Spring 2007

African American Perceptions of Childhood Behavioral Disorders and Mental Health Services

Chant Wellington

African American Perceptions of Childhood Behavioral Disorders
And Mental Health Services

A Dissertation Presented to
The Faculty of the Psychology Department
McAnulty College and Graduate School of Liberal Arts
Duquesne University

In Partial Fulfillment of the Requirements
For the degree of
Doctor of Philosophy

By
Chante' Camea Wellington

May 1, 2007

Dissertation Committee:

Paul Richer, Ph.D., Director

Eva Simms, Ph.D., Reader

Leswin Laubscher, Ph.D., Reader

African American Perceptions of Childhood Behavioral Disorders and Mental Health
Services

Doctor of Philosophy in Clinical Psychology

Chante' Camea Wellington

May 1, 2007

APPROVED _____

       Paul Richer, Ph.D., Director

APPROVED _____

       Eva Simms, Ph.D., Reader

APPROVED _____

       Leswin Laubscher, Ph.D., Reader

APPROVED _____

       Daniel Burston, Ph.D., Chair

APPROVED _____

       Francesco Cesareo, Ph.D., Dean
       McNulty College and Graduate School of Liberal Arts

Abstract

This dissertation investigated African American parents/caregivers perceptions of childhood psychopathology and psychological services. The four participants of this study were African American parents/caregivers of children who were suspected by their respective schools of having symptoms of emotional, cognitive and or behavioral disorders. The researcher of this study asked these participants to describe their lived experiences of their children's functioning that school based evaluators consider atypical. Data were obtained in the form of an initial phone interview. At a later date a face to face follow-up interview was audio taped and transcribed in order to obtain situated and general narratives.

Findings indicate that the parents/caregivers perceived their children's functioning to be typical and age appropriate for African American children. However, the schools identified the same children's functioning as worthy of supporting a psychological diagnosis. Interestingly, the participants' perceptions of mental health remained neutral to positive since their children received psychological diagnoses from school based evaluations. Therefore, the participants' perceptions of mental health remained unaffected since the mental health system was not directly involved. Additionally, the participants pinpointed the schools use of ethnocentric educational material and curricula as the reason why their children were identified as having difficulties warranting a school based psychological evaluation. The participants believed that there was a white model of education due to standards of behavior reflecting white values. Specifically, behavior checklists and observations used for diagnostic purposes were perceived by the participants to be grounded in white standards of normality and pathology. Moreover,

school based evaluations of the participants children led to a combination of diagnoses to include Attention Deficit Disorder (ADD), Attention Deficit Disorder with Hyperactivity (ADHD), and Oppositional Defiant Disorder (ODD). The participants believed that a lack of multicultural competency was partly responsible for the differences in perceptions they had with school evaluators of the same children's functioning. Specifically, participants explained that when African American children demonstrate emotional and or behavioral difficulties that it is often times due to sociocultural stressors and not psychological disturbances.

This investigation also sought to uncover forms of help seeking and perceived barriers to seeking help among African American parents/caregivers. The participants identified race issues attributed to their children being identified by the school as having psychological problems. The school based psychological evaluations were perceived by the participants to be discriminatory against African American children due to an observation that a disproportionate number of African American males were identified and labeled in the school setting with behavioral and emotional disturbances that led to special education placement. Participants also believed that the school held negative and stereotypical perceptions of African Americans as a whole as was evidenced by the school's treatment of the parents in regard to their children. Participants attempted to counteract against the only course of treatment offered by the schools which was a combination of medication and or special education placement by implementing their own alternative strategies. The participants' alternative forms of help seeking included the use of a daily notebook to log behavior, home tutor, spiritual counselor, study material and alternative schools. In addition, the participants sought emotional refuge

from the schools by turning to their families, and extensions of the family to include the church, positive male figures and elders in the community. Findings further indicated that while there were similarities in the participants' experiences, there were differences as well in terms of the meaning each of them assigned to the school experience and their understanding of their children's functioning. Treatment implications noted that African Americans are disproportionately underrepresented in the utilization of psychological services. This study's findings might contribute new information regarding the barriers to the receptivity and use of current psychological services by African Americans. Additionally, if parents of African children continue to experience aversive relationships with the school it may effect perceptions of the mental health system since psychological evaluations, diagnoses and related treatment regimens are affiliated with this system.

Dedication

I would like to extend gratitude and admiration to my mother: Denise Harvet Wellington.

I want to thank my mother for her unselfish sacrifice and dedication to her children. My

mother's strength and work ethic was contagious and for that the completion of my

education is as much of an accomplishment of mine as it is hers.

Table of Contents

Table of Contents (continued)

African American Perceptions of Childhood Behavioral Disorders
And Mental Health Services

This study is a an existential-phenomenological investigation of the relationship

between help-seeking behaviors of African American families and the use of psychological

services for children with symptoms of affective, emotional and or behavioral disorders.

African Americans, the largest racial-ethnic minority population in the United States, are

among those who are disproportionately underrepresented in the literature and services of

psychological disorders (Kamhi, Pollock & Harris, 1996). To initiate contact with

psychological services, African Americans must admit a problem or possible disorder in

their children. The purpose of my research was to understand the lived psychological

dimensions and meanings of African American families' experiences in relation to

psychological services. This investigation was two-fold. The investigation addressed both

the negative dimensions of help seeking such as barriers to utilization of psychological

services as well as the overall lived experiences of African American parents/guardians in

relation to their children. These lived experiences helped develop a more positive

approach to understanding African American families in relation to children's affective,

cognitive and or behavioral differences.

I used a qualitative, narrative approach to understand better African American parents'

or guardians' perceptions of psychological services available for their children. To obtain

the narratives, I asked parents or guardians if they suspected that their children's emotional,

behavioral or academic differences necessitated a psychological evaluation. Specifically, I

was interested in the lived experiences of African American parents who have considered

taking their children for psychological services, regardless if they decided to follow

through with the encounter or not. In doing so, I hoped to uncover possible struggles they

1

faced in coming to this decision, what they expected the clinical experience to entail, the impact of dynamics related to culture and disadvantage and how they influenced decisions made about children with markers of affective, cognitive and or behavioral disorders. Throughout my discussion, I highlighted why the questions I pursued were of interest for psychologists, educators, and community and religious leaders.

It is difficult to know exactly how African American families conceptualize behaviors that are considered markers of childhood psychological disorders because there is no current emphasis on the experiences of African American children and their families affected by childhood psychological disorders. The focal point of this investigation involved coming to understand the significance of African American parents'/guardians' experiences of their children's functioning that psychological services considered atypical. The lack of existing literature on barriers to detection, help seeking and service use for African American families of children with symptoms of childhood disorders was a direct inspiration for this project. I was interested in the apparent difference between how African Americans conceptualized psychopathology and how the majority population conceptualized it. What did parents/guardians consider pathological and what they did not? There might be different perceptions among African Americans of what constitutes problem behaviors. I sought to answer in my investigation how African American parents'/guardians' viewed problem behaviors in their children differ from those of the majority population. If the idea of psychopathology in general is viewed as more negative among African Americans than the majority population, then it would explain the active choice to avoid the diagnostic label.

Pedagogical and diagnostic practices that treatment providers use may create barriers to communication between them and minority families if there is a rigid adherence to set guidelines, and hence a dismissal of alternative ways of making sense of children's functioning that might make the ethnic minority family feel misunderstood and devalued. *The Diagnostic and Statistical Manual* (DSM), used to diagnose abnormal behavior is based on certain assumptions that are not necessarily made explicit. The DSM system makes the assumption that we can extrapolate what we learn from the majority culture to other ethnic groups and their cultural background. The cultural background of ethnic minority members might differ from that of the majority culture, yet there remains one standard of measurement for mental disorders. Although there is no standard definition of culture, the working definition of culture for the purpose of this investigation include the system of shared beliefs, values, customs and behaviors, and artifacts that the members of society use to cope with their world and with one another, and that are transmitted from generation to generation through learning (Boas, 1920). The sad truth, as Stanfield (1993) observed, is that "it has always been the norm in social science that Eurocentric empirical realities can be generalized to explain the realities of people of color."   The problematic relationship between mental health systems and African American individuals can cultivate bleak consequences for clinical practices that offer treatment of children. Existing clinical practices will likely reveal a disparaging amount of African American family involvement in services if there is a felt sense of irrelevance to the cultural underpinnings on which many African American families draw in their lives.

This negative relationship also exists between school systems and parents/guardians. Often the school is the first to recognize a possible problem with a child.   The school's

attitude about African American children might not match that of African American families. School staff may see the child's functioning as pathological or at minimum warranting an evaluation to rule out a disorder first recognized in childhood. It is possible that African American families make sense of their children by relating the questionable behaviors to the unique personalities of the children (Cuffe, Waller, Cuccaro, Pumariega, & Garrison, 1996). Another possibility is that the parents might attribute the child's functioning to situated cultural understandings from which they derive meanings. For example, a child's communication skills may be clinically recognized as a communication deficit whereas in the African American child's home community, a child's communication skills is perceived in relation to those of other African American peers and siblings (Lund & Duchan, 1993; Roseberry-McKibbinm, 1994; Westby & Erickson, 1992). Romaine (1984) maintains that differences across and within cultures regarding what is believed about and expected of children are considerable. For example, the conventions that have a significant impact on child-caregiver interaction are not universal but have been shown to reflect cultural orientation (Garvey, 1984; Ochs & Schieffelin, 1983).

An excellent example of the divergence in the understanding of children's functioning can be seen in the literature about Attention Deficit-Hyperactivity Disorder (ADHD). Attention Deficit - Hyperactivity Disorder (ADHD) has become the most commonly diagnosed psychopathology of children in the United States (Development Education Association, 2000). Previous studies have shown that African American parents' interpretations and explanatory models of ADHD differ from those of Caucasians (Bussing, Schoenberg, Rogers, 1998). While they may see their children as difficult to manage, they are less likely to view their children's behaviors as indications of psychological problems

(Bussing, Schoenberg, & Rogers, 1998). Another explanation offered by Bussing, Schoenberg, Rogers, Zima, and Angus (1998) suggests that African Americans have less knowledge about ADHD because ADHD has not become part of the "collective consciousness" of their communities. Bussing, Schoenberg, Rogers, et al., 1998 states that "this lack of knowledge serves to undermine the diagnostic label." Understandably, if no one in the social network is talking about "medically recognized symptoms," a parent will be less likely to view a child's behavior as pathological. Subsequently, there would be no reason for parents/guardians to actively seek information about a condition that few people, if any, in their community, believe is an actual medical or psychological condition. It is possible that what the educational or medical community defines as abnormal, or as ADHD behaviors have different meanings to African American parents. African American parents often perceive "questionable behaviors" as either normal, or behaviors that the child will "outgrow" (Davidson & Ford, 2001).

African American parents who have different understandings of their children's functioning than that of the experts might not see their children as needing professional help. Furthermore, some parents may also view the ADHD label as a mechanism to target African American children for discriminatory purposes (Davidson & Ford, 2001). Therefore, it may not be a lack of knowledge of ADHD among African American parents/guardians of children who are suspected of meeting criteria for the disorder by professionals. Rather, these parents may question whether medical and educational professionals are trustworthy in making evaluations about their children. Hence, there should be concern about the relevance of professional psychological services for ethnic minority individuals since there are often different perceptions of experiences and child

rearing customs.

Pedagogical and psychological views, which are determined by systems that prescribe standards of normality and pathology, permeate the practices of child services such as education and mental health systems (Kamhi, Pollock, & Harris, 1996). The phenomenon of African American parents'/guardians' avoidance of seeking professional help gives us a focal point for investigating the problematic structure of social systems. Most school administrators, teachers and school psychologists are educated and trained under prescriptive systems, which are narrow in focus (Kamhi, Pollock & Harris, 1996). Educational practices based on the assimilationist melting pot philosophy tend to disregard cultural and linguistic differences and require conformity. Instead of reinforcing and utilizing children's diverse culture and languages, most practices in schools either ignore or attempt to eradicate cultural differences while imposing their own (Kamhi, Pollock, & Harris, 1996). The African American culture often has been viewed by educational institutions as inferior and interfering with the intellectual development of children (Ramirez, 1988). Institutions have also had a long history of believing that the African American culture hinders the development of lifestyles and values typical of mainstream U.S. culture (Ramirez, 1988). Denigrating practices can be destructive if the makeup of these systems is blinded to the significance of cultural differences which would then make them ineffective in meeting the needs of African American families. Subsequently, blindness to cultural differences creates barriers to quality services (Ramirez, 1988). According to the literature, barriers to the provision of quality services to children from the African American culture include ethnocentric attitudes of educational and mental health professionals; low expectations and negative attitudes toward African American students,

their families, and communities; lack of professional training regarding cultural and linguistic diversity; test bias and misdiagnosis; monocultural educational materials and curricula; inappropriate and inadequate instructional techniques; and differential disciplinary and reward systems (Campbell, 1986, 1993, 1994; Campbell, Brennan & Steckol, 1992; Campbell & Taylor, 1992a, 1992b; Ford, 1992; Gay, 1989, 1993; Menyuk, 1988; Ogbu, 1982; Ramirez, 1988). This existential phenomenological investigation targeted the unanswered question of how African American families' experience these barriers.

This study sought to explore how social systems' identification and subsequent diagnostic labeling of children impact African American parents/caregivers perceptions of social systems as well as their children's way of being in the world. In addition, this study investigated how the assessment, diagnosis, and subsequent treatment regimen might impact African American children and their families in their lived worlds (i.e., school, and community). Children at times have been proclaimed by the school to have a learning deficiency when they do not learn best in the pedagogical style in place. Subsequently, children might be labeled with a learning disability and placed into special education. Thus, children might pay the price for the flawed structure of the public education system. Children that are placed in special education solely because they do not learn best in the single teaching style of the instructor wrongfully become a recipient of substandard education (Olfman, 2006). American families are burdened by a two-tiered public education system that delivers inferior education to children and frequently ignores individual differences in learning styles and profiles of intelligence (Olfman, 2006). Hence, the problematic structure of the education system might pathologize individual

differences and demand homogeneity in order for children to academically thrive (Olfman, 2006). African American parents/caregivers might grow frustrated and resentful of the school systems sole acceptance of homogeneity among children in the school setting. In other words, if their children do not fit the mold they may be inadvertently identified by the school as abnormal. It is ironic that America, whose founding principles emphasize individual rights and freedoms, has developed a culture that demands homogeneity and uniformity in its children (Olfman, 2006). In consequence, we are quick to interpret children's differences as mental illnesses, as opposed to unusual ways of being or divergent patterns of brain wiring, and we find diagnostic labels deeply comforting. When a child fails to fit an acceptable mold, he may only be tolerated after he is declared to be mentally ill, and given a label with its accompanying treatment regimen (Olfman, 2006).

A better solution to addressing learning style weaknesses among children might be for school personnel to conduct deeper investigations into the root cause of the problem. In many instances, it is the case that the child learns best in another mode of teaching. Thus, an eclectic teaching approach might reach a broader scope of children as well as help to identify their academic strengths and weaknesses. Surely, it should be our first priority to help children develop adaptive connections in the first place rather than attempting to patch them up with drugs and or special education placement that might have been unnecessary in an environment better suited to the child's individual needs. When assessing any child for problems, it is critical to take into account the entire scope of influences that may be affecting him (Olfman, 2006). It would be worthwhile for school's to consider that a child's cultural situatedness might influence his knowledge base as well as his academic strengths and weaknesses. A child that is identified with a significant problem whether behaviorally

or academically based will possibly receive an inappropriate treatment regimen unless we pay closer attention to what might be a precipitating factor. It is possible that behavioral issues might manifest out of academic frustrations. Therefore, it is likely that school personnel would give consideration to the existence of a behavioral disorder when in fact the child is frustrated with the learning environment. According to (Olfman, 2006) a child may have trouble paying attention because he has weaknesses of receptive language, or memory, difficulty sequencing information, or because he processes incoming information slowly. Or he may tune out because he is anxious, or preoccupied, or he can't relate to the subject matter or to his teachers at school. It could be the case that the child is anxious or preoccupied in the classroom about matters that lie outside of the school setting. In addition, it is a real possibility as well that the child is experiencing difficulty relating to a teacher that instructs from a cultural situatedness that is outside of his own. In all of these instances, the outward signs might be identical: poor concentration, fidgetiness, and impulsivity. As a result, each of these diverse scenarios may result in the child being labeled as "ADHD" and being placed on stimulant medication rather than getting the kind of help he really needs.

American parents throughout the educational system regularly report feeling pressured by teachers and schools to medicate their under-performing children. Families of children in special education feel the pressure to medicate their children most acutely. But in response, the U.S. Congress has passed a law prohibiting schools from making class attendance conditional on children taking a psychiatric drug (Olfman, 2006). Fortunately for parents the law protects them from having to succumb to school pressures to medicate their children. Parents often times face difficulties with the school when they disagree and

do not comply with the recommendation to medicate their children. School pressures can be high and influential on parents. Children and in many cases parents are left without a voice in the decision making process, which at times leads to medication intended to alter children's natural mode of functioning. According to Olfman (2006) the child who is wrongly medicated is a hapless victim in an elaborate charade of abuse, neglect, and quasi-scientific labeling on the part of teachers, and mental health professionals. Instead of hastily placing diagnostic labels and the subsequent medication on children there should be a thorough investigation of all of the factors that might shape a child's way of being. According to Olfman (2006) by describing a child instead of labeling him, more often than not, medication can be put on the back burner. It is also the case that the more thoroughly you know a child the less prone you are to reach for the prescription pad; many other options present themselves. A consideration of factors that might be the root cause of the problems children experience could lead to a broader basis of possible forms of treatment. Instead, the growing acceptance and push for psychotropic drugs have become the treatment of first choice rather than the treatment of last resort (Olfman, 2006).

Another treatment option other than psychotropic drugs that is not likely to be considered is psychotherapy. The recommendation of psychotherapy over psychotropic drugs could be more beneficial to a child's physical and cognitive development in the long run. In many instances therapy might even be more appropriate than psychotropic drugs. We must ask ourselves whether the growing population of disturbed children have a "biological illnesses" or whether our children are struggling to cope with overwhelming adversity. There is a modern day occurrence of more children facing significant stressors than children in previous generations. According to Olfman (2006) children are likely to

become depressed and anxious in response to very real stressors. When children are experiencing significant stressors in their lives they may present with emotional, behavioral and or learning issues. In particular, children are deeply distressed when their relationships with their parents are disturbed or disrupted --an increasingly common occurrence in contemporary family life. Specifically, occurrences of contemporary life that could negatively impact children include work limiting both parental involvement and supervision as well as single parenthood. The current and ongoing breakdown in care giving and community support is largely responsible for the epidemic of psychiatric disturbances that we are now witnessing among children in the United States (Olfman, 2006). Currently there is little consideration of the environmental factors that might precipitate emotional, behavioral or academic disturbances in children. Psychiatrist Michael Rutter, a leading researcher on the interaction of genetic risk and environmental factors, summarizes decades of research by stating that there are two broad types of environmental risks to children: the first is a "lack of ongoing, harmonious, selective, committed relationships," and the second is a lack of social cohesion in the wider community (Olfman, 2006). Modern day problems that directly impact children are also affecting them in ways that are not considered, yet they are recognized as symptoms of pathology. Americans are experiencing a series of concurrent and overlapping crises with respect to parenting, education, and environmental sustainability--crises that are expressed in increasing numbers of distressed and disruptive youngsters (Olfman, 2006). Although it might not be possible to eradicate environmental issues that press on children and their families there should at least be an abundance of services that can lend adaptive ways of functioning.

It is important for evaluators to give an in-depth, empathetic understanding to social and familial circumstances that children may be contending with. It is equally important to pay emphasis to children's developmental history. For instance, a child that is exposed to illegal substances in utero has a significant developmental history that might lead to the presentation of a combination of behavioral, emotional and learning disturbances. Therefore, it is worthwhile for evaluators of children's development to consider the significance that a child's biological history might have to various modes of functioning. Additionally, children that have a family history of anxiety, depression or a learning deficiency might be fighting against their biological make-up. Therefore, it is critical for evaluators to be empathetic and sensitive to a variety of pressing issues and the needs of that individual.

This study was intended to contribute to clinical psychologists' understanding of how they designate abnormal behaviors in African Americans. African American parents often times have a different perception of their children's functioning from that of evaluators. This study explored African American parents/caregivers differences in perceptions of childhood behaviors. Evaluators might inadvertently label children's ways of being that deviates from the standards set forth by social systems as pathological. Subsequent recommended courses of treatment for children who receive diagnostic labels might include alternative classroom placement (i.e., behavioral, emotional and or learning support) and or psychotropic medication. In some cases African American parents/caregivers agree with evaluators that their children are experiencing emotional, behavioral and or academic disturbances, however they might have a deeper understanding and empathy for the various sources of problems their children are faced with. There are

various sources of stress that impact many children. African American children might be

directly shaped by sociocultural issues to include family dissolution, and community

deterioration. Individuals who assess children often times do not consider the significance

of sociocultural factors, developmental history, family psychiatric history and or medical

history as precipitating factors that might impact ways of being in the world. It is a

possibility that a broader consideration of factors that might be the source of the difficulties

that children experience could lead to more accurate identification and treatment. Thus,

providers of psychological services might need to gain more multicultural competence as

well as work to expand culturally appropriate forms of treatment.   I suspected that the lack

of multicultural competency was in part responsible for African American differences in

the utilization of psychological services.

The goals

I conducted an existential-phenomenological investigation of the interface among

African American families of children affected by markers of emotional, cognitive and or

behavioral disorders and psychological services. The investigation compiled and

attempted to understand the experiences lived by African American families. The main

goal of this project was to reveal the parents/caregivers experience of the identification

process of their children whom were believed to have symptoms of emotional, cognitive

and or behavioral disorders. I anticipated that there were differences and similarities in the

experiences that ethnic minority parents/guardians have in trying to decide to be receptive

to forms of psychological services for their children. Many families struggle with the

decision to seek psychological services for their children; however, there are specific

socio-cultural experiences African American families are faced with. Through this investigation I revealed the meanings for African American parents/guardians of having children marked by affective, emotional and or behavioral differences and their reluctance to seek help through treatment procedures that were in place.

The underutilization of mainstream treatment procedures by African Americans warranted a look at clinical processes of seeking help. Help-seeking pathway models (Bussing, Zima, Gary, & Garvan, 2003) propose a series of links between the initial recognition of children's mental health problems and the eventual use of psychological services. These pathways are defined as "a sequence of contacts with individuals and organizations prompted by the distressed person's efforts, or those of his/her significant others to seek help" (Bussing, Zima, Gary, & Garvan, 2003). For young children, parent - or teacher - recognition of a behavioral problem usually serves as the first step of this process, which may be followed by steps to obtain an assessment, diagnosis, and eventual treatment. Leading events of the assessment process include identifying need for service, family history, and portrayal of symptoms. Assessment instruments and procedures used to evaluate and determine "normality" and "abnormality" must be related to an appropriate cultural referent to clinically treat and help address the needs of African American children (Kamhi, Pollock, Harris, 1996).

The two goals of this project were examined in the narratives provided by the interviewees. The project's first goal was to describe the dynamics of help seeking as African American parents/guardians experienced it. These dynamics included issues such as recognition of child problem, obtaining an evaluation as well as a professional diagnosis, and securing treatment. The second goal was to describe perceptions and experiences of

psychological services from the perspective of African American parents/guardians, whether they have utilized the mental health system or not.

Literature Review

The literature review first discussed different perspectives on assessment, diagnosis and treatment of childhood disorders and second, discussed the ways which African American families of children with psychological disorders perceived psychological evaluators. Highlighted in this discussion was the lack of emphasis on the experiences of ethnic minority families. A discussion integrating these reviews and summarizing the proposal for this investigation concluded this section.

In the United States a number of support services are available for children with psychological disorders. From birth to three years of age, children may be eligible for state-supported Infant/Toddler Services (*The Family Resource Guide, 1999*). Thereafter, the Individuals with Disabilities Act (PL 94-142) specifies that starting at the age of three years, children with developmental disorders are eligible through the public education system for special education and related services. For example, one of the most pervasive childhood disorders is autism. Children with autism spectrum disorders specifically must be identified early so that the school system can plan for and provide the free, appropriate education to which these children are entitled (*The Family Resource Guide, 1999*). Autism and its related symptoms are disabling not only to the child but to the family system as well (Grey, 1997, 2001). Families often struggle to understand and cope with the disordering effects of autism on family life (Grey, 2001). Special education services provide support for children by providing forms of treatment that nurture children's strengths and improve

areas of weakness. Additionally, services help parents adopt effective ways of relating to

their children; related services such as support groups are readily available and often are

recommended to families during the feedback section of the evaluation. Support services

are beneficial to families of children with special needs (*The Family Resource Guide,*

1999).

The only qualification for state supported services is that children must have a

developmental delay or a diagnosed physical or mental condition, such as Down's

syndrome, that places them at high risk for developmental delay (*The Family Resource*

Guide, 1999). Related services such as individualized educational plans (IEP's) and

wraparound services that offer in home behavioral treatment are free to families (*The*

Family Resource Guide, 1999). Therefore, other factors influence whether families take

advantage of free government/sate support services.

African American families are less likely to receive available support services. Several

studies indicate that African American children are significantly less likely in general to

receive treatment, including psychotropic medications, than white children (Joint

Commission of Mental Health of Children, 1970; Stroul & Friedman, 1986). One study in

particular consistently documented that when African American children do receive

treatment, services are inappropriate, fragmented, and inadequate (Joint Commission of

Mental Health of Children, 1970; Stroul & Friedman, 1986). Some investigations note that

the mental health system may be especially unresponsive to the needs of African American

children and adolescents (Gibbs & Huang, 1989). It is well known that disorders first

diagnosed in childhood vary little across culture, and ethnic group membership (Cucaro,

1996). However, some data support the idea that race differences in the treatment of

childhood disorders does exist (Cucaro, 1996). For example, the results of a study that looked at race differences in diagnosing autism suggested that large and important racial differences exist in the detection and diagnosis of children with autism spectrum disorders. In this study, African American children received their diagnoses on an average of a year and a half later than white children. While white children entered mental health services at an earlier age, this difference did not explain the difference in the age at diagnosis (Mandell, Listerud, Levy, Pinto-Martin, 2002). The differences in treatment among African American children suggest that there are important sociocultural factors associated with appropriate detection and diagnosis of childhood disorders.

These sociocultural factors may be associated with evaluators, families, or the interactions between families and evaluators. One reason for the delay in identifying childhood disorders in African American children include the possibility of psychology clinicians' biased behaviors with families of other races. Other reasons for the delay include African American families' different experiences, views, and expectations of the medical system (Cooper-Patrick et al., 1999a). Pediatricians may more quickly discount the concerns of African American parents than they do the concerns of white parents related to their children's developmental delays. On the other hand, families may not express those concerns in the first place (Cooper-Patrick et al., 1999a). A study of 32 primary care practices found that African Americans rated their visits as significantly less participatory than Caucasians, regardless of the race of the physician (Cooper-Patrick et al., 1999a), in which case, developmental delays observed by parents may never be brought to the attention of physicians.

Another sociocultural factor may be associated with African American differences in receiving regular physician care. According to the literature, a possible reason for the delay was that families were not receiving regular pediatric care, and so early signs of developmental delays were not recognized (Kass et al., 1999). A 1996 study found that only 64% of African American families had an "office-based usual point of care" compared with 76% of Caucasians (Kass et al., 1999). The same study found that African Americans also made 26% fewer visits than Caucasians. This lack or paucity of regular care may reduce the probability that pediatricians will notice developmental problems. The lack of regular care appeared to be unrelated to lack of insurance coverage since considerable evidence showed that even among children with insurance, necessary health services were often not regularly used (Rosenbach et al., 1999).

The underutilization of services could be due to different attitudes toward seeking psychiatric care. For example, one study (Cooper-Patrick et al., 1995) found that a feeling of embarrassment about seeking treatment was more pertinent for African Americans than for whites. Another possible explanation for the difference in treatment-seeking behaviors was that African Americans may tolerate higher levels of symptoms in children than do whites, thus requiring a higher threshold for symptoms before seeking treatment (Cuffe, Waller, Cuccaro, Pumariega & Garrison, 1996). African Americans may also have lower expectations that treatment by professionals would be helpful. Instead of using treatment provided by mental health professionals, they may contact nonprofessionals for help with emotional problems (Cuffe, Waller, Cuccaro, Pumariega, & Garrison, 1996). African Americans may seek support from significant others and fellow community members may be sought but only indirectly in the form of reassurance, companionship, and advice given in other than mental health terms.

Clinicians who work with African American families must recognize the central role of religion in many African American families. Researchers have consistently found that African Americans report higher levels of religious and church involvement than the general population of the United States (Chatters, Taylor, & Lincoln, 1999; Constantine et al., 2000; Levin, Taylor, & Chatters, 1994; Smith, 1997; Taylor et al., 1996). Pargament (1997) defined religion as "a search for significance in ways related to the sacred". The search for significance involves different pathways leading to different religious destinations (Pargament & Park, 1995). Some people look to religion for meaning, some for comfort, some for intimacy with others, some in search of the self, and some for physical, psychological, and emotional well being.

Religion is considered a major resource for Black Americans (Billingsley, 1999; Hill, 1999). The traditional source of help for African American families has been ministers, church leaders, or members of the "church family" (Chatter et al., 1989; Neighbors and Jackson, 1984; Neighbors et al., 1983). The work of (Taylor, Chatters, Hardison, & Riley, 2001) indicates that a majority of Black Americans receive assistance from their church members. The most important type of assistance included help during sickness, advice and encouragement, and prayer. Taylor, Chatters, Hardison, & Riley (2001) found that for many Black Americans, church members are an important component of their support network. Religious involvement is beneficial to psychological well-being (Ellison & Gay, 1990; Levin, Chatters, & Taylor, 1995; Levin & Taylor, 1998; Ortega, Crutchfield, & Rushing, 1983; St. George & McNamara, 1984; Thomas & Holmes, 1992) and is inversely associated with psychological distress and depression (Brown, Gary, Greene, & Milburn, 1992 Brown, Ndubuisi, & Gary, 1990; Ellison, 1995; Musick, Koening, Hays, & Cohen,

1998). Thus, the historical absence of African Americans from mental health services may be due to African Americans using nonprofessional and religious support mechanisms for help with emotional problems (Chatters et al., 1989; Neighbors and Jackson, 1984; Neighbors et al., 1983). My assumption is that the reliance on religion to cope with life problems takes precedence over seeking help outside of African American family's faith and family unit. Religious or spiritual coping enhances resilience by providing a basis for optimism as well as a cognitive framework for understanding stressful situations (Barbarin, 1993).

African Americans, in comparison to other racial/ethnic groups, are at greater risk for experiencing life stress and adversity (McCord & Freeman, 1990; Semmes, 1996; Thoits, 1991). Understanding the factors that predict risk and resilience in African Americans requires an appreciation of the cultural beliefs, behaviors, and practices unique to this population. (Utsey, Bolden, Lanier, & Williams, 2007). African Americans tend to minimize the significance of stress and try to prevail in the face of adversity through increased striving (Broman, 1996). Thompson, Bazile & Akbar (2004) found the general expectation among African Americans that they demonstrate strength and that African Americans associate the need to seek mental health treatment with weakness and diminished pride. A surprising majority of participants in their study noted the historical expectation that life would be difficult and that African Americans could and would cope with all adversity. This expectation was believed to hinder African American usage of psychological help.

The presence of stigma was also cited as a barrier to service utilization for African Americans (Link & Phelan, 1999; Markowitz, 1998; Sirey et al., 2001). African American

parents resist the identification process because of a perceived social stigma in the African American community against one's child being labeled "crazy." Stigma was defined here as being labeled with a sign of psychological problems (Davidson, Ford, 2001). Mental illness appears to retain considerable stigma, thus seeking treatment may not always be encouraged. African American families may fear the reactions their extended family members, friends and community will have to their seeking treatment. Cooper-Patrick et al. (1997) noted that in focus group discussions, African American patients raise more concerns regarding stigma than do white patients. Due to the presence of an overarching fear of stigma linked to mental illness that still exist throughout the African American community; there has been little change in their utilization of mental health treatment (Cooper-Patrick et al., 1997).

If the idea of going for mental health treatment is a new one, then it could be met with feelings of apprehension. The perceived intrusiveness of mental health services may complicate this issue. Often the questions asked by mental health professionals can be perceived as intrusive. Thus, African Americans may not be willing to disclose essential information when completing case history questionnaires or interviews. Additionally, they may resist initial attempts that clinicians might make to establish rapport. Thus, therapeutic approaches that focus on an initial extensive history intake may increase hesitancy and suspicion rather than facilitate the process of joining. For example, Thompson, Bazile, & Akbar (2004) found that there was a reluctance to be forthcoming with personal information to professionals who were lacking in knowledge of African American life and struggles to accept and understand them. There exist a fear that participation in interview questions could lead to punitive outcomes in the forms of

misdiagnosis, labeling and brain washing. Therefore, the initial information gathering

approach can contribute to African Americans' resistance in approaching and utilizing

treatment.

The presence of different perceptions of psychiatric disorders could also be responsible

for the resistance in approaching and utilizing psychological treatment by ethnic minorities.

Davidson & Ford (2001) noted that "whether an individual's behavior constitutes

'psychopathology' was dependent upon the attitudes, perceptions, and prevailing patterns

of adaptation within the society in which the behavior occurs." Therefore, a particular

form of behavior may be considered pathological in one society or culture but quiet

acceptable in another. Perhaps, because of a history of self-reliance in the African

American culture, many African Americans appear to deny mental health problems. When

symptoms appear they may perceive what is known as mental health problems as a natural

response to years of oppression. Thus, the factors associated with African American

differences in the use of mental health services include social attitudes and perceptions that

affect the pursuit of mental health care.

An identified barrier to utilization of mental health services could include cultural

differences between mental health service providers and African American recipients.

Cultural differences between service providers and recipients have served historically as

stumbling blocks to establishing effective institution-family partnerships (Harry, 1992).

One identified stumbling block to utilization of services that was related to cultural

differences included cultural mistrust (Nickerson, Helms, & Terrell, 1994). Mistrust was

identified as a major barrier to the receipt of mental health treatment by racial and ethnic

minorities (Department of Health and Human Services, 1999). A distrust of white

Americans might lead African Americans to have diminished confidence in white clinicians' abilities to address their needs. One study indicates that African Americans who are mistrustful of whites avoid contact with them. For example, F. Terrell and S.L. Terrell (1984) found that African Americans who are highly mistrustful of whites refuse to seek counseling if the clinicians they are assigned to are white. These studies indicate that African Americans experiencing emotional problems might prefer to retain their difficulties rather than attempt to resolve them if that requires interacting with whites. Mistrust of white clinicians by African Americans could arise in the broadest sense from historical persecution and from present-day struggles with racism and discrimination.

African Americans have lived with and survived centuries of oppression. In the face of adversity, they still retained family, and community. According to DeGruy-Leary (2005) African American people know how to take care of people and to take care of one another. The pooling of resources (i.e. financial, emotional support) among one another in the family and within the African American community might create a felt sense that utilization of formal mental health services is unnecessary. Extended family, friends, church members, neighbors and fictive kin constitute complementary sources of informal support for African Americans (Billingsley, 1992; Chatters, Taylor, & Jayakody, 1994; Dilworth-Anderson, Burton, & Johnson, 1993; Hill, 1999; Hill et al., 1989; McAdoo, 1980; Taylor & Chatters, 1986b; Taylor, Chatters, & Jackson, 1997; Taylor, Chatters, Tucker, & Lewis, 1990). These sources of assistance may assume greater prominence under conditions of economic stress and demographic change (Taylor, Chatters, Hardison, & Riley, 2001). Families and related social networks are the primary providers of a variety of assistance (i.e., instrumental, emotional, informational) to African American adults

(Taylor et al., 1990).

Perceptions of racism or discrimination experienced by African Americans were identified as another major barrier to the receipt of current mental health treatment (Kamhi, Pollock, & Harris, 1996). Historically, African Americans and other minority groups have struggled with unfair treatment, prejudice, and discrimination (Clark, 2000; Sigelman & Welch, 1991; Utsey, 1998). A number of studies have linked race-related stress to poorer physical and mental health and diminished quality of life (Broman, 1997; Brown et al., 2000; Karlsen & Nazroo, 2002, Krieger & Sidney, 1996; Utsey, 1997, 1999). Cultural mistrust is believed to be associated with perceived racism (Combs et al., 2002; Fenigstein & Vanable, 1992; Whaley, 2002). Feelings of anger and hostility toward whites in general because of past or current injustices might cause some African Americans to harbor a high level of mistrust toward anything or anyone perceived as reflecting white dominance. Few mental health professionals are available for those African Americans who prefer an African American provider (Kamhi, Pollock & Harris, 1996). African Americans tend to be over represented in areas where few providers choose to practice (Kamhi, Pollock & Harris, 1996). Due to present day struggles with racism, African Americans may not trust or feel welcome by the service providers who are available.

Given that mistrust does seem to be relatively common among African Americans and that this mistrust seems to originate, at least in part, from racism, it was important to ask the following: what impact does mistrust have on African Americans in clinical settings? The mistrust African Americans have of whites might negatively influence the success of clinical interactions. There is some controversy among investigators about whether or not cultural mistrust is pathological. Grier and Cobbs (1968) maintain that cultural mistrust is

a healthy, adaptive attitude. Others, such as Kardiner and Ovesey (1951), have insisted that the lack of trust is indicative of an unhealthy, "pathological" personality. I disagreed that the lack of trust was indicative of a pathological personality, which assumes the presence of a distorted sense of reality. It is likely that in some instances mistrust does have survival or facilitative value. Cultural mistrust may be adaptive, but as paranoia increases in severity, it becomes linked to problems in interpersonal and adaptive functioning (Combs & Penn, 2004; Haynes, 1986). Whaley (1997) emphasize that paranoia among African Americans may arise from several sources (cultural and social interactions) rather than always indicating a psychiatric disturbance. In some instances, cultural mistrust might be counterproductive to benefiting from available services.

