiple opportunities for the participant to display the skill were offered within one session with five opportunities in each baseline session to allow for repeated measures (Lobo et al., 2017). However, if the participant scored four accurate and independent responses in a row or three incorrect responses in a row, the session would end as they met the criteria. This occurred in one baseline session for Nancy and one baseline session for Tina. If the participant demonstrated less than 80% accuracy and independence within the five opportunities, they moved into the intervention. If the participant demonstrated 80% or higher accuracy and independence, this skill was not taught as they could already demonstrate the skill. The participant was then given the opportunity to choose another skill. Maura and Nancy both chose a new skill as they demonstrated accuracy and independence on the first skill that they selected.

Intervention. In the intervention or coaching sessions, the PI coached the participant through the chosen skill using the tactics of BST.

In the *Instructions* component, the PI provided specific instructions on the skill, when to use it in the IEP meeting, and a brief description of why this skill is important and meaningful. The participant and PI also reviewed the definition of the skill.

During the *Modeling* component, the PI modeled the use of the targeted skill by providing a video model of the skill with a confederate. These videos were short 1-5 minute video clips. The videos were filmed at a table or on a couch with the two participants next to each other. The PI provided a brief verbal description of the skill and then a short vignette with a colleague acting as a school based staff member and the PI acting as parent in an IEP meeting. A video model ensured that the model was the same across all participants and sessions (Lobo et al., 2017). This consistency assisted with the internal validity of the study (Lobo et al., 2017).

In the *Rehearsal* component, the family rehearsed the skill with the PI four to five times. Lisa asked for more practice during a session. None of the other participants indicated that they needed additional rehearsal. Two sessions ended early for Lisa and one session ended early for Tina due to the family's scheduling needs.

During the *Feedback* component, the PI provided feedback to the participant on their performance of the skill during the rehearsal phase. This feedback was specific to the skill and included both supervisory coaching as well as side-by-side coaching (Rakap, 2017). In supervisory coaching, the PI waited until the participant finished the practice and then provided feedback. The PI provided side-by-side feedback as the participant was practicing. The family also had the opportunity to offer their feedback at this point in order to be aligned with family-centered practices and coaching practices. As an example, Nancy stated that she liked the procedures but wanted more specifics and details such as how old the child was and what grade level.

Return to Baseline. The return to baseline sessions were run in the same format as the Baseline sessions. The PI presented five opportunities unless the participant had 100% accuracy and independence and appeared comfortable and confident in the skill. In that case, the PI elected to end the session after four opportunities and confirming that the family felt confident. The PI ended a return to baseline session at four opportunities for Nancy, Ellie, Maura, and Lisa. Once the participant demonstrated 80% accuracy and independence with the first skill, the same procedures could restart for the second skill. If the participant did not meet the 80% criteria, the coaching sessions were repeated. Another return to baseline was run at the end of the coaching sessions and the same criteria was required to move to the second skill. Figure 2 summarizes the components of the BST and how they were applied in this study.

Figure 2

Components of BST

01	Baseline	• Simulated IEP Meeting with Researcher and Confederate • Parent will have 5 opportunities to demonstrate skill • If less than 80% (4/5) accurate and independent or 3 wrong in a row, move into training phase
02	Coaching - Instructions	• Participant will be provided with verbal instructions about the skill
03	Coaching - Modeling	• Researcher will model the skill using video model
04	Coaching - Rehearsal	• Participant will practice the skill
05	Coaching - Feedback	• Researcher will provide specific feedback on the participant's performance of the skill • Participant asked to offer feedback as well
06	Return to Baseline	• Same as Baseline • If less than 80% (4/5) accurate and independent, restart at 2. • If more than 80% accurate and independent, return to Baseline for Skill 2 OR if this is skill 2/participant chose only one skill, participant has completed BST!

Inter-observer Agreement. Inter-observer agreement (IOA) was assessed across sessions by having a second data collector watch the recorded sessions. The PI trained a second data collector for IOA. IOA was calculated for 37.01% of the sessions. For this study, a total of 27 sessions were conducted and IOA was scored for two sessions for each participant. For the baseline and probe session, trial by trial IOA was collected and calculated by dividing the number of agreements by the number of agreements plus number of disagreements and multiplying by 100. IOA was scored for eight baseline or probe sessions with 97.5% agreement. For the coaching sessions, frequency IOA was collected using the same calculation. IOA was scored for two coaching sessions with 100% agreement. When both forms of IOA were combined, IOA was collected for ten total sessions with 98% agreement.

Data Analysis. The data from the coaching sessions were graphed using the software program GraphPad Prism and visually inspected to show changes in the dependent variables (Kazdin, 2011). Sessions were recorded and inter-observer agreement scored. To understand and analyze the BST portion, the PI followed the typical BST protocols for data analysis (Himle et al., 2004; Miltenberger et al., 2004). The visual inspection looked for shifts in level, trend, and variability (Lobo et al., 2017). In order to determine whether the intervention was responsible for changes in behavior, the shifts in level must be discernible while the trend must be moving in the expected direction and there should be low amounts of variability within the data (Lobo et al., 2017). The graphs with all identifying information removed were shared with another BCBA who is a faculty member at the PI's university and was familiar with visual analysis to verify the conclusions drawn from the visual analysis. The second observer agreed that the conclusions drawn based on the graphs were accurate and valid.

Validity. Fidelity measures included inter-observer scoring and agreement of the sessions. Internal validity was controlled through the use of an independent, trained person reviewing the graphs for agreement as well as the use of multiple opportunities for participants to demonstrate the skill. External validity was targeted through the use of a multiple baseline design across participants. Social validity was targeted in the pilot study and in the Likert Scale questions. Since this study had multiple components, the PI created a fidelity of implementation checklist to ensure that all participants participated in all components of the study. When the PI completed the peer audit for the interviews, the peer auditor also reviewed the fidelity of implementation checklists to confirm completion.

Interview Procedures

After the coaching intervention and the family's next meeting with the school-based staff, the family participated in one semi-structured interview conducted through an online video conferencing service. Prior to beginning the intervention, a Likert Scale was used to ask the participant to verbally define their engagement, confidence, and comfort at their child's meeting on a scale of 1-5 before beginning the coaching intervention. This scale was again repeated during the qualitative interview after the family finished the coaching intervention.

While the initial plan was to interview the families after an IEP meeting, this was shifted to include all meetings with school staff as, for some families, the time between the sessions ending and the next IEP meeting could be 6-12 months away. Including other types of meetings allowed the PI to be responsive to the timing for families and the latency between the sessions ending. For three of the families, the meeting was an IEP meeting. For two of the families, one meeting was a six week review with their child's case manager and for the other, it was a parent teacher conference. The latency between the end of the intervention and the interview was an average of 55 days. The latency for Ellie was 222 days and was not included in the average as it was a significant outlier due to the timing of her child's IEP meeting. The PI did not have the specific date of the families' meeting, but in general, the interview was scheduled within 2 weeks of the meeting.

The interview had 16 total questions - 13 questions which covered how the meeting went and how the new skills changed or shifted the meeting and three additional social validity questions were asked at the end of the interview (see Appendix C) (Huntington et al., 2022, McCloskey, 2016). The interviews lasted 34 minutes on average with a range of 21 minutes to 58 minutes. Present at the interview was the family member and PI. Interviews were audio-recorded

and transcribed through an online service. These questions targeted if the skills taught during the intervention were meaningful, if the way that the coaching was run felt appropriate, and how the skills helped the participant and/or their child. The interview questions were piloted when the PI met with two colleagues who both have a child with a disability to conduct the interview and then asked them afterwards for feedback. Their feedback included reducing the use of jargon and breaking multi-part questions into smaller questions. This feedback was incorporated into the final interview questions.

Data Analysis. In-vivo coding was used to analyze the data to hone in on the voices of the families (Creswell & Poth, 2018). A peer coder, who is also trained in qualitative methodology, coded the data as well. A secure password-protected online database was used to facilitate sharing data. Both coders read all five transcripts to develop initial codes. The team identified 32 primary codes which were sorted into codes and sub-codes. After reviewing two transcripts, the team dropped four codes, clarified five codes, and added one. After another round of coding, one more code was added. Codes were then collapsed into themes. Appendix F provides an example of how the codes were collapsed into themes A code book with definitions was developed for the set of codes (see Appendix G).

Trustworthiness. A variety of strategies were employed to build trustworthiness in the qualitative component which included triangulating the data through the use of a secondary coder and multiple participants, reporting disconfirming evidence, and using thick description to focus on the input of the families rather than the perspective of the PI (Trainor & Graue, 2014). Throughout the study, memos were taken on reactions and thoughts during both data collection and analysis. Member checking was utilized as well (Frey, 2018; Ravitch & Carl, 2016). During the interviews, follow-up and clarifying questions were asked to ensure the interviewer

understood the family's point of view and was not mis-interpreting their statements. Once the interviews were transcribed, they were sent to the participants for a review to see if they agreed with the transcripts and had any comments and/or corrections. Four participants did not respond and one responded that she wanted to review, but was having trouble "trying to fit this in." Finally, the findings of the interviews were sent to the participants for their review of the accuracy and agreement. Two participants indicated that they were interested but did not respond when sent the findings.

A peer audit was conducted by a member of the research team who did not participate in the coding process. The auditor reviewed the coding procedures with the PI and then the auditor checked the coding for agreement and also confirmed that the findings were explicitly linked to the coded transcripts. The peer auditor felt that the coding was accurate and connected to findings which were well developed. She did recommend that two sub-themes could be combined for clarity which was implemented. She also noted that the fidelity checklists were completed.

<div align="center">

Results and Findings

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The results and findings of this study showed that the participants gained skills through the coaching procedures and described changes in their thoughts about the meeting after participating in the training.

Coaching Intervention

For all figures, the x-axis is the trial number while the y-axis represents correct, prompted, or incorrect/not observed. Figure 3 shows the results for Ellie and Nancy. For Ellie, Agenda Use and Disagreeing with School Staff were not observed in the baseline phase. Coaching began on Agenda Use and she demonstrated the skill in coaching. However, she did

not maintain the skill in the return to baseline which suggests that one session of coaching was not effective for her to learn the new skill. Coaching then resumed for Agenda Use. Agenda Use was demonstrated correctly in the return to baseline. Additionally, Disagreeing with School Staff was demonstrated in the return to baseline suggesting it was incidentally learned. For Nancy, baseline was conducted on three skills of Independent Strengths-Based Statements, Disagreeing with School Staff, and Agenda Use. She did not demonstrate Agenda Use; therefore, that skill was coached. Nancy demonstrated Agenda Use independently when we returned to baseline.

Figure 3
Results of Coaching for Ellie and Nancy
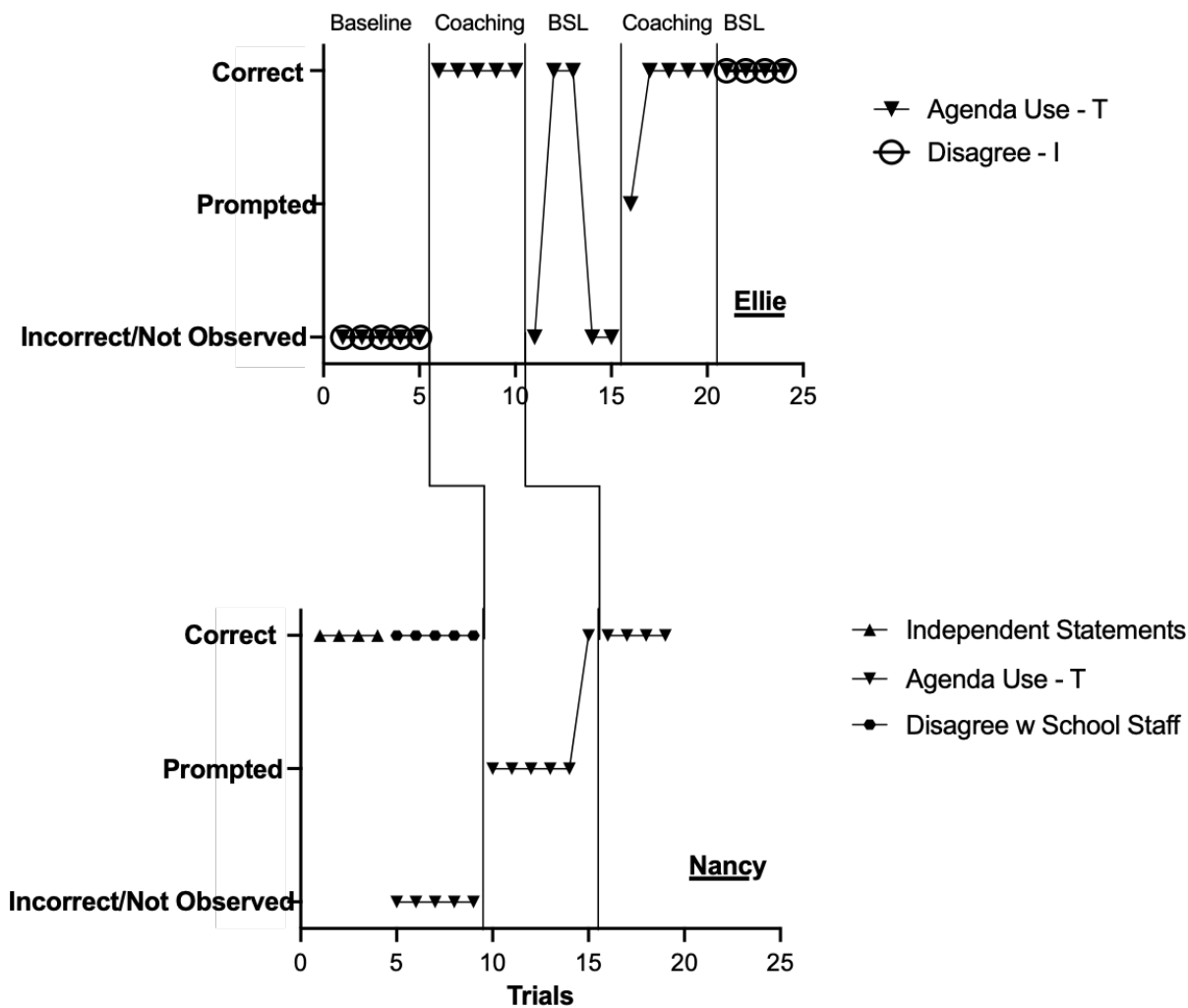
Figure 4 shows the results for Lisa and Maura. Lisa was coached on Responding to Deficit Minded Statements as well as Agenda Use and after coaching both skills were demonstrated in the return to baseline. In Lisa's coaching, she incidentally learned a new skill which was Disagreeing with School Staff. Maura chose to work on the skill of Asking for a Pause. After coaching, she demonstrated mastery of the skill when we returned to baseline.

Figure 4
Results of Coaching for Lisa and Maura
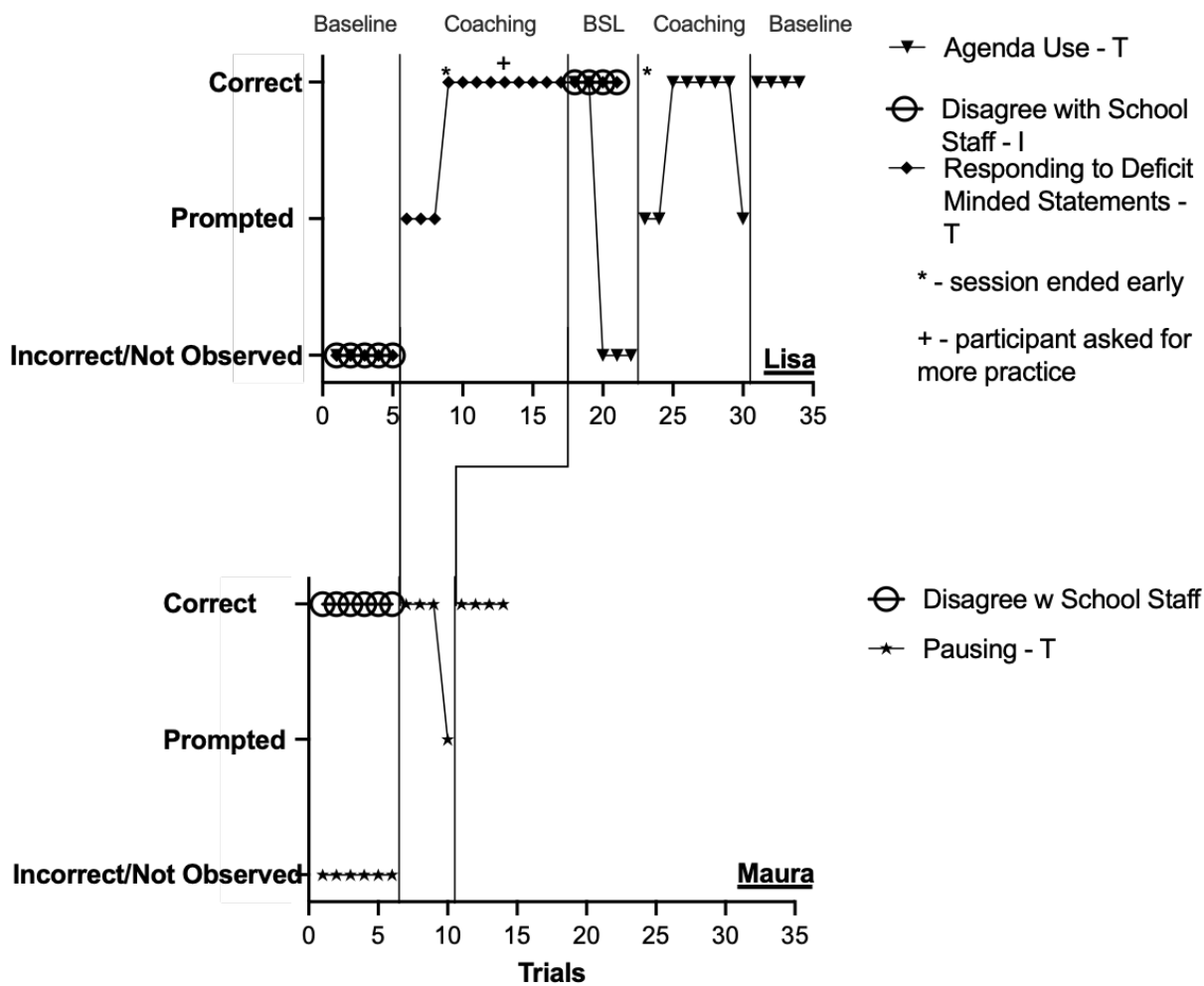
Figure 5 shows the results for Tina. Tina worked on two skills, Question Asking - Requested/Prompted and Jumping In. In baseline for Question Asking - Requested/Prompted, she demonstrated 50% accuracy and independence. After coaching, Tina returned to baseline and demonstrated mastery, but did have two errors at the beginning of the session. After completing

the baseline, Tina moved to skill 2 which was Jumping In. After coaching, Tina demonstrated the skill accurately and independently in the return to baseline session.

Figure 5

Results of Coaching for Tina
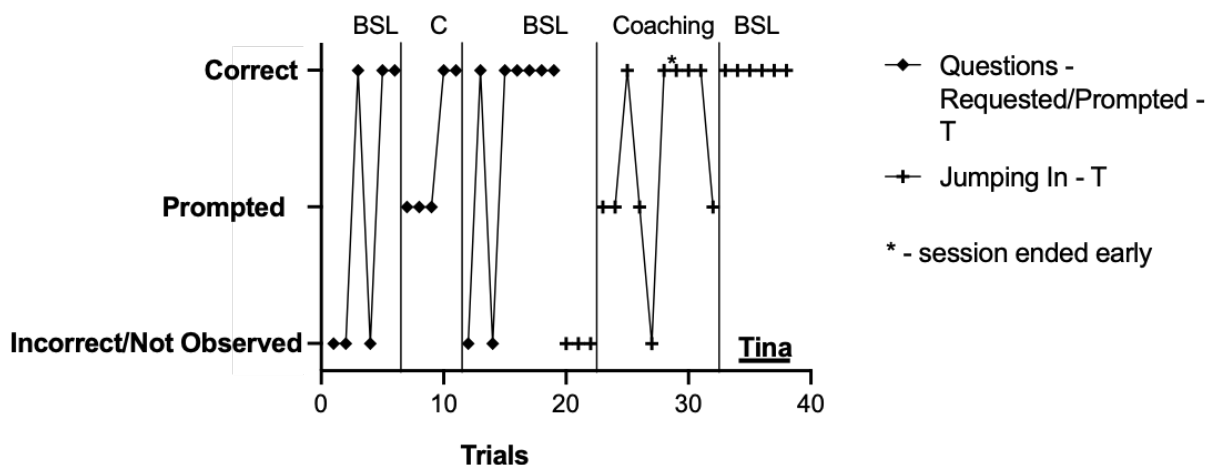
Family Perceptions and Social Validity

Two themes emerged from participant descriptions of their lived experiences at IEP

meetings or other meetings with school staff after participating in the rights training and

advocacy skills coaching. The first theme described how using the advocacy skill led to further

family empowerment. The second theme related to how the use of advocacy skills is not a magic

bullet to transform the meeting.

To triangulate the results, social validity measures are reviewed as well in the context of

the themes. The results of the Likert Scale affirm these two themes. As shown in Table 4, four

participants reported increases in engagement after training, all reported increases in confidence,

and three reported increases in comfort. To note, Tina felt that her comfort was a 1 with her son's

new teacher but had been a 4 with his previous teacher. Pseudonyms are used to identify the

speaker of quotes.

Table 4

Engagement, Confidence, and Comfort at Meeting Before and After Rights Training and

Coaching

Participant	Engaged Before	Engaged After	Confident Before	Confident After	Comfort Before	Comfort After
Nancy	5	5	4	4 or 5	Very	3 or 4
Ellie	4	5	3	4	4	5
Maura*	5	5	4	5	4	5
Lisa	5	2	2 or 3	5	1 or 2	2
Tina*	5	5	2 or 3	4	1 or 4	5

Note: Maura and Tina's second meeting was not an IEP meeting, but was a parent teacher

conference.

Advocacy Skills/Rights Training Lead to Empowerment

The first theme found how implementing the new advocacy skills changed the meeting

and made families feel more confident and empowered at a meeting. Families were surprised that

"it was really good to see how those strategies really do matter. You know, the little things I've

always, like, not paid attention to" (Lisa). The strategies may have helped with collaboration at

the meeting as families felt school staff "actually listened" (Ellie) and that they were "on the

same page with what needs to happen" (Maura). The participants felt that skills worked on were

appropriate and meaningful "because they [the skills] have given me additional

ways…additional tools to take with me into the IEP meeting that I didn't have before" (Maura).

Increased Confidence. After participating in the intervention, families were more

confident about their rights at the meeting. This new confidence helped them to navigate the

meeting and feel more successful. They felt like they could stand up for themselves and their children more in the meeting:

> Like I said, I walked in more confident, and I also left more confident. I've walked before confident in IEP meetings and left not feeling so great, but this one I walked out still feeling confident….knowing, like, how to be more able to communicate my child's needs without feeling like my thoughts don't matter or that my knowledge doesn't matter. I felt much more confident and knowledgeable. (Lisa)

This confidence also allowed participants to assert themselves at the meeting to make sure their questions and comments were heard and they could "pause and [ask] good questions back to the teacher" (Lisa). As Ellie described: "I was a lot more confident, and I just made sure I addressed what I wanted addressed." Lisa, who did not have a good meeting, said that the training and coaching helped her as "I knew that the meeting was not going well, but I knew I had enough that I could call another one." The advocacy skills and rights training also helped families in "knowing your rights, knowing the safeguards that are in place" (Ellie).

Increased Empowerment and Shifts in Positioning. Families felt participating in the rights training and coaching made them more "empowered that I had control over my thought processes and over what I wanted. Like, I felt like I was steering the conversation" (Tina). The coaching was helpful as "it really did help me kind of like compartmentalize…more of the IEP so that I can focus more" (Nancy). Families felt more empowered as they knew "my rights [and] that I am allowed to ask and, you know, if I wanted something done I can say, hey, I would really like this done" (Ellie).

This empowerment was also seen in the seating dynamics at the meeting. Nancy, who has two children with different needs, felt more empowered after the intervention as the school staff

"know that I sit at the head of the table." Lisa realized the school "put us at a really small table to get things out, so that's one thing in the meeting, you know, when we do pick a date for the next meeting I'm going to ask for a bigger table." By advocating for different seating arrangements, the families asserted their power.