In addition, African American parents often place a high value on privacy, teaching their children from very early ages to "keep family business within the family." Hines and Boyd-Franklin (1996) point out that this suspiciousness of others outside of the family network is frequently a directly learned survival response that African American children are socialized to adopt from an early age. This familial secrecy extends particularly to "white institutions," as most clinics and mental health centers are perceived in African American communities (Hines & Boyd-Franklin, 1996). Generalized mistrust of mainstream society and its institutions intensifies when African Americans perceive a threat to their children's well being. The notion of "keeping family business within the family" pertains to African American parents' fear that research outcomes (e.g. test and IQ scores) will result in punitive diagnostic and educational consequences (Hines & Boyd-Franklin, 1996). Due to the consistent mistreatment of African Americans by whites, along with many broken promises, African American individuals and organizations view

the white culture as untrustworthy and lacking humanistic concern for others (Hines &
Boyd-Franklin, 1996). Familial secrecy and suspiciousness of whites has been an integral
part of African American survival since slavery (Hines & Boyd-Franklin, 1996).

An aspect of the African legacy is that African Americans appear to rely on spirituality
to help them cope with adversity and symptoms of mental illness. Spiritual coping
enhances resilience by providing a basis for optimism and the ability to recover from
adversity (Barbarin, 1993). Spirituality is defined here as referring to the human
experience of discovering meaning, which may or may not include the concept of a
personal God (Anderson & Worthen, 1997; Bergin 1991). Aponte (1998) uses a
wide-ranging definition when he refers to spirituality "as the meaning, purpose and values
in peoples' lives". But as Anderson and Worthen (1997) note, religion "solidifies
[spirituality] into particular forms, rituals, sacred scriptures, doctrines, rules of conduct and
other practices". Spirituality, therefore, encompasses the individual's beliefs concerning
his or her link with the universal, whereas religion is the social, organizational, and
practical expression of such beliefs. Clearly these two elements of human life are
interconnected, and aspects of religious affiliation add an extra layer of analysis to a
consideration of spirituality and therapeutic practice (Rivett, Street, 2001). Knox (1985)
provided insights into the ways in which spiritual beliefs have become an integral part of
the survival system of African American people. When faced with personal difficulties
they might seek help from religious leaders. Spirituality and religion are sociocultural
factors that tend to be a buffer against stress and reduce the incidence of being diagnosed
with mental illness among African Americans. Spirituality is an essential and deeply
embedded part of the African and African American psyche (Billingsley, 1992, 1994;

Boyd-Franklin & Lockwood, 1999; Hill, 1999a; Knox, 1985).   Spirituality manifested in church involvement, a close relationship with God, and the uses of prayer have been identified as key coping mechanisms for African Americans. Taylor & Chatters (1991) found other coping strategies from the religious orientation of African Americans on one survey that indicated that almost 85% of African Americans described themselves either as "fairly religious" or "very religious". Prayer has been found among the most frequent African American coping response (Broman, 1996); about 78% of African Americans reported that they prayed "nearly every day" (Taylor & Chatters, 1991). Religion and spirituality are deemed important because they can provide comfort, joy, pleasure, and meaning to life as well as the means to cope with death, suffering, pain, injustice, tragedy, and stressful experiences in the life of an individual or family (Pargament, 1997). Utsey, Bolden, Lanier, & Williams (2007) encourage clinicians to consider how spiritual coping can facilitate positive outcomes among their African American clients. Incorporating religious and/or spiritual approaches into individual and group psychotherapy can be achieved by clinicians in most clinical settings.

African Americans look favorably upon and often seek clergy as a form of help. The empathetic understanding of the clergy may be quite important given that frequent church attendees report they are seven times more likely to seek assistance from clergy for their marriage and family problems than the assistance of a nonreligious mental health specialist (Privette, Quackenbos & Bundrick, 1994). Unfortunately, the training of many therapists has tended to disregard religion or spirituality as an issue in treatment or to pathologize it (Boyd-Franklin, 2003). This type of behavior on the part of mental health providers could turn existing clients toward premature termination and close the door on potential clients

who could benefit from some form of treatment that consists of contributions made by both the clinician and family. When working with families, professionals should be prepared to encounter a variety of family structures, cultural traditions, child-rearing practices, values, beliefs, and attitudes. The process of treatment can be negotiated from a position that conveys respect for the family's belief system.

Childhood disorders are commonly encountered by all psychology clinicians, yet they are likely to remain under diagnosed and under treated in African American children. Thus, African American children and their families are less likely to receive available support services. Reasons for the underutilization of psychological child services could include subtle but different behaviors on the part of psychology clinicians toward African Americans and their distinct beliefs/attitudes about the mental health system. Other sociocultural factors that might serve as barriers to utilization of mental health services include African American differences in receiving regular physician care, different perceptions of psychological disorders, stigma and cultural mistrust. Alternative key coping mechanisms for symptoms of psychological disorders among African Americans tend to be reliance on family, religion, and spirituality. Differences in help seeking behaviors among African Americans possibly signify problems in the mental health system, which aims are to treat effectively all individuals affected by psychological disorders. There was a dire need to take an in-depth look at sources of help seeking among African American parents/guardians. In addition, this study looked at descriptions of barriers to service use from the perspective of African American caregivers regardless of their use of any mental health treatment. Little is known about how barriers in the help-seeking process may underlie the differences in service use. The impact sociocultural factors have

on the clinical interaction involving African American children and their caregivers has been an underdeveloped area of investigation and therefore this project took up this concern. The lived meaning of how African American parents/guardians experienced making the decision to utilize psychological services for their children was revealed.

Method Section

Review of literature has suggested a significant disparity in psychological service use existed between ethnic minorities and the general population. Most studies have failed to investigate the meaningful phenomenon of African American families of children who are suspected of meeting criteria for childhood affective, behavioral and or cognitive disorders. The majority of studies have also failed to understand how problematic behaviors came to be understood and how families dealt with them. The most one can find are studies that derive quantitative measures that reflect both African American underutilization and absence from psychological services. Most studies do not reflect the lived experiences of African American parents/guardians encountering affective, cognitive, and or behavioral differences in their children that are pathologized by pedagogical and diagnostic practices. Most studies that investigate sociocultural factors affecting the lives of African Americans fail to capture what is implicit in the participants' descriptions. Researchers also fail to acknowledge the underlying assumptions they make in delegating reasons for cultural differences. To avoid investigative drawbacks, I used an empirical phenomenological research method to explore both the meanings of having children marked with symptoms of childhood disorders and the decision-making processes of African American parents/guardians in determining whether to seek services. I interviewed African American parents/guardians and collected narrative descriptions of their perceptions of their children's unusual behaviors as well as perceptions of available psychological services. The purpose of this method was to determine both the explicit and implicit dimensions of the participants' experiences as they were lived. I made the implicit dimensions explicit by asking what attitudes about psychological services made it possible

for someone to say what was provided by the participant. In addition, I asked the participants if these attitudes were dominant in the African American culture. More specifically, I asked how being a part of the African American culture had an impact on what the participant told? I was interested in uncovering the attitudes that participants might not overtly express but might be operative in forming the participants' opinions about behaviors in their children and psychological services.

Participant Recruitment

I recruited four African American participants (four parents/guardians) with children who were suspected of having symptoms of psychological disorders. Since I expected extensive interviews with participants would have been necessary to clarify issues pertinent to the research question, I believed this relatively small number of participants to be appropriate. I solicited parents/guardians to participate in this study through posted advertisements and by word of mouth at a combination of sites, which included a predominantly African American church, a community mental health agency and stores. I chose to advertise flyers in places where African Americans were likely to see the flyers. I was open to including parents/guardians who decided to seek psychological services and those who ultimately chose not to, although I did not purposely try to gain one of each. I included individuals who identified themselves as African American. *Parent/Guardian* was defined as the caregiver who made decisions about the welfare of the child. In addition, whether the child was a minor did not matter since the purpose was to obtain the parents'/guardians' accounts of events that have occurred previously when the child was a minor. The parent or guardian could not be a minor. I expected there might be some variation in how age of the parents or guardians affected their experiences of their children.

Additionally, there was to be no stipulation on socioeconomic status (SES). All participants who met the basic recruitment criteria detailed above took part in this study. I did not specifically ask about behavioral disorders, although three out of four of the participants' descriptions detailed that their children were identified as having symptoms that met criteria for behavioral disorders.

<u>Participants' Rights</u>

Each participant was informed in advance of the nature of the research and that it involved voluntary disclosure of their experiences of the children's affective, cognitive and or behavioral differences, how they perceived these differences as well as their attitudes and thoughts about services available. The flyer notified participants that I would use their material in my doctoral dissertation at Duquesne University, but that I would change or delete identifying data so that their identities would not be revealed. I destroyed tapes of interviews and deleted in transcripts all identifying material related to participants and anyone participants talked about. Participants did not receive compensation for volunteering, although they were told that if desired they would be provided with a summary of the results at the end. Only after it was clear participants fully understood the nature of the research, they were required to sign a "Consent to Participate in Research" form at the very first meeting with them (see Appendix). In doing so, they understood that all personal data would remain confidential by removing all identifying information from transcripts. The narrative descriptions they provided became the property of the researcher and due care was taken to ensure data security. They were also free at any time to object to questions or withdraw their consent to participate and remove any data they may have contributed. I informed my participants that our meetings would not constitute

psychotherapy sessions. I further informed them that I would assist them in finding an

appropriate psychotherapist if they desired to meet with one as a result of my research.

<u>Data Collection</u>

I informed my participants that I would ask them to articulate experiences of their

children's affective, cognitive and or behavioral differences in an initial interview. I did

not specifically ask about behavioral differences, although three out of four participants'

descriptions detailed that their children were identified as having symptoms that met

criteria for behavioral disorders. In contrast, the other participant's description detailed

that the child's cognitive weaknesses were undermined because the evaluation focused on

assessing behavior which was not a problem area for this child. Initial data consisted of

participants' narrative descriptions of what possible struggles they faced in arriving at the

forms of help used or not for their children in response to the questions posed to them in the

initial interview. I provided participants with my phone number to initiate contact about

the study. I then conducted a phone interview with them once for approximately one hour.

As I went along in the initial interview, I intentionally covered each of the following

questions if participants did not bring up the topics voluntarily. The following five

questions were intended to address the two-part investigation of how African American

parents/guardians perceived their children's affective, cognitive, and or behavioral

functioning and psychological services:

1. What was your experience of the first sign of trouble with the child that

caused alarm about the child's psychological state?

2. How did you deliberate about what to do about the child's psychological

state?

3. What forms of help were considered if any?

4. Were there barriers you faced in seeking help for the child, and, if so, how did you experience them?

5. How did you experience the method of help you used?

Once I received the descriptions, I went over them several times to delineate areas that needed further elaboration. I then contacted participants in a timely manner in order to arrange for a face-to-face interview regarding aspects of their protocols that appeared ambiguous to me or that warranted further discussion. At a later date, I conducted a more in-depth interview with the participants in mutually agreed upon environments that were comfortable and free of distractions such as their homes to gain elaboration where necessary. I expected that the narrative descriptions of their perceptions of psychological services would contain many opportunities to illuminate further the significance of their experiences. In the in-depth interview, I asked each of my participants to give me a response to the following question:

> Please tell me in as much detail as possible how you experienced your child's behaviors that might be considered markers of a childhood disorder. Specifically, what made you think that your child had psychological problems and how did you experience interactions with psychological service systems? In your description please pay particular attention to how your experiences and beliefs shaped your decision whether or not to take your child for psychological services.

At the conclusion of interviews, I also asked participants to talk about how they might see their own cultures relating to ways in which they expressed their own stories.

Transcription of data and analysis of data

Following each interview, I transcribed the tape and changed all names and identifying

information to preserve confidentiality. In the final version of the study, the interviews

appeared in full in the Appendix. I systematically analyzed the data. The first phase of this

analysis consisted of carefully reading and rereading each interview to gain a sense of it.

After gaining a sense of the interview, I illustrated the most salient or interesting quotes of

the participant that detailed their experiences.

Situated narratives

I studied the individual narratives to explicate the meanings that were significant to the

participants' experiences. I arrived at a characterization of the various psychological

themes within each participant's descriptions of his or her perceptions of psychological

services and how this impacted the forms of help utilized. Noticing where shifts in

meaning occur, I recorded themes for each participant. I rearranged each participant's

experiential account in a logical order. I then returned to the first interview to review its

thematic content in light of the themes that emerged for participants. I brought themes

together in a chronological way that revealed the unfolding of each experience to arrive at

individual narratives. I looked at the articulation of my participants' experiences and

attuned myself to the relations between themes for each individual.

General narrative

In the final stage of the investigation, I addressed two questions: 1. What common

themes emerged? 2. What different themes occurred or arose and how were these

differences understood? I sought to uncover the implications of having a child identified

with symptoms of affective, behavioral, and or cognitive disorders in African American

families. I also investigated African American perceptions of affective, behavioral and or

cognitive disorders and psychological treatment. I looked for what was not only explicit

but also implicit in the experiential accounts of their children's atypical development. I planned to discover implicit themes that participants did not speak about explicitly by attending to how African American culture might implicitly contribute to how participants narrated their experiences. I recorded commonalities of experiences among participants. I kept in mind what was essential to the perception of having children with affective, cognitive and or behavioral differences and the psychological services available across all the participants' experiences. Where commonalities existed, I investigated their psychological significances. In addition, I tried to understand differences between participants' experiences.

I anticipated that the commonalities I found in the participants' experiences would include hesitancy in seeking professional psychological help as well as reliance on family and religious faith. I found a heightened sense of togetherness and church involvement in the African American community because of historical segregation and residual racism and discrimination. I generated a general narrative description that captured dimensions of the lived meaning among my participants of having a child with affective, cognitive and or behavioral differences. To find generalities, I turned away from specific factual events and shifted my attention to the psychological factors that were significant for the participants.

Results

Significant themes arose during the interview process across a total of four participants. All participants initially perceived their children's behavior as typical. Participants believed that the school in contrast viewed the children's behavior as problematic. Subsequently, discrepancies in perceptions of the children's behavior between the participants and each respective school surfaced as did tension between them. Participants held negative perceptions of the school system. Interestingly, all participants reported holding neutral to positive perceptions of mental health systems. The differences in participants' perceptions of the school system and mental health systems were because the entry point into mental health was through school initiated referrals for the child to receive psychological evaluations. The school implemented diagnostic categories onto the participants' children and as such the participants labeled the school as the culprit. A unique phenomenon occurred with participants displaying a level of awareness that the school served as the setting from which diagnostic words were first introduced and imposed on their children. Involvement with any form of mental health services was initiated by the school system. As such, participants dialogued about the school system and mental health system interchangeably. Therefore, there was not a clear distinction made in the world of the African American participants between the school system and mental health.

Caregiver Perception of Boys

Criteria for acceptable behavior detailed by most of the participants were based on visible characteristics of the child, such as gender. For example, the participants were parents/caregivers of boys and as such felt that the children's behavior was typical boy

behavior. Descriptive behavioral characteristics that were felt to be typical for a boy included jumping, climbing, and running. In addition, acceptable behavior was expanded to energetic and animated for African American boys. One participant explained, "The child is no different than any other black boys." Half of the participants explained that the difference in perception of the child between parent/caregiver and teacher was the result of the school expecting children to behave like "little adults." One participant referenced the comic strip *Calvin and Hobbes* as a lens through which to glance into the world of a child. This participant explained,

> A child's attention might drift in the classroom. I think what I'm saying is that kids have a tendency, they have very vivid imaginations and very inquisitive minds, you know, and they get into situations where they don't pay attention, I think in a situation, and they are not supposed to. Nine and ten year olds, if he is sitting there paying attention to everything you say then I have questions why that student is doing that, you know what I mean, and I think when kids do that, kids are no different than adults when it comes down to homework and things like that, they'd rather be doing something they like to do as opposed to doing their homework, it may not necessarily be something bad, it maybe something that he is thinking about that he wants to do. Where that ties into *Calvin and Hobbes* is that, in this comic strip he could talk to his tiger and that was his friend and they would have discussions on different things, they would do a lot of things together, but the minute somebody else came around the comic strip would show Calvin talking, not necessarily to that tiger but he was talking to his parent but the tiger now was just a stuffed animal.

The collective perception of all participants was that normal, typical child behavior is being pathologized by systems (e.g., education and mental health) as exemplified by one participant's stating, "My understanding of my child being diagnosed with Oppositional Defiant Disorder (ODD) is that he talks back occasionally." The belief among most of the participants was that children are supposed to behave like children, and if they don't, this aberration is not normal.

<u>Staff perceived that behavior problems originated in daycare</u>

Half of the participants' children's behavior was perceived in daycare as atypical. These participants reported that daycare staff perceived behavior problems with their children when their children's behavior didn't match daycare behavioral expectations. Coincidentally, both children started out in non-structured daycares run by African Americans. Both daycares were non-structured in the sense that the children were allowed to play whenever they wanted to without specific times for certain activities that required the children to be quiet, still, and cooperative. Both participants reported that their children's behavior was not perceived as problematic until each respective daycare became integrated with Caucasian children, at which time the facilities became structured in their expectations of how the children were to behave. Both participants felt new pressures to address their children's acquired behavioral characteristics as a result of structural changes in the daycare. Both participants were in agreement that the daycare changes were in place to meet "white" expectations of children's behavior since the daycare now had Caucasian children. One participant reported feeling pushed out of the daycare due to continued frivolous complaints about her child's behavior. Subsequently, the participant took her child out of that daycare. The other participant's child was suspended from daycare and later was suspended from school because of staff perceived problem behaviors with the child. The changes in the daycares upset the participants because the children were once allowed to run free and do whatever they wanted to do and then abruptly were subjected to behavioral restrictions. Difficulties between participants and daycare staff regarding acceptable behavior continued as the children moved into grade school where expectations for child behavior became increasingly restrictive.

<u>Participants' perceptions of school - focus on discipline/behaviors instead of education</u>

The participants' perceptions of each respective school reflected their lived experiences. Most of the participants' children individually and collectively were identified with behavioral problems. Subsequently, the focus of class time for the child in question was spent managing behaviors as opposed to academic learning. As a result of the felt sense that their children were being micromanaged behaviorally for minor offenses, their academic learning was profoundly minimized. The unanimous belief of all participants was that the focus of the school as a system was on discipline/behaviors instead of academics.

Only one parent had a child who was not deemed to have behavioral difficulties. Instead, this child demonstrated learning difficulties. Initially, this participant thought that her child's academic difficulties stemmed from her not paying attention. This participant had beliefs that her child was saying she did not have homework when she did. After talking to her child's teachers, the participant changed her perception about the root cause of her child's academic difficulty when she learned that her child was in fact asking for help but was still struggling academically. Specifically, the child had difficulties with reading comprehension. The participant reported that because her child's difficulties were academic instead of behavioral, her child's difficulty was not correctly identified. However, the school implemented Title I Reading and Math support services as a preventative measure when she was first recognized by the school as having academic difficulties.   The participant reported that the support services were not effective in improving her child's grades, which continued to plummet, although the participant

acknowledged that the school did initiate an attempt to correct the difficulties her child experienced. The participant perceived the procedure intended to assess academic performance was more behaviorally than academically focused, and therefore did not adequately assess her child's functioning abilities.

As such, parents perceived the predictor of classification for special needs, learning support, and mental health conditions originating in childhood as fundamentally behavioral. Evaluations (formal and informal) conducted of the participants' children targeted the observable behavior of the child. Evaluations that led to diagnoses identified the participants' children with Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD), and Oppositional Defiant Disorder (ODD). For example, one parent said that the evaluation process for her child who had demonstrated learning deficits assessed only the child's behavior instead of academic abilities, she reached this conclusion because the test findings ruled out a learning disability, she believes, because her child was well behaved, attentive, responsive, and respectful. The evaluation report concluded with this description of the child without mentioning the child's academic functioning. As a result, the evaluation process strengthened existing perceptions that the schools' focus was behavioral instead of academic. In addition, the evaluation process fell short of the mother's expectations of what academic testing should entail since academic abilities were not the focal point of the evaluation.

Participants' perception that African American boys are disproportionately labeled with behavior problems

Half of the participants felt that school-based programs directly tied to psychological treatment (e.g., academic evaluations and special education placement) are

biased against African American males. Thus, this is a main reason why half of the participants supported the notion that the school's focus is psychological over educational for African American children. Specifically, one of the participants expressed deep concern about this phenomenon due to the residual effects of historical beliefs that ethnic minorities are intellectually inferior and the present day implications this issue has for the future of African American children. One participant acknowledged his awareness that a disproportionate number of African American males are identified and labeled in the school setting with behavioral and or emotional disturbances that lead to special education placement. As a result of this belief that a disproportionate number of African American males are recognized with behavioral problems, this participant stated that the school is a systemic mechanism invested in holding back African American males from their highest potential as evidenced by their receiving a substandard education.

In addition, this other participant through interaction with other parents; noted that a large number of African American males are diagnosed with behavioral disorders such as Attention Deficit Hyperactivity Disorder (ADHD). This participant emphasized her belief that something is amiss in the education system/mental health system if so many African American males are labeled with Attention Deficit Hyperactivity Disorder (ADHD) and/or special education placement. This participant discovered Caucasian children diagnosed with ADHD displayed more extreme behavior beyond what is characteristic of Attention Deficit Hyperactivity Disorder (ADHD), and yet they were only diagnosed as such.   The perception in this case was that the system in place that determines the classification for diagnosis is based on race and gender of the child.

<u>Race issues</u>

All participants declared race issues as a major culprit in their children's hardships with the school.   They all believed that school-based mental health treatment is discriminatory against African American children. The collective idea was that discrimination takes place in the documentation that determines a mental health diagnosis. This discrimination by the school prevents African American children from reaching their full potential. Special education, these parents felt, is a deep hole that African American children are pushed into with no way out. One participant stated, "My experiences which shape my thoughts on that is that I've seen too often students who started in special education in second grade that have stayed in special education all the way until they graduated." Participants believed African American children were ignored educationally but managed behaviorally as evidenced by instances in which children were not retested in order to assess the appropriateness of their continued special education placement. In response to addressing perceived race issues, this participant added,

> I mean forty years ago a person could just flat out tell you, I'm not hiring you because of this and you take that and leave, now it is more subtle, it's more, ok, let's put a documentation in place so by the time you do have to make that diagnosis or something you got all this documentation. What you're doing is you're writing people off and you're justifying it along the way, whereas you know 40 years ago it was just totally ignorant, but now it is more justified and more subtle.

Most of the participants referenced other personal experiences with prejudice and discrimination when discussing perceived discrimination against their children. Some of these same participants' experiences were perceived acts of prejudice and discrimination by their schools. Participants compared present-day issues impacting their children to historical occurrences of injustice, including their own earlier experiences with discrimination.   Additionally, most of the participants agreed that the way they as

parents/caregivers were treated by the school (e.g., teachers and administrators) was race based as evidenced by observations that Caucasian parents were catered to and were offered assistance more readily than they were.

School's stereotypical perceptions of African Americans

All participants reported that they believed that the schools' treatment of them was the result of negative and stereotypical perceptions of African Americans. Each participant detailed specific stereotypical perceptions they believed the school held of African Americans. One participant specifically explained that the perceptions teachers might have of African American children could be the indirect result of their interaction with the child's parent(s). This participant added that if the child's parent(s) was not receptive to the teacher's comments about the child, the teacher may draw false conclusions that are generalized to other African Americans. All participants reported that the school adhered to the attitude that African Americans are hopeless, unlikely to amount to anything in life, and so exerting any extra effort on them is pointless. This attitude is believed to result from a perception that education is not taken seriously by African Americans. Specifically, one participant reported in disbelief that the school explicitly stated, "This is as far as she (child) can go in life – accept it, we do." This particular parent expressed her felt sense that the school was just "letting her fall." Most of the participants used the phrase "black statistic" in their account of how the school perceived African Americans as residing in poor neighborhoods and single-parent families due to absent fathers.   In addition, teachers' belief that the African American children are more likely to have behavior problems was identified as a major negative perception impacting their children as well as other African American children in schools. It was one participant's belief that the media played a vital

role in the school's perception of African Americans by manufacturing negative stereotypes of African Americans. As a result, negative images of a few African Americans get generalized to all African Americans.

<u>Participants' perceptions of teachers</u>

Participants voiced their beliefs that they too held experiential perceptions of teachers. A variety of perceptions about teachers surfaced among most of the participants, including the notion that teachers are supposed to notify parents of a problem with a child as soon as one is recognized, although this did not occur with their children. One particular parent's experiential account of the school regarding her daughter's academic challenges entailed her initiating the process of trying to find out what she could do to help her child. At this time, the school was already aware of her child's difficulties, although the teacher did not share the magnitude of this problem with the parent. At the onset of the participant initiating a dialogue with the school about her child's academic challenges, the school's feedback was that the child worked best one on one, although no classroom accommodations were made to maximize her learning abilities. Half of the participants verbalized their felt sense of being unprepared to participate fully in meetings with the school regarding the child in question due to the schools' having a wealth of information that was kept secret beforehand. The participants reported experiencing such meetings as a way for the school to defeat the parent in "combat" by pulling out their "secret weapon" of documentation against the particular child. One participant felt the school tried to appear more important than they (parents/caregivers) were by hiding behind degrees. In other words, they felt school staff used their specific titles (e.g., school psychologist, principal, and teacher) as a means of establishing superiority over parents regarding their children.

Another participant believed the school engaged in this type of behavior more with parent/caregiver(s) whom the school felt were not intellectually sophisticated. This participant who is a caregiver of his sister's child, stated, "Because I am a little bit more sophisticated maybe than my sister is, there are some things that I know that maybe she is not aware of that I know, that they can't put it past me as opposed, they might try to put it past her." Parents perceived the school system as a social system invented and run by Caucasians for Caucasians. A common feeling among the variety of responses concerning the school system as a whole was that the participants held overall negative perceptions about the school system's morality.

Aside from the difficulties faced with the school, one participant reported that she remains optimistic in her perception of future teachers. This participant stated, "I'm hopeful that upcoming graduates will be a good batch of new teachers." It appears that this participant felt that many of today's teachers were "bad teachers" who lacked a genuine concern for children. Instead, the way in which teachers followed a systemic protocol suggested that being a teacher was just a job to them. This participant expanded on her view point by stating, "Too many children are getting labeled, and teaching good teachers that care could make all the difference." Additionally, this participant explained that she believed that parents have a responsibility at home to see after their children's academic and behavioral functioning, but this responsibility needs to carry over into the school setting. Therefore, the presence of a poor teacher could throw everything off balance as one parent notes, "As much as we like to say it starts at home, yes, it does start at home but also carries on into school, too, and a bad teacher can turn a kid around like you wouldn't believe."

<u>Neutral to positive perceptions/experiences of Health Systems</u>

Although participants reported a negative perception of the school system based on their experiences, they all agreed that there was no change in their original perceptions (neutral to positive) of psychological services. This is due in part to some of the participants' not having any experiences with mental health at the time of the interviews. When participants did encounter psychological services, the context in which this occurred originated with the schools' initiating the process by identifying a problem. For participants who had some exposure to mental health services, the reason given for their continued positive perception of psychological services was their belief that negative interactions in mental health are the result of individual practitioners, not the institution as a whole. One participant reported that he would give mental health systems an average grade in meeting the needs of ethnic minorities, specifically African Americans. All participants believed that mental health services have a viable purpose and that anyone should use the services if they needed them. Specifically, half of the participants reported that psychological services are valuable when it comes to "getting in the child's mind," and pinpointing underlying stressors or internal struggles that the child was not verbalizing. However, one hindrance to the use of psychological services might be their expense as one participant noted, "If I could afford it, I would get it for her."

One participant shared her personal experience of what makes for a positive perception of health systems. This participant reported that she and her children's pediatrician had a good relationship. This mother explained the factors that made this relationship with the pediatrician a good one: the pediatrician played with the children, showed genuine concern, and used a collaborative style with parents. Additionally,

another factor that helped strengthen the relationship with the pediatrician was that when the participant notified the pediatrician about the school's behavioral complaints about the child, the pediatrician never directly said that the child had Attention Deficit Hyperactivity Deficit (ADHD). The participant did not perceive the pediatrician as making a personal attack against her as a mother or her child and therefore did not take to the same defensive stance she took with the school staff. The pediatrician's stance with the parent shaped the participant's perception of the pediatrician as an advocate and confidant. Moreover, the parent and pediatrician together discussed ways to address the child's functioning in the school that would be comfortable for the family. As a result, the parent saw the as an embodiment of quality health treatment.

Open communication between child, parent, and teacher needed

It was one participant's belief that the quality of the relationship between parents and school personnel will not improve until a collaborative approach to assessing children is utilized. This participant added that if a collaborative approach between parent and teacher does not occur that children will ultimately pay the price. Open communication between the child and parent was also identified as an ideal approach to counteracting problem areas by most of the participants. One participant stated, "the parent needs to know what is going on with the child in his or her life [e.g., stressors with home life, school, peers, neighborhood] in order to ameliorate problem areas." Another participant explained that open expressiveness on the part of the child could hold the key to resolving problems. Specifically, open communication would take the form of the parent/caregiver inquiring with the child about what is troubling him or how he feels about certain situations going on in his life. Participants felt that a partnership between parents and the school would be an

added means of staying in tune with children about the issues they faced so that situations could be resolved before they worsened.

Lack of support from school

All participants expressed the belief that their children's difficulties in school worsened due to the school's disregard of parental input concerning their children. This belief was supported by each participant's experiencing the school's refusal to act on their requests made by them to provide resources so that each caregiver could better help his or her child. Most of the participants requested that their children be placed in smaller classrooms. This request went unaddressed by the school. Other requests that were made by the caregivers included one on one education (individual attention), and learning support. All participants reported that there were not any accommodations made or collaborations with the caregiver on behalf of the child other than what the school implemented on its own, if anything.

Half of the participants reported that the school only suggested medicating their children as the solution to the children's difficulties. Both of these participants followed through with the school's strong suggestion to medicate their children and found that the medication did not correct the root of the problem. Medication served to just sedate the child. The perception of these two participants was that the suggestion to medicate reflects the school's laziness in addressing the problems. Half of the participants expressed deep concern about the devastating possibility of their children dropping out of school as a result of years of frustration with academic struggles which worsened due to the school's lack of commitment.

One participant expressed concern about her child's emotional wellbeing as a result of worsening academic difficulties. Differences she noticed in her child alarmed her: her child's new-found sensitivity about her grades, tearful assertions that she was trying, and unwillingness to share her grades with others. The participant felt her child to be ashamed of her grades and she feared that her child would become ashamed of herself by internalizing her school difficulties. This participant desperately wanted to have her child's academic difficulties addressed before her emotional self became jeopardized. The emotional reaction of the participants varied from feeling frustrated with the school, to being upset, to feeling helpless when no resources to help their children were provided.

Interestingly, another participant reported that he took advantage of a wealth of resources at his disposal which allowed him to counteract problems the school said his nephew was having. He attributed his knowledge of the internal processes of the school system to years of experience he had working for the school district. In addition, this participant was well connected to other professionals, including a psychologist friend who helped him decipher the school's evaluation report about his nephew. This participant reported that the evaluation report done by the school had some inaccuracies, which his psychologist friend helped him to discover.

Subsequently, this participant was prepared to confront the school with his findings, at which time school officials spoke of being less sure of their conclusions based on the evaluation report. The participant reported that the school reversed its position as evidenced by the following statement, " Once I got involved, then they back pedaled somewhat, they back pedaled because I started speaking their language, then again I spoke to my colleagues, a friend of mine who shared some information with me, and then once I

spoke the same language they did, then the back pedal came into place."

He attributed his success in reversing the potential damage of the school evaluation's report on his nephew to his involvement in school matters and networking with other professionals in related fields. Subsequently, he had acquired an ability to informatively and effectively deal with the school system. This participant voiced his beliefs that the problem lies with a lack of activism as well as complacency on the part of parents. He said,

> I don't think there is so much a lack of awareness because the school district does put out information...It has been a lack of activism...It's been complacency and whether it's African Americans or whether its Caucasians, there is a lack of getting involved for whatever reasons, there is a lack of that.

Caregiver/parent(s) proactive in constructing strategies to help child

All participants reported that they were proactive in implementing strategies of some sort to help their children. Most of the participants reported use of a daily notebook to log behavior that the teacher and parent used. One participant and her children's pediatrician came up with the idea of a behavior journal (logbook) and other ideas to modify behavior. Half of the participants reported problems with the teachers not consistently logging behavior in the notebook. Specifically, one of the participants stated that the teacher continued to verbally notify her about the child's behavior in front of the child. This occurrence was considered to be highly upsetting to the participant as the log book was the intended means to communicate negative comments about the child without the child's having to over hear it.

Another participant reported that the school initially refused to use the logbook at the parent's request. The participant felt this reaction from the school was the result of their being offended by a parent's giving an assignment for the teacher to do. This perception was solidified when the school insisted that the parent fill out a school version of a book to

log homework completion before the school reciprocated in filling out the parent version of a book to log school behavior. For the participant, the log book would help everyone get a better read on patterns of behavior to eliminate or add to counteract struggles in school. The teacher's reluctance to use it was disappointing as evidenced by the use of additional strategies implemented by one of the participant's. Additional strategies included a home tutor, a spiritual counselor from the family's church, and study material from a family member who was a retired teacher. The participants' use of these strategies individually and collectively was an attempt to find a means to correct the children's difficulties. Half of the participants mentioned that they had at least considered home education as a way to eliminate school problems such as behavioral complaints or unaddressed academic difficulties.

Half of the participants did choose to use alternative schools as a way to address their children's difficulties with the school. In both cases, the alternative schools did not endorse continuing problem areas with the child and therefore were considered to be effective. One participant reported that the alternative program was effective in part because it used a reward system that included visual reinforcers (i.e., stickers) for good behavior. Therefore, the child was motivated by a visual goal to reach. A motivating factor for putting the child in the alternative school was that the original school threatened to hold the child back a grade due to behavioral problems. The other participant explained that the alternative school explicitly stated that the child was just "a typical boy." This school did not attempt to shape the child's behavior; however, at the participant's request, the school did provide the participant with behavioral strategies that were effective when used consistently. In addition, this participant reported she sought additional help via

magazine articles and television programs related to child development.

For one participant other choices of help included implementing behavioral strategies in the home for the purpose of having the child burn off excess energy (e.g., push ups, running laps, and helping around the house). In contrast to spanking her children, one participant explained that she redirected her children when necessary to doing something more appropriate. In addition, this mother tried behavioral strategies to correct her children's behavior such as the use of time out and taking away privileges. The participant particularly used the elimination of sugar for one of her children whom the school said had hyperactive behavior and related attention deficiencies. The school system and several of the participants were at polar opposites about both perceptions of the children in question and solutions to difficulties. The combinations of home-based forms of help seeking and behavioral modifications in the classroom were appropriate solutions to curbing children's behavior whereas the school system gravitated toward the use of formal diagnoses and medication.

<u>Perceptions of medicating children for psychological/behavioral problems</u>

Half of the participants were told by the school to medicate their children. Participants had varying levels of openness to medication. One of the participants reported that she was always open to using a mild, non-habit forming medication. This participant reported that the child was only given the medication when it was needed and that it was found to be effective in curbing negative behavior. In contrast, the other participant reported that she initially displayed a strong resistance to medicating her child. Only after coming to a consensus as a family to do what was best for their child did the participant feel comfortable enough to try medication in order to reduce bodily movement that impeded his

focus and attention. This participant described her child on the medication as, "a zombie."
The participant explained that her child was extremely sedated as evident by him staring
off constantly. She reported that her awareness of the negative side effects of medication
was one consideration against medicating her child. As a result of negative side effects the
child's medication type and dosage was changed to one that was more suitable for the child.
However, the participant stated that she refuses to increase the dosage of medication any
further due to little to no improvement in attention and behavior. Her attitude was that the
school will have to figure out how to best deal with her son if the potency of the current
dosage of medication begins to fade. This same participant perceived medicating children
with psychotropic drugs as labeling children with something that will follow them
throughout life. In other words, the physical risks as well as social ramifications to a child
medicated for perceived psychological problems were considered to be too great, therefore
the accountability will be put back on the school to configure an alternative plan for the
child.

Parents' rights to disagree with school's findings/diagnosis of child

All participants expressed strong disagreement with the schools' conclusions and
subsequent recommendations about how to treat their children. In particular, all
participants explained that a deeper investigation of a child's functioning was warranted,
although such investigation did not occur in each respective school. Acceptable forms of a
deeper investigation into a child's functioning as the participants' perceived it, would
include consideration of what might have been missed, as well as what else the school
could have done to gain the satisfaction of the parent/caregiver, to make the
parent/caregiver feel that everything that could have been done, was done for the sake of

the child. The collective perception among the participants was that the school expected

parents/caregivers to be receptive to the findings provided and when parents/caregivers

were not the school perceived the reaction as oppositional. Participants felt schools

believed they knew the absolute "truth" and shouldn't be questioned. The idea was the

school perceived itself as the "expert" on the participants' children. It appeared that the

schools process of concluding findings/diagnoses of the children left out the

parent/caregiver(s) accounts of their own children and as a result caused a disconnect

between both parties. Such disconnection has led to disagreement as well as resentment of

the system and its evaluation processes. All participants reported verbalizing their desire

to be "let in" on how the school arrived at their findings. One participant in particular

stated,

> I think anytime the parents go along and don't challenge the school, I think it lowers
> the school's expectations of that student and of that parent. If the school comes up
> with a diagnosis that this child has some mental deficiencies, that is mentally
> challenged, and the parent doesn't at least go through or make sure, ok, you came up
> with this diagnosis, I want you to show me how you arrived at that, if the parent
> doesn't do that then that lowers the threshold for the school to say, since you didn't
> challenge this, then maybe we don't need to put together a plan six months from
> now to see where we are.

In other words, if parents are not proactive in ensuring that their children are evaluated

adequately, as well re-evaluated to assess the continued appropriateness of diagnoses and

school placement a bleak future for the child may be the result.

School system caters to only one learning style

Many participants felt that a significant problem related to how the school

perceived the children rested on differences in learning style among African American

children. Participants felt that the school used only one learning style in educating children.

The consensus among all participants was that the school system catered to only one

learning style. Learning style, participants felt was based on how the majority of children acquire knowledge. Children who did not perform optimally in the learning style preference of the school were identified as having learning and or behavioral problems. All participants believed that these decisions are made prematurely without actively working with the specific child to maximize that child's learning potential. It was the perception of the participants that the school's attitude toward such children and their parent/caregiver(s) was that if the child could not learn in the method of teaching used, it was an indication of a learning problem which may be behavioral in nature. Half of the participants believed that when teachers do not work with a child to determine the method by which the child learns best, it indicates in teachers a lack of creativity and care for the child. Half of the participants stated that teachers need to be accommodating to students who learn best in a different learning style other than the one being used. Different learning styles identified were visual, auditory, and hands-on learning.

Participants also believed differences in culture were a major factor in the difference in learning styles strengths and weaknesses of African American children. One participant noted,

Dominate culture may not necessarily see that I need to sit and interact with the students and get some feedback from them, whereas the minority culture may feel as though interaction is a good tool as far as learning because you are allowing that person to interact and a lot at least from what I've remembered growing up, I've learned a lot more through interaction, from role playing, from discussions. I don't think that those different learning styles always come into play.

Several participants referenced their own life experiences across various discussions concerning their children. It appears that their own experiential accounts of difficulties with social systems (e.g. education, employment) were psychologically significant in these problems in part laid the foundation from which they draw their perceptions. Half of the

participants had a perception of a "white model" of education due to standards of behavior felt to reflect white values (e.g., sit in your seat, face forward, don't move or be distracted by anything). Participants felt that a collaborative model among parents, teachers, and administrators should be used to develop alternative or eclectic styles of teaching in order to engage all students in learning. In doing so, truly no child is left behind to slip away academically.

Closing the cultural gap between evaluator and client

Participants believed that cultural differences shaped how evaluators viewed learning and behavioral profiles of the children. One participant highlighted the distinct cultural difference that often exist between the school evaluator and ethnic minority evaluatees. He expanded on his point by drawing reference to the psychological impact of an evaluator's approach not matching the cultural situadedness of the evaluatee.

He stated,

If I grew up lower middle class, poor even, if I grew up that way and I go to school for my doctorate and all that stuff and I start having to make diagnoses on different individuals, I would think someone who grew up affluently rich in a rich neighborhood with a lot of money, the family is well to do and this and that, there is going to be some barriers there that would make it difficulty to bring our cultures together because our experiences are going to be different, that doesn't mean that we can't bridge that gap but it does mean there has to be a willingness on the part of the diagnoser and the diagnosee to reach out and say you know something, I have a difference here with this person and I'm not very familiar with this because I didn't grow up that way. Now having said that, I need to either (A), try to adapt my way of thinking so maybe I can learn from this person or get some information that can help me or (B), maybe reference someone who may have been in those experiences a lot longer than I have and have been able to make those adjustments based on how they've been able to do things and how they interact and worked with individuals from that different culture.

This participant believed that the evaluator has an obligation to himself as well as the evaluatee to become culturally competent. There has to be a deeper level of interaction in order to acquire a cultural understanding of the person being evaluated. Participants felt it critical for evaluators to become culturally competent in order to be fair and partial in an evaluation. Only then can the cultural gap between that person and the evaluatee be closed.

Although caregiver/parent(s) perceive child's functioning as problematic as school did, they are more supportive of child.

Although distinct cultural differences are driving forces in how the school and participants viewed the children, all participants agreed that during the early academic years the participants also perceived their children's functioning as problematic. There was a difference in meaning assigned to the behaviors the children displayed for the participants. Most of the participants identified hardships of the African American community as a reason why African American children experienced difficulties. One participant in particular stated,

> I believe we see it more in depth because we see the complete problems internally that affect how we operate, how we do things, my son is going to school this and that, and he had to get up this morning, you know, and I had to go to work, and his dad is no where around and he had to get his younger brother and sister up and he had to get them dressed and fed and get them off to school and he didn't have a chance to eat breakfast because he was going to miss the bus.

The perception was that African Americans have a deeper understanding of internal problems going on in the African American community and therefore are more supportive of African American children. There was a collective belief that the reason why African American children are more likely to act out is because of environmental stressors. African American teachers were considered more supportive and encouraging toward African American children because they understand the historical and current hardships of the

African American community. Half of the participants identified a clear distinction between the larger culture and African American culture. One participant in particular stated, "African Americans might perceive the child's behavior as a problem like the larger culture; however, African Americans have a deeper understanding of why the child is demonstrating these behaviors."

One participant who was the adoptive parent of the child discussed had a unique perspective on the root cause of the child's functioning. She perceived the child's trouble in the school as not being his fault and that his difficulties stemmed from his being born to a drug-addicted mother as well as father. The participant reported that she researched developmental outcomes of children born to drug-addicted mothers. She obtained her information in part from watching related news on television and reading articles. Her findings shaped how she came to understand this child's physical and psychological functioning. Subsequently, she perceived the child's behavior from a position of sensitivity and patience with him that the school did not share in their assessment of him. As a result, the child's biological history served as a backdrop from which the adoptive parent dismissed behavioral proclaims made by the school against her child.

When participants notice behavior problems in their children, they do not formally label them; instead they attribute these behaviors to a lineage of family traits. One participant stated, "We don't label it, instead we draw the lineage from mom or dad's side of the family as far as similar traits." Participants saw the current wave of diagnosing children with psychological problems as a sign of the times in which active behavior is labeled as abnormal, whereas in the past; such a child had a lot of energy. However, physical abnormalities such as physically handicapped or seizures were considered to be the

exception in that African Americans have always labeled these problems. Nevertheless, whether dysfunctions were psychological or physical, all participants were agreed that African Americans are more patient and more likely to deal with such issues on a family/community level.

Guilt and Shame

In acknowledging their children's problems, some participants reported feeling shame and guilt. In particular, most of the participants who were mothers explained that they felt shame because they felt that their children were singled out by the teachers who complained to them about their children's behavior. Most of the participants admitted to doubting their parenting abilities by asking questions such as, "What kind of parent am I?" This self doubt occurred during moments when teachers complained about their children and felt these complaints were a personal attack on them since teachers saw the children as a reflection of the caregivers. Two mothers attributed their children's difficulties to themselves, such as work limiting their availability to both their children and the school. One of these mothers detailed additional personal factors of her own that she felt guilty about and believed were responsible for her child's difficulties in the school. Personal factors included being a poor, young, and single mother who was not selective enough in choosing an adequate father for her children.   The participants in part blamed themselves for their children's struggles in school. It was not uncommon for those participants who felt guilt and shame to seek emotional refuge in their respective families and communities.

The African American Family

Half of the participants noted that the African American family was a vital source of emotional support. Specifically, two of the participants reported that they turned to family

for emotional support from the hardships they experienced with the children's respective schools. Descriptive characteristics of the African American family included tight knit, sensitive, understanding, and inclusively invested in one another. When problems arose, the African American family was considered to be a source of retreat, healing and communion. One participant who was the grandmother of the child was the primary source of help and source of emotional support for her daughter, whom became frustrated with the problems her child was experiencing with the school. Another participant consulted with a family member whom was a retired school teacher as to how she might better help her child with academic struggles. Problems of any nature and magnitude were dealt with on a family level. Specifically, one individual family member's problem was viewed as a problem for the entire family and as such the family collectively worked to solve the issue. One participant reported a belief that the African American family is more likely to deal with family problems directly than Caucasian families as evidenced by the lower number of African Americans residing in nursing homes compared to their Caucasian counterparts.

In addition, the church was considered an extended branch of the family tree as it lies at the heart of the spiritual health of the family and, broadly speaking, the community. The church leader in particular was felt to embody spiritual richness that transcends the wounds of those in need of spiritual rejuvenation. It was not an unusual occurrence for the church leader to serve in the role of a counselor for the family, although the term *counselor* was reserved for mental health service workers.   For example, one participant consulted with the church leader when her child was proclaimed by the school to be experiencing difficulties. This participant sought pastoral counseling as a form of help for her daughter. This participant was hopeful that the pastor might have been able to identify the source of

the child's difficulties and as such work to resolve the issue. The African American family, including the church, was believed to serve in a preservative and protective mode to individual members in time of need.

<u>Significant forces in the African American community that sets a stable holding of African American children</u>

Half of the participants reported that "big mamas" were an extension of the family and served to hold the African American community together. "Big mamas" were defined as African American grandmothers. These participants believed that African American grandmothers provide guidance and physical discipline for African American children. By the participants account, physical discipline has been a standard mode of child rearing. One participant reported that she intentionally used the same child rearing customs with her children and grandson that she was raised with. The reason she relied on what she felt was African American child rearing customs was because it was effective with her as a child as well as with previous generations. Participants felt a temporal catastrophe with "big mamas" was taking place as a result of there being a multigenerational occurrence of teenagers becoming parents. This phenomenon participants felt, offset the abundance of older grandparents to pass on wisdom and guidance to children. As one of the participant's stated, "I think the absence of the 'big mamma' is really hurting a lot of kids." Participants believe the dire condition of African American children in today's generation is in part a result of this issue. Another participant explained that the influential power "big mamas" once had in the lives of African American children has been replaced with drugs, violence depicted on television and negative messages in music. As a result of this generational shift, African American children were felt to be less respectful of themselves and others.

This distinct generational difference was pertinent to one participant who in telling her story, said, "You get a good outcome from me looking back and you know, how I was brought up, and there was no damage there. I'm from the ole school, physical discipline, respect for elders." This participant's perceptions of acceptable forms of help seeking were anchored in her generational situatedness.

Another significant force in the African American community that served to stabilize African American children was the role of a strong male figure. Most of the participants were in agreement that a strong male figure was needed in a young boy's life in order to curb behavioral disturbances. Specifically, half of the participants perceived male teachers to be more effective as evident by children's listening more attentively to them. One participant in particular stated,

> We probably do view some of that the same as maybe the larger culture but I do know that, your dad's not there, that's a huge impact on a young man's life. That's a huge impact. The absence of their father plays a huge part in how they do things, in how they interact, so that does have an impact...African Americans do understand that some of our children do have some problems, but the nuclear family in the African American family is nothing like the nuclear family in the others, and their family is changing too. Dad is not there like he used to be either, but when that nuclear family isn't in place and that son has got to be raised by his mom that is a difficult situation. You can't expect for well, I'm going to come here and I'm teaching these students and they are going to come here and sit down and cross their hands and sit and listen and this and that. The days of *Leave it to Beaver*, a lot of those kids are gone. They don't exist like that anymore.

It seems to be apparent from the participants' comments that the deterioration of the traditional nuclear family is affecting all cultures, but more severe deterioration was taking place in the African American community. The perception among many participants was that teachers need to adjust themselves to the conditions of the modern family as opposed to teachers feeling as though children should adapt themselves to out-of-date behavioral expectations. That being said, parent/caregiver relationships with mental health systems is

likely to be positively affected if the mental health system also broaden its scope of factors that might be shaping the psychological functioning of children. At the very least, such consideration could potentially increase the openness that African American parents/caregivers could have both to initiating the use of mental health services as well as being more receptive to diagnostic findings.

The unexpected finding within the interviews was that parents/caregivers did not blame the mental health system that originated diagnostic labels as much as they blamed the schools that placed these diagnostic labels on their children. The experiential accounts about which participants dialogued about pointed to the significance of cultural differences in how behavior was perceived by the school system versus African American parents/caregivers. Reported cultural differences stand to impede the relationship between African American parents/caregivers and mental health systems as well as it is worthwhile to further investigate and pay special emphasis to closing the cultural gap between systems (e.g., education and health systems) and those they assess. Those who evaluate children must consider the cultural situatedness of the person being evaluated and how that shapes the meaning given to modes of functioning in the world. Participants strongly felt that if such systems worked to improve their cultural sensitivity, stronger, positive relationships with parents/caregivers would result as well as greater insight into more effectively identifying and treating African American children.

Discussion

The discussion section will review the themes that were derived from analysis of participants' descriptions of their experiences. In addition, the discussion section will provide illustrations of themes by quoting directly from participants' descriptions. Finally, the discussion section will include implications of the themes for psychology and the mental health field in general. Similarities were equally important to me as differences between individual experiences since they are intimately connected when exploring participants' life experiences. I attempted to understand the structural interrelationships of aspects of the phenomenon and, by contextualizing themes in their relationships, to understand those themes that differed between participants.

This phase of the research begins with an overview of African American perceptions of symptoms that were believed to be markers of childhood behavioral disorders, and moves into further psychological analysis of various characteristics of African American perceptions of psychological services. Aspects of the African American experience with symptoms of childhood behavioral disturbances and psychological services tended to group around the following classic existential themes, as discussed in the Method section: identification of problem, decision making process about how to address identified problem, acceptable forms of help, perceived barriers to seeking help and method of help utilized. If the participants did not address one of these areas during the interview, I prompted them with directive questions about the omitted area. Therefore, the categories themselves, in part, formed my own preconceptions about African American perceptions of childhood behavioral disorders and psychological services, such as the idea that African American perceptions of childhood behavioral disturbances and psychological services

would be unlike the perceptions of the dominant culture. I used the themes that arose from the interview questions to order the data, not to label each aspect of the experience under a strict system of categorization. Rather, each of the above categories serves to present the reader with a thematic conceptualization of the lived experiences of African American caregivers of children who are suspected of having symptoms of childhood behavioral disorders. The identification of a problem category explores aspects related to whether or not the caregiver perceived the child's behavior as problematic or was it a matter of the school identifying a problem with the child. The decision making process category explores the participants' senses of what direction was taken in addressing the identified problem. The acceptable forms of help category refers to the alternative forms of help seeking that the participants perceived to be acceptable in comparison to the respective school's course of treatment. The perceived barriers to seeking help section covers what participants perceived to be barriers to obtaining forms of help for their children. Finally, the method of help category details the form of help the participants ultimately decided upon in the interface between their children's perceived difficulties and school based psychological services.

While the specific details of each participant's perceptions of their children's behavior and each respective school's perception of the same childhood behavior varied from one individual to the next and from one experience to the next, some similarities still arose. For one, the participants felt that the children's behavior was normal, typical child behavior. Specifically, they felt that the children's behavior was typical behavior for a boy. Interestingly, the criteria of acceptable behavior was expanded to energetic and animated for African American boys. For example, Rodney felt that the child was no different than

any other African American boy. The participants believed that the school had constructed

diagnostic labels that were intended to pathologize normal childhood behavior.

Specifically, there was a collective belief that behavioral traits that were felt to be

characteristic of African American children were being pathologized by each respective

school. For instance, the criterion for a childhood behavioral disorder such as Attention

Deficit with Hyperactivity Disorder (ADHD) was felt to be geared toward African

American boys. The school's criteria for acceptable behavior were felt to reflect white

standards of normality and pathology. For example, Rodney and Beth explained that the

difference in perception of the child between the parent/caregiver and teacher was the

result of the school expecting children to behave like "little adults." Specifically, Patsy

explained that her understanding of her child being diagnosed with Oppositional Defiant

Disorder (ODD) was that he talked back occasionally. This participant felt that mild acts

of disobedience were to be expected from young children. This study's findings indicate

that if there is a difference in perception of what is considered atypical or not between

parents and evaluators it could lead to an aversive relationship. The common theme among

the participants was that children are supposed to behave like children and if they don't, this

is what is not normal.

The participants believed that white standards of normality and pathology extended to a

"white model" of education. The participants reported that a white model of education was

evident by the school's expectation of the children to sit in their seats, face forward, and not

be distracted by anything. Rodney expressed his belief that differences in culture were

responsible for variations in what was valued in children within an academic setting. For

example Rodney stated, "dominate culture may not necessarily see that I need to interact

with the students and get some feedback from them, whereas the minority culture may feel as though interaction is a good tool as far as learning is concerned because you are allowing that person to learn a lot more through interaction, from role playing, from discussions." Whereas, Marsha believed that the severity of her child's learning weaknesses were undermined because the school's standard of normality and pathology was based on a behavioral profile. Marsha felt that because her child was well behaved that the school did not accurately evaluate her academic performance, although she struggled academically for years. It was the overall perception of the participants that the school's protocol for evaluating children was strictly behavioral in nature. The majority of the participants would agree that the school's attitude was that if the child could not learn in the method of teaching utilized it was an indication of a problem that warranted an evaluation. Based on this study's finding, a more effective approach might be for teachers to try an eclectic teaching approach in order to learn of children's academic strengths and weaknesses before resorting to the assumption that a child is suffering from a psychological disturbance. Thus, African American parents/caregivers might become more receptive to the school's use of psychological treatment if they felt that the school exhausted all other possibilities before making this diagnostic decision on the child.

Furthermore, the participants felt that school based practices were directly related to psychological treatment (i.e. behavior checklists, school based psychological evaluations). Evaluations that lead to diagnoses identified the participants 'children with Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD), and Oppositional Defiant Disorder (ODD). Rodney acknowledged his awareness that a large number of African American males were identified and labeled in the school setting with

behavioral disturbances. Subsequently, this participant came to believe that the school system was invested in holding back African American males from reaching their fullest potential as evident by them receiving diagnostic labels and subsequent treatment regimens. Patsy reported witnessing a large number of African American males diagnosed with behavioral disorders such as Attention Deficit with Hyperactivity Disorder (ADHD) in comparison to Caucasian children. She added that Caucasian children often times displayed more severe behaviors than African American children; however they either were not labeled or received a milder diagnosis for the same behavior profile. Therefore, there was a collective perception that the school evaluation process was based on ethnicity and gender of the child which determined the classification for diagnosis.

All participants declared race issues as a major reason for their children's difficulties with the school. They all believed that school based psychological services were discriminatory against African American children. The collective idea was that discrimination was taking place as evident by documentation that supported an evaluation and subsequent placement of African American boys into special education. For example, Rodney explained that through years of employment with the school system too often students who are placed in special education early on during the school years stay placed there until they graduated.   Rodney stated, "special education is a deep hole that African American children are pushed into with no way out." Additionally, most of the participants endorsed experiencing discrimination first hand by teachers who noticeably interacted with them more negatively than Caucasian parents. This investigative finding warrants evaluators whom are often times Caucasian to be sensitive to how they interact with minority individuals in order to eliminate a felt sense by recipients of services that racial

issues whether subtle or not are taken place.

All of the participants attributed the school's negative treatment of them to the belief that the school held stereotypical perceptions of African Americans. The collective idea among the participants was that the school adhered to the attitude that African Americans do not take education seriously. For example, Rodney explained that the perceptions teachers might have of African American children could be the indirect result of their interaction with the child's parent(s). This participant added that if the child's parent was not receptive to the teachers' comments about the child that this might lead the teacher to draw stereotypical conclusions about all African Americans. This felt perception of African Americans was believed to be the reason why teachers did not exert extra time and effort on interacting with African American children and their families. For example, Marsha reported that in meeting with the school concerning her daughter she was told, "this is as far as she (child) can go in life – accept it, we do." All of the participants used the phrase "black statistic" in their account of how the school perceived African Americans. The participants reported that occurrences considered reflecting "black statistics" included residing in poor neighborhoods, and single parent families due to absent fathers. Another stereotype that the participants felt the school held of African Americans was that African American children are more likely to have behavior problems. If this finding is a reflection of what happens on a larger scale regarding teachers' limited and negative perception of African Americans, then it closes the possibility of considering multiple factors that might be beneficial to consider in working with African American children and their families.

All of the participants agreed that during the early academic years that their children's behavior was problematic. However, they all identified hardships of the African American

community as a reason why African American children experienced behavior problems. Among the participants there was a deeper understanding of the behaviors the children displayed. For example Rodney stated, "I believe we see it more in depth because we see the complete problems internally that affect how we operate, how we do things." The consensus among the participants was that African Americans consider the internal problems going on in the African American community and therefore are more supportive of African American children. For example, Patsy, Rodney, Marsha, and Betsy felt that African American teachers were considered more supportive and encouraging of African American children because they understand the historical and current hardships of the African American community. As Rodney stated, "African Americans might perceive the child's behavior as a problem like the larger culture, however African Americans have a deeper understanding of why the child is demonstrating these behaviors." The children's difficulties were felt to reflect sociocultural factors instead of psychological issues. This finding might warrant a need for more thorough multicultural competency training for school personnel that will interface with minority individuals.

The participants felt that teachers followed a rigid protocol for assessing children without consideration of sociocultural factors that might impact children emotionally and behaviorally. The participants all agreed that it appears to be the case that there is a lack of genuine concerns on the part of teachers for African American children. Based on this finding, it is my assumption that instead of it being a lack of genuine concern on the part of teachers for African American children, it could be due to Eurocentric training and subsequent standards of professionals which could lead to a different understanding of the same phenomenon. One of the participant's felt that many of today's teachers were 'bad

71

teachers' that lacked a genuine concern for the children; instead the teachers followed a systemic protocol that demonstrated that being a teacher was just a job to them. This participant expanded on her view point by stating, "too many children are getting labeled. Teaching good teachers that care could make all the difference." Additionally, this participant explained that she believed that teachers like parents have a responsibility to monitor children's academic and behavioral functioning. The presence of an uncaring teacher could throw everything off balance as evident by the statement, "As much as we like to say it starts at home, yes it does start at home but also carries on into school too and a bad teacher can turn a kid around like you wouldn't believe."

In addition to the disregard of sociocultural issues that might impact children's development, the participants felt that teachers also disregarded their input on behalf of their own children. All of the participants reported that the school proceeded with evaluations and school meetings regarding the child without notifying parents/caregivers. The participants reported gaining awareness of the child's school difficulties after the school was already aware of the issue and in many cases treatment approaches were already underway. For example, Patsy and Marsha reported feeling unprepared to fully participate in school initiated meetings concerning their children because the school had a wealth of information collected on the child that was kept silent before the meeting. The participants reported that they were not informed of their children's difficulties until the problem had become exacerbated. Patsy explained that she experienced the school to try to appear more important than the parent/caregiver of the child by hiding behind degrees which seemed to legitimize their conclusions drawn on the child. In addition, Rodney perceived the school to engage in this type of behavior more so with parents/caregivers that

the school felt was not as intellectually sophisticated. The participants were in accord with

holding negative perceptions of the school system's moral and ethical conduct. This study's

findings are pertinent to mental health as a whole in the sense that it is worthwhile for

professionals to be mindful of what they convey in their dialogues with clients whether

intentional or not. It is a possibility that Eurocentric attitudes as well as standards of

normality and pathology might be closing off the collaborative approach between

evaluators and clients.

The participants formed a negative perception of the school as a result of the school not

including them in its process of concluding findings on the children. The collective

perception among the participants was that the school expected them to be receptive to the

school's conclusions about the child and when this did not happen they were viewed by the

school as being oppositional. The participants were in agreement with the belief that the

school held the absolute "truth" and should not be questioned. The idea among the

participants was that the school perceived itself as the 'expert' on the children. The

subsequent disconnect that resulted between school personnel and parents/caregivers led

the participants to resent the systemic structure of the school's evaluation process. Based

on the narrative accounts of the participants, it appears that parents who question the

school's diagnostic evaluation might be perceived as interfering with what the school

system views as the correct way to shape child development. Therefore, parents might

perceive this attitude on the part of the school as an act of superiority over them in regard to

their own children. The participants reported having to be assertive with the school in

order to counteract against school professed diagnostic findings. For example, Rodney

stated, "I think anytime the parents go along and don't challenge the school, I think it

lowers the schools expectations of that student and of that parent, if the school comes up

with a diagnosis that this child has some mental deficiencies, that is mentally challenged,

and the parent doesn't at least go through or make sure, ok, you came up with this diagnosis,

I want you to show me how you arrived at that, if the parent doesn't do that then that lowers

the threshold for the school to say, since you didn't challenge this, then maybe we don't

need to put together a plan six months from now to see where we are." All of the

participants reported that they wanted to be made aware of all the steps involved in the

school's process of evaluating and arriving at concluding findings regarding the child.

Rodney stated, if parents are not proactive in safe guarding their children to ensure that

they are evaluated adequately as well re-evaluated to assess the continued appropriateness

of diagnoses and school placement, it can cause a bleak future outcome for the child.

Marsha, Rodney and Patsy expressed their belief that the school perceived

parents/caregivers who were actively involved with the school regarding their child as

"spying" on the school. Subsequently, the participants held the idea that the school pays lip

service to parent involvement in the child's education.

Many of the participants believed that lack of communication was the major reason for

the worsening conditions of their children. The participants felt that open communication

between themselves and teachers is critical to the overall success of the child. All

participants reported that the school did not welcome their input nor did they collaborate

with them regarding the treatment of their children. Many participants were in agreement

with the idea that if teachers insist on not communicating early on with parents/caregivers

then children will inevitably suffer the consequences. This study's findings indicate that

this lack of collaboration might be experienced by other African American

parents/caregivers in their relationship with their children's schools. Thus, it would be worthwhile to further investigate the relationship dynamics between African American parents/caregivers and school personnel regarding children's functioning.

The participants all agreed that in addition to each respective school not collaborating with them, the school refused to act on the parents' requests so that they could better help their children. Beth, Marsha and Patsy requested that their children be placed in smaller classrooms. This request went unaddressed by the school. Other requests that were made by the participants included one on one education (individual attention), and learning support. The participants' children did not receive any accommodations other than what the school implemented on their own, if anything. Beth and Patsy reported that the school only suggested medicating their children as the solution to the children's difficulties. These participants followed through with the schools strong suggestion to medicate their children and found to no avail that the medication did not correct the root of the problem.

The participants felt that the schools should have accountability to finding an alternative plan in addressing the children's difficulties instead of resorting to suggesting medicating children. Beth and Patsy arrived at the decision to medicate their children at different levels of readiness. For example, Beth reported that she was open to using a mild, non-habit forming medication. This participant added that the child was only given the medication when it was needed and that it was found to be effective in curving behavior. Patsy reported that she initially displayed a strong resistance to medicating her child. Patsy came to the decision to medicate her child after coming to a consensus as a family that medication might help him [child] improves his behavior at school. Patsy explained that the medication affected her child in a negative manner as evident by the child staring off

constantly like "a zombie". The participants were in agreement in the belief that medicating children with psychotropic drugs served to label them with something that will follow them throughout life. Specifically, the participants considered the physical risks as well as the social ramifications of children receiving psychotropic medications to be too great. This study's findings could serve as an alert for evaluators to give the same level of consideration to the negative outcomes associated with medicating developing children with psychotropic medication. In addition, this study's finding warrants further investigations into the frequency with which evaluators' first course of treatment for children is medication.

The participants felt that the schools recommendation to medicate the children was done hastily as well as irresponsibly as evident by the school not offering alternative forms of treatment. As such, the participants were proactive in self-implementing other strategies of some sort to help their children. The participants implemented the use of a notebook to log the behaviors of their children in order to modify undesirable behavior. Many of the participants reported experiencing resistance and or inconsistencies with the school utilizing the logbook. For example, Patsy explained that her child's teacher repeatedly verbalized complaints to her regarding the child's behavior in the presence of the child as oppose to writing it down which was the intent of the logbook. This participant's additional strategies used included a change in the child's diet, time-out, as well as engaging the child in energy burning exercises and tasks at home. Marsha explained that in her experience with her child's school that the teacher initially refused to use the logbook as a result of her requesting it be done. Marsha also implemented other strategies in order to counteract against school professed problems with the child. The additional strategies that Marsha

utilized included the use of a home tutor, spiritual counselor, and study material. Beth and Marsha mentioned that they had also considered home schooling as a way to eliminate complaints about their children. It appears to be the case that both the participants and the schools were not fully receptive to each other's ideal course of treatment for the children. Subsequently, growing tensions and resistance escalated between the parents/caregivers and each respective school. All of the participants mentioned that they had utilized additional strategies outside of that offered by the school in order to help address their children's school difficulties.

Many of participants reported experiencing feelings of shame and guilt due to the ineffectiveness of the variety of treatment strategies used to address the children's difficulties. Beth, Patsy and Marsha explained that they felt shame as a result of the teacher complaining to them about their children. Many of the participants admitted to questioning their own parenting abilities. For example Patsy responded, "what kind of parent am I?" in regard to reflecting on the parenting of her child who was being complained about by the school. Many of the participants experienced the teachers' complaints about the children as a personal attack against them as parents/caregivers. Marsha and Bettie attributed their children's difficulties to personal factors about themselves such as their lack of availability to the school and the child due to working long hours. Marsha detailed additional personal factors that she felt was in part responsible for her child's difficulty which included her being a young and single mother. Many of the participants partly blamed themselves for the sociocultural factors that they perceived to be playing a role in their children's struggles. This study found that parents developed some level of emotional distress from their children being identified as problematic by the school. It would be worth investigating the

likelihood of parents developing emotional conditions as a result of school experiences regarding their children that might warrant them to be the recipients of mental health services. The participants of this study chose to tackle their internal struggles through alternative forms of help.

The participants mentioned that they sought emotional healing from the guilt and shame they experienced from the schools complaints about their children within their families. The participants reported that the African American family was considered a vital source of support for its individual members. Marsha described the African American family as tight knit, sensitive, understanding, and inclusively invested in one another. The participants expressed their belief that problems of any nature and magnitude were effectively dealt with on a family level. For example, Pat expressed her belief that the African American family is more likely to deal with family problems more directly than Caucasian families as evident by the observation that a lower number of African Americans reside in nursing homes compared to their Caucasian counterparts. The participants reported that they perceived the African American church to be an extension of the African American family. Specifically, Marsha explained that it was not an uncommon occurrence for the church leader to counsel the family in times of need. When the pastor did counsel members of the church it was done in other than mental health terms. Marsha consulted with the pastor concerning her daughter when school difficulties became an issue. The consensus among the participants was that the African American family, including the church provided preservation to its members in time of need. Based on the findings of this study it appears to be a possibility that many African Americans could be getting their emotional and mental health needs met through the family unit and church

involvement. Subsequently, the reliance on family and church might lead African

Americans to disregard the relevance of mental health treatment.   This occurrence could

have future implications for the likelihood of mental health service use by African

Americans.

The participants further identified pivotal figures for children within the African

American family. Many of the participants identified grandmothers as well as female

elders in the community as "big mama's" whom served to hold the African American

family/community together. Specifically, the participants believed that historically "big

mama's" have been the source of guidance and physical discipline for African American

children. For example, Beth reported that she intentionally used the same child rearing

practices with her children and grandson that was used on her as a child. Beth explained

that she relied on the same child rearing practices that her parents used because it was

effective on her as a child. Beth and Marsha believed that a temporal catastrophe with "big

mamas" was taking place as a result of people becoming parents at a much younger age

than in previous generations. This phenomenon was believed to be occurring in the

African American community and it offset the abundance of older grandparents.

As such, the participants believed that the occurrence of younger parents and subsequently

younger grandparents diminished the wealth of guidance and wisdom that had previously

been abundant in the African American community. Patsy stated, "I think the absence of

the 'big mama' is really hurting a lot of kids." She believed that the dire condition of

African American children in today's generation was in part a result of this phenomenon.

Beth explained that the influential power "big mamas" once had in the lives of African

American children has been replaced with street drugs, violence depicted in the media and

negative messages in music.

The participants also identified positive African American male figures in the community as saving forces in the fate of African American children. Beth, Patsy and Rodney were in agreement with the idea that a positive male figure was needed in a young boy's life in order to rectify behavioral disturbances. Beth and Patsy perceived male teachers to be more effective as evident by children listening more attentively to them. Rodney stated, "the absence of their father plays a huge part in how they do things, in how they interact, so that does have an impact. We are not, African Americans do understand that some of our children do have some problems, but the nuclear family in the African American family is nothing like the nuclear family in the others, and their family is changing too, dad is not there like he used to be either, but when that nuclear family isn't in place and that son has got to be raised by his mom, that is a difficult situation." The collective perception among the participants was that African Americans tend to take these issues into account and that teachers should also be sensitive to the sociocultural conditions of the modern family as oppose to hastily labeling children with psychological issues. This study discovered that African American children's behavior might be negatively impacted by environmental events occurring in the African American community. This study's findings also indicate that evaluators might find it advantageous to not only consider sociocultural issues that might impact African American children but to also consult with knowledgeable sources (i.e., child's parents, church leaders, community members) as to how to help address the needs of African American children.

Although participants reported a negative perception of the school system based on their experiences, they all agreed that there was no change in their original perceptions

(neutral to positive) of the mental health system. Many of the participants had not had any direct experiences with the mental health system at the time of the interviews. When participants did encounter psychological services it was through school based evaluations that resulted from the school identifying a problem with the child. All participants believed that mental health services have a viable purpose and that anyone should utilize the services if felt to be needed. Specifically, Betsy and Marsha reported that psychological services were felt to be valuable when it comes to "getting in the child's mind", pin pointing underlying stressors or internal struggles that the child is not verbalizing. Participants perceptions of the mental health system not only remained unaffected by their current negative experiences with the school, they also remained optimistic about the future of all systemic structures (i.e., education, mental health, general health) that impact the development of children. This study found that participants differentiated between school-based psychological practices and the general mental health system. It would be worthwhile to investigate if other African Americans associate school based psychological practices with that of the mental health field. If it is found that many African Americans believe that school based psychological practices reflect common treatment within the mental health field it could negatively impact the reputation and credibility of mental health as a whole.

Conclusion

Through this phenomenological investigation, I sought to attain two goals. First, I sought to understand the significance of African American parents/caregivers' lived experiences of their children's affective, behavioral, and or cognitive functioning that psychological evaluators consider atypical. My findings detailed distinct cultural differences in how childhood psychopathology was perceived between African American parents/caregivers and evaluators of childhood behavior. The African American parents/caregivers who participated in the interviews perceived their children's functioning to be both age appropriate and typical for African American children. As was found in Kamhi, Pollock, & Harris (1996), a psychologically significant finding in my interviews was that the participants believed that the school system was invested in eradicating cultural differences in children while imposing white values and standards of functioning on African American children and their families. Parents felt that school-based diagnostic criteria held African American children to Eurocentric measurements of normality and pathology. The participants felt that their children's ways of being in the world were not an indication of pathology but instead reflected their situatedness in the sociocultural factors that stand to impede their functioning. The parents/caregivers understood their children's functioning from the position that many African American children including their own are grappling with overwhelming levels of adversity that affects them emotionally, behavioral and cognitively. The school viewed the children's mode of functioning to be indicative of psychological problems that warranted a psychological evaluation and subsequent forms of treatment.

Service providers who evaluate children could benefit from considering the cultural situatedness of the individual being evaluated and how that shapes the meaning given to modes of functioning in the world. It is worthwhile to further investigate and pay special emphasis to closing the cultural gap between service providers and the individuals they assess. Participants strongly felt that if systems worked to improve their cultural sensitivity, stronger and more positive relationships with African American parents/caregivers would result. In addition, improvements to the quality of relationships between parents and service providers could possibly allow for greater insight into more accurately identifying and treating a variety of psychological disorders among African American children.

Second, my goal in this phenomenological investigation was to identify barriers to detection, help seeking, and service use for African American families of children with symptoms of psychological disorders. Interestingly, the participants identified barriers to psychologically based services to include participants' low expectations and negative attitudes toward the school. Parents/caregivers held negative perceptions of the school because of school-initiated and school based psychological evaluations. Many participants called into question the competency of school personnel to accurately identify, evaluate and implement treatment regimens to include medication and or special education placement onto their children. Parents/caregivers did not blame the mental health system; instead, they blamed the school that placed these diagnostic labels on their children. Participants believed that the schools wrongfully identified their children with psychological issues when instead they believed their children's mode of functioning stemmed from other factors outside of themselves that nevertheless impacted them in the

academic setting.

The participants identified cultural mistrust as another barrier to service use. I discovered that parents/caregivers were mistrustful of school staff to evaluate their children. The mistrust that the participants reported experiencing was due in part to a perceived lack of multicultural competency, which undermined school-based diagnostic findings. Participants felt this lack of multicultural competency led to their children receiving psychological diagnoses too hastily instead of delaying them, as Mandell, Listerud, Levy, Pinto-Martin (2002) detailed. Additionally, parents/caregivers' belief in discrimination arose from observations that a disproportionate number of African American children were labeled in the school with behavioral disturbances. The participants' belief that their children were intentionally discriminated against was a motivating factor in their mistrust of school personnel.

Parents/caregivers used alternative forms of help seeking to counteract perceived barriers to service use. Alternative forms of help seeking that the participants used included support from the family unit and the African American church, both of which participants felt to be trustworthy and genuinely invested in the well-being of their members. Self-implemented, home-based forms of help included the use of a behavior log book, home tutor, spiritual counselor, alternative schools, and behavioral strategies in the home. Participants found these alternative forms of help seeking, as a whole, to be a satisfactory replacement for the school's recommendations.

In closing, I submit that my investigative findings have demonstrated that distinct cultural differences existed in how African American parents/caregivers as opposed to school evaluators viewed childhood psychopathology. My study also detailed specific

barriers to accurate detection, help seeking and service use. One consideration worth

noting is the need to expand multicultural competency training. A more comprehensive

multicultural competency training may serve to improve relations between African

American parents/caregivers and pedagogical as well as mental health systems.

Specifically, a deeper understanding of the African American experience could narrow

differences in perceptions of childhood modes of functioning between evaluators and

African American individuals. I agree with Sue (2004) that there is a great need to develop

a truly multicultural psychology that recognizes important dimensions of the human

condition, such as race, culture, ethnicity, gender, religion, sexual orientation, and other

sociodemographic variables. Therefore, future structural changes may be necessary at the

school system level to improve the quality of school-based psychological evaluations as

well as increase the use of mental health services in general.

References

Aponte, H.J. (1998). Love, the spiritual wellspring of forgiveness: An example of spirituality in therapy. *Journal of Family Therapy, 20,* 37-58.

Anderson, D.A. & Wortham, D. (1997). Exploring a fourth dimension: Spirituality as a resource for the couple therapist. *Journal of Marital and Family Therapy, 23(1),* 2-12.

Barbarin, O. (1993). Coping and resilience: Exploring the inner lives of African American children. *Journal of Black Psychology, 19,* 472-498.

Bergin, A.E. (1991). Values and religious issues in psychotherapy and mental health. *American Psychologist, 46,* 394-403.

Billingsley, A. (1992). *Climbing Jacob's Ladder: The enduring legacy of African American families.* New York: Simon & Schuster.

Billingsley, A. (Ed.). (1994). The Black Church. *National Journal of Sociology*, 8, 1-2.