Family positioning at the meeting shifted due to the intervention. They felt more empowered and confident which changed their position within the meeting. The IEP meeting "felt more different, just because the concerns were addressed more, my concerns were" (Ellie). The school staff's body language was more attentive to families at the IEP meeting after intervention. School staff "were making more eye contact" (Ellie). It was clear to participants that the team was listening to them more through "just like their body language and …writing down things that I said and making sure that they understood the meanings of maybe something I said that might need an explanation" (Nancy). However, for two of the families, the second meeting was not an IEP. Maura noted that the intervention helped her to be more engaged at a parent teacher conference, but that this change may not be significant for the IEP meeting "I mean, it's not that I'm not engaged and listening, it's just that it just feels like, a lot of times it just feels more like a battle in there [at an IEP meeting]."

Family Recommendations after Coaching. Although families were more empowered and more confident after the training, they also offered some recommendations to improve and strengthen the procedures for other families who may participate at a later date. Families identified that the intervention "would have felt more realistic, and maybe I could've gotten even more out of it …had I given you more information about Jack's IEP or something like that so you could take his specific issues" (Maura). The training could have been stronger if the participants had been provided with more details about the scenario before to prepare or if the

video model had been more realistic as "it wasn't much give and take, it was more like you were both sitting and looking at the screen" (Tina).

Advocacy Skills are Not a Magic Bullet

While advocacy skills coaching and rights training were helpful, the intervention was not a perfect solution. Families experienced challenges at the meeting related to how they were seen and the school staff dismissing their use of the advocacy skill.

Challenges at the meeting. Families highlighted several challenges including gender bias, ageism, and that the meeting was still just tough. These challenges have persisted since earlier meetings and were not novel for families. In terms of gender, participants "feel like if you're a female they just kind of….I feel like they [school staff] can kind of bully a little bit (Lisa)." However, in Maura's case, she thinks her husband continued to "kind of evens things out a bit [in the IEP meeting]." Tina discussed how her age and her husband's age impacted the meeting as Tina's husband is "more than double" the teacher's age which Tina thought made the teacher feel "a little intimidated maybe." Families also identified that school staff had a "lack of understanding of that [her daughter's] disability" (Nancy) which made the meeting difficult. These experiences were similar to those of the families prior to the intervention.

Even after participating in the advocacy skills intervention, the IEP meeting was a source of anxiety and challenging for families. Although the advocacy skills intervention increased Ellie's confidence, "I just still felt a little unsure. Just because it's like I feel like it's kind of like oh my God, it's his last year." Learning a new advocacy skill helped some of the families to see more challenges at the meeting as "I see now how if you don't have an agenda how easy it is for the case manager, or whoever is leading the meeting, to quickly brush through stuff" (Lisa). Despite the new skills they had entering the meeting, "there is no guarantee with how they are

going to go, but ….[the intervention]…. helped me step in the right direction" (Tina). Families

also noted that the language that teachers used at the meeting when talking about their children

was still uncomfortable. Families recommended that "more teachers…[should] be more aware of

what they're saying to families during IEP meetings because it was not pleasant" (Lisa). This use

of language that made the family uneasy did not help to make families feel more comfortable or

confident at the meeting.

School Response to Family Advocacy/Empowerment: They did not "Buy-in" School

staff were often perceived as surprised or flustered when participants advocated for themselves

in the meeting as the school staff "looked at me like I had a third eye" (Lisa). The school staff

did not 'buy-in' to the family advocacy. In fact, school staff seemed uneasy with this newfound

power displayed by families.

Although three of the families asked for an agenda at their IEP meeting, two of the three

found that the school did not follow through on this request as "they [the school staff] didn't

really have one" (Ellie). Lisa noted that the school staff "really got flustered by it [the request for

an agenda]. She [the school staff] was like, 'Oh, we can just follow along,' and was really, I felt,

not aware of Joe's needs" (Lisa). However, Nancy was successful in obtaining and using her new

advocacy skills of asking for an agenda as "everybody was fine with that. I mean, I don't say it

mean, or anything, just like, 'okay, let's get back to what we need to talk about.'"

Included in the theme of the school responding to family advocacy was how families felt

the school would view them and their advocacy. Families were concerned about how the school

staff would see them when advocating as "you don't want to be this big tattletale" (Lisa).

Families understood their advocacy could be challenging for school staff as "sometimes you

have to say the things that make people uncomfortable or are blunter than you typically are in

regular life, and that can be very hard" (Nancy). Their increased advocacy could also be annoying to school staff as "I am a little nudge in the side, but we do what we do and it's better than laying back and being a slug" (Tina). Maura was concerned that her advocacy could "turn [the meeting] into like a boxing match." To mitigate these potential issues, families discussed how building strong relationships with school staff could assist with this challenge:

> I think I have a really good relationship with my team. I made sure to build it from the ground up with each person so that they don't take me the wrong way or understand that I have certain communication expectations. (Nancy)

Family Rights - Using Theirs and Sharing with Others. The advocacy skills coaching and rights training included a discussion of simple strategies to apply at the next meeting with the school staff. However, families found that they still experienced some difficulties at the meeting even with this additional knowledge. Some of the families were "already utilizing a lot of things that we talked about" (Nancy). Families used these strategies, as well as other tactics from previous meetings like online research, discussing with other families, and preparing ahead of time, even after participating in coaching. Families identified that they used strategies "in prior meetings…[and it]....felt good" (Maura) but that "this meeting…was a little different and I was a little less anxious and stressed out during this meeting, so I think I used it [the strategies] more effectively" (Maura). Although families felt more confident and empowered after the coaching, they still "did precautions beforehand, like I emailed the principal and said, 'Hey, you don't know me. You don't know anything about my children, like, let's meet before'" (Nancy). Participants brought their "binders and everything ready. Next time I'll bring my law book to sit out as well" (Lisa). Just knowing that they had the option to use some simple strategies seemed to increase their confidence in participating in the meeting as "even though I necessarily didn't

need to have anyone else present, but the fact that I know that I can, I think that's definitely helpful" (Ellie). Lisa's IEP meeting "was frustrating but at the same time it was really good to see how those strategies really do matter."

Families also indicated a willingness and a desire to help other families. They wanted to share their knowledge and expertise to make the process better for other families. Although they may have meetings that go "fairly well" (Nancy), families recognized how difficult it could be for other people as "it was sort of sobering…to be in a meeting that wasn't going well was like, wow, I forget how hard this can be" (Nancy). Families wanted to share the knowledge they learned from their experiences with examples such as "communicating your needs, even if it's not at the IEP, if you have a concern or anything, bring it up" (Ellie). Even though she had a difficult meeting, Lisa was planning to attend an IEP meeting with a friend to provide support: "I've got two of his books [Wrightslaw]. In fact, I just got them for my friend so I can bring them with [me] and go through it again" (Lisa). Nancy supported another parent and encouraged him to advocate for himself:

> So, I said to him, "You need to tell them they have to bring it to your level more." Like, it
> was a lot for me, and I think I get a lot of stuff and I was just like, the way they were
> talking about the FBA and the Positive Behavior Support plan and using all the big
> words, even when they were explaining how they were utilizing it in the classroom, I was
> like, "They're just talking way over your head." Like, they're talking over my head.

Taken together, these two ideas of needing to use precautions and wanting to share knowledge with other families demonstrates that the IEP meeting continues to be challenging for families despite specific training and coaching around advocacy skills.

Discussion

This study explored teaching families new advocacy skills and then seeing how those skills impacted family perceptions of and experiences at the IEP meeting. The resulting themes demonstrated how the advocacy skills coaching helped families feel more confident and empowered but did not solve all of the issues present at the meeting.

Results of this study indicated that the BST coaching methodology was successful at teaching participants new advocacy skills. The five individuals who participated in this study all showed skill acquisition as a result of the coaching. The efficacy of coaching is clear for four of the five participants, but not as clear for Tina. In Tina's case, she demonstrated the skill with 50% accuracy and independence at baseline, then participated in coaching, and demonstrated the skill with 75% accuracy and independence in return to baseline. It is possible that this change was due to the normal variability within her behavior. However, for Tina, the second skill taught demonstrated the efficacy of BST. For most of the participants, they learned the new skill after one session of coaching. This was not true for Ellie or Tina who needed a second session to learn the skill.

Across the intervention, the participants were asked if they wanted more coaching or felt comfortable with their progress. Lisa was the only participant who asked for more coaching despite performing well in the sessions. While Ellie, who needed a second session to learn the skill, did not ask for more coaching. There are several possibilities here. First, Ellie may have felt that she needed more coaching but did not ask. Perhaps families would have been more comfortable asking for more coaching if they had built a longer relationship with the PI or if the PI was known to them prior to beginning the study. Alternatively, since the raw scores were not

shared at the end of the session, Ellie may not have thought that she needed more support. Advocating for your own learning is an important part of developing advocacy skills so further research could look at family perceptions of their performance and how to increase family requests for more assistance.

Lisa and Ellie both demonstrated the skill of disagreeing with school staff even though that skill was not specifically coached. The skill was not observed at baseline, and then was seen in the return to baseline sessions. There are a few potential explanations for this. First, it may suggest that disagreeing with school staff is a prerequisite skill and is therefore embedded within the skill that was taught. Another possibility is that disagreeing with school staff becomes easier when the family is more confident and working on one advocacy skill builds up their confidence as evidenced in the follow-up interviews. A final potential reason is that the family already had this skill and the baseline session did not test accurately for the skill. Future research could look to see if the advocacy skills function as behavioral cusps for each other.

Within the coaching, three of the five families chose to work on asking for an agenda. This suggests that the content of the IEP meeting and what will be discussed may be unknown to families and so an agenda could help them to prepare for the meeting and participate more fully in the meeting. Families described how the agenda helped them to keep the team on track as they could lead the team back to specific sections on the agenda rather than saying that the professionals missed a section. Being able to "blame" the agenda for needing to go back is easier than saying that a person missed a part of the meeting. Using an agenda can mitigate some of the social dynamics at play as the family does not want to appear rude, but they are simply following the agreed-upon agenda. As Nancy identified in her interview, using the agenda helped her to keep the team on track and make sure her concerns were addressed. She discussed how she

referred back to the agenda when something was not discussed. Although the prior written notice does give the family some indication of what will be discussed, it is not as thorough as an agenda (IDEA, 2004). School professionals could be proactive and provide a detailed agenda to families for every IEP meeting. Ideally, the agenda could be developed collaboratively between the family and the school staff.

In terms of social validity, families felt that this intervention was appropriate and meaningful for them. The Likert scale results suggest that the intervention led to families feeling more confident at the meeting. The engagement measure shows that families want to be involved in the meeting and that these participants were all active members of the meeting, even though they did not feel comfortable or confident. For example, Tina rated her original engagement as a 5 but ranked her comfort and confidence as low. The field could apply some of the tactics used in this study to help families feel more empowered and confident at IEP meetings. Adding a more detailed agenda to all IEP meetings could be an easy lift for school staff to start with. School staff could also spend more time reviewing parental rights at the beginning of the school year as Ellie felt more empowered just knowing her rights even though she did not need to exercise them at that specific meeting.

Families also recommended alterations to the intervention including longer video models and more realistic scenarios. Future research could implement these changes to see if the coaching is more effective with the changes. Additionally, research could look to make the training more applied by using the child's IEP for the coaching instead of using a generic child like what was used in this study. Although the families in this study enjoyed the synchronous on-line learning, this style of teaching can be time consuming and may be difficult to implement for multiple families at one time. Research on the effectiveness of this training in a variety of

modalities, such as small group, in-person, asynchronous, and on-line, could be implemented to ensure all families can access the intervention and could also include follow-up measures to see if the participants maintained the skills over time and if one method was more impactful for maintaining skills over time.

The intervention did not eliminate all of the difficulties present at the IEP meeting. IEP meetings have been happening for years and the field has long known that the meeting is challenging for families. These five participants, after working on their advocacy skills, still found IEP meetings to be difficult. While families felt more confident, the professional's power remained, resulting in families' attempts to use the strategies to be dismissed or ineffective. There needs to be more systemic change that includes school staff as well. Although this coaching and training intervention focused on families and their behavior, they cannot be the only thing that changes to make IEP meetings more collaborative and successful. In this study, the onus of the work was on families to learn new skills and change their behavior. While this is a component of the solution, school staff could do more to encourage families to participate fully in the meeting. Future research could coach school staff to encourage families to advocate at the IEP by teaching professionals to provide an agenda, offer opportunities for questions, offer pauses, and provide space for open dialogue within the team as well as spend more time ensuring parental rights are understood at the beginning of the school year with families.