Boad, F. (1920). The Methods of Ethnology. *American Anthropologist 22(4)*: 311-321. In Bohannan, P., and Glazer, M. (1988). *High points in Anthropology,* (pp. 93-100). New York: McGraw-Hill.

Boyd, C., Hill, E., Holmes, C., & Purnell, R. (1998). Putting drug use in context: Life-lines of African American women who smoke crack. *Journal of Substance Abuse Treatment, 15(3)*, 235-249.

Boyd-Franklin, A. (2003). *Black Families in Therapy: Understanding the African American Experience* (2nd ed.). London: The Guilford Press.

Boyd-Franklin, N., & Walker Lockwood, T. (1999). *Spirituality and religion: Implications for psychotherapy with African-American clients and families.* In F. Walsh (Ed.), *Spirituality resources in family therapy,* (pp. 90-103). New York: Guilford Press.

Broman, C.L. (1996). *Coping with personal problems.* In H.W. Neighbors & J.S. Jackson (Eds.), *Mental health in black America,* (pp. 117-129). Thousand Oaks, CA: Sage.

Broman, C.L. (1997). Race-related factors and life satisfaction among African Americans. *Journal of Black Psychology, 23,* 36-49.

Brown, D.R., Gary, L.E., Greene, A.D., & Milburn, N.G. (1992). Patterns of social Affiliation as predictors of depressive symptoms among urban Blacks. *Journal of Health and Social Behavior,* 33, 242-253.

Brown, D.R., Ndubuisi, S.C., & Gary, L.E. (1990). Religiosity and psychological distress among Blacks. *Journal of Religion and Health, 29,* 55-68.

Brown, T.N., Williams, D.R., Jackson, J.S., Neighbors, H., Torres, M., Sellers, S.L., et al. (2000). "Being Black and feeling blue": The mental health consequences of racial discrimination. *Race & Society, 2,* 117-131.

Bussing, R., Schoenberg, N.E., Rogers, K.M., Zima, B.T., & Angus, S. (1998). Explanatory models of ADHD: Do they differ by ethnicity, child gender, or treatment status? *Journal of Emotional and Behavioral Disorders, 6(4),* 233-243.

Bussing, R., Zima, B., Gary, F., & Garvan, C.W. (2003). Barriers to detection, help-seeking, and service use for children with ADHD symptoms. *Journal of Behavioral Health Services and Research, 30(2),* 176.

Campbell, L.R. (1993). Maintaining the integrity of home linguistic varieties: Black English vernacular. *American Journal of Speech-Language Pathology, 2,* 11-12.

Campbell, L.R. (1994). *Discourse diversity and Black English Vernacular.* In D. Ripich and N. Creaghead (Eds.), *School discourse problems: A broader perspective,* (pp. 93-131). San Diego, CA: Singular Publishing.

Campbell, L.R., Brennan, D.G., & Steckol, K.F. (1992, December). Preservice training to meet the needs of people from diverse cultural backgrounds. *Asha,* 29-32.

Campbell, L.R., & Taylor, O.L. (1992). Perceived competencies of speech-language pathologists relative to the provision of services to culturally and linguistically diverse children. *Tejas, 18*, 31-34.

Chatters, L.M., Taylor, R.J., & Jayakody, R. (1994). Fictive kinship relations in Black extended families. *Journal of Comparative Family Studies, 25,* 297-312.

Chatters, L.M., Taylor, R.J., & Lincoln, K.D. (1999). African American religious participation: A multi-sample comparison. *Journal for the Scientific Study of Religion, 38*, 132-145.

Chatters, L.M., Taylor R.J., Neighbors, H.W. (1989). Size of informal helper network mobilized during a serious personal problem among black Americans. *Journal of Marriage & Family, 51,* 667-676.

Clark, R. (2000). Perceptions of interethnic group racism predict increased vascular reactivity to a laboratory challenge in college women. *Annals of Behavioral Medicine*, *22,* 214-222.

Combs, D.R., Penn, D.L., Cassisi, J., Michael, C., Wood, T., Wanner, J., & Adams, S. (2006). Perceived Racism as a Predictor of Paranoia among African Americans. *Journal of Black Psychology, 32(1),* 87-104.

Combs, D.R., & Penn, D.L. (2004). The role of sub-clinical paranoia on social perception and behavior. *Schizophrenia Research, 69*, 93-104.

Combs, D.R., Penn, D.L., & Fenigstein, A. (2002). Ethnic differences in sub-clinical paranoia: An expansion of norms for the paranoia scale. *Cultural Diversity and Ethnic Minority Psychology, 8,* 248-256.

Constantine, M.G., Lewis, E.L., Conner, L.C., & Sanchez, D. (2000). Addressing spiritual and religious issues in counseling African Americans: Implications for counselor training and practice. *Counseling & Values*, *45,* 28-38.

Cooper-Patrick, L., Brown, C., Palenchar, D.R., Gonzales, J.J., & Ford, D.E. (1995). Factors associated with help-seeking behavior for mental health services. *AHSR and FHSR Annual Meeting Abstract Book*, *12,* 105.

Cooper-Patrick, L., Brown, C., Palenchar, D.R., Gonzales, J.J., & Ford, D.E., & Powe, N.R. (1998). Patient's opinions regarding the importance of various aspects of the treatment of depression. *AHSR and FHSR Annual Meeting Abstract Book, 15,* 20.

Cooper-Patrick L., Gallo J, Gonzales J., et al. (1999a). Race, gender, and partnership in the patient-physician relationship. *Journal of American Medical Association, 282,* 583-589.

Cooper-Patrick, L., Powe, N. R., Jenckes, M. W., Gonzales, J. J., Levine, D. M., & Ford, D. E. (1997). Identification of patient attitudes and preferences regarding treatment for depression. *Journal of General Internal Medicine, 12*, 431–438.

Crews, D.E. and J.R. Bindon. (1991). Ethnicity as a taxonomic tool in biomedical and biosocial research. *Ethnicity and Disease, 1,* 42-49.

Cuccaro, M.L. (1996). Professional Perceptions of Children with Developmental Difficulties: The Influence of Race & Socioeconomic Status. *Journal of Autism & Developmental Disorders*, *26,* 468.

Cuffe, S.P., Waller, J.L. Cuccaro, M.L., Pumariega, A.J. & Garrison, C.Z. (1996). Race and Gender Differences in the Treatment of Psychiatric Disorders in Young Adolescents. *Journal of American Academy of Child and Adolescent Psychiatry, 34(11).*

Davidson, J.C., Ford, D.Y. (2001). Perceptions of attention deficit hyperactivity disorder in one African American Community. *Journal of Negro Education*, *70(4),* 264.

DeGruy-Leary, J. (2005). Breaking the Chains. *Essence Magazine, 35(10),* 150.

Delphin, M.E., & Rollock, D. (1995). University alienation and African American ethnic identity as predictors of attitudes toward, knowledge about, and likely use of psychological services. *Journal of College Student Development*, *36*, 337-346.

Department of Health and Human Services. The Surgeon General's call to action to prevent suicide. Washington (DC): Department of Health and Human Services; 1999.

Retrieved June 15, 2004 from
http://www.surgeongeneral.gov/library/calltoaction/default.html.

Diala, C., Muntaner, C., Walrath, C., Nickerson, K., LaVeist., T., Leaf P. (2000). Racial differences in attitudes toward professional mental health care and in the use of services. *American Journal of Orthopsychiatry*, *70,* 455-464.

Dilworth-Anderson, P., Burton, L.M., & Johnson, L.B. (1993). Reframing theories for understanding race, ethnicity, and families. In P.G. Boss, W.J. Doherty, R. LaRossa, W.R. Schumm, & S.K. Steinmetz (Eds.), *Sourcebook of family theories and methods: A conceptual approach* (pp. 627-645). New York: Plenum.

Ellison, C.G. (1995). Race, religious involvement and depressive symptomatology in a southeastern U.S. community. *Social Science & Medicine, 40,* 1561-1572.

Ellison, C.G., & Gay, D.A. (1990). Religion, religious commitment, and life satisfaction among Black Americans. *Sociological Quarterly, 31,* 123-147.

Fenigstein, A., & Vanable, P.A. (1992). Paranoia and self-consciousness. *Journal of Personality and Social Psychology, 62,* 129-138.

Ford, B.A. (1992). Multicultural education training for special educators working with African American youth. *Exceptional Children*, *59(2),* 107-114.

Garvey, C. (1984). *Children's talk*. Cambridge, MA: Harvard University Press.

Gay, D.A. (1989). Black political participation revisited: A test of compensatory, ethnic community, and public arena models. *Social Science Quarterly, 70*: 101-119.

Gibbs, J.T., & Huang, L.N. (1989). *Children of color: Psychological interventions with minority youth*. San Francisco: Jossey-Bass.

Grier, W. H., & Cobbs, P.M. (1968). *Black rage.* New York: Basic Books, Inc.

Hall, C. (1997). Cultural malpractice: The growing obsolescence of psychology with the changing U.S. population. *American Psychologist*, *52*, 642-651.

Harry, B. (1992). *Cultural diversity, families, and the special education system: Communication and empowerment*. Special education series. New York: Teachers College Press.

Harry, B. (1992). Restructuring the participation of African American parents in special education. *Exceptional Children, 59*, 123-131.

Harry, B., Allen, N., & McLaughlin, M. (1995). Communication versus compliance: African-American parents' involvement in special education. *Exceptional Children, 61(4),* 364-377.

Haynes, S.N. (1986). A behavioral model of paranoid behaviors. *Behavior Therapy, 17*, 266-287.

Hill, R.B. (1999a). *The strengths of African American families; Twenty-five years later*. Lanham, MD: University Press of America.

Hill, R.B. (1999). *The strengths of African American families: Twenty-five years later* (2nd ed.). Lanham, MD: University Press of America.

Hill, R.B., Billingsley, A., Ingram, E., Malson, M.R., Rubin, R., Stack, C., Stewart, J., & Teele J. (1989). *Research on African American families: A holistic perspective.* Boston: William Monroe Trotter Institute.

Hines, P.M., & Boyd-Franklin, N. (1996). *African American families.* In M. McGoldrick, J. Giordano, & J.K. Pearce (Eds.), *Ethnicity & family therapy* (2nd ed.). (pp. 66-84). New York: Guilford Press.

Hobbs, N. (1975). *The futures of children: Categories, labels, and their consequences*. San Francisco, CA: Jossey-Bass.

Joint Commission on the Mental Health of Children. (1970). Crisis *in child mental health*: *Challenge for the 1970's*. New York: Harper & Row.

Jones, J.M. (1997). *Prejudice and racism* (2nd ed.). New York: McGraw-Hill.

Kamhi, A.G., Pollock, K.E., & Harris, J.L. (1996). *Communication, Development and Disorders in African American Children: Research, Assessment, & Intervention.* Baltimore: P.H. Brookes.

Kardiner, A., & Ovesey, L. (1951). The Mark of Oppression. New York: World.

Karlsen, S., & Nazroo, J.Y. (2002). Relation between racial discrimination, social class, and health among ethnic minority groups. *American Journal of Public Health, 92*, 624-631.

Kass, B., Weinick, R., Monheit, A. (1999). *Racial and Ethnic Differences in Health*, MEPS Chartbook No. 2. Rockville, MD: US Department of Health and Human Services.

Kessler, R.C., McGonagle, K.A., Zhao, S., Nelson, C.B., Hughes, M., Eshleman, S., Wittchen, H.U., & Kendler, K.S. (1994). Lifetime & 12-month prevalence of DSM-III-R Psychiatric disorders in the United States. Results from the National Comorbidity Survey. *Archives of General Psychiatry, 51*, 8-19.

Khanh-Van, T., Bui, & Takeuchi, D.T. (1992). Ethnic Minority Adolescents and the Use of Community Mental Health Care Services. *American Journal of Community Psychology, 20(4).*

Kim, U. & Berry, J. (1993). *Indigenous psychologies: Research and experience in cultural context*. Newbury Park, CA: Sage.

Knitzer, J. (1982). *Unclaimed children. The failure of public responsibility to children and adolescents in need of mental health services.* Washington, DC: Children's Defense Fund.

Knox, D.H. (1985). Spirituality: A tool in the assessment and treatment of black alcoholics and their families. *Alcoholism Treatment Quarterly, 2 (3-4),* 31-44.

Krieger, N., & Sidney, S. (1996). Racial discrimination and blood pressure: The CARDIA study of young Black and White adults. *American Journal of Public Health, 86,* 1370-1378.

Levin, J. S., R. J. Taylor, and L. M. Chatters. (1994). Race and gender differences in religiosity among older adults: Findings from four national surveys. *Journal of Gerontology: Social Sciences, 49,* 137-45.

Levin, J.S., Chatters, L.M., & Taylor, R.J. (1995). Religious effects on health status and life satisfaction among Black Americans. *Journals of Gerontology: Social Sciences, 50B,* S154-S163.

Levin, J.S., & Taylor, R.J. (1998). Panel analysis of religious involvement and well-being in African Americans: Contemporaneous vs. longitudinal effects. *Journal for the Scientific Study of Religion, 37,* 695-709.

Link, B.G., & Phelan, J.C. (1999). Public conceptions of mental illness: Labels, causes, dangerousness, and social distance. *American Journal of Public Health, 89,* 1328-1336.

Lund, N., & Duchan, J. (1993). *Assessing Children's Language in Naturalistic Contexts*. Englewood Cliffs, NJ: Prentice Hall.

Mandell, Listerud, Levy, Pinto-Martin (2002). Race Differences in the Age at Diagnosis Among Medicaid-Eligible Children with Autism. *Journal of American Academy of Child & Adolescent Psychiatry, 41*, 12.

Markowitz, F.E. (1998). "The Effects of Stigma on the Psychological Well-being and Life Satisfaction of Persons with Mental Illness." *Journal of Health & Social Behavior*, 39, 335-347.

McAdoo, H.P. (1980). Black mothers and the extended family support network. In L.F. Rodgers-Rose (Ed.), *The Black woman* (pp. 125-144). Beverly Hills, CA: Sage.

McCord, C., & Freeman, H.P. (1990). Excess mortality in Harlem. *New England Journal of Medicine, 322,* 173-177.

Mental Health: Culture, Race, and Ethnicity-A supplement to Mental Health: A report of the Surgeon General; 2001. Retrieved June 15, 2004 from **http://www.surgeongeneral.gov/library/mental health/cre/sma-01-3613.pdf**.

Menyuk, P. (1988). *Language development: Knowledge and use.* New York: Harper Collins.

Musick, M.A., Koenig, H.G., Hays, J.C., & Cohen, H.J. (1998). Religious activity and depression among community-dwelling elderly persons with cancer: The moderating effect of race. *Journals of Gerentology: Social Sciences, 53B,* S218-S227.

Neighbors, H.W., Jackson J.S., Bowman, P.J., Gurin, G. (1983). Stress, coping and black mental health: preliminary findings from a national study. *Prev Hum Serv, 2,* 4-29.

Neighbors, H.W., Jackson, J.S. (1984). The use of informal and formal help: four patterns of illness behavior in the black community. *American Journal of Community Psychology*, *12*, 629-644.

Nickerson, K.J., Helmes, J.E., & Terrele, F. (1994). Cultural mistrust, opinions about mental illness, and Black students' attitudes toward seeking professional psychological help from White counselors. *Journal of Counseling Psychology*, *41*, 378-385.

Ochs, E., & Schieffelin, B.B. (Eds.). (1983). *Acquiring conversational competence*. Boston, MA: Routledge & Kegan Paul.

Ogbu, J. (1982). Cultural discontinuities and schooling. *Anthropology & Education Quarterly, 13(4),* 290-307.

Olfman, S. (2006). *No Child Left Different*. Westport, CT: Praeger.

Ortega, S.T., Crutchfield, R.D., & Rushing, W.A. (1983). Race differences in elderly personal well-being: Friendship, family, and church. *Research on Aging, 5,* 101-118.

O' Sullivan, M.J., Peterson, P.D., Cox G.B., Kirkeby, J. (1989). Ethnic populations: community mental health services ten years later. *American Journal of Community Psychology*, *17*, 17-30.

Pargament, K.I. (1997). *The psychology of religion and coping: theory, research and practice*. New York: Guilford Press.

Pargament, K.I. & Park, C.L. (1995) Merely a defense? The variety of religious means and ends. *Journal of Social Issues, 51(2),* 13-32.

President's Initiative on Race (1998). *One America in the 21st century*. Washington, DC: U.S. Government Printing Office.

Privette, G., Quackenbos, S., & Bundrick, C.M. (1994). Preferences for religious and nonreligious counseling and psychotherapy. *Psychological Reports, 75*, 539-546.

Ramirez, A. (1988). *Analyzing speech acts*. In J. Green & J. Hraker (Eds.), *Multiple perspective analyses of classroom discourse*, (pp. 135-163). Norwood, NJ: Ablex Publishing Corporation.

Rivett, M., Street, E. (Winter, 2001). *Connections and themes of spirituality in family therapy*. Family Process.

Romaine, S. (1984). *The language of children and adolescents: The acquisition of communicative competence.* New York: Basil Blackwell.

Roseberry-McKibbin, C.A. (1994). Assessment and intervention for Limited English Proficient children with language disorders. *American Journal of Speech-Language Pathology*, *3(3),* 77-88.

Rosenbach M, Irvin C, Coulam R (1999). Access for low-income children: is health insurance enough? *Pediatrics*,*103,*1167-1174.

Ross, A. (1980). *Psychological Disorders of Children: A Behavioral Approach to Theory, Research, and Therapy* (2nd ed.). New York: McGraw-Hill Book.

Salend, S.J., & Taylor, L. (1993). Working with families; A cross-cultural perspective. *Remedial and Special Education*, *14(5),* 25-32.

Semmes, C.E. (1996*). Racism, health, and post-industrialism: A theory of African American health*. New York: Praeger.

Sexton, D., Lobman, M., Constans, T., Snyder, P., Ernest., & James (1997). Early Interventionist's perspectives of multicultural practices with African American Families. *Exceptional Children*, *63(3),* 313.

Sigelman, L., & Welch, S. (1991). *Black Americans' views of racial inequality: The dream deferred.* New York: Cambridge University Press.

Sirey, J.A., Bruce, M.L., Alexopoulos, G.S., Perlick, D.A., Rave, P., Friedman, S.J., Meyers, B.S. (2001). Perceived stigma as a predictor of treatment discontinuation in young and older outpatients with depression. *American Journal of Psychiatry, 158*, 479.

Smith, L. (1997). Are we reaching the healthcare consumer? *Journal of Cultural Diversity*, *5(2),* 48-52.

Snowden, L.R., (2001). Barriers to Effective Mental Health Services for African Americans. *Mental Health Services Research, 3(4),* 181.

St. George, A., & McNamara, P.H. (1984). Religion, race, and psychological well-being. *Journal for the Scientific Study of Religion, 23,* 351-363.

Stone, W.L. (1987). Cross-disciplinary perspectives on autism. *Journal of Pediatric Psychology, 12,* 615-630.

Stroul, B.A., & Friedman, R.M. (1986). *A system of care for children and youth with serious emotional disturbances* (Rev. ed.). Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Child Mental Health.

Sue, D.W. & Sue, D. (1999). *Counseling the culturally different: Theory and practice*. New York: Wiley.

Sue, D.W. & Sue, D. (2003). *Counseling the culturally diverse: Theory and practice* (4th ed.). New York: Wiley.

Talerico, J. (1999). *The Family Resource Guide.* Pittsburgh: The Information Collaborative.

Tarakeshwar, N., Pargament, K. (2001, Winter). Religious coping in families of children with autism. *Focus on Autism and Other Developmental Disabilities, 16(4),* 247.

Taylor, R. (2000). *Distinguishing Psychological from Organic Disorders.* (pp. 162-163). New York: Springer Publishing.

Taylor, R. J., & Chatters, L. M. (1991). *Religious life.* In J. S. Jackson (Ed.), *Life in black America.* Newbury Park, CA: Sage

Taylor, R.J., Chatters, L.M., Hardison, C.B., & Riley, A. (2001). Informal Social Support Networks and Subjective Well-Being among African Americans. *Journal of Black Psychology, 27(4),* 439-463.

Taylor, R. J., Chatters, L.M., Jayakody, R., & Levin, J.S. (1996). Black and White differences in religious participation: A multi-sample comparison. *Journal for the Scientific Study of Religion, 35,* 403-410.

Taylor, R.J., Chatters, L.M., Tucker, M.B. & Lewis, E. (1990). Developments in research on Black families: A decade review. *Journal of Marriage and the Family, 52,* 993-1014.

Terrell,F., & Terrell, S. (1984). Race of counselor, client sex, cultural mistrust level, and premature termination from counseling among Black clients. *Journal of Counseling Psychology, 31,* 371-375.

Thoits, P.A. (1991). On merging identity theory and stress research. *Social Psychology Quarterly, 54,* 101-112.

Thomas, M.E., & Holmes, B.J. (1992). Determinants of satisfaction for Blacks and Whites. *Sociological Quarterly, 33,* 459-472.

Thompson, V.S., Bazile, A., Akbar, M. (2004). African Americans' Perceptions of Psychotherapists. *Professional Psychology: Research & Practice*, *35(1),* 19-26.

Wallen, J. (1992). Providing culturally appropriate mental health services for minorities. *Journal of Mental Health Administration*, *19,* 288-293.

Westby, C., & Erickson, J. (1992). Changing paradigms in language-learning disabilities: The role of ethnography. *Topics in Language Disorders*, *12.*

U.S. Bureau of the Census. (1991). *Statistical abstract of the United States,* 1990. Washington, DC: U.S. Department of Commerce.

U.S. Department of Health and Human Services. (1999). *Mental health: A report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

Utsey, S.O. (1997). Racism and the psychological well-being of African American men. *Journal of African American Men, 3,* 69-87.

Utsey, S.O. (1998). Assessing the stressful effects of racism: A review of instrumentation. *Journal of Black Psychology, 24,* 269-288.

Utsey, S.O. (1999). Development and validation of a short form of the Index of Race-Related Stress-Brief version. *Measurement and Evaluation in Counseling and Development, 32,* 149-166.

Utsey, S.O., Bolden, M.A., Lanier, Y., Williams, O. (2007). Examining the Role of Culture-Specific Coping as a Predictor of Resilient Outcomes in African Americans from High-Risk Urban Communities. *Journal of Black Psychology, 33(1),* 75-93.

Whaley, A.L. (1997). Ethnicity, race, paranoia, and psychiatric diagnoses: Clinician bias versus socio-cultural differences. *Journal of Psychopathology and Behavioral Assessment, 19,* 1-20.

Whaley, A.L. (2002). Psychometric analysis of the Cultural Mistrust Inventory with a Black psychiatric inpatient sample. *Journal of Clinical Psychology, 58,* 383-396.

Participant Consent Form

DUQUESNE UNIVERSITY
600 FORBES AVENUE ☐ PITTSBURGH, PA 15282

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE:	African American Perceptions of Childhood Psychological Disorders and Mental Health Services
INVESTIGATOR:	Chante' C. Wellington, M.A. Duquesne University 544 College Hall Pittsburgh, PA 15282 (412) 609-7550
ADVISOR:	Dr. Paul Richer Department of Psychology (412) 396-5074
SOURCE OF SUPPORT:	This study is being performed as partial fulfillment of the requirements for the doctoral degree in Clinical Psychology at Duquesne University.
PURPOSE:	I am asking you to participate in a research project that seeks to investigate African American parents'/guardians' experiences of their children's emotional, cognitive or behavioral differences that might be considered markers of childhood disorders. I will want to understand how you perceived these differences as well as available psychological services. I will pay particular attention to how these experiences shaped your decisions whether to take your child for psychological services. You will be asked to allow me to interview you by phone for approximately one hour. I will take notes on the content of the interviews and thereafter will delineate areas that need further elaboration. I will then contact you in a timely manner to arrange for an hour long face to face interview regarding aspects of protocol that warrant further discussion. I will conduct an in-person interview in a mutually agreed

upon environment that is comfortable and free of distractions such as your home to gain elaboration where necessary. The face-to-face interview will be taped and transcribed. These are the only requests that will be made of you.

RISKS AND BENEFITS: There are no risks to you any greater than risks associated with everyday activities. It is possible that the interview questions about your child will illicit emotional reactions. If at any time you are uncomfortable about your emotional reactions, please let me know immediately and we can talk about your discomfort and decide whether or not to continue with the interview. If necessary, I will assist you in finding an appropriate psychotherapist should you desire to meet with one as a result of my research.

COMPENSATION: There is to be no compensation for participating in this project. However, participation in the project will require no monetary cost to you.

CONFIDENTIALITY: All names and other identifying information will be changed or deleted so that identities will not be revealed. Storing the data in a locked file in the researcher's home will protect the data that will hold identifiable information. I will be the only person with access to the data, and I will destroy audiotapes of interviews. Transcripts of the audiotapes will delete all identifying material relating to you or anyone else you discuss. I will destroy all materials at the completion of the research.

RIGHT TO WITHDRAW: You are under no obligation to participate in this study. You are free to withdraw your consent to participate at any time.

SUMMARY OF RESULTS: A summary of the results of this research will be supplied to you, at no cost, upon request.

VOLUNTARY CONSENT: I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project.

I understand that should I have any further questions about my participation in this study, I may call Dr. Paul Richer, Chair of the Duquesne University Institutional Review Board (412-396-6326).

_____   _____
Participant's Signature   Date

_____   _____
Researcher's Signature   Date

Appendix B

Flyer for Study

HAVE YOU EVER CONSIDERED PSYCHOLOGICAL SERVICES FOR YOUR CHILD?

IF SO, I AM A PH.D. STUDENT CONDUCTING A DISSERTATION THESIS ON THE LIVED EXPERIENCES OF AFRICAN AMERICAN PRIMARY CAREGIVERS WHO HAVE CONSIDERED TAKING THEIR CHILDREN FOR PSYCHOLOGICAL SERVICES, REGARDLESS IF THEY DECIDED TO FOLLOW THROUGH WITH THE ENCOUNTER OR NOT.

PARTICIPATION IN THE STUDY INVOLVES INTERVIEWS IN WHICH AFRICAN AMERICAN PRIMARY CAREGIVERS OF CHILDREN WHO THEY BELIEVE HAVE A PROBLEM OR HAVE BEEN TOLD THAT THEIR CHILD HAS A PROBLEM WILL TELL THEIR OWN STORIES OF HOW THEY PERCEIVE THEIR CHILDREN'S BEHAVIOR AND MENTAL HEALTH SERVICES AVAILABLE.

IF YOU WOULD LIKE TO HELP OTHERS KNOW WHAT IT WAS LIKE FROM YOUR POINT OF VIEW TO CONSIDER MENTAL HEALTH SERVICES FOR YOUR CHILD PLEASE CONTACT CHANTE WELLINGTON, M.A. AT (814) 866-2575.

Appendix C

Situated Narratives

<u>Rodney</u>

Rodney was originally interviewed on July 30, 2005. Rodney was a middle aged

professional man. He was the caregiver of his sister's ten year old son. His nephew was

identified by the school as demonstrating behaviors that warranted a school based

psychological evaluation. The school conducted a psychological evaluation on the child.

Rodney was a professional person who was affiliated with other professional people across

different professions. He consulted with a psychologist friend about the school's

evaluation findings on his nephew, after which he contested the school's evaluation

findings. He also worked for many years with the school district. Rodney was cautious

about psychological services due to a family history of himself as well as seven out of ten

of his siblings being placed in special education. Subsequently, as a child he and his family

had negative experiences with school placement into special education. Additionally,

through years of employment with the school district he experienced inequality in the

education of children based on classroom placement, race, and gender of the child.

Rodney's perceptions of school based psychological services were shaped by multiple

lived experiences he had with the school.

<u>What was your experience of the first sign of trouble with the child that caused alarm about</u>

<u>the child's psychological state?</u>

Rodney's nephew was first identified with problems by the teacher. His nephew's

school identified the child to have attention issues. Rodney never thought his nephew had

psychological problems. However, Rodney did think his nephew had attention difficulties

as evident by him giving his nephew instructions which his nephew could not execute nor recite back to him. Rodney did agree with the school that his nephew had attention issues. With that being said, Rodney did not perceive his nephew's behaviors as being indicative of a childhood disorder. He felt that it was age appropriate for children to move around in their seats and forget to turn in homework because of their short attention span. In addition, behaviors that were perceived by Rodney to be typical for African American boys included energetic and imaginative. He did believe that his nephew was no different than any other African American boy.

How did you deliberate about what to do about the child's psychological state?

Since Rodney did not believe that his nephew had psychological problems he did not willingly deliberate about what to do about the child's psychological state. However, the school proceeded with referring the child to the school psychologist. A school evaluation was conducted on the child by the school psychologist.   The findings of the school evaluation supported a diagnosis of a learning disability. Rodney learned that the school proceeded with a school psychological evaluation of his nephew without discussing their concerns with him or the child's mother beforehand. In addition, Rodney experienced situations with the school in which school personnel shared information with the child's mother, which was not shared with him. Rodney felt that this occurrence was the school's attempt to hide information from him as evident by the school only sharing certain information with the mother when he was the legal guardian of the child. Rodney believed this was a strategic move on the part of the school to lose the mother with the proceedings and findings related to the school based evaluation of the child. Rodney was quite versed on systemic proceedings of this nature because he worked within the school district for five

years. He believed that the school intentionally did not notify him with the information they notified the child's mother about, because the school was aware that he was more informed and sophisticated regarding matters of this nature.

<u>What forms of help were considered if any?</u>

As a form of help he chose to consult with a psychologist friend concerning the school's evaluation report done on his nephew. His psychologist friend felt that the school's evaluation report conducted on the child was flawed in its findings based on the type of testing and the limited scope of testing done. Rodney gathered this information obtained from his psychologist friend and presented it to the school in a meeting. Once Rodney presented the school with the conflicting information concerning the school's evaluation report they were less confident in their diagnostic findings.

<u>Were there barriers you faced in seeking help for the child, and, if so, how did you experience them?</u>

Rodney believed that race played a role in African American children being identified, evaluated and subsequently labeled with a disorder by the school. In his work experience with the school district he made an observation that a large number of African American males were labeled early during the grade school years. He mentioned that there was a historical occurrence of African Americans being over diagnosed and over categorized by systems (i.e., education, mental health). In his lived experiences with the school district he explained that the school viewed African Americans as "black statistics" which meant that they come from single families, and impoverished environments.

In addition to the belief that race was a factor he also believed that socioeconomic status played a role in the school's evaluation process. He felt that the education system was

flawed against the poor as evident by the statement, "they don't have the legal machinery around the poor." Rodney made a direct connection between socioeconomic status and education level when discussing the idea that children who have more educated parents fair better in the battle against the school in making sure that their children are adequately evaluated. Rodney was very assertive and involved in the psychological evaluation the school had done on his nephew. He believed that because he was knowledgeable about how the school system worked he was better able to act as an advocate on behalf of his nephew. He also mentioned that he tried to serve as an advocate for other African American families in the community that were experiencing the same situation with the school.

Rodney mentioned that parents have to be proactive in dialoging with their children's schools. He has witnessed occasions in which parents went along with the school's diagnosis that placed children in special education without questioning the legitimacy of the findings or requesting a re-evaluation of the child after a period of time to assess the continued appropriateness of special education for that child. In his work experience, he has witnessed children placed in special education early during the academic years stay place there until they graduated. Rodney faulted parents for this phenomenon and describes such behavior as complacency on the part of parents. Rodney felt that the school pays lip service to parent involvement when in fact they don't want parents overseeing decisions made on children. Rodney mentioned that schools could more accurately identify, evaluate and treat children if they collaborated with parents as oppose to excluding them from diagnostic decisions made on the children. He believed that schools grow more confident in wrongfully placing diagnostic labels on African American children

because many parents do not challenge the school nor utilize the resources made available by the school district to become informed about forms of help available.

How did you experience the method of help you used?

Rodney had a positive experience with the form of help he used to investigate the school's psychological evaluation on his nephew. He was well equipped to bring problematic findings to the attention of the school. In doing so, the school withdrew the concluding findings and subsequently no forms of treatment were implemented on the child. Rodney does support evaluations being done when needed, however he believes that evaluators have a responsibility to be fair and partial in their evaluations of individuals. He questions the accuracy of evaluations that are conducted in one hour duration. Rodney identified evaluations that are not thorough enough as a barrier to help seeking. He felt that a thorough evaluation involved obtaining a clear picture of who the individual is in order to uncover the true source of the problem and that can not be accomplished over one hour.

While Rodney is in favor of psychological evaluations when warranted, he is cautious about psychological services due to a family history of special education placement. Subsequently, Rodney and his family have had negative experiences with school placement into special education. Thus, he believes there is a huge stigma attached to children in special education that can lead children into a self fulfilling prophecy that they are less than others unless there are forces in place to intervene against that phenomenon.

Through years of employment with the school district he experienced a disregard of special education children's scores on the statewide standardized testing from the school's average score computation. He mentioned that systemically this phenomenon occurs in order to not have the school's average score lowered by the scores of special education

children. He added that in many cases special education children are not given the statewide standardized test because they are not technically considered a part of the school district, instead they are categorized as alternative education due to learning, behavioral or emotional difficulties. Rodney explained that this occurrence was problematic because the school then is not accountable for those children's academic performance nor are they motivated to return as many of those students as possible to regular education.

Rodney believed that in many cases academic weaknesses could be due to nothing more than sociocultural factors that could impede the learning process. Rodney explained that some African American children have stressors at home to include parents that work night shifts that cause the child to have to get himself as well as other siblings dressed in the morning for school without adult supervision and breakfast. Thus, children might be preoccupied with adult responsibilities they hold as well as being distracted by hunger pains. Therefore, Rodney felt that parents have more understanding and patience with children due to the hardships of the African American community.

Rodney also considered the possibility that academic weaknesses could be due to learning style differences. He mentioned that African American children tend to be visual and hands on learners as oppose to auditory learners. He felt that there exists a white model of education which was perceived to be strictly auditory in nature. Rodney stated that children are expected to receive, retain and retrieve information from an auditory style of teaching. He felt that there was a lack of an eclectic style of teaching which would draw from many different styles of teaching to include auditory, hands on, and use of visual material (i.e., demonstrations, charts, graphs).

<u>Marsha</u>

Marsha was first interviewed on July 7, 2005. Marsha was a thirty year old single mother of three girls. At the time of the interview the daughter she was interviewing about was twelve years old. Her daughter was in the 6th grade and was experiencing academic struggles in school. Her academic struggles originated in the first grade. Specifically, her daughter experienced difficulty with comprehension. Marsha partly attributed her daughter's academic difficulties to her own life choices to include having children at a young age and not being more selective of the father of her children. She attributed these factors to limiting the quality of time and help she could offer her daughter. Additionally, Marsha considered her socioeconomic status to be a significant factor in her child's development. Marsha considered her life circumstances related to a lower socioeconomic status placed herself and her children in a lower quality neighborhood and school district.

<u>What was your experience of the first sign of trouble with the child that caused alarm about the child's psychological state?</u>

Marsha first learned of her daughter's academic difficulties in the first grade. She initially thought that her daughter was not trying until she found out from the teacher that her daughter was struggling in spite of exerting a lot of effort. Specifically, her daughter was experiencing comprehension problems and difficulties with written expression. Marsha did experience the trouble her child was having in school as deserving of a psychological evaluation.

<u>How did you deliberate about what to do about the child's psychological state?</u>

Marsha requested that the school conduct a psychological evaluation on her daughter to rule out a learning disability. The school conducted an evaluation at the request of the

mother and the results indicated that her daughter was ineligible for learning disability classes. Marsha believed that the evaluation process only accessed behavior instead of academic performance since the evaluation report focused on how well behaved was her daughter. There was little emphasis on her daughter's academic functioning in the psychological report. Marsha was disappointed and frustrated with what the school had conducted to assess her child's academic functioning. The school discovered that the child learned best one on one however they did not offer individualized education. Although the child did not qualify for learning disability classes the school did implement Title I reading and Title I math in the first grade because of her low grades. Title I reading and Title I math did not improve the child's academic performance, however Marsha allowed the child to continue with it because it was the only form of help offered by the school. Marsha asked the school to implement additional learning support classes to no avail. Marsha grew even more frustrated with the school when Title I reading and Math was discontinued at the end of the 5th grade because that was the last grade in which a child could be offered those services. Marsha felt helpless in her attempt to help improve her daughter's academic struggles. She feared that her daughter would give up and drop out of school when she reached a legal age to do so. Additionally, Marsha felt like the school was just letting her daughter fall when they were fully aware that she was dropping lower and lower academically with each school year.

<u>What forms of help were considered if any? How did you experience the method of help you used?</u>

Marsha felt compelled to turn to other forms of help independent of the school since there was little assistance offered. She noticed that her daughter's academic struggles were

beginning to take a toll on her emotionally. Her daughter became very sensitive about her grades, and hid her grades on report cards and graded assignments. Her daughter was also noticed to easily cry. In an attempt to try to rectify this issue Marsha provided a private tutor for her daughter. Marsha also quizzed her nightly, helped her with homework, and used supplement study material she had obtained from a family member who was a retired teacher. In addition, Marsha obtained a spiritual counselor from church to try to uncover the root of the problem. Marsha's daughter continued to struggle academically even with these various forms of help in place. Marsha also constructed a progress report for the school to track her child's academic performance. When Marsha presented the school with this progress report she was met with resistance from the teacher. The teacher was resistant to filling out the progress report at the mother's request. Marsha understood this resistance on the part of the teacher to be the result of the school being offended that she requested it be done. Ultimately, in exchange for the teacher filling out the progress report Marsha was asked in turn to fill out a school version of a progress report. Marsha was compliant with the request but hurt that the school was taking this approach when she only wanted to help reverse her child's academic standing.

Marsha desired for her daughter to talk to a psychologist. Marsha believed that a psychologist would be capable of finding out what was going on in her daughter's mind. Specifically, Marsha expected that a psychologist would ask her daughter questions about her home life, inquire about social and academic problems at school and any other stressors that might be impacting her school performance. Although Marsha thought that a psychologist would be helpful she perceived mental health services to be expensive. Marsha stated, "if I could afford it, I would get mental health services for her." Marsha

assumed that mental health services would be unaffordable due to her socioeconomic status.

<u>Were there barriers you faced in seeking help for the child, and, if so, how did you experience them?</u>

Marsha perceived there to be several barriers she faced in trying to address her daughter's academic difficulties. The school offered her no additional help beyond what was implemented. Marsha perceived the help that the school did offer to be ineffective. Marsha felt that there were not enough resources made available to parents so that they could know what to do to be proactive in helping their children with school problems. In addition, Marsha believed that race issues was a barrier to help and played a role in the lack of support she had from the school. She believed that the school held negative perceptions of African Americans. Specifically, she believed that the school saw her and her daughter as a "black statistic." She explained that the perception that African Americans are a "black statistic" means that they are from single families, impoverished and not going to amount to anything. Marsha arrived at this perception of the school because the school in describing her daughter to her stated, "this is all she can do, accept it, we do."

<u>Patsy</u>

Patsy was originally interviewed on July 1, 2005. Patsy was a middle aged woman. She was the adoptive parent of a six year old boy. The boy's biological parents were drug addicted. He was in the first grade at the time of the interview. Patsy's adoptive son was first complained about at three year's old in daycare. Patsy felt that his emotional and behavioral differences were the result of him being born from a drug addicted mother.

<u>What was your experience of the first sign of trouble with the child that caused alarm about the child's psychological state?</u>

Patsy's son was reported by the daycare to have behavioral issues (i.e., angry, whining and crying and touching other children). The daycare staff was young and white. The child was one of two African American children in this daycare. Patsy believed that the daycare only perceived his behavior as problematic because the daycare was mostly white. In addition to the behavior complaints, she found that her son was injured a lot at this daycare.

Patsy also perceived the child's behavior as problematic. She believed that her son's behaviors were indicative of psychological problems. Patsy found that behaviors of concern for her included him constantly running, not sitting still, angry and distractible. Patsy described herself as being from the "old school" which meant that she just dealt with the child's issues through spanking, use of time-out and eliminating candy. In addition to just dealing with the child's behaviors, she considered the significance of the child's biological background. Patsy gave consideration, patience and understanding to the child's biological makeup that might be the basis for his behavioral and emotional disturbances. She felt that any difficulties he might experience were not truly his fault. She stated, "all you can do is just pray for him."

<u>How did you deliberate about what to do about the child's psychological state?</u>

Patsy decided to take her son out of the original daycare due to ongoing behavioral complaints and unexplained injuries to the child. She enrolled her child in another daycare that was run by older African American women. The second daycare was a better experience for Patsy as evident by little to no complaints made about the child. However,

behavioral issues with the child were re-experienced during the early grade school years. Specifically, when her son was in kindergarten teachers started holding meetings about the child. The school psychologist came to evaluate the child as a result of school meetings. On November 25, 2003 a multidisciplinary team meeting was held which included the child's teacher, the principle and the school psychologist. The multidisciplinary team meeting led to the development of an individualized education plan (IEP) which took place on December 15, 2003. Subsequently, the child was believed to possibly have Attention Deficit with Hyperactivity Disorder (ADHD) and the recommended course of treatment was psychotropic medication. In response to the introduction of the possibility that her son may have ADHD she suggested a smaller classroom for her son. The school did not honor her request to place her son in a smaller classroom.

Patsy enrolled her child in a charter school in the first grade since the school threatened to hold him back in kindergarten because of behavior problems. At the charter school her son was receiving special education in a regular classroom. Her son's grades were satisfactory at the charter school.

What forms of help were considered if any? How did you experience the method of help you used?

Patsy decided to consult with her son's pediatrician about the school's evaluation findings supporting a diagnosis of ADHD. Patsy felt comfortable consulting with the pediatrician because they had a good relationship. Patsy mentioned that the relationship with her pediatrician was good because she utilized a collaborative approach. Parents input was both valued and welcomed with the pediatrician. The pediatrician did not endorse the idea that her son had ADHD.

Patsy also decided to take her son for a second evaluation which was conducted by a private child psychologist. Patsy wanted to be able to compare the school's psychological findings with that of a private psychologist's evaluation of her son. Patsy's experience with the private psychologist was also perceived to be good. She explained that the psychologist spent a sufficient amount of time getting to know her child in order to get a clear picture of him. The private psychologist's findings supported a diagnosis of ADHD and Opposition Defiant Disorder (ODD), however the psychologist did not tell her to medicate her child. Patsy came to the decision voluntarily to medicate her son after discussing it and coming to a consensus as a family. Her child experienced negative side effects on psychotropic medication. Patsy explained that her son was like "a zombie" on the medication. In addition, there was little noticeable improvement in his behaviors while on the medication. Thus, Patsy holds stern to the position that she will not increase the dose of her son's medication but instead the responsibility will be put back on the school to find another way of dealing with her child.

<u>Were there barriers you faced in seeking help for the child, and, if so, how did you experience them?</u>

Patsy believed that many African American children are labeled with ADHD and learning disability. She attributed the wide occurrence of African American children being labeled to the idea that teachers perceive African American children to be "black statistics." Patsy mentioned that "black statistics" reflected an attitude that African Americans are not going to amount to anything so why bother exerting time and energy on them. Thus, this attitude toward African American children and their families was perceived to be a barrier to seeking help. She felt that diagnostic labels were just a way to legitimize taking the

academic focus away from African American children. In addition to the perception of African Americans as "black statistics" she felt that the school created a sense of superiority over parents by hiding behind degrees. Specifically, school personnel appeared to take the position of 'expert' over parents of these very children. Subsequently, she experienced the school's resistance to implementing any suggestions other than those originally belonging to the school.

Beth

Beth was interviewed originally on June 29, 2005 regarding her grandson. Beth was a senior citizen. Beth's daughter was the mother of this child. Her daughter was a single parent due to the father being absent in the child's life. Therefore, Beth played an active role in the parenting of her grandson. The first experience of trouble with the child originated with behavior complaints in daycare. The child was five years old when complaints were first made against him by the daycare.

What was your experience of the first sign of trouble with the child that caused alarm about the child's psychological state?

Beth perceived her grandson's functioning to be typical. She did attribute the daycare's behavioral complaints about him to the notion that the daycare was structurally changing. When her grandson first started in this daycare he did not have any behavioral restrictions to which he grew accustomed. However, as more children enrolled and the daycare became populated with Caucasian children the standards of behavior changed. Beth mentioned that only then when the behavioral expectations of the daycare changed did her grandson's behavior become problematic. Subsequently, the daycare suspended her

grandson for behavioral issues. Beth and her daughter decided to place him into another daycare as a result of the suspension and behavior complaints.

Complaints about her grandson continued into grade school. Beth's grandson was suspended again in the first grade because of problems with staying focused and being out of his seat. Beth did not learn of these issues occurring in the school until the report card indicated attention problems. Beth had a childhood history of the same attention and concentration issues that her grandson was experiencing. Thus, she experienced her grandson's mode of functioning as typical from this standpoint.

How did you deliberate about what to do about the child's psychological state?

Beth explained that the child rearing practices she grew up on shaped how she deliberated about what to do about her grandson's psychological state. She viewed the child rearing practices that was used on her favorably as evident by the statement, "you get a good outcome from looking back on how I was raised." She modeled her parenting style after the parenting style of her parents because she felt that it positively molded her development. Specifically, Beth valued what she perceived to be traditional African American customs (physical discipline, respect for elders) that have been provided by African American grandparents. She felt that the plight of young African Americans was due to the lack of guidance and wisdom that historically has been passed down by older grandparents. She believed that there was a generational decline in the abundance of older African American grandparents to oversee the development of children. She attributed the decrease in older African American grandparents to a generational occurrence of African American men and women becoming parents at a younger age.

<u>What forms of help were considered if any? How did you experience the method of help</u>

<u>you used?</u>

  There were various forms of help considered in trying to address the child's difficulties.

Beth's daughter initially sought help from the school when behavioral complaints were

made against her son. However, the school did not offer help to his mother. Beth's

daughter became frustrated and emotional as a result of the lack of support on the part of

the school. Subsequently, Beth stepped in to assist her daughter in formulating means to

address the child's difficulties. Beth's choices of help came from television programs, and

magazine articles related to child development. Beth and her daughter came to the decision

to replace the child's original school with another school that was predominantly African

American. Beth's grandson started at the replacement school at the beginning of the

second grade. Beth perceived the replacement school to be a better experience for her

grandson. The replacement school did not find the child's functioning problematic. This

school referred the child to an affiliated children's center that provided psychological

services and support learning, however this did not take place until he was in the fourth

grade. He started at the children's center in the fifth grade. A psychological evaluation was

conducted through the children's center and the findings did not support an attention

disorder of any kind. However, the child was prescribed and given psychotropic

medication as a result of the psychological evaluation. Beth and her daughter were open to

the use of mild, non-habit forming medication for the child. In addition, at the request of

Beth the school also provided behavioral strategies to curve undesirable behaviors. Beth

found the behavioral strategies to be effective at home when used consistently.

Beth had considered therapy by a male psychologist as another form of help for her grandson, although it was not implemented. Beth believed that a male psychologist would be able to get into her grandson's mind to find out what might be troubling him. She mentioned that a male psychologist would be most effective because her grandson is more responsive to males than females. Beth has directly asked her grandson about what might be bothering him. Beth's grandson has consistently replied to her that he does not know what is wrong. Beth has had a positive childhood experience with a psychologist and therefore considered the potential benefit of mental health treatment for her grandson.

<u>Were there barriers you faced in seeking help for the child, and, if so, how did you experience them?</u>

Although Beth has considered several forms of help to assist her grandson, she perceives there to be barriers to help seeking. For example, race issues between school personnel and parents/caregivers of African American children stands to impede help seeking. Specifically, Beth believed that the school holds negative stereotypes of African Americans. The existence of race issues taints the ability of the school to adequately identify children with learning, behavior or emotional issues. Beth also believed that the school's race issues might also prevent them from providing help to parents of these children. Her daughter has experienced this issue first hand with the school when she did not receive assistance to address her child's difficulties.

Beth believed that another barrier to seeking help for children was the lack of parent involvement. She explained that her own grandson suffered from the unavailability of his mother. Beth's daughter had limited time to tend to school matters more closely due to her being overextended with other responsibilities. Beth's daughter's hectic schedule included

a full time job, raising two other children and attending college. Beth predicted that other

African American children might be at a disadvantage in the school system as a result of

unavailable parents. Limited availability was believed to be the cause of parents not being

fully effective in dealing with the school on behalf of their children.

Appendix D

Transcribed Audio-taped Interview of Participant

Interviewer:

 Question #1 was what was your experience of the first sign of trouble with the child that caused concern about the psychological state?

Interviewee:

Oh, disappointed, you know frustrated, a little loss.

Interviewer:

and this is your grandson right,

Interviewee:

Yeah

Interviewer:

I never did get his first name

Interviewee:

[child]

Interviewer:

[child], ok
So my follow-up question to that was, you said that in the daycare they couldn't take him there anymore, the daycare suspended him.

Interviewee:

Uh,huh

Interviewer:

My follow-up question is, how did that affect you as his primary care giver?

Interviewee:

Well, trying to find another daycare, um, more concerned about what it was going

to do to him, you know what I'm saying. If it was going to make him worse or what. That was the main concern, was finding a daycare and how it was going to affect him.

Interviewer:

Uh, huh
And you were thinking negatively, how was this going to affect him with being suspended and having to find another daycare?

Interviewee:

Yeah, right

Interviewer:

In what way was he affected if at all?

Interviewee:

Well, it didn't seem like it affected him at all. Um, I think I was making more of a big deal out of it than he was.

Interviewer:

How did that affect you as far as your thoughts and feelings. You said you felt that you were making more of a big deal. How were you doing with the suspension and how did you feel and think about that?

Interviewee:

Well I was hurt behind it because it was from somebody that I knew, you know, um. I was just really frustrated behind the whole thing.

Interviewer:

You said the person that did this was somebody at the daycare that you had a personal relationship with.

Interviewee:

Oh yeah, Oh yeah, I've known these people forever and a day. I use to spend weekends at their house when I was growing up and everything. I thought it was more or less a stab in the back concern, but when I found out what type of kids they wanted to deal with, you know, and then I was okay with it. You know they don't want any problem children; they only wanted the squeaky, quiet kids. You know

that is what they were concerned with.

Interviewer:

Um, you mentioned that they only wanted the quiet, squeaky kids. Um, how would you describe [child's] behaviors in comparison to squeaky clean kids. How is he, what was he like as a child.

Interviewee:

Oh, he is a typical boy.

Interviewer:

A typical boy

Interviewee:

A typical boy, you know. You tell him don't do this; he is going to do it. He doesn't look at the ramifications or what's going to happen when you do something that you really aren't suppose to do. Just a typical boy

Interviewer:

okay, it sounds like your perceptions of his behaviors were quite different from how they looked at his behaviors.

Interviewee:

Oh yeah, oh yeah. Of course, like I said with the daycare, and I found this out through Sarah Reed [Children's Institute], uh the case workers were telling Interviewer that they do not want any kids they can not control, they do not want any kids who are going to be problem kids, they want kids to come in and when they say sit down they want them to sit down. When they say its time to eat they want to eat, when its time to do this, this is what they want. They wanted kids just like that. You know, so their selection of kids would be very very few.

Interviewer:

Okay, and with that being said, how do you view them since you feel that your grandson's behavior is typical boy behavior how did you think and feel about?

Interviewee:

I didn't think it was right at all, oh, but they own the daycare so. They are just strange characteristics. Like for instance they wanted to be paid lets say

Wednesday, lets say Friday. So my daughter gets her check and it's not going to be cashed until late Wednesday night and she tells them to run it through Monday. They run it through Friday. Now why would you do that?

Interviewer:

Knowing that the funds aren't going to be there.

Interviewee:

Right, exactly, exactly
So this is the type of people they are, they want to cater to white people and this is what they are doing.

Interviewer:

And this was a mixed daycare, both white and black kids at this daycare?

Interviewee:

Yeah, uh, huh

Interviewer:

How do you think the behaviors they were looking for, do you think they weren't typical for black boys, like [child].

Interviewee:

No, no

Interviewer:

Because you mentioned they wanted white kids

Interviewee:

No, no, no
We want him to experience the level that he is at. If he is going to be a rambunctious kid, ok well let him be rambunctious. Yes there are going to be times where you are going to sit down, and settle down and what not, but if you want to run and jump, you know go ahead and do it.

Interviewer:

Uh, huh

Interviewee:

That is a part of growing up

Interviewer:

That is normal, typical behavior for his age

Interviewee:

Right, exactly, exactly, exactly
and they wanted to curtail that and I don't go for that. I don't go for that.

Interviewer:

Okay
Could you expand, say a little more about when you said they wanted white kids.
What do you mean by that?

Interviewee:

They wanted white kids
They wanted white, rich kids. Parents who can afford to pay the daycare and the
kids who will be obedient at all time.

Interviewer:

Uh, huh. And the experiences you had with this daycare shaped your reason for
you feeling this way.

Interviewee:

Oh yeah, because this isn't typical of other daycares. You know, he has been in 2 or
3 other daycares and the kids are kids. You know what I'm saying. When you walk
in this daycare you could hear a pin drop. Now that's to Interviewer not a good
daycare if you could hear a pin drop.

Interviewer:

Okay so you shouldn't hear a pin drop with a room full of kids [laughter]

Interviewee:

No, not with a room full of kids. No, no. You are going to have kids crying,
fighting; you know what I'm saying rough playing and what not. You can't go into a
daycare and hear a pin drop. I'm sorry. I'm glad they suspended him.

Interviewer:

 How do you think the way they looked at [child's] behavior was different than the way you made meaning of how he was acting because for you, you tell Interviewer that this was normal behavior he should have and it sounded like they saw him very differently, his behaviors very differently than you did.

Interviewee:

Right, they just thought that um, I think they thought he was a kid from the hood. You know, a black kid that doesn't have any manners. That is how I perceived it.

Interviewer:

okay, any thing that led you to believe that socioeconomic class. Let's say rich vs. being poor or not being as well off financially played a role. What things lead you to say that as far as you thinking that he was just a kid from the hood vs. coming from a rich family?

Interviewee:

I don't know how I can say this. [long pause]
How I perceived it, huh

Interviewer:

Uh, huh

Interviewee:

Well, just when the people were coming in when I was there. How they greeted them, how they talked to them, how they bent over backwards for them. Where as with Interviewer and my daughter, we helped them do a lot of things within the daycare, you know. I just didn't think we got the respect we should have gotten.

Interviewer:

As far as how they interacted with you and how they treated [child].

Interviewee:

Yeah, yeah, yeah
Because when he first got there they let [child] be a typical boy, run from one toy to another toy, you know, be rambunctious but then when the white kids started coming in, now they wanted him to sit down, and be quiet, play when we say play, you can't do this, you know.

Interviewer:

Okay, sounds like their standards changed somewhat from what it use to be like, which sounds like they were pretty free to let him be who he was, and then things changed.

Interviewee:

yeah, exactly, exactly
That is sort of hard on a small child when for weeks, weeks and weeks you are letting him do this and you are letting him do that and then all of a sudden you come in without any explanation, no you can't do that. Even right now he will ask why, why, why.

Interviewer:

[child] will ask why?

Interviewee:

yeah, you know when we tell him he can't go next door. "Why". Well, its night time or they have company. You know, everything is a "why".

Interviewer:

okay, and did he do that with the daycare when they wanted things to change do you think at that age.

Interviewee:

No, uh, uh

Interviewer:

Okay, in what ways was he aware that things were changing in the daycare, if at all? Do you think he was aware of that, when there expectations and standards changed for him.

Interviewee:

Yeah, when they didn't let him do what he normally would do, you know when he wanted to do it. Yeah

Interviewer:

Uh, huh, okay

And you mentioned that that was hard on him that the expectations were changing. How was that on you or your daughter for that matter?

Interviewee:

Well we were both getting really frustrated. It is sort of hard going in picking up your child everyday and oh, [child] wouldn't do this, [child] wouldn't do that. Why. Well, we don't know. He just wouldn't do it. Well, he didn't want to do it because he didn't have to do it before so now you are telling him he has to do it. He doesn't understand that so it was getting really frustrating.

Interviewer:

Getting frustrating for you' all.

Interviewee:

yeah, yeah

Interviewer:

okay
Question #2 was how did you experience [child's] behaviors that might be considered markers of a childhood disorder. You responded with I didn't see his behaviors as a problem. okay. My follow up question to that was you said you didn't see his behavior as a indication of a childhood disorder at this time.

Interviewee:

yeah

Interviewer:

Right
How did you come to understand the behaviors he was demonstrating?

Interviewee:

Well, when he got into elementary school, first grade again we were seeing where his concentration wasn't there. He didn't want to stay in his seat; he always wanted to move around. Being called all the time because of that.   You know, and then I had to step back and take another look and see what the problem is. At first we thought it was the peanuts. You know, he loves peanuts so we cut that out. We talked to his doctor; the doctor just says he is fine so we are going with what the doctor saying. He is fine, you just have to get on his case when he does things wrong, which we do. You know.

Interviewer:

Okay, but you said it wasn't until he went to school that you started to reconsider what you felt at a earlier time was just typical boy behavior, now that is starting to change when he went to school.

Interviewee:

right, right, right

Interviewer:

What things happened at the school age that caused you to reconsider how you looked at his behavior?

Interviewee:

Like I said before the teacher wants to move on to a different subject and he is losing interest or concentration and um, doesn't want to sit in his seat. You know, he wants to move around. You know things like that. His attention span is really weak.

Interviewer:

Uh, huh
So you were in agreement that these things are an issue, his attention is this, but they were saying you felt like you were on the same page. You agreed with what the school was saying, whereas in the daycare you had a different view of what he was doing then what the day care said.

Interviewee:

Right, right

Interviewer:

Ok. You said he did well at the next daycare; he didn't explode much until he got to grade school which you just kind of said that again. Um, he was in a predominantly white grade school. How did that impact anything if at all, him being in a predominantly white grade school? Do you think that played a role or shaped any, the way things happened at all?

Interviewee:

No, not really. It is sort of hard, I'm trying to look back on it and be sort of objective about it. I think the teachers just got frustrated that's all.

Interviewer:

Okay, okay
So you would say that race was not at all a factor in grade school.

Interviewee:

Well yeah, a little. Being the only black child in the class, you know and I look at it
like this. You are a teacher, you are suppose to teach, and whatever problems come
up you are suppose to at least have some solutions in how to handle those problems.
If the child is being disruptive then well there are certain avenues you could go to
and try to curtail that.
I don't think, well with them [long pause] they concentrated more on his behavior
than subject matter.

Interviewer:

Ok

Interviewee:

I don't really know how to say this. [long pause] I just think there are just other
things I would have done.

Interviewer:

If you had it to do again, you would have done some things differently?

Interviewee:

If I was a teacher

Interviewer:

If you were a teacher you would do things different.

Interviewee:

Different, different

Interviewer:

To try to curtail some of the issues the school said was a problem

Interviewee:

exactly, exactly, right

Interviewer:

How do you feel about that, knowing that you would have done something differently if you were the teacher? I take it things weren't done very effectively to curtail any of that.

Interviewee:

No, uh, uh

Interviewer:

How do you feel, what are your thoughts and feelings about that that they didn't do what maybe they could have done?

Interviewee:

Could have done. If a child is having some kind of problem in school, instead of just suspending them try to find out where the problem is coming from. They have better avenues than what a parent has. They have better resources. You know, whether it means bringing in a school psychologist in to sit down and talk with the child and maybe sit down and talk with the parent. You know, those avenues, instead of just leaving it up to the parent to run out and find this and find that when they don't even know what they are looking for. Do you see what I'm saying?

Interviewer:

I do, I do.

Interviewee:

That is the problem that I had with basically all the schools because they are so quick to suspend. They are so quick to kick out, but their purpose is to help the child educationally wise and to try to help the child be a better person and you know try to have more esteem within themselves and suspending them all the time is not going to do it.

Interviewer:

Okay, right. And how did that make you feel to know that there was more interest in suspending than correcting what they say is the issue?

Interviewee:

I got really frustrated and again I would ask them what we can do as parents. Where can we take him to find out? "Oh we will get back to you". Well they never did. They never did.

Interviewer:

Wow

Interviewee:

You know, that is the problem that I had. That is the problem that I had.

Interviewer:

Uh, huh. Uh, huh. That you were without any resources.

Interviewee:

Exactly, no guidance.

Interviewer:

And that is very frustrating

Interviewee:

And then the guidance comes in at the end of the school year.   HELLO. We have been asking for this all year why are you giving it to us now it is the end of the school year. If it was a white child they would have come out and gave it to us right up front. I really do.

Interviewer:

What experiences in life in general or specific to this that shapes your reason for saying that, if it was a white child this would have gone differently.

Interviewee:

I just sit back and look. That's all; I just sit back and look

Interviewer:

And the observations you see point to that is the case.

Interviewee:

 Yeah

Interviewer:

Ok. What things have you seen that support, just a few examples that support you saying that if it was a white child it would have gone differently.

Interviewee:

Well, I've seen other kids who are similar to [child] that aren't suspended. There are avenues or they go to school for a half a day and they go some place else for a half a day for counseling or whatever but this isn't offered until the end of the year so I have a problem with that.

Interviewer:

Okay
Moving on a bit. You say here that you saw his behaviors at this time as a problem. My follow-up question to you is how did you feel or think about what to do because you tell Interviewer the school didn't give you many options so how did you think and feel about what to do as far as what you did on your own.

Interviewee:

What I tried to get my daughter to do was to take him to a psychologist and try to find out what the problem is. She was very frustrated because she was going to school full time, working full time. I was working full time, babysitting full time and I just didn't have the time that I could take him and I felt that um she got really lackadaisical in that respect in trying to find some help for him.

Interviewer:

And with that being said, how has [child] been effected or what impact does that maybe have on him that maybe that would have been a

Interviewee:

That his mom doesn't care and its not that she doesn't care its just that she was just bogged down with school full time, and three boys, now four boys and I can see the frustration that she is having. I can't step over my grandmother role.

Interviewer:

Sure, right

Interviewee:

You know, I can only give her suggestions, which I tried to give her constantly about his behavior. You know and things that she needs to do. She has a yelling match, well I have a yelling match to but they call Interviewer Judge Judy, because they know I don't pay. You know, I have seen now that he is 12 years old, and he is sort of, he doesn't talk back to his mother but he has to have the last word.

Interviewer:

ok

Interviewee:

You know, he ain't going to have the last word with Interviewer because like I tell him the lips come off real quick.

Interviewer:

I think I kinda grew up the same way, especially with grandmothers.

Interviewee:

Right, right. Uh, huh
I use to pick my lips up all the time. All the time. All the time.
You know, so he has an understanding when it comes to me, he knows that I will do whatever I can for him but he knows that I'm not going to take any junk. He knows that I get very frustrated when the school calls Interviewer and he will beg them not to call Interviewer. "Call my mom, call my mom, don't call my grandmother."

Interviewer:

How has the differences then between you and your daughter, sounds like their are some differences into how the two of you do things, differences in how you think about things.

Interviewee:

I'm from the old school. I say spare the rod, forget it. Tear that butt up. That's the way I was brought up. Its done no hard to Interviewer. I've gone to college, you know three years at St. Barnabas University a year at Edinboro. I didn't get my degree because I ended up getting married. But even still it's just that my outlook is totaling different from what her outlook is. I think maybe her having kids so young, she didn't really grow up enough to understand the full responsibility of rearing children. And I think this is the problem that we are having with all our kids who are having kids.   You don't understand what you have to do when you see signs of

something happening here you have to step in and take care of it, you can't think it is going to take care of itself because it doesn't.

Interviewer:

Sure

Interviewee:

I think that is what the problem is and I get very frustrated in trying to talk and deal with her on that level but like I said I can't step out of my role as a grandmother.

Interviewer:

Right, but that has to be frustrating because I can tell you are very invested in seeing your grandson progress as much as he possibly can.

Interviewee:

Uh, huh. Definitely

Interviewer:

And knowing you have your limits as far as what you can do on his behalf.

Interviewee:

right, right.

Interviewer:

How has generational differences possibly impacted your grandson and just maybe black boys in general coming up today.

Interviewee:

Well everything they see on TV, the music they listen to, and when he is in the car I can't play his CD's or whatever. That's not music, um. It's just that the world is changing so much. The kids don't have a real outlook of what life really is, what it can do. What changes you have to make. They don't understand that until its too late. They don't understand that until it's too late.

Interviewer:

Does that apply to kids too or are we talking about young adults.

Interviewee:

Oh, yeah, definitely kids because kids are trying to be young adults. He is 12 years old going on 21. You know and I look around at these other kids, I sit out here [porch] and watch these kids. What, where are there minds, what are they thinking. They have no respect for each other. They have no respect for themselves.

Interviewer:

How does that impact their behavior if at all? These differences that you've seen that the world is a different world that we are living in today.

Interviewee:

By the time they become adults they have no idea what they are suppose to be doing.

Interviewer:

Okay

Interviewee:

I worked at where I'm at. When I first got hired I got hired into the Personnel department. We took in application and I was totally amazed that these young kids coming out of high school looking for a job, they don't want to go to college, but they are looking for a job. One, they couldn't fill out a application, two all that they were concerned with was the money, they have no idea into what type of job they would have to perform. No concerns what so ever. All they are looking at is that mighty dollar. That's a shame. There is more to it. There is more to it. I mean there is a responsibility of carrying a 40 hour a week job. You know, you have to know how to do your job, how to relate to people, you know you can't "f" this, "mf" this and this is all that I hear. I was a cheerleading advisor for my alma mater when I was in the school I couldn't believe how these kids talk to the teacher. Just their attitudes. You know.

Interviewer:

What age group was this?

Interviewee:

High school
Right now we have lost our kids a lot. I see where a lot of white kids are trying to imitate our kids. Now we are seeing all of the majority of our kids not knowing what they are suppose to be doing.

Interviewer:

That is a scary thought isn't it?

Interviewee:

Yes it is, because these are supposed to be our leaders and that's scary. That's scary. Can't read, can't write, no idea how to relate to people, you know. It is scary.

Interviewer:

What factors, what if you think about what all might go into why this is the case nowadays if we think about problem behaviors? Not going through life in the ways kids maybe a couple of generations ago might have, um what are all the things you think go into why we have some of these very issues going on, whether it is behavior problems.

Interviewee:

I think the whole thing is kids having kids. They have no idea how to raise them

Interviewer:

Ok

Interviewee:

When they get to a age where 10, 8, 9, 12 years old, mom and dad are no where. You know I sit here on this porch 12:00 at night and I can see 8 and 9 year olds running up and down the street, where are your parents. Where are your parents? Where are your parents?

Interviewer:

Alone

Interviewee:

Yeah,
You know with my daughter I was very strict. I was a single parent because I divorced her father. But uh, I brought her up the same way that I was brought up. #1 at dusk how your butt inside the door, not outside the door, okay. Where are these kids? The parents, where are they. So if you have a child raising himself, okay he has no idea what he is suppose to do. I had a football team too; I was with Bay Center football association. I was real stern with my football players. When I ran into them, one black football player, he said I didn't understand where you were

coming from when we were under you but as the years went by I saw what you were trying to tell us and he said if there was any way you could have adopted I wish you could have adopted Interviewer because my home life was terrible. I couldn't study, so I lost interest. I would come home there would be drugs, or booze, all these people and I know that wasn't the way in your house. I said, no it wasn't.

Interviewer:

Wow, that was powerful. How did you feel about him saying something like that to you?

Interviewee:

I was shocked but with a lot of my football players that I have seen as they have progressed. That is one thing I would have to say is that they have complimented me very well.

Interviewer:

Ok

Interviewee:

Very, very well. They said that they didn't understand it but now that they look back on it that they can see what I was saying.

Interviewer:

Wow it sounds like you have been that big positive influence. Maybe one of the only positive influences

Interviewee:

All you need is that one significant other but it is just a shame I couldn't of been in their lives all, all the time, um.
I'll go out to a restaurant, bus boy may have been one of my football players will come over and hug me, you know.

Interviewer:

Uh, huh

Interviewee:

It makes Interviewer feel really good. I just wish I could do the same thing for my

grandson but I guess I'm just too close. Too close, you know.

Interviewer:

Uh, huh, okay
You mentioned there might be kids who can't concentrate on their homework because of drug activity, there is things going on.

Interviewee:

That is other kids.

Interviewer:

Other kids, right
So let's say when teachers complain about oh, he can't concentrate or homework is not turned in on time, all of those things. In your opinion how do all of those other factors whether its home things, environmental things, things going on in the community, how do those things impact behavior if at all do you think. The very things that teachers complain about with our black boys.

Interviewee:

An awful lot because what teachers will do is through their hands up and just forget about them. I mean don't you see that?

Interviewer:

Uh, huh

Interviewee:

That is what I'm seeing and they will throw their hands up. It goes back to like the 1920's when we couldn't go to school. You know, that is where it puts Interviewer to mind is that they will put you inside and just concentrate on the white kids.

Interviewer:

Would you say there are cultural differences between lets just say being a white teacher versus not having the same understanding of all the things that might be going on with a black child that might be why that child is behaving that way.

Interviewee:

oh, yeah because a black teacher ain't going to take it. You know, "Shut up and sit down", is going to be their philosophy.

Interviewer:

Uh, huh, and what is the philosophy that might be dominant with a white teacher. It's not the same attitude that a black teacher might have.

Interviewee:

They just forget about them.

Interviewer:

They just don't care; they are just not interested in going the extra mile?

Interviewee:

Right, and it might be one or two but I haven't run across them. I ran across one, he was really concerned. It just puts Interviewer back to mind when I was at Edinboro and I was in one of my education classes and I was the only black person in the class and I was just sitting there listening to the proth and I was amazed, which he really didn't care for but he was gearing the teachers or would be teachers to teach in a all white school. How can you do that? And I told him where are you going to teach all this at. I said, you know, there is not one school that doesn't have a black child in it. I don't care if it is a private school, a parochial school, there are black kids, there are other minorities that are attending these schools, so how can you sit here and you know throw all this at us.

Interviewer:

Uh, huh. That is geared toward teaching for only a white school with only white students.

Interviewee:

Exactly, exactly. And then some of the facts you know that they were bringing up and I'm saying, you know, contradicting some of the facts and then he says well where are you getting your facts. I said look, number 1 some of the books we are reading like _____ book the facts that I'm getting is from my parents, my grandparents, and my aunts and uncles who have gone through the educational system.

Interviewer:

These are lived experiences where you are getting your knowledge from.

Interviewee:

Thank you. What you are saying and what they are telling Interviewer I'm looking at both of them and I'm sorry I'm going over here because you can't tell Interviewer how to relate to or teach a minority because you have no idea yourself, you know. I ended up with a "C" in the course. [laughter] but...

Interviewer:

of course you did, [laughter] but your point was well made I'm sure.

Interviewee:

Right, and the kids after the class they were saying you are right. This is why at Christmas time, Easter time or when the family gets together I tell all my young nieces, nephews, great nieces, and great nephews sit around the old people and listen to them.

Interviewer:

Uh, huh

Interviewee:

Listen to them, listen because this is the time that they reminisce about when they were growing up and look how easy you have things. You have to learn to appreciate what you have. You have to understand that the white man will knock you down, and knock you down but the one thing he can't take from you is your knowledge.

Interviewer:

Uh, huh, sure. I agree you can't be robbed of that.

Interviewee:

No, no, no and once you can deal with him on that level then he is going to have respect for you, other than that he is not.

Interviewer:

Do you think that has implications for how you then are treated?

Interviewee:

Oh, yeah. I even see that at work.

Interviewer:

How so.

Interviewee:

I'm the only, well, when I first got there I worked maybe about a month, month and a half. I went out to lunch and when I came back in all the white people were gathered around, they didn't see Interviewer and they were conversing, well you know we had to hire her because we had to hire a minority. The other girl didn't last, she only lasted a day and a half and she got tired of it so we don't know how long she is going to be here.

Interviewer:

Uhhhh....

Interviewee:

and when they said that they turned around and saw Interviewer. I said I'll be here until the day I retire. You can bet your bottom dollar on that.

Interviewer:

and you are still there now?

Interviewee:

I'm still there now. I've been there for 30 years.

Interviewer:

Wow

Interviewee:

And they know I don't take no junk from them. I do want I'm suppose to do and I do it to the best of my ability and if I make a mistake, hey I'm only human.

Interviewer:

Uh, huh

Interviewee:

You know, but um, uh, huh

<u>Interviewer:</u>

How does race play a role in the school as far as how kids are treated, how behaviors are viewed if at all in your opinion, in your experiences.

<u>Interviewee:</u>

I'm not really sure what you mean by that.

<u>Interviewer:</u>

Well, it's a pretty open question so you could answer it a lot of different ways. Race as far as whether its a white teacher, a black child that is "having problems", having behavior problems, having learning problems. In your grandson's case it was more his behavior, they had more of an issue with his behaviors not his learning well some of that when you get into paying attention and sitting still and that kind of stuff. How does race play a role if at all in how those behaviors are viewed and the meaning that is assigned to those behaviors?

<u>Interviewee:</u>

Well again harsher on a black child than they would be on a white child, I just feel they probably think that a black child is going to always be like that so there is no helping them so therefore lets do what we can to curtail it and move on. Again, that's just Interviewer.

<u>Interviewer:</u>

When he went to the new school um where they were predominantly black children, behavior issues continued, he wouldn't stay seated, not focused. My question to you is what were your hopes in him going to a different, to a new school?

<u>Interviewee:</u>

Hopefully, that he would do what he is suppose to do and that's go to school and learn. Okay but when you have a whole bunch of problem kids that are running a muck, he got sucked into it. He is not a bad kid but he likes to be heard.

<u>Interviewer:</u>

Uh, huh

Interviewee:

he likes to be heard

Interviewer:

Would you say that there wasn't necessarily a different experience at this new school because of that, was it the same, different, better.

Interviewee:

It was the same. Yeah, the same. You know at this point now, nah, it was the same.

Interviewer:

Okay
Alright, um, you said the teacher was inconsistent in listing homework in the logbook

Interviewee:

Right

Interviewer:

How did that impact you, [child's] mother, [child], period, in that they were so inconsistent in logging behaviors? How might that have impacted him or you 'all?

Interviewee:

It impacted her and myself because we didn't know what was going on. We never knew what was going on until the report card came out. Well, hey why is it taking you this long to tell us all this is happening when all you had to do was write it in the book and send it home. You know, we are writing in the book, why aren't you writing in the book.

Interviewer:

ok, my next follow-up question is how did you feel about or how did you think about the ongoing behavioral issues across different teachers, time and time again with each grade passing different teachers, you know the behavior issues continued or at least they kept complaining of problems across different grades and teachers.

Interviewee:

Not giving him a chance. In being in the same school, you know what the word is,

fourth grade had him "oh geese he is terrible," teachers talk, you know.

<u>Interviewer:</u>

So they weren't judging him fairly, they were going just off what reputation he was known to be.

<u>Interviewee:</u>

Exactly, exactly.

<u>Interviewer:</u>

Wow

<u>Interviewee:</u>

And that is really it for the black kids, unfortunately. The kids don't understand it until its too late. I guess I'm just getting frustrated because I'm trying to make him understand the ramifications of his actions.

<u>Interviewer:</u>

And that it follows you

<u>Interviewee:</u>

Right, it follows you and it doesn't matter. Because what is happening now is that he is being accused of things he hasn't done. Like I told him, the reason this is happening is because your actions back last year, so therefore it just follows you and this is what kids don't understand. They don't understand it. They don't understand that if there is a fight and you are standing there, nine times out of ten you are going to be accused of being involved in the fight.

<u>Interviewer:</u>

Uh, huh

<u>Interviewee:</u>

Don't you understand, I mean you don't even have to throw the blow? It's just the fact that you were there, you were there.

<u>Interviewer:</u>

Um, you mentioned that he did have a male teacher that had concerns about him.

Interviewee:

Right

Interviewer:

Which you felt they were genuine, sincere concerns, right?

Interviewee:

Right

Interviewer:

This was fourth grade?

Interviewee:

Yeah

Interviewer:

How did the gender of the teacher effect your beliefs and attitudes about the schools' involvement with [child] if at all?