Families found that participating in the rights training and coaching made them more empowered and confident. The study did not determine if one or the combination of the rights training and the coaching was more impactful and effective for families. Future research could determine if one element is more meaningful than the other. The field could apply this work to provide more opportunities for families to participate in rights training or advocacy skills

coaching. Although not covered in this training, school staff are expected to work to make sure families understand that the IEP is a fluid document and that families can ask to revisit it at any time, and explicitly inform families that they do not need to sign the document immediately. These could also be incorporated in further rights trainings for families. Future research could study different applications and approaches to rights training and advocacy skill coaching to see if it could be implemented on a larger scale.

Limitations

This current study had a few limitations related to the sample and design. This study used recruitment procedures to obtain a nationwide sample, but only had three states represented. The sample was not stratified in any way for marginalized populations. All interviews and coaching procedures were conducted in English and families were not asked about their socio-economic status. If the study had a different population represented in the sample, the findings and results might have diverged more from the current knowledge base.

This study was conducted in a semi-structured environment with families. The return to baseline sessions were not true IEP meetings and only had three people present. In a true IEP meeting, there could be more people which could impact participant behavior due to social circumstances. There was experimental control through the use of the design, however it is possible that outside factors, such online research, impacted the results of the coaching sessions. The amount of time between sessions was not tightly controlled and families were not asked to avoid outside research during participation in the study. Future research could target these challenges in the natural environment by using a cohort model in a single district or school building. This could allow for more control over the time between sessions and potentially have more people attend the return to baseline sessions to allow for families to experience more of the

social dynamics at play in the meeting. Additionally, the study parameters could request that families not engage in outside research while participating in the study.

Conclusion

This study sought to teach families new advocacy skills to implement at their child's IEP meeting and to learn if the skills changed the meeting. Visual inspection showed that the coaching methodology was effective to teach families new skills as they demonstrated mastery in a multiple baseline design. Qualitative analysis revealed that the advocacy skills training made them feel more empowered and confident but did not solve all of the issues at the meeting. Families still experienced challenges related to school staff's reaction to their advocacy. Implications for the field include the need for more family advocacy coaching as well as further school staff training and behavior changes such as use of an agenda to make the meeting more successful for all families.

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CHAPTER VI

RESOURCES FOR FAMILIES AND SCHOOLS

As a part of this project, I created two resources for schools and families to use prior to the IEP meeting. These resources were based on my research findings as well as the skills chosen by families. I analyzed what skills were chosen by families and developed resources for school staff and families to target those skills. Over the course of the study, I observed that three out of the five families wanted to work on asking for an agenda and three of five families wanted to work on a behavior related to clarifying information - jumping in, pausing, or asking questions.

Additionally, I used the qualitative findings to shape these documents. I included specific ideas and behaviors that the participants mentioned that would have been helpful for school staff to demonstrate as well as strategies that they used as family members at the IEP. Tina stated that she recommended families bring a pen and paper to take notes. Tina also noted "So, I feel very much heard when people take notes, that they can go back and just expand on what they heard, what they wrote down. So, they make sure they don't forget anything." This was incorporated into the teacher facing document. For the teacher facing document, a participant noted that she felt more comfortable at her son's meeting "because the first question was before we start the meeting [is] do you have any questions?" (Tina). Multiple participants highlighted the importance of bringing a friend or family member as a support person. Multiple participants indicated that they wanted the team to stay focused on the child whose IEP meeting it is rather than both of the family's children or another child. Nancy, who has two children who have IEPs, discussed "So, a lot of times as we're moving through meetings, there are people who have also worked with him, and it's very easy to get off task and they can bring up a Joe story or something about Joe or ask about Joe and I'm like, no, this is Hayley's meeting." Lisa discussed

how bothered she was in her son's IEP when he was compared to a teacher's own child in regards to Lisa's concerns about the lock on his locker. Sally had a similar experience noting "The other thing is I find teachers who have their own children with special needs who have chosen a different path not comfortable with what we've been doing." These ideas were folded into the tip sheets that follow.

Tip Sheet for Families

Goal:

To provide information to families about asking for an agenda and asking for clarification

during meetings with school staff. (This document was designed for IEP meetings, but

could be applied to parent teacher conference or other meetings between school staff and

families)

Suggestions for Use:

1. Offer copies of this document to families when they enroll at the school.

2. Document can be translated into other languages to provide access to multilingual

   families.

3. Before parent teacher conferences, consider emailing a copy of this document to

   families in School Blast Emails or sending a hard copy home.

4. Consider sending a copy of this document home to families with IEP materials.

Text:

Meetings with your child's school are important for your child's success in school! This

document will offer you some strategies that you can use at your child's next IEP

meeting.

1. Ask for an Agenda!

2. Ask Questions! If you want more information, ask for it! This is a great skill to use

   in IEP meetings to get more information and evidence about what the school staff

   are suggesting about your child.

    a. Try some phrases like:

        i. Yes, can you tell me more about…..?

        ii. I want to know more about…..?

        iii. Please explain…….?

        iv. Why did you…….?

3. If the meeting is moving too fast, <u>Ask for a Pause.</u>

    a. Try some phrases like:

        i. Hold on, I'd like to take a break to process the information.

        ii. I need a quick break to take a note. Please wait a minute.

    b. Remember, you do not need to wait until the end of the meeting to ask your questions or provide your comments.

        i. Try some phrases like:

            1. Wait, can I ask a question about that?

            2. Hold on, I have a question now.

4. <u>Be Prepared for the Meeting!</u>

    a. Bring a pen and paper to take notes

    b. Bring a friend to help you take notes.

    c. Jot down your questions before the meeting and bring them with you.

5. Remember - you can bring a friend or family member to support you in the meeting.

6. This meeting is an INDIVIDUAL meeting - that means the Team should be focused on your child.

    a. If the Team starts to discuss other children, remind them that this is a meeting about YOUR CHILD!

Formatted Version:

Meetings with your child's school are important for your child's success in school! This document will offer you some strategies that you can use at your child's next IEP meeting.

1.<u>Ask for an Agenda!</u>

2.<u>Ask Questions</u>! If you want more information, ask for it! This is a great skill to use in IEP meetings to get more information and evidence about what the school staff are suggesting about your child.

1. Try some phrases like:
   1. Yes, can you tell me more about…..?
   2. I want to know more about…..?
   3. Please explain…….?
   4. Why did you…….?

3.If the meeting is moving too fast, <u>Ask for a Pause.</u>

1. Try some phrases like:
   1. Hold on, I'd like to take a break to process the information.
   2. I need a quick break to take a note. Please wait a minute.
2. Remember, you do not need to wait until the end of the meeting to ask your questions or provide your comments.
   1. Try some phrases like:
      1. Wait, can I ask a question about that?
      2. Hold on, I have a question now.

4.<u>Be Prepared for the Meeting!</u>

1. Bring a pen and paper to take notes
2. Bring a friend to help you take notes.
3. Jot down your questions before the meeting and bring them with you.

5. Remember - You can bring a Friend or Family member to Support you in the Meeting.

6. This meeting is an INDIVIDUAL meeting - that means the Team should be focused on your child.

1. If the Team starts to discuss other children, remind them that this is a meeting about YOUR CHILD!

Tip Sheet for School Staff

Goal:
To provide information to school staff about strategies to make families feel more empowered

and comfortable at meetings. (This document was designed for IEP meetings, but could be

applied to parent teacher conference or other meetings between school staff and families)

Suggestions for Use:
1. Offer copies of this document to school staff at the start of the school year.

2. Post a copy in the teacher's workroom.

3. Encourage all teachers to review this document before parent teacher conferences or IEP

   meetings.

4. Discuss the tips at grade-level meetings.

Text:
Meetings with your students' families are important. IEP meetings can be challenging for

families for a variety of reasons. This document will offer you some strategies that you can use at

the next IEP meeting that you attend to empower your students' families.

1. Create an agenda for the meeting

   a. Develop the agenda with the family. Reach out to them to discuss any topics that

      they want to cover at the meeting.

   b. Distribute the agenda prior to the meeting for feedback or edits from meeting

      participants.

   c. Bring copies of the agenda to the meeting.

   d. In the meeting, make sure that the team follows the agenda.

      i.   Consider designating one person to maintain the agenda during the meeting.

          1.   The person taking the meeting minutes could also update the agenda in real time as the meeting is happening.

2. Allow time for questions and processing.

    a. Consider starting the meeting by asking the families to share any questions or concerns.

    b. Provide ample opportunities for families to ask questions. Consider setting a timer and taking a question pause every 5-10 minutes.

    c. Add time for questions on your agenda.

    d. Offer breaks for processing time between topics.

3. Support the Family.

    a. Remind the family before the meeting that they can bring a family member or friend.

    b. Provide paper and pen so they can take notes. Consider offering to take notes for them.

      i.   Remember that you can take notes too!

4. Avoid comparing the student whose IEP it is to other students in the building or in your life.

    a. Remember this is an INDIVIDUALIZED plan!

    b. If the child has a sibling in the building, schedule a different meeting to discuss any concerns or questions about the sibling.

Formatted Version:

> **Meetings with your students' families are important. IEP meetings can be challenging for families for a variety of reasons. This document will offer you some strategies that you can use at the next IEP meeting that you attend to empower your students' families.**
>
> 1. Create an agenda for the meeting.
>   1. Develop the agenda with the family. Reach out to them to discuss any topics that they want to cover at the meeting.
>   2. Distribute the agenda prior to the meeting for feedback or edits from meeting participants.
>   3. Bring copies of the agenda to the meeting.
>   4. In the meeting, make sure that the team follows the agenda.
>   1. Consider designating one person to maintain the agenda during the meeting.
>   1. The person taking the meeting minutes could also update the agenda in real time as the meeting is happening.
>
> 2. Allow time for questions and processing.
>   1. Consider starting the meeting by asking the families to share any questions or concerns.
>   2. Provide ample opportunities for families to ask questions. Consider setting a timer and taking a question pause every 5-10 minutes.
>   3. Add time for questions on your agenda.
>   4. Offer breaks for processing time between topics.
>
> 3. Support the Family.
>   1. Remind the family before the meeting that they can bring a family member or friend.
>   2. Provide paper and pen so they can take notes. Consider offering to take notes for them.
>   1. Remember that you can take notes too!
>
> 4. Avoid comparing the student whose IEP it is to other students in the building or in your life.
>   1. Remember this is an INDIVIDUALIZED plan!
>   2. If the child has a sibling in the building, schedule a different meeting to discuss any concerns or questions about the sibling.

CHAPTER VII: FINAL THOUGHTS AND REFLECTIONS

Family participation and advocacy are vitally important at the IEP meeting (Boshoff et al., 2016; Cavendish & Connor, 2018; Duquette et al., 2011; Fish, 2006). This dissertation consisted of six major chapters which explored family participation at the IEP meeting and the development of advocacy skills. The first two chapters described the background information and existing literature related to family-professional partnerships during the IEP meeting, advocacy, and parent experiences at the IEP meeting. Chapters 1 and 2 explained a theoretical framework that included positioning theory, parent training, and family-centered practices. The entire dissertation was situated within this framework. Chapter 3 detailed the methods used to conduct this mixed methods study. In the chapter, the methods of the qualitative interviews and the single-case design were explained. Chapters 4, 5, and 6 took on a non-traditional dissertation format. Chapters 4 and 5 were designed as research articles to share the knowledge learned in this dissertation. Chapter 6 presented a set of resources to bridge the gap between research and practice by providing ready-to-use materials for school staff and families.