Interviewee:

Because he seems very genuine and he was consistent in a lot of things. Again, the one thing that bothered Interviewer about him is the recourse that was given to us, was given to us at the end of the school year.

Interviewer:

Uh, huh. With this teacher also?

Interviewee:

Right. With this teacher also so you know but he was good. He stayed on [child's] butt. When [child] had a real good day he let [child] know he had a good day. Ah, [child] started to perform he knew immediately, "I'm calling your grandmother." You know, you are going to talk to your grandmother and give him the phone right there in class. Hey [child] don't make me come up there. Don't make me leave my job and come up there. You know, so we had a good working relationship with him.

Interviewer:

What were the things that went into that being a good experience, not perfect it doesn't sound like but what made that a better relationship. What were all the things he did that made that a better experience.

Interviewee:

He was concerned about [child]. Um, his attitude, ah, his schoolwork he was concerned with also. You know and to Interviewer that showed genuine.

Interviewer:

Ok, uh, huh. Something the other teachers had been lacking. That there wasn't the same sincerity and genuineness.

Interviewee:

Exactly, exactly

Interviewer:

That he really cared

Interviewee:

Exactly

Interviewer:

How did him being a male teacher impact [child].

Interviewee:

I think with [child] as far as women are concerned I think he thinks he is a man. And like I said, the one woman that he had full respect for would be from my mother who is deceased and Interviewer. He isn't going to step out of line with either one of us.

Interviewer:

Uh, huh
So because he was a male teacher he was more of an enforcer in [child] kind of stepped into line a little bit more.

Interviewee:

Yes, yes, yes

Interviewer:

Ok, alright, you said the school was calling home about behaviors saying come and get him, suspended often, um [child] started Sarah Reed Children Center the beginning of fifth grade. What were the experiences you had with Sarah Reed Children's Center like?

Interviewee:

They just put Interviewer back to mind of the teacher. I don't think that they did enough. They concentrated on school work as far as his behavioral problems were concerned they just said, "he is just being a boy."

Interviewer:

Okay, so they had a different spin on things then. This is the first time I'm hearing you say they see it in the view of he is just being a boy. What was that like for you that this was a different, they were seeing it in a little bit of a different way from the other school and daycare, right?

Interviewee:

Yeah, yeah well okay there is a time to be a boy and there is a time to be a student. And you can't combine both of those at the same time, you can't be a student and be a boy meaning do what you want to do, you know be rambunctious, no when you step into a class room you forget everything else. If you had hard feelings toward somebody hey leave it outside the door because you are here in the class room to learn. Period and that's it.

Interviewer:

Okay, alright
So with that being said how are your views and expectations of [child's] behavior different from how Sarah Reed understood and looked at the behaviors, cuz it sounds like you are saying they chucked it up to him being a boy but you had a different, more expectations for his behavior, this is school this is not just.

Interviewee:

Right, right. I needed solutions as to how to curtail everything and I just didn't get any solutions.

Interviewer:

Okay, because they just looked at the behaviors as just being a by product of him just being a boy

Interviewee:

right, right

Interviewer:

okay, and what was that like for you for that to be the case

Interviewee:

I was very frustrated because again they did not tell Interviewer they did not show what I could do to make him a better student, not a better boy, but a better student.

Interviewer:

Uh, huh

Interviewee:

And to me that was more important than anything else.

Interviewer:

Sure

Interviewee:

And I just didn't see anything there. Nothing is there, a guideline, nothing. You know, take this away from him, take that away from him, well yeah, but is it doing any good, no.

Interviewer:

Uh, huh, okay
Now, am I correct in that this is the first time that Sarah Reed was saying no he doesn't have behavior problems and now you are standing on a different position well no, yes he does have some things that need to be worked out.

Interviewee:

Right

Interviewer:

That is the first time that turned around like that. Because daycare and the other elementary school was saying oh he has behavior problems now Sarah Reed is the first to say that it is nothing more than he is just a boy

Interviewee:

Right

Interviewer:

Okay, so this was a totally different experience.

Interviewee:

Right because they didn't send him to a psychologist or anything of that magnitude.

Interviewer:

Uh, huh
What would you say were your hopes for [child's] seeing a psychologist

Interviewee:

To find out, there is something underlying. There has to be for him to be so wound up as he is. Okay, there has to be something there that he is not relaying to us. My daughter she doesn't express herself well, with Interviewer if I have a person I can confide in I'm going to talk things through, once you talk things through then you can see where you should be heading. What you have to do to rectify the situation. My daughter is not like that, I think the boys are coming the same way that she is.

Interviewer:

Okay

Interviewee:

Okay, I can see that something is bothering her. I can see it in her face. I have to pull it out, and it will take Interviewer days to pull it out of her, whereas if she could learn to confide in mom then maybe mom can help to rectify the situation or give you another avenue that you can travel to take care of whatever the problem is.

Interviewer:

Or at least put your heads together and let's see what we can come up with to fix

some things.

<u>Interviewee:</u>

Exactly, exactly

<u>Interviewer:</u>

And you see [child] kinda of functioning in that same way.

<u>Interviewee:</u>

Right, right

<u>Interviewer:</u>

What is that like for you?

<u>Interviewee:</u>

Frustrating

<u>Interviewer:</u>

It sounds like you work things out very differently

<u>Interviewee:</u>

right, right, right

<u>Interviewer:</u>

If [child] was more expressive, maybe more open, do you think that has any impact or implications for how his behaviors could be different?

<u>Interviewee:</u>

Definitely, because we could sit down and talk and he could really understand why he is feeling this way or you know why he is doing this. He keeps "I don't know, I don't know, I don't know. No, you do know. You just don't know how to express it, but you do know. Because it is happening to you. You have to have some sort of feeling when you are suspended from school. You have to have some sort of feeling when the teacher starts to yell at you, you have to have some sort of feeling there, lets sit down and talk about it.
"I don't know what I feel"

Interviewer:

Okay, that lack of expression in what ways does that lead to more problem behaviors or do you see it that it could.

Interviewee:

I hope that it doesn't. That is what I'm hoping.

Interviewer:

Do you think there are possibilities for that?

Interviewee:

yeah

Interviewer:

Do you think so

Interviewee:

Yeah, yeah

Interviewer:

You said Sarah Reed said he did not have ADHD

Interviewee:

Right

Interviewer:

They gave behavior strategies; um you said it was somewhat effective, after a while of enforcing it was starting not to work.

Interviewee:

yeah, I think because my daughter starting getting lackadaisical about it.

Interviewer:

I see, okay
Behavior changed for that time then back to [child's] normal self.

My follow-up question is how do you think the way you grew up shaped your discipline choices.

Interviewee:

Because I was able to see right from wrong and keep my mouth shut or die [laughter]

Interviewer:

Do you think that the way you grew shaped the way you tried to rectify problem behaviors with [child]?

Interviewee:

Uh, huh

Interviewer:

 okay, I think that goes along with what you said earlier

Interviewee:

Uh, huh

Interviewer:

Okay
What other things were working within you too, as far as what type of strategies you tried to correct some of [child's] behaviors. Like, you said you are from the 'old school' so obviously that is operating within you as far as the strategies and techniques you used to try to correct some of his problem behaviors. What other things went into your discipline choices or your strategies that you experimented with trial and error with to see

Interviewee:

don't give him every and anything he wants no matter how much he yells and screams or shouts about or pout about or gets upset about. If you have to get into his butt, then get into his butt. You know, I, you know I'll tear his butt up in a heart beat.

Interviewer:

How did you come to use those very things you did?

Interviewee:

 I just did 'em.

Interviewer:

You just thought of them

Interviewee:

yeah, I mean, I just did'em.

Interviewer:

Okay, alright
#5. How did you decide about what forms of help you considered if any? You said that any time you saw something on T.V. or read in a doctor's office you would tell your daughter about. Relayed back to her, she didn't pursue it because she was very busy. Her excuse was she didn't have time.
Um, you may have answered this but if you could summarize real quick, how did you feel about that, that you were pulling things from different sources. Here's mine, this is what I have to offer for help.

Interviewee:

Frustrated, very very frustrated, very frustrated

Interviewer:

You wanted a male psychological person. You preferred a male psychologist to sit down and talk to him to find a remedy that the family could follow through on.

Interviewee:

Right

Interviewer:

My follow up question to that is what expectations you had for this in having a male psychologist. What were your hopes for [child]?

Interviewee:

I think he has more respect for a man than he does for a woman. Like I said before the only women that he shows total respect for is his grandmother who is deceased and myself. Ah, other women its like "ah", he brushes them off like its nothing.

Interviewer:

Okay
What were your attitudes and beliefs about medications for [child]?

Interviewee:

I really didn't want to try anything that was going to be habit forming.

Interviewer:

Okay

Interviewee:

okay, if they could find something that is mild, lets try it if it is going to keep him in his seat and keep his mouth shut. Let's try it. My daughter _____ (can't make out on tape)

Interviewer:

Uh, huh

Interviewee:

so,

Interviewer:

But um he was prescribed Strada, you said it didn't work.

Interviewee:

No

Interviewer:

It took three years to settle him down, no major improvement. He nows takes kind of occasionally, not on a regular basis. Right?

Interviewee:

Right

Interviewer:

alright, and you said your attitudes and beliefs about medications were just that you wanted something mild, something that wasn't going to be addictive, you didn't want him to be dependent on, but you were open to medications.

Interviewer:

Were there barriers you faced in seeking help for [child] and how did you experience them. You said the barriers were that no one assisted you and your family, only suspending him, putting him away, um [child] would do things just to get suspended. So now some of this is going on. Um, what feeling did you have in regard to this?

Interviewee:

Frustrated because I'm lost and I don't want to lose him. I don't want to lose him and his actions are being witnessed by his siblings and I don't want them to all come the same way. I'm looking for tomorrow, I'm not looking at just today. I'm looking for tomorrow and if we don't curtail what we are doing now, tomorrow is not going to be here for him.

Interviewer:

Sure

Interviewee:

And that worries Interviewer.

Interviewer:

Sure it does. I don't know if you feel you have a way to summarize this but how does this impact your overall experiences at this point, that there are these barriers, there is little resources offered, very little support offered. How does this impact your overall experiences as far as how you view support services, psychological services.

Interviewee:

Frustrated, frustrated, just down right frustrated. You know, people are talking about, yeah you can do this, you can do that well here I am asking what can I do and nobody is telling Interviewer anything. You know, I'm a willing person here, I'm open to suggestions, you know and just not getting them.

Interviewer:

With the experiences that you have had with the schools and the psychological services, has those experiences now shaped how you now look at and view psychological services

Interviewee:

No because I really haven't experienced too much of anything other than the Sarah Reed. You know, so and that was basically for book learning, you know, I see where they tried to get into his mind, and you have to do that, you have to get into their minds, you have to see what the problem is. There is always a problem, you gotta find that out.

Interviewer:

With the very limited experience you had with Sarah Reed would you say that shaped how you now view psychological services. Has it changed how you, your attitudes and beliefs about psychological services at all.

Interviewee:

No, no because I still feel and I keep telling my daughter take him to see a psychologist. I'm gun hoe on this.

Interviewer:

Okay
Um, you said you had a fair experience of methods of help you did use.
My follow-up question is what could have made your experiences better, how could they have been more positive?

Interviewee:

If everything turned out the way it was suppose to [laughter]. You know, If he became the student he was suppose to be, the young man he is suppose to be with respect for himself, his siblings, his mother, you know teachers, people around him, any of that. It just seems like kids now a days, if you have all this, you are a nerd, or you know, they don't want to relate to you, other kids. I think that is the biggest problem that we have.

Interviewer:

With that being said how could things be better as far as when you say that there are a lot of different things that could make him a better person, a better student, what are some of the main ingredients that would help to be able to do that that would

maybe be a lesson to know for the future.
Interviewee:

If I knew that I wouldn't be sitting here talking to you. If I knew that, okay

Interviewer:

Whether it is on the school's end, or parents end.

Interviewee:

They both have to work together, they have to work together, you know, um, that is the bottom line and if you get a teacher who, "I've got twenty kids in my classroom, I just don't have the time." [threw hands down on lap]

Interviewer:

It's not going to happen.

Interviewee:

It's not going to happen.

Interviewer:

Ok, alright, one of the last questions is [child] is repeating the 6th grade at this time. How has this impacted [child], yourself, your daughter, as a family, individually?

Interviewee:

He is repeating the 6th grade, went to summer school and he did very well. He did very well. Now the frustration is going to start when school starts and he is back in the 6th grade, it is just a shame that you have to go to summer school and you do well and you can't be promoted to the next grade.

Interviewer:

Yeah, what is that like for you?

Interviewee:

It is frustrating for Interviewer. You know, I don't know what the outcome is going to be for [child].

Interviewer:

Is he aware that he is going to be repeating the 6th grade?

Interviewee:

Uh, huh

Interviewer:

How might he be impacted by repeating the 6th grade?

Interviewee:

I just think he is going to go right back in the same routine that he was in. He is going to get frustrated; he doesn't want to listen because he has already done it. You know.

Interviewer:

Okay, already done it as far as that grade?

Interviewee:

Yeah

Interviewer:

so he is not going to be very interested in it.

Interviewee:

Exactly, exactly

Interviewer:

ok
And then I have two very big and important questions just to end the interview. One of them is, how does your cultural background whether that is being African American, some of the subculture of the African American community; however you want to answer that. How has those things shaped the way you have told your story or the way you, whether it is race, culture, generational things how has any of those things impacted the way you have told your story.

Interviewee:

I don't know how to answer that.

Interviewer:

Now, you said there are some race issues, that's clear to see that there has been race issues.

Interviewee:

Uh, huh

Interviewer:

How has that, let's just take that and break it up a bit? How has that shaped the way you have told your story?

Interviewee:

Its just know how I observe things. I don't know what else to say. It is just how I observe things.

Interviewer:

And what about the generational piece of being from the "old school", how do you think that the way, because that is the case that has led you to tell your story in the manner that you did?

Interviewee:

I just told that you get a good outcome from Interviewer looking back, and you know, how I was brought up, and there was no damage there, you know, and hopefully you know it will brush off on my daughter and my grandson's.

Interviewer:

So it might have some positive outcome because you are coming from that certain background.

Interviewee:

Right, right

Interviewer:

Okay, I think that is pretty much it. You answered my questions as far as what were your attitudes and beliefs about psychological services before you ever used them,

which you said you were open.

<u>Interviewee:</u>

Uh, huh

<u>Interviewer:</u>

What are your attitudes and beliefs about psychological services now, you said that there has not been a major change because you had limited experience.

<u>Interviewee:</u>

Right, but I'm still open.

<u>Interviewer:</u>

Okay

Appendix E

Transcribed Audio-taped Interview of Participant

<u>Interviewer</u>

Ok, question 1 was, what was your experience of the first sign of trouble with [child] that caused concern about [child's] psychological state and you told me her poor grades that started a about one year ago in the 5th grade. Ok, and that they were mostly D's and then now they are F's at this time. How did you feel about this, about the grades itself, about the grades so poor? What were your feelings about that?

<u>Interviewee</u>

At first I was upset. I was upset at the fact I thought she wasn't trying, that she was not paying attention, or was lying to me like maybe she wasn't having homework and she was actually having homework and wasn't doing it, so at first I was upset. I was really mad, but when I started talking to her teachers and realizing that she does ask questions, she ask for help and was going to help and the teachers were saying even in help she was still struggling, then I realized it was deeper than that. It wasn't that she was not trying, she was trying, and in fact, there is something wrong, what wasn't she comprehending is my thing so then next started feeling like what do I do. I started feeling helpless because I really wasn't sure of what to do next or how could I get her to comprehend some things, so I started feeling helpless.

<u>Interviewer</u>

What do you feel has led to such low grades for her?

<u>Interviewee</u>

Her comprehension. Just her comprehension, being able to retain that information. She can read a story to you and when you ask her questions about the story later, she doesn't remember. She might remember some things but not the most important things of the story that you should be able to tell me about. She can't remember it. She can't hold information, and I don't know if she just reads just to be reading and not pay attention to what she's reading or comprehend it. She just reads and then that's it.

<u>Interviewer</u>

Ok, you mentioned here that you asked the school last year what they could do about this right, you mentioned this problem to the school and the school said there is a test to screen for learning disabilities because you basically initiated that.

Interviewee

Right, exactly.

Interviewer

Ok, how do you feel or happen to inquire about help for [child] when obviously this problem was going on and they were aware she had low grades, how did that make you feel you had to initiate some form of something to address that issue?

Interviewee

Because I feel as a teacher, if you see there is a problem, you should be calling me saying that this is a problem, not that we wait until report cards or deficiency come out or parent teachers conference and you'll say, this is what she has and I think this might be a problem. Tell me there is a problem before all of this, you know, you give the final grade. Tell me that to work with her a little bit more or I find that she is not being able to retain information. I was mad because it didn't get to me sooner, so when I said well what else can you do, you know, why should I say that. You should say, I think this is a problem and this is what we can do, this is what we can offer you. That's what I think that teachers are in the school system is there for, for you to help and tell me what else. You're the teacher, and that's what I was asking, what else can we do, I don't know. I work at home with her and ask questions and read and go over. I thought that she was going to be able to tell me what I could do different, you know, and I was upset

Interviewer

Ok, it obvious that you thought they should have been doing more in what they did especially earlier and the only reason that it was being done is because you had finally said what can we do about it

Interviewee

Right, right, uh huh, because I finally said what else can we do this, yeah.

Interviewer

Did you at that time feel like the school had failed your child or had somehow caused her more problems than she needed to have?

Interviewee

I think that it might have caused more problems, because that was a year ago so now, it is even worse. Her final grades were F's. The fourth quarter grade and the final grade are two different. She did try or did bring it up a little bit in the forth quarter, but by the time the final grade, I don't know that went about, how they calculated everything together,

there were F"s and D's. I don't understand it. I'm really confused and I'm upset and I do think if they handled this problem earlier, maybe we could have been doing something all along instead of just waiting for this test or wait for me to say something to you about it. I think that when you see a child in your classroom and there is a problem, fix it. Talk among the teachers, different teachers, well what do you think, I got this child here and do you think we should do this or some other or do you suggest something. Go to the school district or something, somebody over you, higher than you. I feel like, just don't let her go, and that's what I feel like they did. They were just letting her go and they are passing her along now and now she is going to the 7th grade and I'm worried. Yeah I really do think they failed her.

<u>Interviewer</u>

Ok, what are your attitudes and beliefs as far as the school being that you've had experiences with them? What's your attitudes and beliefs about the school system at this point?

<u>Interviewee</u>

Do I think that the whole school system is not good, no. Um, we have a few hand full of teachers who actually do care and I'm cool with that part, but I'm not happy about just keep passing kids, just passing kids when there is a problem because I think that we can, I think there is something else that can happen to help them mature or to grow and for you to tell me that she doesn't have special needs or she doesn't have a learning disability, but she still get F's. You need to be offering me something else. There should be something else. Should I home school her, should she just have the one on one at home, you know, tell me something so my child can learn at a pace and retain it, not learn nothing and you just keep passing her along, like oh you're doing fine just keep going, you know, so I think that there should be something else. What else do I think the school system should show, something else, I don't know. You should be saying to me, not saying to me, but not just passing them just to pass them, really offering something else. It should be something else because she can do better one on one because she can. They told me that one on one she is great, but in classroom setting, it's bad. She does not do well, so then you should tell me what else you can offer. It should be something else, maybe smaller classes for people like that, maybe pull her out and put her in the same 7th grade but you do it a different way in this class for her to retain it. Something else, I just think that everybody does not learn at the same speed and I think that's her problem. She doesn't learn at the same speed as everybody else. If you are telling me that she should be one on one, then how do I go about that and not be, keep her home, what, tell me something else and then I would think that they wouldn't fail me but I haven't gotten that. Nobody is telling me that well, this is what we should do and this is what we are going to do. They are just saying well we'll just send her information to the next class, we'll just send her information to the next school and they will know what they are dealing with then.

<u>Interviewer</u>

And you mentioned this is a continuation of the original problem is really getting worse

Interviewee

Yes

Interviewer

Ok, with the way they decided to go about it, what do you think are their attitudes and beliefs are toward children in particular in [child's] situation with how they decided to approach this problem? What attitude did they relay to you in their course of action, the way they decided to go about with what they did?

Interviewee

I do think that they were ok with, um, should they had retained her, I don't think that it probably would have helped, you know, if they kept her in 5th grade or kept her in 4th, I don't think that would have helped because what they are saying to me is one on one she is good, in a classroom setting, she is not doing so well, but she has to be in a classroom, I have to send her to school or I'm going to jail, you know, so, do I think, their attitude was well, we don't have nothing else so we are just going to move her, you know, and that bothers me because it's like I'm just here to do my job, this is my job and that's as far as I'm going with it.

Interviewer

Ok, that's the attitude that you picked up on basically

Interviewee

Right, no above and beyond. Do I think that all the teachers are like that, no, because she did have a teacher that was really concerned about her, you know, and I just feel like, it's starting to irritate me now because she is getting older, she is going to 7th grade. It's going to be harder, it's not going to get easier for her and I need to find a way for her to understand and to retain information and to get better grades and to move on. I want her to go to college and go all the way through. I don't want this to be a problem for her and she get to the age that where she can legally say, I don't want to go to school and quit. I want her to keep going. That's my whole problem.

Interviewer

Ok, let's see what have we. You tell me she was ineligible for learning disability classes according to their testing that they did. How did you feel about those results, ineligible for learning disability classes?

Interviewee

I didn't understand it. Um, ok, maybe, they said she doesn't have a learning disability. My thing is what is your criteria for a learning disability, because isn't a learning disability that they can't learn like the other children learn. That is what a learning disability mean I think and for you to say to me that she doesn't have it but she's got these grades, you know what I mean. I don't understand it. I don't understand for you to say to me there is no learning disability but there is a problem that she can't understand the way the other kids understand or she can't hold information like the other kids can hold information, that are in the problem. I don't understand that. I'm not saying she's stupid, you know, there is something she can't hold, you told me on one on one she can, that's not a problem, and I think that it is, and that frustrates me. Not saying that she needs to go to this class where these kids are out of control because a lot of the times when they put you in learning disability class, it's kids that have attention deficit disorder and all this other stuff, that's not her problem, you know, and is that what you are looking at.

Interviewer

So is that the standard of measurement

Interviewee

That's what I'm saying, yeah that's what I'm thinking that is what their standard of measurement is. She is able to sit there and be still and be quiet and respond to you when you ask a question, so does that make her not have a learning disability. The fact that she can't hold information in is a disability so why isn't she getting extra help, you know, and that is my problem.

Interviewer

Is that how you define disability if you are falling short of what you should be doing for your grade and your age, is that for you how you make sense of what you consider to be a disability?

Interviewee

Yes, if you can't comprehend and learn like your age group. I think that is a disability.

Interviewer

OK, you mentioned that you feel like their criteria for learning disability is based on some behavior stuff like not being able to pay attention, being a problem child. How did you arrive at that, thinking about it in that way that must be their criteria for a learning disability

Interviewee

Because um, I wish I had that paper but I couldn't find the paper for the testing but it was

saying that they asked her questions and she was calm and she answered every question, maybe once and while she would stop and would not think about the question a little bit more but it didn't seem like she has a problem, you know, like there is no disability, she is able to comprehend what I'm saying to her without moving around and all this kind of stuff, so I started thinking that maybe it's because she know how to sit still and she has respect that when someone is talking to be quiet and listen. Is that what you're saying to me. That's what I was thinking, and I'm saying if this is the only test that you have, then you need to do something else. There is something else that should be different because I still think there is a problem and you still didn't help me solve it and yet you're just passing her along and somewhere along the line she is going to be frustrated. I think that is a problem for me. That is what made me think in those words when she was saying she was still and she answered and she was quite and she did this and all that other stuff, that's what made me think that they were talking about it as a behavior, a disability as a behavior and I think that is a problem.

Interviewer

With that being said, how do you feel about the ability to actual assess what they are suppose to be looking at which is her learning. Do you feel that it was overlooked because they were looking more from a behavior stuff or she is not moving around and all those other things?

Interviewee

That's what I think. I think it was overlooked. I think that they look solely on behavior and let me ask her a question and see how she responds or let me do this math problem and see if she can do that. Her most problem is in reading comprehensive. I didn't see them sit here and say read this to me and ask this question and that question. That wasn't in the testing. That's my problem because that's her problem. She can be still. I'm not telling you my child is bad and that she don't listen and she don't pay attention because she does, she ask questions, she does all that stuff, she does what she is told. I'm telling you she can't retain. When she reads something it's hard for her to retain it. They didn't ask those questions and I think there should be something else done.

Interviewer

How did you feel about their method they used to evaluate for learning disability. Whatever the test was they used, what did you think about their method of choice to evaluate for what you asked for?

Interviewee

I was disgusted, because like I said, it was more of let me watch her, let me watch how she responds, let me see what she does, to see if she was kind of slow or something I think that's what they were doing. Like I said to see if she had attention deficit disorder, or if she couldn't be still or she need to be put on medication is what they actually looked for. They

didn't look to see if, can she do this, and this, and then A, B, and C. Can A, B, and C add up to this. They didn't ask that. They didn't ask her to write a sentence or to read this book and write down what you feel like this book is about because that's what I do and that's how I see there is a problem. She didn't word that right. That's a problem in that, maybe it is that she can think it but she is not writing it. They didn't do none of that, so the way they went about it was frustrating to me and I am still mad because school is getting ready to start and I have no answers, and then yet you are going to tell me in a deficiency that she got an F. What am I suppose to do and what are you not doing. Like I said, if she can do better one on one, then put her in a classroom where there's a smaller group where she is going to get one on one attention. That's what I think should be happening.

Interviewer

And that was not done.

Interviewee

That was not done

Interviewer

Based on the results of the test that those accommodations have not been made.

Interviewee

No. They can't made those accommodations to her because they say she has no problem.

Interviewer

So then that seems like a contradiction then right because the one thing you told me time and time again is that they are showing you that she is getting F's but they are saying that's not the problem.

Interviewee

Right, right basically. It's contradictory and I'm mad. I'm really frustrated about it because like I said, I'm worried and I don't know what this year is going to bring, you, know, and all I can keep doing is what I'm doing at home is going over the work at home and trying to help her with her homework when she's at home or if she is having a problem then try to find a tutor for her. That's all I can do. I don't know what else to do, but you know, I do think I'm going to start raising a little bit of sand about one on one activities for the teachers and the students because if this is not, if it doesn't work like this and she does not passing like this, my next thing is home school. I'm going to have someone come in and teach her one on one and see how that works. How much that is going to cost, I don't know but I got to do something because I want her to read and understand what she is reading because she is not going to make it in this world without the understanding of what

she reads. That's just a given. You can't make it, you know, and I don't want it to become frustrating to her and she just gives up on life, period, on school whatever. She has goals. She wants to be a basketball player. She wants to do this and another. I want her to accomplish all that she wants to accomplish but I don't want her to get frustrated because she doesn't understand.

Interviewer

Ok, moving on a bit. You said in the 6th grade, she didn't qualify for title one reading and math because they didn't offer that pass the 6th grade. How did you feel about this abrupt ending to [child] receiving title one reading and math?

Interviewee

Really upset because how can you just say, ok, they are at a 6th grade level, they don't need it no more. I think title one should go all the way until whenever because if they had a problem earlier on why is it going to stop now. Why stop at 6th grade because you feel like they are too old for it. If you got special math and reading from this grade on then they are going to need that special help from here on to the 12th grade. What's the problem? Why stop it now. I don't understand and that's why I think a lot of kids give up and say I'm not going to school because they don't have the special help they need and do I feel like because she is in the 7th grade or the 6th grade she would feel like, I'm being stupid or this is too much or I am embarrassed, no, she's getting the help she needs. I think that any child will be ok with getting extra help or being able to even be taken out of the class to receive something extra. I think any child would benefit from that, so I was very upset, very upset.

Interviewer

It sounds like you're saying that with all the way this is going, with this abrupt ending to title 1 reading and math that this has possibilities to impact her negatively in her life. How so in particular when you say given up, like when you say given up, given up in that dropping out of school?

Interviewee

Yes. That's my thing is that when she becomes of a legal age to drop out, she will become frustrated and say that's what I'm going to do. I want to give up because I can't get this. I don't understand it and I don't want it to come like that for her. I want her to keep going in all that she wants to do from just high school to college. That's my goal for her, but I want her to accomplish her own goals which is go to school too, but at the same time, I don't want it to be as hard for her. So, maybe if she would have kept getting the one on one, it would become more easy, like, I don't know, I just feel like maybe if she got it a little bit more or something, or if you just kept offering it if they need it, it is there. Everybody doesn't learn on the same level so what is she suppose to do

How do you deal with the school or if you are dealing with that ore on a personal level of you know that the support isn't offered past the 5th grade, but yet you see this problem getting worse and worse and worse

Interviewee

The only thing I can do for her, and it's frustrating like I said, the only thing I can do is get her to have one on one at home, you know, like I had a tutor for her, have somebody come over to the house everyday and try to help her with homework or what it is she didn't understand, but by the time she gets home, the test is already taken, you know what I mean. That's the problem. It's already done. The grade is already in there, she can't even go back and re-take the test, you know. I feel like if it was there at school, it's fresh, you know, it's in her mind. She gets home and it's hours later, it's gone again. It's still frustrating. I'm really lost. I can only do but so much.

Interviewer

Right, so in what way do you feel like the school is not working in a way in which they could be for [child]?

Interviewee

I think that they are just not opening up her eyes. Like to say for instance, like I said, if there are some people who could learn more one on one, maybe it's for people that can learn more one on one, then maybe you can take that four out and have the teacher teach that four. Maybe they need that smaller setting than 30 and 40 kids or 25 kids or something. Maybe they need something smaller so they won't feel intimidated and they can say to you, I need this or I can learn from this, maybe that's what they need and a time out for saying it aint enough money or it ain't enough this. If you can find money for all this other stuff they are doing that is just unnecessary, then you can find another classroom and take these kids or even to the library, you know, to have that one on one with them. They do the same work, but on a one on one setting. That's what I think and they are letting me down. I think that they are not even thinking about that.

Interviewer

Uh huh, more creative ways of learning

Interviewee

Right, creative ways. You are a teacher, you need to re-create something to get to your student. If this one is not doing it this way but you find out that this way they can learn, then do that with this person and this one does this one way, then do it with that and that's how they learn, you'll see good positive results out of your kids. You are suppose to do,

open up your horizons, you know, to figure out how to help. Everybody is not the same and they are letting me down.

Interviewer

In other words, to say that everybody is not the same, that they are treating [child] as if she should fit with how the majority of the kids and what their expectations are for how she should be learning

Interviewee

Right, right, right

Interviewer

Now you mentioned to me [child] has been receiving title 1 in reading and math since 1st grade and that the school originally officered her title 1 reading and math because her grades were dropping lower and lower and they started to catch on to this trend that was going on with the grades getting lower and lower so they officered title 1 reading and math at that time. The school said they were helping her, but you were not seeing any results of that at that time. How did you feel about a continuation of title 1 reading and math with little to no results being reflected?

Interviewee

I felt like maybe, I wanted her to still get extra help. I didn't feel like it was doing to much of nothing, but maybe, you know, with her keep going and it be one on one like they said before that it would work. Some grades were higher than others, the title one reading and they would say the same thing, it's her comprehension level, or um, it wasn't, well at first and second grade it was, she just wasn't getting A's and B's in reading and math. She was probably getting C's or something, so they said we are going to get her extra help but she was still bringing in C's. My thing is, what were you dong in title 1 and title math? Were you doing a one on one or were you pulling her to the side with another group. Were you actually trying to teach her. That was my thing, I wasn't sure if that, because she is totally different schools now and the different school are teaching different things than title 1 and title, so I was thinking that maybe her teachers weren't trying to have that one on one with her. They was just saying do this paper outside of this class because they all were all doing this together, maybe ya'll can do this together, you know, that was my thing. What are you actually doing? What is she learning in this class because there are still the same results. They are still C's. Now as she gets older, the C's are starting to be D's.

Interviewer

Now she is started to still get title 1 reading and math in the higher grades, the grades were even lower although she was getting the title 1 in reading and math?

Interviewee

Uh huh, right, uh huh.

Interviewer

Ok so because she was getting the title 1 reading and math and there are no results of that, what were your feelings about that? Here and there and this is what they are saying they are offering her, the help, but the grades aren't changing, what were your thoughts and feelings about that?

Interviewee

What else can we offer her? What else can it be? What else can we do seriously. If this is not working, I wanted to keep her there simply because it was something more. Even though I don't think title 1 was doing something, I was thinking at least it looked like ya'll are doing or do all that you can do, and if this is all that you can do, we're going to accept it. I ain't going to pull her out because I don't see. I'm just going to accept everything that you have to offer. Was it bothering me that it's still wasn't working, yes, so now you tell me, let's think of some other ways that we can do something else for her you know, and get better results. They are not offering it. They are not even suggesting anything. It's been suggested that I don't think we should keep her behind. I think we should just pass her is what they are saying to me.

Interviewer

With the title 1 reading and math first being put into place by the school, did that look like that was their attempt at first to correct the problem and what was your satisfaction with that at that time. Ok, so they've made some suggestion that we are going to do title 1 reading and math. How did you feel about that?

Interviewee

Now at first I thought, ok, they care. That was my first thought. They care a little bit and they see that she has a need and they are trying to address it, and that was my first thought.

Interviewer

Ok, now you mentioned that you felt like they cared a little bit when they offered that. . Can you say more about, what do you mean by a little bit when you said that?

Interviewee

It was a little bit because once I received that there wasn't the result that I thought it should be, then what else do you have to offer and nothing else was to offer. This is what we have, this is all we have to help her and that's it.

<u>Interviewer</u>

Now you said that the teacher said to you is that [child] may only get the grades she does and you should not discipline her for that and you said you were upset by that and felt that she shouldn't just be let go. I wanted you to just say what was this experience like for you in having that teacher say that to you.

<u>Interviewee</u>

It was a smack in my face to tell me, that your daughter basically maybe she can only be average. She can never be above average. She can just be average and I think that you need to accept that. She can only be average. That was a smack. That hurt more than anything because that coming from a teacher, you're suppose to pull more out, you're suppose to see more than just average in a child and not tell me this is all she can do, no because it's not. I won't accept that this is all she can do. That's my child and I know she is a smart girl and I know she can catch on to some things quicker than she can catch on to other things so I won't accept that she is just going to be average before you to actually look me in my face tell me to accept that, just to let her accept it and let her go with having D's in her life was a smack in my face, and I was very upset and very hurt.

<u>Interviewer</u>

Uh huh. What was your course of action from that point forward if anything at that time from getting that kind of response from your school?

<u>Interviewee</u>

I really was upset and really didn't do anything about what she said. I didn't even do anything. I was just saying to myself, I won't accept it. I wont, and I don't discipline her you know and I don't know if they were saying put her on punishment and all that kind of stuff, I wasn't disciplining her because of the D's and F's, I just wasn't understanding the problem, and I don't discipline her for that because I know there is a problem. I didn't do anything but I won't accept it. If I have to pull her out of school and do it at home, then that's what I'll do but I'm trying because I know a child needs to be around other kids and to realize what life has to offer and bring, the world, the outside world, instead of just keeping her at home all the time, you know, and I know she wants to go to school period, but if it's going to help benefit her, then I will keep her at home so I won't accept that. I won't accept that she is just average or just below average and accept that. I won't except that.

<u>Interviewer</u>

How has your attitude or beliefs about the school change if it did at all with getting that type of response from the teacher? Did that in any way you think shape your opinion, attitude, beliefs about that particular teacher, about that particular school, overall as a

school system?

I didn't say overall as a school system, just that teacher I thought because she taught my younger daughter. I liked Draferous. I didn't like her after that day. I just kept saying that, I don't know if it was just the school or the school district in general that is offering this or maybe they don't even know, or just the school, just the teacher, maybe that's just them, I don't know, but my thing is, I didn't do anything about it, I want to do something about it, did it change how I feel, no, because I still think that the school, it's difficult for [child]. My other girls are not having a problem and maybe that's why I'm not saying everything is bad because they are helping these two, the other two, but it's this one that I need more help with and my attitude is where is the help, why are you letting this one fall, and what else are we're going to do. So that's what I'm thinking.

So letting it go is kind of like saying she's dropping, she's falling and there is, no, no. where's the safety net

Right, right, I guess they leave it up to us. A lot of times my problem is I think they put our children as statistics. They have them as statistics. She's a black girl, single family, this is where she can go, this is what she will do and this is about it and let's just leave it at that, you know what I mean. I think that might have been a problem or they might have even thought about. I could be dead wrong on that, but my thing is all children deserve a chance and if you can pull it out of them, I'm all for it. However you can pull it out of her to make her get A's and Bs I'm fine with that. I won't accept below. I'm just not and I'm not going disappoint her for it or nothing like that but I am going to go above and beyond because this year is not going to be like last year. If I see there is a problem this year, I'm going to the school district, I'm talking to the superintendent, I'm calling people because something is going to give, you are not going to let mine fall and everybody else pass her up and she's frustrated. It's not getting ready to happen, so whatever I got to do, I'm getting ready to do it and I'm getting to waste that. They need to have something changed and open up some more horizons for these kids because it's a problem to keep passing them especially in math and reading, the two most important subjects that they need. You can't tell me it's ok for her to keep passing with D's and F's about reading something and being able to count. She has to read to get a job. She has to he able to count her money when she gets older. You're not going to let mine fall, it's not going to happen, so I have a problem with that.

Ok, how has your experiences you've had so far shape your beliefs that maybe race does matter or is playing a role here?

Interviewee

It's definitely has made me think like I said that because she is a black girl with a single family and that's being held against her. It's some discrimination going on. Do I think that if it's a white child, would they go above and beyond, I think so. I honestly do. I think they are looking at her like this is what she can do, this is all she can do, but they will look at one of their own and say you can do so much better and you can and I'm going to make sure you do that. I think it plays a big part, I think it definitely plays a big part. Does that bother me, yes. It's not right. Right is right and wrong is wrong, and that's wrong. Every child is the same in the aspect as they deserve a chance. Any opportunity you can give a white child you should be able to give my child too. It's as simple as that, and I do think it plays a big part.