Lessons Learned

A dissertation is not an easy undertaking. Across this endeavor, I learned multiple lessons about research and myself. Firstly, research constantly surprises you and keeps you on your toes. An example of this was the emerging theme of diversity that was seen in the first interview. I knew that someone's race and culture would shape their role at the IEP meeting, but I was not expecting so many families to feel that gender was impactful. Looking back on the study, I do wish I had been more aware to ask my participants about their race and socio-economic status - I can't imagine I will ever forget those questions again. If I had that information, I could have made more informed connections and conclusions about diversity. I would like to extend this

study by perhaps researching how race and culture intersect with advocacy and experiences of families at IEP meeting. It did make me think about IEP meetings I have attended and how male staff members are received by the team versus female staff members. In my experience, male staff members seemed to be believed more than female staff members by other members of the team. I recall an IEP meeting when I was explaining a tooth-brushing goal to the team and the team seemed disinterested. My colleague, who was male, jumped in, talked about the same goal, and then the team was on board with the idea. In this dissertation, I only spoke with mothers, however both Lisa and Maura discussed how different the meeting was when their male relatives attended with them. I also see this as an avenue for future research which could look at how men perceive the IEP meeting from the perspective of both school staff and family members. Second, time moves differently when working in research. There were lulls and rushes. In the lulls, there was little to do but write, but in the rushes, it was a battle to schedule all of the interviews and coaching. It was a challenge for me to be flexible to the timing constraints of working with other parents. I scheduled sessions after bedtime, while holding a sleeping infant, and when my older child was watching a movie.

Reflections: My Emotional Responses

Across this dissertation, I was struck by my own emotional responses to the work. As I conducted interviews, participated in coaching sessions, analyzed data, and wrote, I took memos of my thoughts and reactions. Additionally, I reviewed my notes from meetings with my advisor, the handwritten notes in the margins of articles, and thought about the conversations that I had with colleagues and friends. I noticed that I found myself feeling complex emotions. For example, as I noted in April of 2023 "Still noticing that the coaching is more emotional than I anticipated. Guilt that they have had it this 'bad.' Shock at some of the stories. Amazement that

families did not know rights – how does that happen? It is not the family's fault, but wow." This thread continues as I memoed in August of 2023: "Noticing some guilt in myself for my previous attendance at IEPs – what would I have done differently?" I found myself thinking about my own behavior and how my training shaped me. I remember my first experience giving procedural safeguards to families - I was a brand new special education teacher. I was told to give the packet to the parent and ask them to affirm that they received it on the recording. I wish I had known more about the rights contained in the document to share that vital information with families. These thoughts feel parallel to my discussions in Articles 1 and 2 as I suggested that teacher training and professional development needs significant overhaul to better meet the needs of families. Imagine if I had known the importance of the procedural safeguards or had training on how to discuss them with families. I continually think about how this dissertation was centered on families and on the work that they could do to make IEP meetings more accessible to them. After this research, I am starting to draw a different conclusion - perhaps the need is not for families to learn how to advocate but for school staff to learn how to better partner and collaborate with families. The onus of this work cannot and should not be placed on the shoulders of families.

When I reflected on the results of the single-case design, I noticed that within the coaching, three of the five parents chose to work on asking for an agenda. This suggests that the IEP meeting may feel unknown to parents as they want an agenda to help them make sure everything is discussed at the meeting. Additionally, the agenda can be "blamed" when the family wants to discuss a particular topic in more detail or feels that the IEP team did not cover a certain area. Rather than saying that a person missed something, the family can refer to the agenda and how the team skipped a section. This could be easier in terms of social dynamics as

the family is not saying that a person made a mistake, but rather saying the agenda calls for some different behavior. In reflecting on this finding, I felt some guilt for my previous attendance at IEP meetings. I have never attended an IEP meeting where an agenda was offered nor have I ever offered one when I was a case manager. I wanted to address this for the field so noted the idea of an agenda on the resources for school staff and families. This guilt was surprising to me as the solution seemed so simple - I was ashamed that I had never thought to offer an agenda or suggest one to the team. In my work now, I do not attend IEP meetings very often, but I have suggested to the teams that we use an agenda.

Outstanding Questions

Across the dissertation, I had a few outstanding questions for discussion. The first is related to my positionality as a researcher and researcher positionality, the second is related to member checks, and the final question was related to language. I was trained as a BCBA. My previous research has been mainly single-case design. This project allowed me to merge qualitative and quantitative work to answer my questions. When I began this study, I struggled with the idea of mixed methods even while recognizing how each separately contribute to the field. Due to my previous training, I felt more comfortable with quantitative methodology. Upon considering my research questions, I realized that I could not answer my questions without using mixed methods – the qualitative piece was desperately needed if I wanted to learn more about family experiences. I also reflected on how qualitative methodology would allow for a more thorough and robust expression of a family's experience and how that fuller expression was both necessary and valued based on my conceptual framework. After completing the dissertation, I now see the value of mixed methods and how the two methods combined to provide fuller and more robust answers to my research questions. Burney et al. (2023) suggested that mixing

qualitative methods into single-case design research methods can help to assist in answering

questions, providing more detailed social validity information, and help to study important

concepts. I grappled with the differences between the two styles of research. I was most

interested in why qualitative research asks for such detail on the researcher's positionality and

point of view. In qualitative research, this reflection on bias and positioning is essential for

trustworthiness of the findings. I came to this realization after reading and reviewing multiple

articles and seeing how the researchers outlined specifically what they believed which helped me

to see their thinking and how they arrived at their findings. However, it is not a requirement for

quantitative research. In my view, this may be an issue as the quantitative research is not taking

place in a vacuum - there is a person (or a team) interpreting and making sense of the results. The

views of the researcher could certainly impact how the results are understood. My final

conclusion is that perhaps quantitative research should include more information about the

researcher's positionality. Although it may not impact the data analysis as directly as it does in

qualitative research, the researcher's positionality could be meaningful for the discussion. Sally

so clearly stated, "I think that I have always been leery, this is going to sound strange, but I have

always been leery about data. Not because it's not important, but it can skew the whole

perspective of the team." I thought about this statement often when I was graphing my data.

While the field assumes that a graph is objective, it would be easy to manipulate the data to make

the graph look a certain way. The researcher could use a bar graph instead of a line graph which

could obscure some of the results (Kazdin, 2011). The Behavior Analysis Certification Board

(BACB) does address this concern in their Ethics Code stating "Behavior analysts are honest in

their representations of accuracy and use of data from their research. They do their best to

prevent misrepresentation or misinterpretation and make error corrections when necessary"

(2020). Most published behavioral analytic articles include a conflict of interest statement as well. I just wonder if quantitative research, specifically behavior analytic, would benefit from expressing positionality. I do think that the ethics statement and conflict of interest statement are a strong first step, but they do not account for a person's unknown or unconsidered bias. For example, my conflict of interest statement would include funding statements, but no further details such as my history with SCD.

If I was asked to define my positionality for the SCD work in this project, I would note that as Board Certified Behavior Analyst (BCBA), I have implemented behavior analytic procedures like behavioral skill training in my work before. I believe that BST is a well-known methodology for teaching new skills. This perspective may have influenced the study as I may have assumed that a parent had a skill because they participated in a coaching session and it went well rather than looking at the data. To mitigate this perspective, I reviewed the data as I moved through the coaching process with the families before determining next steps. I also had a second BCBA, who was not involved in the study, review the graphs for agreement with my conclusions. This positionality may have also impacted my thoughts in the discussion for Article 2 as I discussed how effective BST was for my participants. In order to account for this, I was aware of my own perspective when I was writing and reflecting on the results and made sure that my discussion of efficacy was explicitly linked to the results from the sessions.

My second question or wondering was about member checks. In this dissertation, I used a member check procedure to increase trustworthiness. The member check had two parts - the initial transcript review and the finding review. During the member checks, I used two slightly different procedures - for the initial transcript review, I sent a password protected document. For the findings review, I sent an email asking if the participant was interested in participating in the

review, if the family responded yes, then I sent a PDF of the findings with some questions. The

total participation in the member checks varied (See Table 1 for details).

Table 1

Participation in Member Checks

Interview and Participants	Transcript Review	Finding Review
Interview 1 (9 participants)	1 complete 3 incomplete	2 complete 1 incomplete
Interview 2 (5 participants)	1 incomplete	2 incomplete

For Interview 1's transcript review, one parent completed the review. Three parents

started the process, but did not complete. Lisa tried to check her first interview transcript saying

"I tried opening the transcript, but it would not let me. I can't imagine there is anything I would

need to revise." She was sent the passcode again, but did not respond. Amanda also reported that

she needed help with the passcode. Again, when the passcode was resent, she did not respond.

Nancy, who was sent both transcripts at the same time, stated "I keep trying to fit this in. I am

hoping to be able to look at them on Monday. I apologize for how long this is taking me."

For the finding review on Interview 1, two parents completed it. One parent started but

did not complete the process. When she responded to the findings review for Interview 1, Lisa

said "The beginning of the year has been crazy. Yes, if it is not too late please send me the

information and questions." I sent the materials to her, but she never responded.

For Interview 2, no one completed either check. Nancy started the transcript review by indicating that she was interested, but did not return the materials. Two parents started the findings review but they did not reply after the materials were sent to them.

The results of the member check made me think about how much work it is to participate in a research study. I wondered about how to incorporate member checks in a way that was less onerous on the family. In trying to protect their information and meet the standards set forth by the IRB, they needed a passcode to access their transcript. This felt like unnecessary hoops for the families to jump through - they had to remember specific dates to create the passcode, enter the code to open it, enter the code to save their changes, and then send it back to me. I think another option would have been easier for them, perhaps a secure file transfer system or using a shared document like a Google Doc. For the findings review, I sent an email asking them if interested and then sent the findings afterwards. I did this to avoid the parent feeling pressured to participate. I wonder if a meeting would be an easier way to review findings, however, would the participant feel social pressure to agree if the researcher was presenting the information? While I understand the importance of member checks, I wish there was a way to conduct them and gather the valuable information while being aware of the time constraints and what we, as researchers, are asking of the participants.

Over the course of the dissertation, I wrestled with language and terminology in writing. I had questions about what language to use. First, I thought about how to describe the participants. I could use the term "family" or "parent". There is a slight difference in meaning between "parent" or "family," however, both terms can be seen in the literature. I chose to use "parent" in one article (or chapter) and "family" in the other to explore how it felt in my writing and thought process. Overall, I think the term "family" is a more holistic term - it feels more inclusive of

different family structures. "Parent" felt more precise and specific about who the participant was. One other consideration is that "family" could be seen as a single individual or a collective of people. I only spoke with one person from a family, so using the term "family" could inadvertently imply that I spoke with multiple members of a family. I used "parent" in the article with nine participants to help make it clear that I only spoke to one member of family. I chose to use "family" in second article because I thought the way the project was structured with the use of Single-case Design made it clear that I spoke with one member of family.

I also had to consider language in terms of identification – do I use person-first language such as person with a disability or disability first like Autistic child? I determined that the best course of action was to mimic how the family identified and described their child. This demonstrated respect for the family and the idea of family-centered practice. However, it did not come up much. In looking over my data, I noticed that families used different styles to identify their children. Sally, who had an 18-year-old, said "kids with special needs" while Kara, who had a 6-year-old, stated "we use the actual terminology in our household." This difference could be attributed to the language that professionals use or how long their child has been in special education. A further strand of research could investigate what language families use to describe and identify their children. As Maura described, "And two of them had learning disabilities, and one -- and I'm sorry, no matter how many times people tell me, I don't know what the new term is, but when Allie was diagnosed, she was diagnosed as educationally mentally retarded." This quote shows the possible impact of jargon on a family as Maura did not know what was the "new term."

Overall, I think that researcher positionality statements, member checks, and considerations around language are meaningful and important to demonstrate trustworthiness. I

am still grappling with these ideas and leave this dissertation with outstanding questions and wonderings about both. I am hopeful that as I develop as a researcher and continue my work, I will have more opportunities to think about these important questions and their implications.

Next Steps and Further Research

As outlined in the articles, there are numerous next steps for this research. One strand of research could continue with families, while a second strand could explore how school staff experience IEP meetings.

For research that would continue with families, further work could look at applying this intervention in a cohort model at one school or district. By using a cohort, the simulated meetings (the baseline sessions in this dissertation) could have more people at them to make the meeting more realistic. The cohort model would also allow for the families to learn from each other and share their knowledge which was shown to be meaningful in the qualitative findings. The intervention sessions could still be individual, but perhaps the rights training would be in a small group to allow for family sharing. In this dissertation, the intervention was individual so another avenue for future research could be to switch to a small group for those sessions. This would necessitate changes to how the skills were chosen, but seeing other families model the skill in sessions could be very helpful for families. An additional next step in pursuing this research line with families could include having a family member on the research team. By having a family member on the team, I could increase my trust and rapport with participants and also allow for more nuanced and detailed analysis with a new lens from a parent who has experienced IEP meetings.

For the strand of research with school staff, I am interested in conducting a version of this study but with teachers as the participants. What is the IEP meeting like for school staff? What

skills do they want to learn to help families to advocate at the meeting? Teachers and school staff could be coached to offer an agenda or help families ask for one. They could also be coached to take pauses and incorporate more checks for understanding and/or question opportunities across IEP meetings. A final strand of research with school staff could explore the procedural safeguards. I am interested to learn more about how teachers explain the procedural safeguards to families and what their perceptions are of those rights. A qualitative study could look at what kind of training school staff received about them as well as their experiences with sharing the documents with families. This study could also include families, but I think the perspective of the school staff might be more enlightening for the field.

Final Conclusions

Overall, completing this dissertation was an enjoyable academic pursuit. I shifted some of my ideas about working with families as well as ideas about myself as an educator. As I mentioned earlier, one of my biggest discoveries was realizing that the work to build a strong, collaborative relationship between the family and school staff should not fall only on the family, but seems to be their responsibility currently. In my positionality statement earlier in this dissertation, I noted "In my work, I encourage open, respectful, and ongoing relationships between schools and families." After completing this research and reflecting on the results and findings, I would make the following changes to my positionality statement "An open, respectful, and ongoing relationship between schools and families is required for a successful collaboration. I view my role as helping to facilitate the development of this relationship through coaching and support to school staff and to families (as requested by families)." I will apply these new ideas to my work with families and school staff in the future.

My new understanding of the relationship between schools and families is reflected in the resources that I created. The tip sheets could be useful at a school or district level to support development of teachers and school staff in working with families. I am hopeful that the findings of this dissertation will be helpful to the field and that other educators will adjust their practices with families based on the results and findings.

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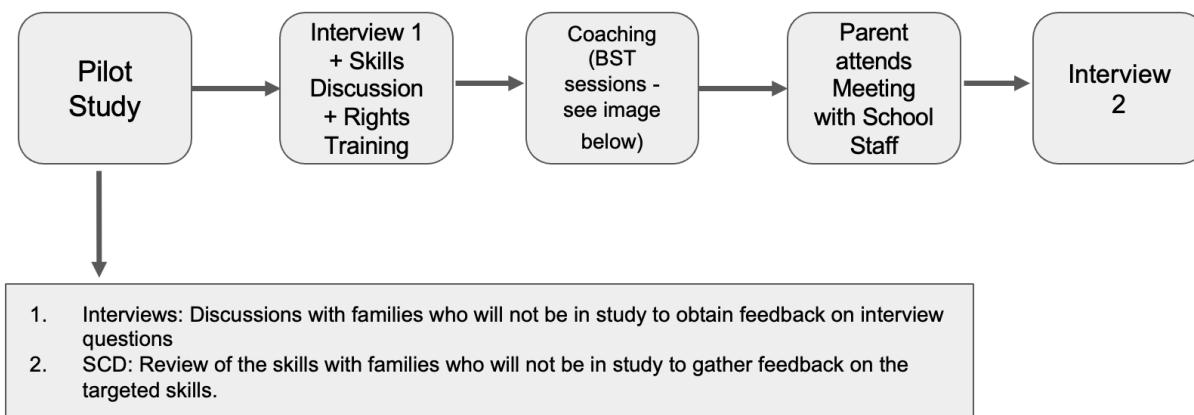Siller, M., Reyes, N., Hotez, E., Hutman, T., & Sigman, M. (2014). Longitudinal change in the

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Appendix A

Design

1. Interviews: Discussions with families who will not be in study to obtain feedback on interview questions
2. SCD: Review of the skills with families who will not be in study to gather feedback on the targeted skills.

01	Baseline	• Simulated IEP Meeting with Researcher and Confederate • Parent will have 5 opportunities to demonstrate skill • If less than 80% (4/5) accurate and independent or 3 wrong in a row, move into training phase
02	Coaching - Instructions	• Participant will be provided with verbal instructions about the skill
03	Coaching - Modeling	• Researcher will model the skill using video model
04	Coaching - Rehearsal	• Participant will practice the skill
05	Coaching - Feedback	• Researcher will provide specific feedback on the participant's performance of the skill • Participant asked to offer feedback as well
06	Return to Baseline	• Same as Baseline • If less than 80% (4/5) accurate and independent, restart at 2. • If more than 80% accurate and independent, return to Baseline for Skill 2 OR if this is skill 2/participant chose only one skill, participant has completed BST!

Appendix B

Questions for Interview 1

1. How old is your child? How would you like me to refer to your child? (Note: think about pronouns, person first language)

2. How would you like me to refer to you? (Note: think about pronouns)

3. When and how was your child diagnosed with a disability? What do you recall about that experience?

4. When was your child's first IEP meeting?

5. Who attended the first IEP meeting?

6. How do you think your race, language, or culture impacts the IEP meeting? Why?

7. What do you remember about that initial IEP meeting?

8. Have you ever used any specific strategies at the IEP meeting? What were they?

9. How accurately do IEP meetings capture your child? What about other meetings like parent teacher conferences?

10. Do you feel like you can speak up in the meeting? Why or why not? Can you give an example?

11. Who do you think facilitated the meeting? Why was this person in charge? Who was involved in making the decision? Can you give an example?

12. Do you feel engaged at your child's IEP meeting? Why or why not?

    1. Rank your engagement on a scale from 1-5, 1 being not at all and 5 being very.

13. Do you feel confident at your child's IEP meeting? Why or why not?

    1. Rank your confidence on a scale from 1-5, 1 being not at all and 5 being very.

14. Do you feel comfortable at your child's IEP? Why or why not?

      1. Rank your comfort on a scale from 1-5, 1 being not at all and 5 being very.

Appendix C

Questions for Interview 2

1. How do you think the meeting went? What kind of meeting was it?

2. Thinking about the skills we worked on together, how do you think that went?

3. What did you think of the part of the training when we reviewed your rights and special education law? Did it change the meeting? How so?

4. What did you think of the simple strategies that we discussed? Did you use them in the most recent meeting? Could you describe how that went? Which ones did you use?

5. Can you give me an example of using one of the skills we worked on? How did it feel?

6. Were your thoughts and opinions as the child's parent welcomed and understood during the meeting? What made you feel that way? Can you give an example?

7. Who do you think facilitated the meeting? Why was this person in charge? Who was involved in making the decision?

8. How do you think your race, language, or culture impacted this last meeting? Was it different from previous meetings? Why?

9. Did you feel engaged at your child's most recent meeting? Why or why not?

    1. Rank your engagement on a scale from 1-5, 1 being not at all and 5 being very.

10. Did you feel confident at your child's most recent meeting? Why or why not?

    1. Rank your confidence on a scale from 1-5, 1 being not at all and 5 being very.

11. Did you feel comfortable at your child's most recent meeting? Why or why not?

    1. Rank your comfort on a scale from 1-5, 1 being not at all and 5 being very.

12. What do you think other families should know or do to make their meetings more successful?

13. What additional resources or information would you like to have before your next IEP meeting? I would like to share a few website resources with you before we wrap up the interview.

    1. Wrights Law - https://www.wrightslaw.com/info/safgd.index.htm

    2. Understood.org - https://www.understood.org/en/articles/legal-faqs-about-iep-meetings

    3. We focused on participation in the meeting - as you may know, you have other rights as well. This document can help you to review those rights: https://www.understood.org/en/articles/10-key-procedural-safeguards-in-idea

Social Validity Questions

1. Do the skills that we worked on together feel like they matter? Why?

2. Did how we worked on the skills feel appropriate to you? Would you suggest any changes?

3. How did learning these skills help you and your child?

*Follow-up questions will be asked as needed.

Appendix D

Sample of Code Collapsing into Themes for Interview 1

Round 1	Shifts	Round 2	Shifts	Final Codes		Themes
Forced choices		**Forced choices**	changed to choices	**5 Choices**	Added number to streamline coding	Logistics - included all of 5
Time of meeting		Time of meeting		5A Time of meeting		
Length of process		Length of process		5B Length of process		Emotional Responses - included 6B and 7G
School policies		School policies		5C School policies		
Special education law		Special education law		5D Special education law		Strategies - included 6A and 6C, plus 7
Change of location/setting/staff		Change of location/setting/staff		5E Change of location/setting/staff		
Stand your ground		**Stand your ground**		**6 Stand your ground**		
Push back/rebuttal		Push back/rebuttal		6A Push back/rebuttal		
Pressure		Pressure	Combined with push back	6B Gearing up for a fight		
Gearing up for a fight		Gearing up for a fight		6C Playing the game		
Misunderstanding/Understanding	Moved to Accuracy	Playing the game		**7 Knowledge**		
Playing the game		**Knowledge**		7A From Advocates		
Knowledge		From Advocates		7B From Lawyers		
From Advocates		From Lawyers		7C From Courses/Classes		
From Lawyers		From Courses/Classes		7D History of the child		
From Courses/Classes		History of the child		7E From Online Support Groups		
History of the child		From Online Support Groups		7F From Independent research		
From Online Support Groups		Independent research	Added	7G Lack of professional knowledge		

Independent research		Lack of professional knowledge	Added				

Appendix E

Code Book with Definitions for Interview 1

Note: Not all codes had definitions developed as they could be understood independently.

Codes	Definitions/Examples
1. Evaluations of child	Related to the initial or three year evaluation process
1 A By professionals	
1B By self/family	
2 Relationship and rapport	
2A Backdoor deal	Using connections to achieve a goal, as opposed to the typical process
2B Feeling Cared/Supported for by staff	
2C Feeling seen/heard/listened to	
2D Providing Care (bringing gifts)	Parent providing care to team
2E Mocking me	Examples: making fun of the parent, inappropriate comments/jokes
3 Responsibility	
3A Blame Others	
3B Blame Self	
4 Advocacy – self vs allies	
4A Being self-taught advocate	
4B Learning to become an advocate	
4C Bringing an advocate to the meeting	
5 Choices	Decisions made by the team/school
5A Time of meeting	

5B Length of process	Duration of the special education process
5C School policies	When a decision is made (or reported that it has to be this way) because of school policy
5D Special education law	When a decision is made (or reported that it has to be this way) because of special education law
5E Change of location/setting/staff	When a decision is made (or reported that it has to be this way) because of change in location/staff
6 Stand your ground	Asserting self as parent or asserting their rights
6A Push back/rebuttal	
6B Gearing up for a fight	Preparing for difficult conversations
6C Playing the game	Abide by the rules or conventions (stated or unstated/assumed)
7 Knowledge	Information that parent has gathered/learned
7A From Advocates	
7B From Lawyers	
7C From Courses/Classes	Examples include PTIC classes, college courses etc
7D History of the child	Their own knowledge of their child and experiences with their child
7E From Online Support Groups	Examples: Facebook groups
7F From Independent research	Examples: online research, Wrightslaw
7G Lack of professional knowledge	Professionals who are not aware/not knowledgeable
8 In/Accuracy	
8A Errors/mistakes	
8B Gaslighting	Behavior/comments that makes the parent question their own version of past events
8C Data	
8D Evaluations	In/accurate evaluations - may be related to the amount of time, parent disagrees with data
9 Perceptions from School Staff	How viewed by school staff

9A How seen in meeting/school community	
9B Mean Mom	Concerns about being viewed as argumentative, unpleasant etc.
9C Do they like me?	Concerns about being liked/respected by school staff
10 Power	
10A Teacher/school has power	
10B Parent empowerment	Parent has the power
10C Shared power	Power is evenly split amongst team
10D Deferring to school staff	Parent allows school to make decision or follows through on their suggestions
11 Emotional Responses	
11A Threatened	
11B De-compartmentalize/disassociate.	Parent is separating conflicting/discomforting thoughts, emotions, or experiences
11C Ignored	
11D Pleased	
11D Guilt	
11E Tension	Feeling a mental or emotional strain from the meeting, the meeting feels fraught
11F Anxiety	
11G Other	Any other emotional response
12 Communication	
12A Unclear	
12B Mis/trust	Related to trusting/believing in what people are saying in the meeting
12C Jargon	Specific education lingo or vernacular
12D Questioning	