Interviewer

Based on the experiences you've had with the schools so far, you believe that because of how they reacted, what their course of action has been, which it sounds like it's been pretty limited, has led you to consider that as a possibility.

Interviewee

Yes, right, all of that, all of that. The fact is that they are in a public school setting, you know, where they are saying, she's in public school anyway, that's all ya'll can afford, you know what I mean, so I'm not going to go above and beyond, and I mean a lot of classical schools, the two schools that they've been in, they've been overcrowd and you got some bad kids, you know what I mean, but don't say that's for all of them. That's the problem right there. I really believe that's discrimination, you know, it's a race thing, I do.

Interviewer

Ok, I think you've answered this one already. This question was, you can re-phrase if you feel like you've answered already. You said we finished that school year the best we could with no classroom accommodations. [child] was currently in the 6th grade. My follow up question to that was how does your experiences with the schools shape your attitudes and beliefs about psychological services, support services as a whole

Interviewee

I still think that there should be, do I think there should be more psychological, yes, I do because their psychological or the program, not program, but the test they gave them, I only think that was for behavior problems. I don't think it got to the root of anything. Is there a problem psychologically, I don't think they asked those questions. I don't think they even thought anything about it. All I think it was about her behavior. As long as her behavior was fine and she didn't look like she needed some medication, she was fine. She didn't nothing for learning disability and that's a problem for me. Do I think they should have some psychological evaluation, yes. Yes I do. I am willing to do anything and

everything, so if there is a psychological problem, tell me so I can fix this. Show me what I can do to fix it. I am willing for everything. I even talked to the counselor and they said they talked to her, they even told me maybe she should have a spiritual counselor and I'm like, oohkay, but you know, I'm doing the best I can and I need some more. I need something other than that. That's not working so let's try something else. What else do you have to offer.

Interviewer

It seems like you've been pretty open with whatever they wanted and did offer that you were willing to try it whether or not if was effective or efficient, sounds like it was a different story.

Interviewee

That's what I did. Everything they said, let's try this, let's do this. I was at gain to it, just try it and try to tell me what's the problem. My whole thing is I don't want her to give up. I want her to keep going. I don't want this to become a problem. I don't want her to feel embarrassed. Is it dyslectic, you know what I mean, tell me what else it could be. Is it sometimes she can see it, she can hear it, she can write, what is it, because when she writes, I can almost say what I think she is trying to say but she doesn't write it fully on paper. Is that a problem, I don't know. Is there something in her psychological going on, I don't know. I need to find out, so what else can we do.

Interviewer

Ok, did your experiences with the school change your attitudes and beliefs about psychological services at all. Do you feel that's happened based on your experiences with the schools or your attitudes and beliefs about support services?

Interviewee

Did it change how I feel about it?

Interviewer

Uh huh

Interviewee

No. It didn't

Interviewer

Ok. This is question number 2, how did you experience [child's] behaviors that might be considered of a childhood disorder? You responded to that your experiences were she

wasn't able to comprehend, not being able to hold information, express herself with words on paper and what she wrote did not make sense. You said you felt that something was there that the school was not picking up on. What did you mean by that. How could you expand more, that there was something there the school just wasn't tapping into.

Interviewee

Um, I'm trying to think what I was trying to say there. I don't know if I was trying to say that there was something more that they could do, you know, that they were not trying to do or they wasn't even capable of doing, I think that might have been what I was trying to say

Interviewer

That there was something more that the school was capable of doing and they just didn't do that

Interviewee

Right, right

Interviewer

So to say that, something was there that they just weren't picking up on, meaning that there way of going about looking for that did not at all address what might have been going on in which you to say there is something there, you don't know exactly what that might be?

Interviewee

Right, just like there is something wrong, but for their way of going about it was just behavior. It's something else and they weren't trying to figure it out. They didn't say you should do this, they suggested spiritual counseling. That was you best thing you can tell me is some spiritual counseling for her not being able to make sense in a little sentence. I just feel like it's something more to it. There is something more we can do and they weren't capable.

Interviewer

Ok, and to skip ahead a little bit, you said that the school passed her with D's to the 7th grade. The teacher felt it was not beneficial to not hold [child] back because it might make thing worse. [child] might become resentful having repeat a grade also being in the same grade with a younger sister as well as having friends moving on to the next grade might cause her to feel resentful. How did you feel about the schools reasons for the decision they made to pass her on based on those were the reasons they gave for not passing her on?

Interviewee

I did agree that she shouldn't have been held back for the simple fact that if you are going to hold her back, I would say first or second grade, the first grade or something like that, is when you should have done it. At 7th grade it would have made her resentful to repeat a grade seeing that her friends are higher than her. People can be cruel. Kids do make fun. I don't want her to feel intimidated or scared, resentful by staying behind and saying, I'm slow, or something is wrong with me or I'm in a grade with my little sister or something like that so I said ok, let's move her on because if you were going to do it, you should have done it long time ago.

Interviewer

How would have that been different in doing it long time ago vs. doing it at 7th grade.

Interviewee

Because at a younger age kids are more acceptable. Like 1st grade, my daughter is in 1st grade, if she stayed back in kindergarten, she would be fine because that's a little girl, but as they get older and more mature and they realize what's going on, that don't feel good. Some of the kids would be like, oh, you're still there, and that would have been a problem so I'm thinking if they did it, they should have done it at kindergarten first or whatever like that but not at 7th grade because now at 7th grade she is about to be a teenager. They get cruel, more cruel as they grow older. That's a problem for me. I don't want her to feel less than.

Interviewer

So their reasons for them making a decision to pass her on, you were in agreement with that. You felt like they were good reasons to continue pass her on to the 7th grade with those kind of grades.

Interviewee

Uh huh, yeah. Uh, huh, right, right

Interviewer

Ok. Skipping ahead a bit. Just to go back to you asking the school for psychological evaluation, they gave her the test and said she didn't have a learning disability and no other information was given. What other information do you think would have been beneficial to you when you say no other information was given?

Interviewee

Because the test showed, like I said, just behavior questions and actions and that was fine.

You are telling me she behaves well is what you're saying and that's not a problem and she doesn't have a disability. That's all they gave me. That bothered me because you did not go into her mind and ask her questions about this sentence, psychological evaluations are only behavior. It wasn't going deep into her mind and asking her questions like are you having problems at home, or are you upset about your father, nothing, those questions were not even asked, so they don't even know what is going on in her mind or what's she thinking.

Interviewer

So for you, those were other ways that they could have tapped into less cover all basis. Is it academic, is it emotional, is it strictly psychological or whatever.

Interviewee

Right, all areas. Yes. Right, yes, yes

Interviewer

How did you arrive at your decision to ask for a psychological evaluation? How did that come about you thought to do that?

Interviewee

I don't even remember. I just remember that I was saying that what else can I do, Can she give a psychological evaluation, maybe it is something she is aint telling me that she cant tell somebody else, but now that's my thought. I was at the parent teachers conference and that's when I asked what else do ya'll do, psychological evaluations. What can you do, how can you prove to me that she doesn't have a learning disability and that's what they said, we do have that. That is when she got the test done.

Interviewer

At that time, well I guess in asking for a psychological evaluation, what was your knowledge of what psychological evaluations were about at that time. Did you know much about it. What were your impressions of mental health services as a whole or psychological evaluations?

Interviewee

Psychological evaluations I though they were going to ask her, my impression that they were going to ask her, how was life at home. What do you think of when you are alone. Do you have a journal. What do you write. What are your feelings about your sisters, what are your feelings about the mother. Do you have any problems or concerns or is stuff on your mind. What's on your mind is what I thought was a psychological evaluation to help understand what she thinks of, you know, or is there a problem that, does she think about

killing or, you know what I mean, that she can't concentrate. That's what I thought was a psychological evaluation, but when I got the paper, it was more behavior than anything and I still think that it wasn't psychological.

Interviewer

That they didn't do a thorough psychological evaluation.

Interviewee

That they didn't do it. Right, they didn't ask her how she feels when, you know, ask her how she feels that she has a baby sister, that she has two sisters. Ask her how she feels that her father is not in her life. They didn't ask her stuff like that. They did not get the chance, I thought they were going to as her about her and get to know her, that they were going to be able to tell me something that I already know, like ok, her dad is gone, they know nothing about her, so all you did was test to see if she is well behaved, and that was it.

Interviewer

Ok, and this I think you answered already, maybe you can just kind of summarize this one. What do you think about the results of the test. You did say it didn't address what you thought is was cut out to address. Anything beyond that as far as when you got the results looking at maybe what they used to test [child], what they drew from, what they got from the test and the report they gave you. What were your overall impressions of the result. How do you think you feel about the results.

Interviewee

My overall impression was, at first I was really like, ok, when they said to me ineligible, I'm thinking ok we don't have a problem, you know what I mean, like this is not a learning problem with her and maybe I just need to do a little bit more of this, a little bit more of that, you know, but when I went over the test itself and they were telling me that her behavior is fine, she doesn't need it, I was just really confused. I was left really confused in not knowing what else to do and still is.

Interviewer

When your facial expression when your first time you got the results, it almost looked like that was maybe some relief at first, they are saying it is not a problem, this psychological test says this, so maybe there really isn't a problem.

Interviewee

Yes at first it was. Right. It was some relief but then it was like, tore down after a while I started reading, like, wait a minute, I don't think you answered or did a thorough examination or anything and they were saying to me maybe you should try something on

your own, another spiritual counselor or whatever you might have is what they said and that just didn't sound right to me either. I was just frustrated. Like, it's like, I'm tired of dealing with it so you figure out something else.

Interviewer

How did you feel about that, all the suggestions they had were kind of toward you, for you to do?

Interviewee

Right, I was really upset. I'm frustrated is what I am. I'm frustrated because my next thing is, is to pull her out. If you can't do anything else, I'm going to see how it works with me pulling her out and she getting it done at home. I am going to see what kind of grades she get like that. Do I want to do that to her, because I know she enjoys getting up and being with her friends and going to school, no I don't, but you don't have nothing else to offer me and that is the frustrating part because I don't want to hurt her.

Interviewer

Now based on the experiences that you've had, how do you feel about psychological services now based on the experiences you've had so far?

Interviewee

I don't think that all psychological services are what the school offer. If I could afford psychological service for her would I get it, yes I would because I still would like to know what is in her thoughts. I want to make sure, not so much that they would have to tell me this thing, but to tell me that she's ok. Tell me that she is not afraid of whatever, or that it is not bothering her that her dad is not here. I want to know that she is ok period psychologically. I want to know that she is ok. I would still get her psychological help. I just don't think everything about the school, I think the school is totally different, offer is totally different. I would still get it for her.

Interviewer

So your attitudes and beliefs about psychological services have not changed any than what it originally was to think to ask for a psychological evaluation

Interviewee

Right, it has not changed

Interviewer

How so has your attitudes and beliefs changed about the schools, about the teachers if it's

changed at all?

<u>Interviewee</u>

The teachers, I just feel like, and not all teachers are the same, but I felt like they didn't offer or they didn't care enough to say, well, let me figure out what I can do, because that would be my thing, me being a teacher. I am going to try to wreck my brain to see what I can do for my student. You have a class school of 30 kids and maybe one or two or maybe three is having a problem. How can I reach those three to make them understand what the others can is what I will be doing. I don't think that all teachers are the same, just some of the teachers she had just didn't care enough. They did their job and that was it. They were not going above and beyond nothing and that's frustrating.

<u>Interviewer</u>

You did say [child] knew that she wasn't doing well in school. The combination of her test grades and the extra help she was getting at home made her aware of this. What changes in [child] did you notice if any as a result of her being aware that she had some trouble?

<u>Interviewee</u>

The changes in her was that she was becoming more frustrated, very sensitive about school work. If she tried very hard or think she tried very hard and she got a failing grade, she would cry, because she would say, I tried mommy, I really did. It's frustrating to her and that's a sad thing to see when I know she studied at home and then when she tot to school, this is what she got. It's frustrating. She started to get more sensitive about her schoolwork and her grades and not wanting to share what she got in class.

<u>Interviewer</u>

How has that impacted you as a family if at all you think?

<u>Interviewee</u>

It's difficult because you have one child that, my daughter under her does much better in school, catches on a little bit better, quicker, and would come home and say, mom, I got an A, or I got a B and [child] doesn't respond, you know, she doesn't say anything, and that's difficult. You don't want the child that get A's and B's not to share, but you like, be more sensitive to your sister. Come show me when I'm in the room or something, you know. It's difficult because you don't want her to feel less than because she got an A and that she couldn't get one, but at the same time I tell [child], you know you are getting ready to get an A, right, we are going to keep on working girl and I am so proud that you tried very hard because I saw you trymg. I applaud her for her effort and I award her for her effort, and as long as you are trying, I'm cool with this, I'm good, and I want you to know I am so proud and that's how we deal with that. I don't want her to feel her sister is smarter than her and I've even asked her to ask her to help you and she tries to help her out and some stuff you'll

be surprised, and her sister under her can help her with some stuff, but that's how we try to get through it. I still reward her.

Interviewer

With that being said, how are your thoughts and feelings about how your family has been as a whole how all of you been shaped how things have happened for [child] at school?

Interviewee

I think that because we are so close toward everybody, even my daughter, the middle one applause her. [child] this is good, I am so proud of you. It makes us closer because we know there is a problem but we don't make her feel less than. She always feels like she is doing a good job. There is sensitivity from all my girls. She still doesn't feel less than.

Interviewer

Ok, she gets a lot of encouragement from home

Interviewee

Yes, she gets a lot of that

Interviewer

Question #5. How did you decide what forms of help you considered if any. Did you ask the school what could you offer, what could you do for me and [child]. They only offered testing. You decided to get a tutor on your own and you tell me that was something you thought of , that's how you arrived you were just wracking your brain about how to make this situation better. You also went to your Dad, I take it he is her grandfather and he is a teacher. You had gone to people at church. Your dad asked her what was hard about school for her to get at the emotional piece to find out what was going on, what about school that's hard, that sort of thing. With all that you did, how did you decide to use all those various forms of help you used to try to help [child] academically? How did you come to do any of that. You said you used a tutor, you went to your dad, you went to people in church that works well with her. How did you arrive at doing all of those things to try to help her academically?

Interviewee

Because my dad was a teacher, I figured maybe he can and plus that's her grandfather and she has a great relationship with her grandfather. I thought if anybody could pull anything out, maybe he could. I remember they kept saying about spiritual counseling so that's why I went to people at church, maybe that could work for her, got her somebody she could talk to, and I did find out a lot of information and how she felt about her dad and most other stuff. Does that have an impact on her schooling. I don't know. I won't know until this

school year, the fact that her dad is coming home this month, maybe that has a lot to do with it, I don't know. Had they asked questions back then maybe it would have worked, maybe she could have gotten some stuff off her chest and off her mind, I really don't know, but it was just me wrecking my brain trying to figure out what else I can do. Daddy, can you help me, spiritual, can you help me. It was just me trying to figure out what else I can do on my part to say that I've done all I can do for my baby. I'll keep on trying. I just want to see what this school year is creating, what this first quarter may bring for her and I'll see from there what else I need to do if anything, because maybe it's psychological, maybe it was some things on her mind, maybe it had everything to do with her dad. I don't know, but I will see, so I'm just waiting.

Interviewer

You said she is aware her dad is getting out of jail this month?

Interviewee

Uh huh, yeah

Interviewer

Ok, but we don't know if that has impacted her at all as far as her concentration, her motivation or any of that right?

Interviewee

Right, at all. Right, right.

Interviewer

Ok. Progress report. You asked the school to do a progress report for you and they did not, they gave you a little bit of a hard time about doing that at first, about completing a progress report for you. How did you feel about this, that once again, you are trying to think of ways, ok, how can I make this better, alright. You told me you just sat down and decided to put something together and then to have the school meet you with some resistance.

Interviewee

I was like,

Interviewer
And then again your attempt to try to you know, [laughter both me and interviewee] help me out with trying to get some of this stuff.

I was upset. It was almost like how dare you. How dare you resist a progress report. How long is that going to take you to tell me that she did her homework or that she responded in class or that she asked questions. What was the resistance to help me help my child. How can you say no to that. You know, and I was angry. I was really angry, really upset but we finally got through it. You know we finally got a progress report going on. But it was a smack in my face. It's like you should be wanting to help me do anything that I can do but maybe because you didn't suggested it, I did you were mad, maybe about that. But that was me loving mine, you know what I mean, and wanting better for her. You shouldn't got mad about that.

Interviewer
Right

Interviewee
You know what I mean. And there shouldn't been no resistance and maybe I should have went over her head you know, over the teachers head, and went to the principle or someone else but at the time I wasn't thinking about that. I was thinking like, "no you didn't". [laughter] You know, and I was upset, and got passed it, and finally you know it was done, so.

Interviewer
Ok, alright.
How did you feel about them having you do a progress report before they would do yours?

Interviewee
I was real mad. I really was but it was almost like, I will do whatever I need to do. Like I said, it was almost like a smack to my face. I need to make sure you are doing your part. You gotta know that I'm doing my part or I wouldn't even suggested a progress report.

Interviewer
Uh, huh

Interviewee
You know, and it was like, I thought of the idea and they didn't and that is why she was mad. How dare this mom tell me she wants a progress report. That is how it was, that is what it seemed like to me but if it is going to benefit her then lets go for it. You know what I mean. Whatever.

Interviewer
And you mean you are doing their progress report.

Interviewee
Right

Interviewer
You were willing to do it if you thought this was going to help us then

Interviewee
right

Interviewer
make things better you would go with it.

Interviewee
right, so I went along with it. At first, I was mad but I got over it, and was like ok let's do it. I'll tell you that I'm reading with her, you know. I'll tell you that I looked over her homework, now you tell me what she is doing in school.

Interviewer
Uh, huh

Interviewee
You know, and that's how it went.

Interviewer
Ok
Alright and you said again that the school didn't start to do your progress report until you started doing theirs, cuz then they probably felt that it was an even exchange or you got the sense that that was probably what that was about.

Interviewee
right, uh, huh

Interviewer
What were your attitudes and beliefs related to this issue? You knew then that you asked them to do your progress report, they then meet you with no, the resistance of doing your progress report, then they come with here is our progress report for you to do. What were your attitudes and beliefs related to that issue, that they chose to go about that the way that they did with that particular teacher?

Interviewee
The way she went about it was totally wrong. I thought it was very disrespectful, I did. Um, to say to me let me see what you are doing, if you are doing your part at home. You know, and that's exactly what it seemed like. Why would I ask if I didn't care?

Interviewer
Uh, huh

Interviewee
You know, and my attitude was very upset. You know, and then, I believe that that should

have went away. No, you should have just said this is a parent that is concerned about her child, let me let her know what she is doing and let it go like that, so I was upset.

Interviewer
Uh, huh. Okay
Now, because you said you obviously was a very concerned parent, do you think that they met you with such resistance because you were as involved with your child as you were or do you think they felt you weren't involved enough or what do you think their attitudes and beliefs were about you, just how things went down with the school?

Interviewee
I think they were thinking she is to too involved with the school. You know what I mean, because I was a parent that called school all the time, um if there was any kind of problem I was there at the school.
If I felt that my child didn't get treated fairly with something or there was some kind of complaint, I am going to voice it and I think they were tired of me. You know, I think she thought I wasn't going to do the report.

Interviewer
Uh, huh

Interviewee
And so it was so me. You know, "see she ain't even", you know what I mean.

Interviewer
To try to deter you a little bit from that?

Interviewee
Right, but it didn't because my whole point is it is about her it is not about you. It is about my children. In any school that they go to they are going to know [child's] mother.   You know, they are going to know that [child's] mother doesn't play about anyone doing anything to her or anything. They are going to know me period. I am very involved with my children. I demand respect and they are going to respect you and I want you to respect them. Don't talk to them any kind of way and they won't talk to you any kind of way. You know my kids are very respectful and any school they go to they [school staff] are going to know who I am. You know that I am very involved in everything. In every aspect of their life, I am very much involved. So I think it was their fault, they were very upset with me.

Interviewer
Okay
Um, this is question 6. How did your experiences and beliefs shape your decision to take your child for psychological services? You responded, "beliefs were just that I wanted to know what was going on with [child]". "I wanted her to talk to a psychologist to find out what was going on in her head". "I thought it would be a different experience with the psychologist".

Interviewee
Uh, huh

Interviewer
It was, "just let it go, nothing is wrong with her", although [child] was failing.

Interviewee
Right

Interviewer
How did you make sense of this issue? That here they are saying that there is nothing wrong with her, just let it go, and you expected that you would have a different experience than that. How did you make sense of that all together?

Interviewee
I didn't make sense. It still doesn't make sense to me. I don't understand how you can tell me there is no problem when she remains to get the same grades. There is something, there is definitely something wrong, and I needed for them to tell me what it was, and they didn't, and so I still at this point didn't make sense of it. You know, and like I said I did get her my dad, to try to get her to talk to my dad, and a spiritual counselor at church. This school year is something totally different. I'm going to see what I've done works so something can make sense to me.

Interviewer
And when you said you thought you would have a different experience with the psychologist, what were your thoughts? What were you hoping your experience would be like with the psychologist?

Interviewee
That they were going to tell me what she thought about. They couldn't tell me what her goals in life were. I thought that you were going to talk to her, and get into her mind. "I like my mom, I don't like my mom". "I like my sisters, I don't like my sisters'". "I'm mad at my dad or I'm not mad at my dad". That is what I thought was going to happen. Um, does that have an impact on her school, is that why she can't concentrate or you know when she tries to concentrate her mind wonders. That is what I thought the psychological evaluation was going to be, not her behavior.

Interviewer
How did they meet your expectations if they did at all with the psychologist, getting the psychological evaluation done which was at your request?

Interviewee
They didn't meet it all, because all they told me was that she didn't have bad behavior, I knew that. They told me that she is very respectful, and that she listens very well. That she answers questions, she is attentive. I knew all that, you didn't tell me anything new, and that was the thing that was making me mad.

Interviewer
Uh, huh
Question 7, we are almost done.

Interviewee
Ok

Interviewer
Were there barriers you faced in seeking help for [child] and if so how did you experience them? You responded, if you had to identify any barriers it was just that not enough was done for her. You felt that there wasn't anything else that could be done.

Interviewee
Uh, huh

Interviewer
You wanted to know what else, what do we do from here. Nothing else was offered to you

Interviewee
Right

Interviewer
How did that experience shape your attitudes and beliefs about teachers, schools, you know support services, psychological services, all together?

Interviewee
It made me upset that because I thought that schools, and teachers wanted everybody, wanted the same thing, is for you to succeed. That is the whole thing you always hear, succeeding, succeeding. And for you to say to me that there is no learning disability, we did a psychological evaluation basically on her behavior, there is no disability but she still gets these bad grades and there is nothing else I can offer you.
I'm disappointed in the whole system. The school and the teachers because if the school doesn't offer anything, what you as a teacher that cares for all students and want them succeed, why can't you think of something. You know, if I can sit here and think, why don't you take them in the library and teach them the same thing. If I can think of this why can't you. That's my whole thing so I'm just really frustrated with the whole thing.

Interviewer
Uh,huh
With the psychological evaluation piece because it was through the school it sounds like you are saying you don't have a negative or different attitude now about psychological services because you see it as a problem with the school.

Interviewee
Right

<u>Interviewer</u>
Not so much a bad reflection of psychological services.

<u>Interviewee</u>
Not psychological services, just the school.

<u>Interviewer</u>
And lastly, #8. How did you experience the method of help you used, again the psychologist wasn't what you thought he or she would be. The tutor helped her with homework, the spiritual counselor helped her on an emotional level. How do you feel your own background, you think of race, culture, or whatever. How did that shape how you told your story as far as how you told me the events that happened? How do you think any of that has shaped how you experienced what you experienced with [child] in the school?

<u>Interviewee</u>
I think it has a lot to do with race. You know where we come from, um. Where we even live. All my life we lived in the ghetto part. What you would call "the hood". I was a single parent with three children, um back and forth on welfare, and I think they look at it as if "another black statistic". "She isn't going to be but just this", um. That's my whole thing. I want people to stop looking at race or where we come from or how much money we have to start with, to say to me you can be that teacher that says, "you know what, I got her from this and look at her now", and be proud of what you helped her become. Instead, you say she will only be just this or only be low average or just average and let her go. My thing is how do you sleep knowing that you did nothing else to help a child succeed in life to become a teacher like you or to become you know, a doctor or something? How do you just go to sleep at that? How do you go to sleep telling me that my child will only be this, and do I think it has anything to do with race? A lot of it I do, that's my own personal feeling, that, yes. If it was a white child and her mother was coming to you the way I'm coming to you I think you would have gone above and beyond. I think that they would. I really believe that.

<u>Interviewer</u>
Uh, huh

<u>Interviewee</u>
They would have went above and beyond to find her help. They probably would have even offered to pay for this, "let me get her this", but they didn't do that for me, and then to tell me at the end that there is nothing else we can do but to pass her.

<u>Interviewer</u>
Uh, huh

<u>Interviewee</u>
It was just unacceptable and I think it just has everything to do with her being a statistic. They just put her right into a category and said this is it.

<u>Interviewer</u>
And then measure her success based on what they feel where she falls as far as how we look at what she is suppose to be able to accomplish?

<u>Interviewee</u>
Right

<u>Interviewer</u>
Ok, alright
And then last question. What strategies do you feel could have been in place or made to help [child]?

<u>Interviewee</u>
Strategies, the psychological for one. I think they should have gone into her mind. You know asked a lot more questions and did a lot more with her than just seeing how well she behaved and if she could answer this question and how she responds to a question. I think that could have done more. Uh, I just think, like I said, even if that wasn't it at least I would know that that wasn't. Because now I'm left to go into another school year to see if that is what it was after I met that requirement on my own. Now I'm left to know if that is what it was and that is the hard part.

<u>Interviewer</u>
Right

<u>Interviewee</u>
To see if this is what it was and if that is what it was we could have solved this a long time ago. You know, with the psychological evaluation with the way I thought originally a psychological evaluation goes.

<u>Interviewer</u>
Right

<u>Interviewee</u>
And that is the problem

<u>Interviewer</u>
Ok. Last thing

<u>Interviewee</u>
Uh,huh

<u>Interviewer</u>
What are all the barriers that you think stood in your way as far as helping [child] academically? What are all the barriers you think you ran into overall if you had to think about every and anything that you felt were road blocks in trying to reverse you know, these grades getting worse and worse and worse? What would you say they were?

Interviewee
I blame myself a lot because I was trying to work and um provide. You know, I wasn't home enough. You know, I would say all the time. If um, I was at home at a reasonable hour instead of getting off at 11 pm or you know I could have helped her more. The road block is she only has me you know, and not a father in her life because he was incarcerated. The road block is that our race made it that you didn't offer us anything else. You know, that where we come from, where we live, and how much money we have played a factor in all that you could do for me, those were the road blocks. Those were the problems for me. Those, all of that was a lot of road blocks. To this day, I still blame myself. I should have picked a better father, a better time to have kids, its my fault of being a young mother and trying to provide and not being there. I still blame myself for that. I still blame myself before cuz where we lived. Now we live in a better neighborhood, you know, now hopefully I did the psychological evaluation, got that done for her and um maybe this will work. Her color will probably always be a factor in a lot of things growing up but I want her to know that she can be all that she wants to be. All she has to do is just keep trying and um to know that I'm going to have her back, no matter what and you know anything that she might need help in I'm going to try to make and provide that for her. Am I going to go to work and go out here and do whatever I gotta do to make sure she can get what she can get, yes. To have a tutor at home, you know, not just a tutor but to be home schooled if that's going to be the case then I'm a have to find a way of doing that, to pay for that, but that was my barriers, and that's my problems.

Interviewer
Ok

Appendix F

Transcribed Audio-taped Interview of Participant

<u>Interviewer</u>

Question #1

I have, this is where you were talking about the passes scores. You said if you don't want your school to be taken out of the State, they are doing everything they can to get scores up and I ask you did you see this as a positive or a negative and you said that you understand this is the name of the game. How do you view this phenomenon? If that is in fact the case, how do you view this phenomenon?

<u>Interviewee</u>

First of all when I say what I mean by this is the name of the game, I'm saying that the schools are driven by the test scores, meaning that in order to get the funding that they need, in order to get off that list where the school is not taken over by the State then they have to meet a threshold, then that threshold would be the scores in terms of making sure the overall scores are above than what the standard scores would be, so if there is a threshold in place, then those scores have to be met at the threshold or the State would then come in and say you are not in compliance with your scores; I either pass, so therefore, you have to meet the standards. I do understand the importance of testing, but more important, I do not necessarily agree with the method as far as testing goes because testings at least from my experience has been cultural advised for one, it does not necessarily always give an accurate description or accurate statement in terms of a persons ability as far as their intelligence, so I don't necessarily always agree with scoring, but I do understand in identifying that that is the standard that we have to and as an African American male who has kids in the school district that's understood that that is what we have to, when I'm saying that's the game that is played those are the cards you're dealt with, so that is the game you have to play.

<u>Interviewer</u>

How do you feel about that they way things stand that this is common procedure, that this is standard practice. What are your thoughts and feelings about that knowing that this is what has to be done to avoid the State stepping in and you mentioned previously that some children are not even in that equation and that they are in special education.

<u>Interviewee</u>

Basically what that is when I say special education is that all students are required under the no child left behind and they have to take a passive test, but what happens is children that are special learners, special needs things like that, what they do is if the school can identify through documentation, justification, then they very well may be able to get that

student off that list and they don't have to take it. As of right now, the students are taking their test, but what happens is primarily I'm talking about high school, those kids that are in there, they have an IDP someone that is kind of with them all year and when they do their monitoring the students then they can say based on what we see so far, the student is not going to be able to pass the test and through justification later on they will too if you will, may not have to necessarily have to reflect those scores on the overall scores. I mean overall, I think testing is important. Our system is built on testing as far as how well you do so I don't necessarily have a high regard or a necessarily disregard, but I just feel as though, if I could sum it up I would just say that just because this is a system that were in, I've learned and I teach my kids how to adapt and adjust to the system in place.

Interviewer

OK, and with that being said, how do you think that impacts kids who are taken out of the equation because of special education purposes, what impact or how does that impact them or impact students as a whole in sort of looking at the big picture?

Interviewee

I think looking at the big picture, and again, I'm speaking from my experience, I'm not suggesting that I know a lot of ins and out of this because obviously I am not of the school district but at least from what I see and what I sense, is that special education in general, that is a stigma I think for a lot of kids anyway so then when you have to have them take a test and they are not if you will not meeting the standards already, I think it just puts them into a double stigma where not only that they are not meeting the standards, but they also know that because I'm not in regular classes so to speak, I'm not going to be learning some of the things a lot of the other students in regular and honor classes are learning. I think that has an impact, I think it make students feel inadequate in some things in some periods of education whether it is reading or writing math, I think it makes them feel inadequate because they know coming in that they know they are not already in regular classes, they not are already in honors classes so many of the things the standardized testing is derived from is based off of those standards based off regular classes.

Interviewer

Now as you mentioned, they are not necessarily, those scores don't necessarily go into the pool of scores that count or get reflected to the State.

Interviewee

Again, that's when it gets a little hairy because with students that are in an emotional support, that are in special education so to speak, they are suppose to have an IDP someone who works in the school. I think that is called an individual ….

Education Plan

Right, so that person works with that student and then, at least from my understanding they should do is work with that student and then when it comes time for the testing even though the student may be required to take the test, it's not held against them in terms of if they don't score as well because of justification that comes by the IDP is that well this student is on this level based on information that we've taken based on his behavior plan that's put in place, these are some of the factors that come into play why the student may not meet that threshold.

Right, now I'm looking at the other end of it, how do you feel or think about the implication, or should I say the lack of accountability that the school then does not have if those numbers can be pushed aside when you think of what scores get reflected as far as the State is concerned. How do you feel and think about that?

I think that the impact is that it is a good idea and has been thought through, like for example, with no child left behind, I don't think that that whole process have been thought out thoroughly by our lawmakers so now what's happening is you have the school district, the department of education out scrambling saying we need to put safeguards in place here to make sure that our overall accurate score is being reflected so that we don't get into that situation where the State comes and take over that school district. Some of the things I know I have seen due to the no child left behind was through passive and that is now what they do is that the schools is in serous trouble or may get taken over by the State they have what they call a safe harbor. What that is if the scores increase by this percent then that particular school goes into what they call a safe harbor and then they monitor them to make sure they are progressing in the right direction. Remember, the overall score is you may have like 400 kids as juniors. Out of that 400, there might only be maybe 30, maybe 50 kids that are in special education so it is an accurate score of all those kids that they take over all of that and then from that percentage, yes you may have a percentage of kids that are in special education and may not be doing very well who may affect your score, but the emphases is that the kids who are in regulars and honors, they are suppose to pick up the slack and remember, you overall scores are gone not necessarily individual students.

How do you feel about that breakdown if that is in fact how that goes? What are your thoughts and feelings about that, just knowing that?

Interviewee

Just knowing that, I think it's, we do identify you know that there are kids that have special needs as long as you have that safe guard like I said put in place that you take the totality of the score, then I'm ok with that. I'm ok with it as long as we are doing something along the way that says ok, even though we are going this direction and our overall score and keeping the State from coming in and taking over, what are we doing to identify those kids who maybe low, and what safeguards are we putting in place to help them as they move forward, what are we doing to get them from where they are here, from special education to regular, so as long as we are moving those kids and getting them out of there and the numbers are dwinderling in that populas, then I think it's ok. If the numbers are in reverse where you're starting out with maybe 50 kids in special education and then comes toward the end of the school year and now you're up to 100, now there is a problem.

Interviewer

What if it is the case where you have 50, it stays at 50, nothing is changing in a positive direction to progress those children as you mentioned earlier in your interview, even if the child has a learning difference, it doesn't mean that they can't learn, I guess my question is getting around to the schools accountability to make sure that those kids are still being progressed along what are your thoughts and feelings if its 50 and it stays at 50 and there is really no accountable to see those kids come up and out of those type of classes and if they don't go into the grand scheme of the scores, does the school in your opinion have that accountability to change that around to bring those kids up and out?

Interviewee

I think the school has an accountability to make sure they are educating all of our student. Again not everybody has to go to college, not everybody has to be on Wall Street to be successful. Success isn't defined at least in my opinion by how much money you have in your pocket, success is defined on how well you like your job, how well you are able to do your job and how well you enjoy getting up in the morning and going through those task, so I think if the school is making a consorted effect to help those students that may be struggling, then I'm ok with that and one of the things I know the school has done in the past and I think I hear it more coming back now they are talking about doing more vocational, in other words, you may not want to go to college not necessarily but you might be interested in being a plumber, might be interested in being an electrician, might be interested in being a carpenter as long as you have those different vocational and those trade if you will programs in place, then that's ok, because not everybody can necessarily have to get straight A's in math but can figure out a blueprint as far as how to be a carpenter or how to be a draftsman or something like that, so those things, as long as that's in place, then I think that's ok.

Interviewer

Do you think that is happening as far as looking at kids who are falling in that direction

being special education? Do you think that is happening that the school does have the pressure to advance those children with the maximum capabilities that they have?

Interviewee

I think it is being done on a small scale, but I don't think it is being done I would say probably on a larger scale. If you say no child left behind then that's the mandate then it has to be no child left behind, you can't say because it sounds good no child left behind and then you're getting kids left behind unless you are seriously talking about no child left behind and that means that every child matters that means it's the responsibility to make sure every child is successful and again how you mange success is not necessarily how much money you have in your pocket but how well this child has learned, how well this child has done vocational or trade or going on to college. From that stand point if there is no child left behind, that means that everybody matters.

Interviewer

But currently you don't feel like that always happens?

Interviewee

It's kind of hard to say because I really don't know I do know that I mean that even with kids who have gone on and graduated from college the economy plays a lot on that the market. The economy is tough, where they have cut back on jobs that means the workforce is not going to be as prevalent that means there is not going to be a lot of opportunities that means some of the scholarship programs that are out there are being cut from some of the schools who may have offered 15 scholarships maybe offering only 7 in terms of higher education. It's a catch all the way around it's not just on a vocational end, there are other forces that are in play that sometimes dictate those cuts and dictate that maybe all those young folks aren't being caught so those other forces that come to play, those forces dictate and the students and as well as the school sometimes really don't have any control over it.

Interviewer

Just to comment back one more time to thoughts and feelings about this particular question. In the case in which there are students who fall into special education groups, they don't have the same standards as kids in regular classes to meet a certain passive score? Am I on target so far?

Interviewee

No, what I'm saying is that because of no child left behind, and it is a little complicated but at least in my assessment everyone has 5th 8th and 11th grade, every student has to take that, everyone but what does happen though is that through the IEP's for those who may be in special education, the IDP to do the paperwork can justify the student who very well may

not have scored high or did very well based on special education and therefore the justification in place as to that particulate student why that student didn't do well and therefore that maybe one of the determinates as why maybe the score may not have met the threshold that it needs to.

Interviewer

Right, which means ultimately, that score may not go into the bucket as far as scores that are presented that the school is accountable for as far as meeting the standard for no child left behind or the overall passive scores as far as what the number has to be

Interviewee

I'd say as of right now, I think those scores do go in, but I know they are working on at least trying to as you will exempt some students, but as of right now to answer your question, those scores go into the bucket

Interviewer

I thought you were saying it does not reflect negatively on the school if they have kids who are special education and thus don't meet

Interviewee

Yeah, but one thing I did share with you when we did the phone, and that was that what the school does do so that they are not reflected, they have those secondary schools; schools they put like for example some of different schools where they take those kids that a A P's, adult, not A P's, what they do like for a perfect example, like a Percy's House. Those kids that are in those programs, those kids that are in those program they take those kids out and put them into a Percy's house program for example or the uhh...

Interviewer

So they are not in the school district

Interviewee

Correct. Those kids that are in a Percy house program, those kids, their scores, the school district doesn't have to give them the passive test because those kids are not a part of the school district so to speak. So those are the kids I'm talking about I can identify when I say that those scores aren't reflected. They take those kids completely out of the equation because they are in a different school and that school is not necessarily, if you will, a part of the school district.