12E Misunderstanding/Understanding	Related to understanding/comprehending in what people are saying in the meeting
13 Services	
13A Disagreement	
13B Implementation	
13C Questions about	

Appendix F

Sample of Code Collapsing into Themes for Interview 2

Round 1	Changes	Round 2	Changes	Final Codes	Themes
1 Strategies	Change to proactive	1 Proactive Strategies		1 Proactive Strategies	Advocacy skills lead to empowerment
1A Helpful	Drop			1A Prepared for Meeting	Increased Confidence - 3, 4, 9, 9A, 9B, 9C
1B Prepared	Changed to preparations for meeting	1A Prepared for Meeting		1B Accessing prior Knowledge	Empowerment - 8A, 8A1, 8A2, 6, 7, 7A
1C Knowledge	Access prior knowledge	1B Accessing prior Knowledge		2 Jargon	
2 Jargon		2 Jargon		3 Comprehending the meeting/Navigating the meeting	Advocacy skills are not a magic bullet
3 Comprehending the meeting/Navigating the meeting		3 Comprehending the meeting/Navigating the meeting		4 Collaboration	Challenges at the Meeting -2, 8, 8C, 8D, 8F, 10D, 12
4 Collaboration		4 Collaboration		5 Bias towards Parent	Schools response to parent advocacy/empowerment - 10, 10A, 10B, 10C, 8G, 8D
5 Discrimination	Change to bias toward parent	5 Bias towards Parent		6 Who is in Control at meeting	Still Need to use other skills/support from community - 1, 1B, 2, 3, 4
5A Forced choices in meetings	Drop			7 Body language	Share with Others - 1B, 8F, 8B
5B Resistance to change	Drop			7A Seating	
6 Who is in Control at meeting		6 Who is in Control at meeting		8 Emotional response from parent	
7 Body language		7 Body language		8A Power	

7A Seating		7A Seating		8A 1Disempowered	
8 Emotional response from parent		8 Emotional response from parent		8A 2 Empowered	
8A Power		8A Power		8B At peace	
8A 1 Disempowered		8A 1 Disempowered		8C Feeling guilt	
8A 2 Empowered		8A 2 Empowered		8D Being talked down to	
8B At peace		8B At peace		8E Disappointment	
8C Feeling guilt		8C Feeling guilt		8F Valued	
8D Being talked down to		8D Being talked down to		8G Being bullied	
8E Disappointment		8E Disappointment		9 Use of Advocacy Skill at Meeting	
8F Valued		8F Valued		9A Helpful /Not helpful	
8G Being bullied		8G Being bullied		9B Generalized skill	
9 Use of Intervention at Meeting	Use of advocacy skill at meeting	9 Use of Advocacy Skill at Meeting		9C Organize thoughts	
9A Helpful /Not helpful		9A Helpful /Not helpful		10 Reactions from school staff	
9B Used skills	Drop, combine with 9			10A Surprised	
9C Applied and generalized skill	Drop "applied"	9B Generalized skill		10B Flustered	
9D Organize thoughts		9C Organize thoughts		10C Anger	
10 Reactions from school staff		10 Reactions from school staff		10D Brushing off concerns	
10A Surprised		10A Surprised		11 Relationship and Rapport with School Staff	

10B Flustered		10B Flustered	Added lack of professional knowledge	12 Lack of Professional Knowledge	
10C Anger		10C Anger			
10D Brushing off concerns		10D Brushing off concerns			
	Add relationship and rapport	11 Relationship and Rapport with School Staff			

Appendix G

Code Book with Definitions for Interview 2

Note: Not all codes had definitions developed as they could be understood independently.

Codes	Definitions/Examples
1 Proactive Strategies	
1A Prepared for Meeting	
1B Accessing Prior Knowledge	Information that parent has gathered/learned
2 Jargon	Specific education lingo or vernacular
3 Comprehending the meeting/Navigating the meeting	Related to understanding/comprehending in what people are saying in the meeting
4 Collaboration	
5 Bias towards Parent	
6 Who is in Control at meeting	When school staff/parent are figuring out who has control
7 Body language	How body language impacts meeting
7A Seating	How seating impacts the meeting
8 Emotional response from parent	How the parent responded in the moment and upon reflection
8A Power	Related to the power dynamics at meeting, but unclear who holds power
8A 1 Disempowered	Parent does not have power
8A 2 Empowered	Parent has the power
8B At peace	
8C Feeling guilt	
8D Being talked down to	
8E Disappointment	

8F Valued	
8G Being bullied	
9 Use of Advocacy Skill at Meeting	
9A Helpful /Not helpful	
9B Generalized skill	Applied the skill in a new/novel way
9C Organize thoughts	Use of skill helped parent to organize thoughts at meeting
10 Reactions from school staff	How school staff responded to parent use of skills
10A Surprised	
10B Flustered	
10C Anger	
10D Brushing off concerns	
11 Relationship and Rapport with School Staff	
12 Lack of professional knowledge	Professionals who are not aware/not knowledgeable

Appendix H

Family Rights Trainings

In order to provide the families with information and access about their rights, the PI

reviewed two documents from the Center for Parent Information and Resources, which is the

national hub for parent center information and is federally funded by the Office of Special

Education Programs at the US Department of Education. Documents were verbally reviewed and

also provided as a PDF copy of the resource and a link. This training included both a discussion

of the rights as well as practice applying in the rights in the IEP meeting. Included in this training

was a discussion of some simple strategies that families could apply such as styles of dress,

backgrounds (for virtual meetings), or bringing a friend.

Resources:

- [Parental Rights under IDEA](#)
    - This document reviews eight specific rights that families hold IDEA. Within the document, links are available to review more detailed information.
- [Parental Right to Participate in Meetings](#)
    - This document specifically focuses on the parent's right to participate in IEP meetings and details how this right is applied in different situations.

Discussion Questions/Prompts:

- Had you heard of these rights before?
- Let's pick one together and practice what it would be like to use this right at your child's next meeting.
- What strategies have you tried before at IEP meetings? How did they work?

*There will also be follow-up questions as needed.

Appendix I

Family Skill List

As a part of this project, you will choose two skills to work on to use at your child's next IEP meeting. The skills are listed below.

1. **Responding to Statements.** This skill is about learning to ask a targeted follow-up question when presented with a statement about something your child can't do at their IEP meeting.

2. **Independent Strengths-Based Statements.** When you say a specific strengths-based statement about your child and something that they do well.

3. **Question asking - requested/prompted.** Asking a question based on information provided when given the opportunity to ask a question.

4. **Question asking - not requested or prompted.** Asking a question when not prompted/given an opportunity to ask.

5. **Agenda use and correction.** The parent asks for an agenda from school staff prior to the meeting and follows through with the use of the agenda during the meeting.

6. **Disagreeing with school staff.** The parent disagrees with the school staff on a specific point in the IEP meeting and provides evidence that proves their point.

Developed during the Study:

Jumping in. The parent jumps into the conversation when the school staff are speaking to ask a question or provide additional information.

Asking for a Pause. The parent asks for a brief pause during the meeting to collect their

thoughts, take a quick note, or for some other reason.

Appendix J

Researcher Created Data Sheet

Date of Session: _____
Session Number: _____
Family attending (use pseudonym here!): _____
Skill:_____

Did you show the video for the model? YES   NO

Trial Number in rehearsal	Data += independent correct +P=prompted correct - = incorrect -P = incorrect with prompt

What feedback was given?

Any feedback from the participant?

Appendix K

Scripts for Video Models

1. Response to Deficit-Minded Statements. This variable is defined as the percentage of times when the parent asks a targeted follow-up question when presented with a deficit-minded statement about their child in the training session. An example of this behavior is the parent responding, "Can you tell me something that she is good at?" when the professional says, "Your child cannot write." A non-example is the parent responding, "Okay, I can talk to her about it" when the professional says, "Your child never does her homework."

Responding to Statements. This skill is about learning to ask a targeted follow-up question when presented with a statement about something your child can't do at their IEP meeting.

Person 1: Hello and welcome to this session on how to respond to deficit minded statements. A deficit minded statement is a statement about your child that talks about what they cannot do rather than what they can do. When this happens in the meeting, a great advocacy skill is to ask for clarification or for a discussion of what your child is good at. Let's look at an example. In these videos, I will be the parent and my friend here will be the school staff. Ready?

Person 2: I am concerned about your child's performance in math. She does not know her times tables.

Person 1: Okay, what skills does she have in math that we can build on?

Person 1: Great, let's try one more time.

Person 2: Well, Jaime's writing isn't good. He does not know how to spell.

Person 1: Hmm, I think he could use a tool for that. Is what he is writing making sense?

Person 1: Okay, now your turn, let's try it in person!

*End video - ask family to come up with scenarios in which this has happened to them. Practice with these scenarios.

Probe:

Researchers will make several deficit minded statements and see how the participant responds.

2. Independent Strengths-Based Statements. This variable is defined as the total frequency of the parent making a specific strengths-based statement about their child in the training session. An example of this behavior is the parent saying, "My son is very good at making connections." A non-example is the parent asking a question.

Independent Strengths-Based Statements. When you say a specific strengths-based statement about your child and something that they do well.

Person 1: Hello and welcome to this session on how to make statements about what your child can do! This is a great skill to use in IEP meetings to remind the whole team of your child's individual strengths. Let's look at an example. In these videos, I will be the parent and my friend here will be the school staff. Ready?

Person 2: Anything else to add about math?

Person 1: Yes, I'd like to note that Jill loves to tell me what shapes she sees outside. She's really good at noticing and naming triangles, squares, and circles.

Person 1: Great, let's try one more time.

Person 2: Well, Jaime's writing isn't good. He does not know how to spell.

Person 1: Hmm, his writing is very creative. He has such a great imagination and comes up with really interesting and funny stories.

Person 1: Okay, now your turn, let's try it in person!

*End video - ask family to come up with scenarios in which this has happened to them. Practice with these scenarios.

Probe:

Researchers will ask anything to add (or something similar) and see how the participant responds.

3. Question asking - requested/prompted. The percentage of times when the parent asked a question based on information provided when given the opportunity to ask a question. An example of this is Sally says, "Your child is struggling in math. Do you have any questions or comments about this?" Jane, the parent, responds, "Yes, can you tell me why?" A non-example of this is Joe says, "Your child likes art class. Would you like to add anything?" Bill, the parent, shakes his head no.

Question asking - requested/prompted. Asking a question based on information provided when given the opportunity to ask a question.

Person 1: Hello and welcome to this session on how to ask questions when given an opportunity in the IEP meeting. This is a great skill to use in IEP meetings to get more information and

evidence about what the school staff are suggesting about your child. Let's look at an example.

In these videos, I will be the parent and my friend here will be the school staff. Ready?

Person 2: Does anyone have questions about social and emotional goals?

Person 1: Yes, can you tell me more about why you chose those goals?

Person 1: Great, let's try one more time.

Person 2: Jaime needs to work on his writing. Any comments?

Person 1: Yes, can you talk about how you will support his writing goals?

Person 1: Okay, now your turn, let's try it in person!

*End video - ask family to come up with scenarios in which this has happened to them. Practice

with these scenarios.

Probe:

Researchers will offer opportunities for question asking and see how the participant responds.

4. Question asking - not requested or prompted. The total frequency of the parent asking a

question when not prompted/given an opportunity to ask. An example of this is Sally says, "Your

child is struggling in math." Jane, the parent, responds, "Yes, can you tell me why?" A non-

example of this is Joe says, "Your child likes art class." Bill, the parent, does not respond.

Question asking - not requested or prompted. Asking a question when not prompted/given an

opportunity to ask.

Person 1: Hello and welcome to this session on how to ask questions in the IEP meeting. This is a great skill to use in IEP meetings to get more information and evidence about what the school staff are suggesting about your child. Let's look at an example. In these videos, I will be the parent and my friend here will be the school staff. Ready?

Person 2: Okay, we are moving on from the social and emotional goals.

Person 1: Wait, can you tell me more about why you chose those goals?

Person 1: Great, let's try one more time.

Person 2: Jaime needs to work on his writing. We will give him a writing goal to help.

Person 1: Can you talk about how you will support his writing goals?

Person 1: Okay, now your turn, let's try it in person!

*End video - ask family to come up with scenarios in which this has happened to them. Practice with these scenarios.

Probe:

Researchers will make several summary statements without space for participant questions and see how the participant responds.

5. Agenda use and correction. The parent asks for an agenda from school staff prior to the meeting and follows through with the use of the agenda during the meeting. An example of this is the parent referring to the agenda and saying "Next, we will discuss my child's academic goals" as well as the parent correcting a staff member when they skip a section on the agenda. A non-example is the school psychologist skipping a section on the agenda and the parent does not point out this skippage.

Agenda use and correction. The parent asks for an agenda from school staff prior to the meeting and follows through with the use of the agenda during the meeting.

Person 1: Hello and welcome to this session on how to use an agenda in your child's IEP meeting. This is a great skill to use in IEP meetings to make sure that all parts of the IEP are discussed as well as making sure that your concerns are addressed. This skill has two parts - before the meeting, requesting an agenda and then referencing it during the meeting. Let's look at an example. In these videos, I will be the parent and my friend here will be the school staff. Ready?

Person 2: Great, we are all set for Maria's IEP next week.

Person 1: I'd like to request an agenda for the meeting.

Person 2: Okay, we can draft an agenda.

Person 1: Great, let's try one more time.

Person 2: Jaime needs to work on his writing. We will give him a writing goal to help. Okay, let's move onto his social needs.

Person 1: Hold on, let's check the agenda before we move on.

Person 1: Let's try one more time.

Person 2: Everyone can review the parent concerns section - let's keep moving forward to the present levels of performance.

Person 1: Actually, the agenda says we will discuss the parent's concerns so I'd like to pause and take a few minutes to share.

Person 1: Okay, now your turn, let's try it in person!

*End video - ask family to come up with scenarios in which this has happened to them. Practice with these scenarios.

Probe:

Researchers will make several statements about moving forward as well as saying we are all set for the meeting and see how the participant responds.

6. Disagreeing with school staff. The parent disagrees with the school staff on a specific point in the IEP meeting and provides disconfirming evidence. An example of this is when the school staff says "Joey needs to be in a smaller class" and the parent responds, "I do not fully agree with that statement as he has been in an integrated class and done well this year." A non-example is when the school staff says "Joey needs to be in a smaller class" and the parent does not respond. **Disagreeing with school staff.** The parent disagrees with the school staff on a specific point in the IEP meeting and provides evidence that proves their point.

Person 1: Hello and welcome to this session on how to disagree with school staff in your child's IEP meeting. This is a great skill to use in IEP meetings to make sure that your concerns are addressed and that the information shared in the meeting is accurate and true. It is also a great way to share your opinions and thoughts and make sure that your viewpoint and expertise regarding your child are included in the meeting and the document. In these videos, I will be the parent and my friend here will be the school staff. Ready?

Person 2: Since Janie has mastered all of her math goals, we are not going to add further math accommodations.

Person 1: I disagree with that choice. I think Janie has done well in Math this year but could benefit from some additional supports. At home, she uses a calculator which really helps her.

Person 2: Okay, we can discuss that as a team.

Person 1: Great, let's try one more time.

Person 2: Jaime needs to work on his writing.

Person 1: Hold on, can we be more specific here? What specifically in writing does he need support to do? He likes to write at home and often writes short sentences as notes for his sister.

Person 1: Let's try one more time.

Person 2: Maria is having significant behavioral issues in school. I'm not sure the school can handle her behavior.

Person 1: I don't think that is true. Her IEP says she has a 1:1 and I know that support has not been consistent.

Person 1: Let's try one more time.

Person 2: We do not have a social skills group that would be a good fit for your daughter.

Person 1: That is not an acceptable answer. Let's try to see what other social supports could be provided for her.

Person 1: Okay, now your turn, let's try it in person!

*End video - ask family to come up with scenarios in which this has happened to them. Practice with these scenarios.

Probe:

Researchers will make several statements and see how the participant responds.

7. Jumping in. The parent jumps into the discussion while the school staff are speaking to ask a question, clarify, or provide additional information. An example of this is when the school staff says "Joey needs to be in a smaller class as he does better in a smaller group…." and the parent interjects, "He has been in an integrated class and done well this year." A non-example is when the school staff says "Joey needs to be in a smaller class" and the parent does not respond. This behavior is often paired with an expression such as "wait," "hold on," or "excuse me."

Jumping in. The parent jumps into the conversation when the school staff are speaking to ask a question or provide additional information.

Person 1: Hello and welcome to this session on how to jump in at your child's IEP meeting. This is a great skill to use in IEP meetings to make sure that your concerns are addressed and that the information shared in the meeting is accurate and true. It is also a great way to share your opinions and thoughts and make sure that your viewpoint and expertise regarding your child are included in the meeting and the document. This skill will also help in situations where the school staff are providing lots of information and you have questions. You can jump in proactively before the meeting starts as well as once it gets going. I will demonstrate both options. In these videos, I will be the parent and my friend here will be the school staff. Ready?

Person 2: Welcome to your son's IEP meeting.

Person 1: Before we get started, I'd like to mention that I will stop you if I have questions or comments as we go through the meeting. It is much easier for me to participate fully when I do not wait to ask questions or comment.

Person 2: Since Janie has mastered all of her math goals, we are not going to add further math accommodations. She will continue with the accommodations that she had this year.

Person 1: Wait, can I ask a question about that?

Person 1: Great, let's try one more time.

Person 2: I'm going to review this report on your child's socio-emotional development. Okay, his pro-social skills meet expectations so we will start with some areas for growth.

Person 1: Hold on, I'd like you to fully review the report.

Person 1: Let's try one more time.

Person 2: Maria is having significant behavioral issues in school. I'm not sure the school can handle her behavior. She has outbursts all the time.

Person 1: Excuse me, how often is this happening?

Person 1: Okay, now your turn, let's try it in person!

*End video - ask family to come up with scenarios in which this has happened to them. Practice with these scenarios.

Probe:

Researchers will make several statements and see how the participant responds.

8. Pausing. The parent asks for a pause during the meeting to collect their thoughts, take a quick note, or for some other reason.. An example of this is when the school staff says "Joey needs to be in a smaller class as he does better in a smaller group…." and the parent says, "I need a minute to process that. Can we pause?" A non-example is when the school staff says "Joey needs to be in a smaller class" and the parent does not respond and the meeting continues or the parent responds with a general expression that could be unclear to teh professionals such as "okay" or "sure."

Pausing. The parent asks for a brief pause during the meeting to collect their thoughts, take a quick note, or for some other reason.

Person 1: Hello and welcome to this session on how to ask for a pause at your child's IEP meeting. This is a great skill to use in IEP meetings to give you time to process information, take a deep breath, stretch your body, or jot down a note. This skill will also help in situations where the school staff are providing lots of information and it is overwhelming. You can set the stage proactively before the meeting starts and let the team know that you will ask for pauses or breaks. You can also ask for pauses along the way once the meeting gets going. I will demonstrate both options. In these videos, I will be the parent and my friend here will be the school staff. Ready?

Person 2: Welcome to your son's IEP meeting.

Person 1: Before we get started, I'd like to mention that I will ask for breaks during the meeting. It is much easier for me to participate fully if I have a chance to stretch and process during the meeting.

Person 2: Since Janie has mastered all of her math goals, we are not going to add further math accommodations. She will continue with the accommodations that she had this year.

Person 1: Wait, I'd like to take a quick pause here to think about that.

Person 1: Great, let's try one more time.

Person 2: I'm going to review this report on your child's socio-emotional development. Okay, his pro-social skills meet expectations so we will start with some areas for growth.

Person 1: Hold on, I'd like to take a break to process the information.

Person 1: Let's try one more time.

Person 2: Maria is having significant behavioral issues in school. I'm not sure the school can handle her behavior. She has outbursts all the time.

Person 1: I need a quick break to take a note. Please wait a minute.

Person 1: Okay, now your turn, let's try it in person!

*End video - ask family to come up with scenarios in which this has happened to them. Practice with these scenarios.

Appendix L

Fidelity of Implementation Checklist

Participant: _____

Date started: _____

Screening:

- Family completed the Survey Monkey Survey
- Family was emailed re potential participation which will review if they qualify for the study or not.
- Did family qualify? YES NO
    - Delete all info if they did not qualify
    - Move to study

Interview 1:

- Schedule first interview via email.
- Send a copy of the informed consent form for their review.
- At the start of the first interview, verbally review the informed consent form as well as study parameters with the participant.
- Confirm that they agree and signed the form. Figure out how they will send it back - email?

Conduct Interview 1

- Record any memos during and after interview.
- Record and send for transcription.
- Send transcript to family with password protection for member check.
- Member Check for Findings.

Coaching:

- Review two documents from the Center for Parent Information and Resources, which the national hub for parent center information and is federally funded by the Office of Special Education Programs at the US Department of Education.
    - Verbally review the documents
    - Provide a PDF copy of the resource and a link to the documents on the internet.

- ○ Discussion of the rights as well as practice applying in the rights in the IEP meeting.
- ○ Discussion of some simple strategies that families could apply such as styles of dress, backgrounds (for virtual meetings), or bringing a friend.
- Remember to take memos throughout the coaching process.
- Work with family to select the two skills from the list.
- Begin coaching for skill 1
    - ○ Baseline
    - ○ Instructions
    - ○ Modeling video
    - ○ Rehearsal (take data)
    - ○ Feedback
        - ■ From PI
        - ■ From family
    - ○ Probes
- When skill 1 masted, begin coaching for skill 2
    - ○ Baseline
    - ○ Instructions
    - ○ Modeling video
    - ○ Rehearsal (take data)
    - ○ Feedback
        - ■ From PI
        - ■ From family
    - ○ Probes
- Arrange for IOA data to be scored

Interview 2:
- Schedule a second interview via email.
- Conduct Interview 2.
    - ○ Record any memos during and after interview.
- Record and send for transcription.

- Provide the families with additional resources at the second interview that target more of their rights related to the entire special education process.

- Send transcript to family with password protection for member check.

- Member Check for Findings

Appendix M

IRB Approval Letter

CUNY | The City University of New York

Approval Notice
Initial Application

10/31/2022
Elizabeth Golini

Dear Elizabeth Golini:

RE: 2022-0673-Hunter
Understanding Family Experiences of IEP Meetings and Building Skills to Empower Families at the IEP Meeting

Your Initial Application was reviewed and approved on 10/28/2022. You may begin this research.

Please note the following information about your approved research protocol:

Protocol Approval Period:	10/28/2022 - N/A
Protocol Risk Determination:	Minimal Risk
Approved Enrollment Number:	5
Funding Source:	
Grant/Contract Number & Title:	
Expedited Categories:	(6) Collection of data from voice, video, digital, or image recordings made for research purposes. (7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(2) and (b)(3). This listing refers only to research that is not exempt.)

Documents / Materials:
- [SURVEY PREVIEW MODE] Understanding Family Experiences of IEP Meetings and Building Skills to Empower Families at the IEP Meeting Survey.pdf (Misc/Other)
- Golini - data sheet.docx (Material - Non-validated instruments/documents)

- Golini - emails to participants after screening 2022.docx (Misc/Other)
- Golini - Family Skill List.docx (Material - Non-validated instruments/documents)
- Golini - intervention description.docx (Protocol)
- Golini - interview 1.docx (Misc/Other)
- Golini - interview 2.docx (Misc/Other)
- Golini - Training on Rights_.docx (Study Material - Participant Educational Materials)
- Golini findings review email 2022.docx (Misc/Other)
- Golini informed consent 2022.docx (Consent - Consent Document)
- Golini Recruitment Email 2022.docx (Advertisement - E-mails)
- Golini Recruitment Social Media Post 2022.docx (Advertisement - Other Advertising Material)
- Golini transcript review email 2022.docx (Misc/Other)
- Resources for Families of Children Diagnosed with Disabilities.docx (Study Material - Participant Educational Materials)

Please remember to:

- Use **2022-0673-Hunter** on all documents or correspondence with the IRB concerning your research protocol.

-The IRB has the authority to ask additional questions, request further information, require additional revisions, and monitor the conduct of your research and the consent process.

- Review and comply with CUNY Human Research Protection Program policies and procedures.

- Any modifications to currently approved research must be submitted to and approved by the CUNY-UI IRB before implementation.

- You are responsible for submitting a final report to the HRPP at the end of the study.

If you have any questions, please contact:
Arita Winter at 212-650-3053 or aw4338@hunter.cuny.edu