Interviewer

Ok, then in that case, how do you think and feel about kids who are outside of the school district whatever that individualized school is, or teachers, or however you want to look at that, they don't have those pressures to push for excellence in the same way as the kids who are under the guidelines of passive scores as far as kids in the school district have and does that have any implications for those kids who are outside the school district

Interviewee

I think the message that gets sent to those kids who are outside the school district is that somehow or another, you don't have to meet the standard, because you don't have to meet the standard… and again I have not been to some of those different schools, those alternative schools, it's called alternative education I was thinking that… um, those alternative schools because they don't necessary have the meet the standard of passive then I don't think it's pressure on them, in fact, since they don't have to meet the standard there is not a test to be taken. If there is not a test to be taken, then there is no pressure whether the student does well or not.

Interviewer

Ok, then how do you feel about knowing that, what you just said, what are your thoughts and feelings about that? What implications does that then have?

Interviewee

I think my thoughts and feelings would be that anytime a school is set up as an alternative and it is not meeting… any school that is designed where students are not necessarily meeting certain standards of education, then I think that's something that needs to be a red flag, it needs to be looked at. I'm very concerned about that. If those schools that are doing that are operating like that again I'm saying what schools are, I don't know, but if those schools are operating like that as an alternative, then that's a red flag for me, I'm concerned about it

Interviewer

What implication, how does that impact a child that is in a situation like that?

Interviewee

I think it impacts a child that is in that situation given those circumstances, I think a take home message is that education is really not that important and we are not going to put that education importance on you because you've demonstrated that you cannot operate into the regular schools into the school district so therefore you are here because there's a lot of behavior problems here a lot of discipline problems here so therefore, we have to focus on that and less on education

Interviewer

Ok Good, I'll make sure I got that

<u>Interviewee</u>

I think what happens is in some situations again, it's not from what I've seen but from what I've sensed from dealing with some of the students that I deal with kids that are identified as having behavior problems, students who may be causing problems, they are identified in the school district by teachers and I think what happens along the way is once those students hit so many strikes meaning once they do so many things, this is documented along the way and parents are made aware of it and then what they do is the one big thing they do now in the schools is called zero tolerance because zero tolerance is in place once that does it's like once students bring certain things like a weapon or something like whether it is an accident or not, that student can be suspended up to depending on the severity of the weapon up to 30 days in school and they are automatically put in an alternative education and of course the parent can appeal it but they go into alternative education and then what they do from that point, if that student is somewhat of a problem student they go into alternative education and they stay there and they have to do so many days of demonstrating how well they are doing before they get an opportunity to go back to public schools. Then along the way if they have a couple of slipups a couple of steps along the way where they have problems they put them back into alternative education and then those students don't come back to regular education until they have some type of meeting with the school district, school board, this and that and then the parents would go and talk about that and then it is just a matter of them may being in there for the duration of the school year.

<u>Interviewer</u>

I would imagine there are some kids who don't return from alternative education. Since you mentioned the focus during the take home message is education is not important for you, for that student per se, it is more of a focus on behavior issues and what have you, so in that case, what implication does that then have for psychological services because it sounds like you're saying there is more of a behavior emphasis so I would take it there is more of a psych piece than an education piece

<u>Interviewee</u>

I would probably think that is the case there is a more behavior mod plan has put in place, more counselors there that deal not just from the teaching standpoint but counselor standpoint and I think the implication is that whole piece is now become more , . we need to deal with this student not necessarily from the education standpoint but from a psychological standpoint or from a behavior standpoint.

<u>Interviewer</u>

Right, which kind of then falls under the umbrella of Psychological issues. With that being said, what are your attitude beliefs about psych services in that regard, if that is the case where it is a more emphasis on behavior management, more of a psych focus

Interviewee

If it's a psych focus, I think I'm concerned at least in my mind, the mind is very vast, and I think it's difficult to get a true assessment on somebody based on a broad description or broad generalization on this student has done this therefore, this must be or at least this may be some of the symptoms. I'm concerned about that because it traditionally and historically has had an impact on African American males meaning that the numbers disproportioned are usually African American males

Interviewer

And that is what concerning you.

Interviewee

And that what concerns me because disproportionately, those programs, those schools, those psych mods those different type things are disproportionate slanted towards African American males.

Interviewer

What factors go into that in your opinion, being that African American males have disproportionately been placed like this and there has been more of a focus than correct me if I'm wrong, a more of a psych end than pushing for academic excellence , ok, what are all of the element factors that go into that being the case if there being such a shift toward or disproportionate amount of African American males , how is it that in your experiences and your opinions attitudes and beliefs that come to be the situation.

Interviewee

Something that comes to me is that there is a mentality that is being set that is being portrayed here and that is an institutional mentality, meaning that if a student is being put into a school that may focus more on behavior psych services then the impact is going to be the student is not going to be able to compete with students who are more focused on high education academics. If that is being the case and all those things being equal if a student on one hand is more on a behavior mod psych setting and the other student is in ore of an academic setting, the student in the behavior psych situation is going to lose out meaning that when both these students graduate or finish high school as you say 18 years old the student that is in the academic setting is going to be at a major advantage than as oppose to the student in to that behavior psych setting. I think that's a big problem just because this student over here will have a leg up advantage.

Which chain of events you think causes this to be the case where you see the setup where there are all of these behavior psych service kids, African American males in particular. What do you think goes into that being the case that there is such an imbalance.

Interviewee

We still live under segregation. Let me say this right, we still live under discrimination. We still live under racism. Racism is live and well. I'm not saying it is the end and all for everything but it is to say that racism affects every block of American life or American culture, whether it is education, whether that is government, whether is financial. Racism is still very much alive and well and I think it's very well hard press for us to fooling ourselves into thinking that we have individuals that strictly look at that person sickly based on number and data because that person does not look like me doesn't cover the play that's a real stretch for me and that doesn't mean that everybody does that but I don't think we are being honest with ourselves we don't factor that in the way we need to

Interviewer

Sure. Does that mean, is there then a difference in how we perceive behaviors that we might not consider to be significant in the sense of being psychological significant? Do you think there is a difference perceptions in how we view behaviors verses the dominant culture or white America or however you want to tern that or do you think there does come down an issue of flat out discrimination, racisms or what have you.

Interviewee

I think that it is a combination of both. I think you do deal with individuals that basically just come down to race. These folks have PhD's, these folks have doctorates. These folks have degrees and these folks have all the necessary paperwork that says they are able to make these diagnoses if you will. Then you also have folks who are good people and see things and understand this person has problems and I'm going to do what I can to help them. It really is a case by case situation. It really is a reflection of; I think your environment impacts a lot of how you do things. Dominate culture may not necessarily see that I need to sit and interact with the student and get some feedback from them whereas the minority culture may feel as though interaction is a good tool as far as learning because you are allowing that person to interact and a lot at least from what I've remember growing up, I've learned a lot more through interaction, from role playing, from discussions where I had a chance not just here but I was able to give some feedback. I don't think that those different learning styles I mentioned earlier always come into play

Interviewer

Ok, so how then does culture shape our openness to different situations, you mention someone has a Dr.'s degree and they are license to do diagnosis, do evaluation, to make

diagnosis, and their approach doesn't reflect that approach that might be a little bit more welcoming or allow us to be a little bit more open and get a good assessment of who that African American male is you know, or just being African American period. Their approach doesn't necessarily translate well into how we might begin to open up and allow that person to be able to really and truly asses who we really are, um, my question then is does culture, cultural differences between those two groups, the dominate culture vs. the minority group play a role when you think of psychological evaluations.

Interviewee

I think culture plays a role in a lot of things culture plays a role in everything. I think what's more important is how well you can adapt to that culture. If I grew up lower middle class, poor ever, if I grew up that way and I go to school for my doctorate and all that stuff and I start have to make diagnosis on different individuals, I would think someone who grew up fluently rich in a rich neighborhood with a lot of money, the family have a well to do and this and that, there is going to be some barriers there of us being able to bring our cultures together because our experiences are going to be different that doesn't mean that we can't bridge that gap but it does mean there has to be a willingness on the part of the diagnoser and the diagnosee to reach out and say you know something, I have a difference here with this person and I'm not very familiar with this because I didn't grow up that way now having said that, I need to either A, try to adapt my way of thinking so maybe I can learn from this person or get some information that can help me or B. maybe reference someone who may have been in those experiences a lot longer than I have and have been able to make those adjustments based on how they've been able to do things and how they interact and worked with individuals from that different culture.

Interviewer

OK, with that being said, how does this impact the accuracy of making a diagnosis, if these culture…

Interviewee

Differences?

Interviewer

Uh Huh

Interviewee

I think it would make a big impact. If I don't understand your culture, if I don't understand why it's important among African Americans that, you know, they always pray before they eat, they look at church as being very important, going to church on Sundays, they look at disciplining their children in terms of giving them spankings and things like that, if I can't

200

understand that, then it's going to be very difficult for me to understand why this African American is a little more animated, a little more energetic is a little more you know, when you're talking to him, he gets a little more defensive, about things because remember, if his experiences been dealing with individuals who are not from his culture, not necessarily have to look like him, but not from his culture, and through this process he's dealt with individuals who if you will, he has conditioned his mind how to deal with that person, then obviously that's gonna impact, that's gonna definitely cause some tension or at least some friction as far as how they interact with each other. I don't know if I answered that question ok.

Interviewer

Yeah, you did, you did. With that being said, then how do, if that is the case, and you can say that that can at times happen, how do you feel about that, being the caregiver, your nephew is an African American male, you happen to be an African American male, this setup is happening somewhere out in the world, how do you feel about that, with all that being said, your collective experiences, having a nephew that you're a caregiver of you are African American yourself, how do you feel about that with that being said.

Interviewee

It means that we have a lot and a long way to go still. It means we have a long way to go still. Anytime race becomes a factor which it shouldn't but anytime race does which we know most of the time it does, it tells us we've got a long way to go

Interviewer

OK, this kind of leads me to my next question. To question 2, you said that you never looked at [child's] behavior as a marker of a childhood disorder. I know that [child] is no different than other black boys. My follow-up question to that is how do black boys differ from white boys? You specifically said he is no different than other black boys.

Interviewee

How do they differ from white boys?

Interviewer

In regard to behavior, looking at behavior, my question was to you, you said you never looked at [child's] behaviors as a mark of a childhood disorder. His behaviors are no difference than any other black boy or black boys.

Interviewee

I probably may want to qualify that and say that what I mean is that his behavior is no different than any other boy out there meaning that the receiver of that information, the

receiver that sees that behavior it is what he or she determines that then becomes an issue, meaning if you have two boys black and white have a tendency to get out of their seats and get up and down, if that teacher responds to that black boy differently than the white boy then it's a problem with the person who's looking at both those individuals.

Interviewer

That they are assigning a different meaning to their behaviors based on one being black and one being white

Interviewee

Right, and it may very well be unconscious. It ma be an unconscious thing that they are doing but if you have those two boys and the teacher or counselor reacts and handles those situations totally differently, then it is not so much the student, it's more about that counselor or that teacher and how they reacted to that particular situation.

Interviewer

Ok, so the behaviors are the same but there's a difference in race, then that says something about the perception that the teacher or counselor has about the same behaviors, but a black boy vs. a white boy

Interviewee

And it could be very well too, you could personalize it more, it not necessarily have to be race, but how they feel about this black boy meaning that I've been working with this young black boy for the last five weeks and he keep doing the same thing and I've tried calling his home and every time I call his home, his mom either hangs up on me and I don't talk to her where this white boy is doing the same thing but every time I talk to the mom the mom is very receptive and she talks with me, now it's more personalized what the teacher might say, yes I have a problem because he might be getting out of his seat but the fact that I try to talk to him and now every time I try to talk to his mom, I don't get a response and it frustrates me because I don't know what to do in that particular situation so I think given across those lines, I think race does play a factor in some of those situations, but it is kind of slippery because one thing that has become now, I think racism has become more colberate how you operate and do things, it is not overt like it was 40 years ago. I mean 40 years ago a person could just flat out and tell you I'm not hiring you because of this and you take that and leave, now it is more subtle, it's more ok lets put a documentation in place so by the time you do have to make that diagnosis or something like you got all this documentation.

Interviewer

You've legitimized what you've done

Right, it justifies. Right, legitimize. Does that make sense to you?

Interviewer

Yes that makes sense. How then does that make you feel to say if that were the case if that is happening, what are your thoughts and feeling about that?

Interviewee

If that is happening, that same scenario I just said, if that is happening the way I've just said it, then we are far worse now than what we were 40 years ago because we haven't become more sincere in becoming a society that embraces everyone, we have become more culvert, more sophisticated in how we do that and I think that is dangerous because now what you're doing is you're writing people off and you're justifying it along the way whereas you knew 40 years ago it was just totally ignorant, but now it is more justified and more settled and you can point to the documentation and I think it puts us far further behind in doing where we need to be as a nation.

Interviewer

Ok, moving on to the next follow up question. You gave me an example, talking about Cable Hobb, the comic strip, did I say that right, Cable Hobb, the comic strip, the little boy with the stuffed tiger.

Interviewee

Calvin and Hobb, Calvin, Calvin and Hobb

Interviewer

Calvin and Hobb, OK, I had a follow up question about that you said this was a little boy who had a stuffed tiger, he talked with the stuffed animal when alone but when around others it was just a stuffed animal

Interviewee

Correct

Interviewer

You liking that to kids, and I don't specifically meant African American boys, but I'm liking this to kids thinking about a new game, example, kids minds drifting off focus in on what they like to do such as games, video games, football, etc. Draw that connection in for me a little more so I can see that connection to why you gave the Calvin and Hobb scenario.

How are you liking that to kids as a whole?

Interviewee

I think what I'm saying is that kids have a tendency, they have very vivid imaginations and very inquisitive minds you know and they get into situations where they don't pay attention I think in a situation, and they are not suppose to. Nine and ten year olds, if he is sitting there paying attention to everything you say then I have questions why that student, is not, why he's doing that, you know what I mean, and I think when kids do that, kids are no different than adults when it comes down to homework and things like that, they rather be doing something they like to do as oppose to doing their homework, so if a student is in the classroom, he's not necessarily paying attention, it may not necessarily be something bad, it maybe something he maybe thinking about what he wants to do, it's like schools out at 2:00 and I know the teacher is talking, it's a quarter to two now, schools out at 2:00 and I'm in class for my last period and your just started to have lunch and I'm thinking about my game I'm getting ready to play because my mom just bought me a play station and there this one game that I told her I wanted and she finally got it for me so I want to play this so I'm thinking about some of the different moves I'm going to be doing on it that's what he very well maybe thinking of and it's not necessary anything bad but his mind maybe drifting off somewhere but that can be viewed if not carefully monitored or at least looked at as well he doesn't like to pay attention, he doesn't like to do his homework, I've given him homework and he doesn't pay attention and then when he is finished he has to ask me four or five different questions and that doesn't necessarily doesn't like you, his mind might be somewhere else, he might be thinking about something else and where that ties in with Calvin and Hobbs is that, in Calvin and Hobbs comic strip he could talk to his tiger and that was his friend and they would have discussions on different things, they would do a lot of things together, but the minute somebody else come around the comic strip would show Calvin talking, not necessarily to that tiger but he was talking to his parent but the tiger now was a stuffed animal

Interviewer

Ok, got you, moving on to the next following question. You said African American boys have been put in special education for the wrong reasons, such as not doing well in school always upset, angry, you gave a couple of the wrong reasons for why they are put in special education. My follow up question is what are good reasons for special education in your opinion and how have your experience shape your thoughts about that? If those are the wrong reasons, what are the good reasons for special education in your opinion and how have your experiences shape the way you think about that?

Interviewee

I'm not necessarily a partner of special education so you forgive me if I'm not thinking of a whole lot of things. I always think of first before there was special education, what did they do before then meaning that before special education became prominent in the public schools, students had to learn some kind of way. Having said that, if there is a student that

has some real thoroughly diagnose thoroughly reviewed special needs, then I can see perhaps that student needing to have some special education, but there are other ways that you can take stigma off special education, like for example there is a thing called pull out, where you pull kids out of the school which I think can be a concern because that what special education kind of does, it pulls out students. There is also for sheen meaning that you may some students that may have some special education but you liable to be in some of the classes in regular classes and therefore it takes off some of the stigma from those students. I think special education can be good as long as there is a time period meaning if you go into special education in third grade, there should be an annual diagnosis or an annual assessment to see where that student is based on that data to say that this student has now meet the threshold and therefore we need to student back into the regular special education but special education shouldn't be, and again I'm saying on a positive, special education should be, ok it is done on an individual bases and is reviewed on a quarterly semi-annual, annual basis and then from that information, then it is determined that is the result of it to go back into regular education

Interviewer

How have your experiences shape your thoughts and feelings about that or has it?

Interviewee

My experiences which shape my thoughts on that is that I've seen too often students who started in special education second grade has stayed in special education all the way to they graduated. I knew this one girl, I didn't know her in elementary but I knew her in junior high and she was in special education from 8th grade all the way up until 11th grade and she became totally adamant that we was not going to graduate in special education and to her and I guess her mom or other kids and I don't know exactly how they do it but she ended being in regular classes her senior year but she really, it really bothered her, she was very much embarrassed at lunch time when she came down in the class and all the kids in her class were in special education she came down to lunch with, she was very much embarrassed behind that

Interviewer

Uh, huh. With that being said, there are times in which kids are not re-evaluated to assess the appropriateness of their placement in special education and that it is just a continuation of that grade after grade after grade

Interviewee

My experience has been and I have been out of high school for 20 years now, my experience has been that I've seen where students have started out in special education in a certain grade in elementary school, stayed in special education all the way up until they graduated from high school.

Interviewer

What are your thoughts on that?

Interviewee

That's definitely wrong. There's something wrong with that picture. If you're here to educate that student, you mean to tell me that the student has not progressed and you have not necessarily done any type of assessments, any type of evaluations over a period during all those years, you mean to tell me that someone couldn't have at least demonstrated some type of assessment over a period of those many years being schools determined if that student needs to be in there, and again, if the student needs to be in there then the documentation should follow that to justify that student needs to be in there, if the documentation is not in there, someone is not doing their job, someone is not going their homework.

Interviewer

How do special education and psychological services overlap? We've talked about the interchanges, in special education being re-evaluated. How do they overlap, in what ways, in how so?

Interviewee

I think in special education and psych services are kind of like chicken and the egg, meaning that it doesn't matter which one came first but they both go hand in hand meaning that I've seen, at least from my experiences, that special education usually leads to psych services. I don't necessarily always agree with that because I think that again the stigma behind it is special education, psych services, therefore, there must be something wrong with this person emotionally, mentally, psychologically.

Interviewer

What about academically? Does that still fall within it also

Interviewee

I think it also means too that if those three components I just mentioned that there is something wrong therefore the conclusion is drawn that the person is not academically able to compete with regular students

Interviewer

With that being said, how does that then lead to certain perceptions, at least attitudes about psychological services?

<u>Interviewee</u>

I think if disproportionately the numbers of African American boys are in special education receiving psych services, the message being conveyed is that these African American boys are not able to compete in regular schools and when they get out of high school they will not be able to compete for certain jobs because of that stigma of that being tied in, causes that , I think that stigma becomes a generalization which becomes an absolute almost saying that because they've gone through this process they are only going to be able to do this and only be able to do that and I think that perception in many folks when students are if you will held into special education for a long period of time

<u>Interviewer</u>

OK, that leads people to have what kind of perception about psychological services when that is the case when they are being held in special education for a long period of time, what perception, what attitudes and beliefs does that then draw out or lead people to have about psychological services? As far as the African American communities and focusing on the disproportionate…

<u>Interviewee</u>

Ok that is where I was going to go. I think that historically and traditionally, psychological services has meant a negative to African Americans, uh, he has to go to a mental cell, he must be crazy, is that same stigma as deep as it was 30 years ago, maybe not, but I still think that does have an impact when folks know that you've had psychological services, I think it still does carry a negative cementation

<u>Interviewer</u>

Ok, and historically being that African Americans have been represented in a disproportionate amount, what factors have gone into that in your opinion?

<u>Interviewee</u>

I think some of the factors is that African American have not been able to compete in many of the job markets because they have been disproportionately put in, disproportionately categorized in those situations diagnosed in those situations. I think it also too lends to well you know some, well, they think I'm crazy, so I must be crazy, so therefore I am crazy, so why am I gonna sit here and try to worry about getting that job when I know good and well, when they think I'm crazy and they know I'm crazy I must be crazy, why put forth the effort to try to break that myth so to speak or break that cycle.

<u>Interviewer</u>

How does that affect the school, take it back to the school setting, is it that same kind of mentality once you've been categorized to use your words

<u>Interviewee</u>

I think once you have been categorized, it takes a special person or a person that has a good support whether it's home or a teacher, but I'll say with home or community, home, church, it takes a special person to identify that. It takes a special person to say I'll rise above that in spite of that. It takes a special person, and it does happen. I believe it does happen but it does also happen in the event to that people give in to and say ok, I'm not going to worry about it, I don't care, if I got to draw welfare and get social security and get SSI and be on disability, so be it, I'll do it.

<u>Interviewer</u>

Is that the case in the education system when a child is labeled and the school isn't accountable to raise that child up to use your words from your first interview, that that can lead a person to become that kind of adult with that kind of mentality

<u>Interviewee</u>

Yes I believe it does and it's on a case by case, but I believe it does tend to get people to one lane, that is that the school, if the school dictates or at least gets the ball rolling in that motion then it's a pretty tough cycle for folks to break out of. To be categorized, It's pretty hard to break out of that categorization.

<u>Interviewer</u>

Ok, moving on to the next following question, this is your response to talking about your nephew being tested. Even if I agree with the testing and you come up with a formula, based on results that, I think you were just using an example, that your son is mentally retarded or what have you, just because you said that doesn't mean I'm going to prescribe to the plan you have, referring to the school, I took it is what you meant by it, the schools plan that they laid out. My follow up question to that is how do you feel/think about the expectation to go along with the schools plan

<u>Interviewee</u>

I think if there is a distinction between being mentally retarded and maybe being having some behavior problems, and what I mean by that distinction is mentally retarded, if I hear that, then that tells me that the school better make sure they are doing everything they are suppose to do from a psychological standpoint, from a administrative standpoint, from a faculty standpoint in terms of the school so there needs to make sure there be steps in place and documented steps in place that tells me that this has been done all along the way. That being the case and it comes out the documentation is in place, I still as a parent have the right to say you know something, I don't agree with that and we need to go and look and see what we can do to get that situation taken care of. Now again, that just only isn't just on the school because education begins at home. I'm a firm believer and a proponent that if a

student is having problems then the family has responsibility to do things and put some things in place to help the student along the way, ie, making sure you bring the homework home and you do them together, making sure your reading assignments that needs to be read, the student is doing it, making sure the writing assignments are being done, taken the student to the library, getting familiarized with some of the books and stuff and what not, making sure their reading, maybe not, you know not everyday, but at least, yeah, let me take that back, reading everyday, whether short stories, whether weekly readers, whether little stories from books they like to read, find out some things they like to do and implementing things they like to read, whether comic books or something like that, give them a reading map so from that end, I think it is important for the school to take responsibility but the parent has to take responsibility as well, when you're talking about those behavior or maybe it's mental, before you get to that diagnoses once that diagnosis is in place, then again it is still the responsibility of the student, I mean of the school and the responsibility of the family, and the final analysis for me is that if I don't agree with that, then I need to go back and say ok, what do we need to do again because obviously there is something we missed here if we have all this in place and this person, this student, or this child of mine is still being diagnosed with that then perhaps this very well could be this student does have some type of mental deficiency of something like that and therefore maybe those services need to be looked at and used on a short term and again making sure, that ok, we're saying six months from now, I want some type of evaluation to see where we are because I want to find out exactly what type of improvements we've made from a school standpoint.

Interviewer

Ok, and does it also say that just because this is the diagnosis that fits now, that might not be the case six months or a year later and we need to be constantly re-testing just to make sure this is still appropriate

Interviewee

We need to be constantly looking at taking kids from special education and our goal should be the less students we have in special education the better job the school and the family is doing

Interviewer

Ok, now, you mentioned that there is an expectation that parent or parents prescribe to the plan, to the schools plan for how they want to go about whatever the outcome is going to be once the child is tested and the results are in. How do you feel or think about that expectation that the school has that parents go along with whatever they already have in mind for what's going to be the next course.

Interviewee

I think anytime the parents go along and don't challenge the school, I think it lowers the

schools expectation of that student and of that parent being that of the school, if the school comes up with a diagnosis that this child has some mental deficiencies, that is mentally challenged and the parent doesn't at least go through or making sure, ok, you came up with this diagnosis, I want you to show me how you arrived at that, if the parent doesn't do that then that lowers the threshold for the school to say, since you didn't challenge this, then maybe we don't need to put together a plan six months from now, to see where we are, maybe we need put together a plan a year from now, because if the parent is not going to at least question this, then maybe ….

Interviewer

What about as far as the schools recommendations, going along with the schools, prescribing to the schools recommendations. Testing done, results, and these are our recommendations but what we are going to do at this point moving forward, How do you think and feel about the schools expectations to go along with their plan as far as what the next course of action is going to be for recommendations for treatment, how they are going to move forward.

Interviewee

I think that once the school gets the plan and they get the psychic vow from the school psychologist and what not, I think that whole piece is already in place, meaning that once it goes from the teacher to the counselor maybe to the administrator, to the school psych, then once the evaluation is determined from the school psychologist at least that the child does have some mental retardation, some mental challenge, then the school goes right on board, I think that is a process they follow, a normal process they do. I don't know for sure if that's exactly how it's operated but I think once it comes down and follow all those steps along the way then everybody pretty much signs off on it.

Interviewer

Including the parent, or is there an expectation that parents are going to go along with it because this is a procedural…

Interviewee

Oh, ok. I know what you're saying. I think in some situations, I think some schools know the expectations of the parents knowing that once they go through those steps, the parents will sign off, but I think there are some parents that don't necessarily sign off on it and that expectation then must change if the parents don't sign off on it, meaning that then the school needs to go back and figure out, ok, what have we missed here, what we need to do so we can at least get the parent to understand that this is what we've done.

Interviewer

What was the process like for you having gone through some of that, the referral has been

made for testing, the testing have been done, these are our findings, the expectations that obviously there are some expectations that you are going to be in some agreement with, these are the results and they are giving this to you in a matter of fact way

Interviewee

Well with the clause in all of that is even though the testing may have been done and the school does that, the parent has the final say. You can do the testing, but if I as a parent says well I can appreciate the testing, but no, he is not going to special education then that's where it ends right there. They can't force that student in there unless the parent signs off on it.

Interviewer

Was that your experience? Do you think that there was an expectation that you would go along with that schools recommendation in which it might have been special education of some sort?

Interviewee

No. No, no, once I got involved, because initially, they didn't necessarily speak to me. I am the primary care provider, but they did speak to his mother, but once I got involved and then I started asking questions, then it changed.

Interviewer

Ok, that you weren't met with resistance. That they expected that you are not going to challenge or yourself be resistant to what they already had as far as a plan for him

Interviewee

Once I got involved, their resistance, then they back pedaled somewhat, they back pedaled because I started speaking their language, then again I spoke to my colleagues, a friend of mine who shared some information with me, and then once I spoke the same language they did, then the back pedal came into place.

Interviewer

How would you say that experience was for you going through it yourself with being a primary caregiver?

Interviewee

I think that experience was that I was ok with that because I do, because disproportionate a lot of African American boys are put into special education; it doesn't surprise me that that is the process that it went that way. It doesn't surprise me. In fact I don't have a problem,

I have a problem with it, but that's ok because I'm here to rectify the situation and once I got involved with what happened is what I anticipated was going to happen and that is they back pedaled. They backed down off of that. It probably is a little disheartening a little because had I not been there, who's to say what may have happened, which tells me also there are other African American boys out there that don't have that system in place and they very well could be in special education when in fact they don't need to be there.

Interviewer

You have to have some thoughts and feelings about that. You seem to be very well equipped being that you are a professional person and you are well connected with people who could help if need be in a situation like this, but for those kids who don't have that kind of caregiver/parent, how does that impact their lives, I think you just kind of answered that, was saying that might mean that they could fall into a rut for the rest of the school years, what are your thoughts and feelings about that?

Interviewee

That's disheartening and it's troubling because education should be about education. It should be about educating our children. It shouldn't be any other thing that falls outside the equation, but it is disheartening because I think that, you know, on and up I do make it a point that I do have students that I have been a part of ever since they been in like, I have students that have gone on to college now, I have students that are seniors this year, I have students that I have been working with inner families that are probably right now junior high, high school, this and that, and some are still in elementary school, so I do make it a point that when in talking to some of the parents if something comes up I do share with them and suggest that maybe before you do that, maybe you should tell the school that you want another evaluation and you want to take a hard look at this and you want to sit and talk with this person, a school psychologist just to make sure you are on the same page and give me all the facts so I can at least understand

Interviewer

Sure, and do you think that some of that is about educating parents about what options are out there

Interviewee

Educating parents and making them aware of their rights

Interviewer

Ok, would you say there has been a lack of awareness or a lack of; I don't want to say a lack of education, but a lack of awareness, that they do have those rights in offering that to people that there is a lack of awareness of knowing

Interviewee

I don't think there is so much a lack of awareness because the school district does put out that information. They give, the beginning of the year they give all the parents, well they send out a little pamphlet as far as school district policies and what not, and they have right in there, your rights as a parent, your rights as a student. That information is all out there. It has been a lack of activism. It's been complacency and whether it's African Americans or whether it's Caucasians, there is a lack of getting involved for whatever reasons, and there is a lack of that.

Interviewer

OK, alright, moving along a bit. You were describing your childhood experiences relating to this statement. "Some of these teachers had been around long enough to work it as good as anyone else"

Interviewee

Meaning the tenure?

Interviewer

Yeah and I think this is talking about when there were teachers that knew your dad was a disciplinarian, and that the teacher could discipline you and would know that you wouldn't take it any further with your dad because you would get disciplined again and you said this created fear in you as a child and that the child is going to get it worse than the teacher ever would, and I think you were referring to yourself, that you would get it worse that the teacher ever would by going home and notifying your dad about something the teacher did. What was that like for you in just knowing that was the setup that you were functioning under?

Interviewee

Very difficult because I didn't understand it later on that I allowed some situations with some teachers to go on and because I didn't say anything, teachers would take advantage of that and again, I'm not saying that the teacher punched me or kicked me or caused me to be seriously injured, but those things that when you become an adult you can understand some of the subtleties they do that have an impact on you and it bothered me because had I not been afraid to share some of the things with my dad, some of the things that maybe some of the teachers did that was very subtle they wouldn't have gotten away with it. It was, I'm ok with it now because what I have learned is this, because what I've learned, experience is the best teacher, and it won't happen to my nephew.

Interviewer

Right, absolutely, sure. It helps you to be even more equipped to deal with because you've

had these experiences yourself.

Interviewee

Right, exactly, more involved, going to parent teacher conferences, going to open house, if there is a problem to go to the school, call the principal, I want to come and meet with you this and that and find out what's going on. I tell [child] all the time, I say [child] you have a right to make mistakes, everybody make mistakes, but when you come home, don't let the teacher tell me something that went on that you should have told me yourself because [child], I tell you, I'm not here to spank you and I'm hot here to discipline you every time you do something but I will have a problem if I have to go to the school and find out the teacher tells me you did this and then in fact you had an opportunity to tell me and you didn't tell me. No, I've learned that from my father that you know, it isn't always about whipping, it isn't always about discipline, it's about sometimes talking and understanding that you know something, he might have been wrong here but that's nothing for him not to tell me and in fact he didn't tell me because if he told me this I come to find out that now the teacher did this over here that kind of spread that problem out or because the teacher didn't handle it right caused that problem with him

Interviewer

Ok, Ok, moving right along. Ok, this is related to when you mentioned that the teachers had some concerns about your nephew, went to mom, you weren't around initially, oh, you were not made aware initially of all these chain of events that were going on. How did you feel or think about the chain of events that occurred that you were not made aware of and then when you did find out about it, there was a whole course of events that were already underway by the time you caught wind of it. How did you think or feel about that?

Interviewee

Well, I thought of it as the school in particular says they want, they say they have an open door policy, they say they want you to come in, the say they want you to be involved, that's what they say, that's not always the case. That doesn't mean that it isn't some schools that don't do that but it does mean to say that the more you come around the more the teachers, the more some of the teachers get concerned with you being there because now they think you're watching them as opposed to watching the student and that's not necessarily the case. I knew that when I heard some of the information the teachers were talking about initially in the school about my nephew, I knew that once I got involved that it was going to change and the scene and the whole tone if you will, the whole atmosphere was going to change because I knew I was going to come in, not coming in bullying, but I was coming in very firm and very committed and don't have a problem with sitting and talking to you and making you aware and because I am a little bit more sophisticated maybe than my sister is, there are some things that I know that maybe that she is not aware of that I know that they can't put it pass me as oppose, they might try to put it pass her.

Interviewer

Uh huh, with that being said, how did you feel about them not making you aware that these things were underway as oppose to, but yet your sister, which is his mother, was aware and I take it she was operating off of what she did know, right, to sort of maneuver with the school or to at least work with them but yet you might be a little bit more aware of all the ends and out with your experiences and your work experiences and thing like that. How did you feel about that knowing that she was kind of having to do these things on her own because you weren't made aware of it and then when you did become aware of it, things were already underway. How did you feel about that?

Interviewee

I wasn't too troubled behind it because the trump card is always that before anything gets signed, my sister always make sure anything that is going to get signed that is going to affect [child], she definitely brings it to me and lets me know about it, so I wasn't too concerned about it. I chalked it up as ok, well, that might be something they are trying to do and it doesn't surprise me that they are going to do it.

Interviewer

So you did think that was an intentional move on the schools part to go to your sister vs. making, at least including you in what is going on?

Interviewee

No because like when you do an emergency data card, the two contacts person on there are myself and my sister so if they go to my sister first, then justification is that well, she is a contact person just as well as yourself, so we could1n't get in contact with you so therefore, we got in contact with her

Interviewer

Ok, alright. When the school presented the findings, the evaluation was done, the findings were firm initially, then after you had gone to your psychologist friend and you presented the school and administration with what you've learned from your psychologist friend, how did you feel or think about this abrupt shift on the school in part of being firm of what they had in sort of this back pedaling, softening up, being a little less certain about what they were stating to you initially, how did you feel about that abrupt shift?

Interviewee

I felt the abrupt shift caused me, for all along, they kind of set it up, well, they were saying that the physical might be this, the physical might be that. One thing I see they do now more is, it's just like seeing a doctor, a doctor doesn't necessarily tell you this is wrong, but what they do is that they will say we think this, we think it might be that, we may need further testing and this and that, and when I got involved, I talked to my colleague and he

215

just shared some things with me that might been out of order meaning that this diagnosis may not be accurate based on this, based on that and then when I spoke to the school about it, in fact I didn't speak to the school psychologist, I believe it might have been the administrator, the principal, and I didn't go into detail as far as the findings but I said you know I think something is wrong, I don't agree with this whole diagnosis that you've made or with this testing so we need to get together because I don't agree with it, and because the school knows me, because remember, [child's] last name is different than mine, but folks in the school know me, so once they heard who I was from past experience, then that's when it started changing a little bit, that back pedaling we that we talked about.

Interviewer

Ok and how did you feel and think about that knowing that this shift was underway or became, was the case, what were your thoughts and feelings about that?

Interviewee

My thoughts was and again, I wasn't surprised or caught off guard because I knew that I was ready to dig in my heels if I needed too and I would have to believe that some folks in the school knew that I was ready to do that, so on my end, I wasn't surprised on it but it does speak to the other part, the other element and that would be that there are some kids out here who very well may not have had that type of situation, therefore, they are in special education now with a brass and bogus diagnosis that has been thoroughly assessed.

Interviewer

This is a very big question. You mentioned stigmas are dangerous. What are the stigmas in the African American community from your point of view?

Interviewee

Are you talking about from what folks see in the African American community?

Interviewer

Uh huh. I'm looking at perception, but at least in attitudes, about psychological services, about diagnosis. What are the stigmas in the African American community?

Interviewee

I think some of the stigmas that I think that are viewed in the African American community is that education isn't taken very seriously, that it is a high rate of single moms, of single families, fathers are no where to be seen. They are MIA's or POW's. African Americans don't necessarily take education as seriously as maybe other races. African American kids are going to have more behavior problems. They are going to be more inclined to miss behave.

Interviewer

Now are you given me the perception that the school has about African Americans as a community or African Americans perceptions of education of psych services? Which direction are you going with that since I'm there?

Interviewee

The first part was what I just talked about was I think like the schools and maybe even maybe large communities might have perception of African Americans.

Interviewer

Is that education is not important?

Interviewee

It's not as important

Interviewer

That African American children have more behavior problems?

Interviewee

Yeah they have more behavior problems, more single families, fathers are MIA's, they are not around. That's what I perceive on that side but I think that African Americans, the stigma might be as far as how they view psych services and things like that is that it is negative, it's not a position, it's not there to help you advance yourself and to get better, it's often looked upon as a weigh station, you're there, you're going to be there a while and then after you go through those psych services with school and this and that, then somehow or another, then once you go there, the next step is to get you in some type of placement or some type of alternative education where you are not necessarily going to be mainstream.

Interviewer

I see, ok. What implications does this have on the African American community?

Interviewee

The implication for the African American community

How does that impact, that's a better way to phrase it, how does this impact the African American community?

Interviewee

I think it puts African American community in a situation where we roll our sleeves and dig in more to dispel some of those myths, some of those misconceptions, or those stigmas. I think it has a tendency to galvanize African American people and it is saying you're saying my son is like that, I'm going to show you that my son is not like that or my daughter, here is what I'm going to do. Having said that and it also I think on the other end it does prophesize some African Americans that you say I am, therefore, I am, and that is sad because it means that again more education needs to be involved, more awareness needs to be brought into play so we can get African Americans as a whole to understand that one of the ways out of poverty is education. You know, just a side piece of that Chante, one thing that has truly never has to be overlooked at least to my understanding is that education is important to African Americans as it is to everyone, but African Americans have to deal with a lot more in my assessment than other people, other races, meaning that no matter what the situation is, we still have to deal with the facts that there are people that look at us and discriminate us just based on race. There are people that look at us and put labels on us just based on race. That doesn't mean everybody does it, but it means that we constantly have to deal with that, maybe not as much as we did maybe 40 years ago, but it's still there, so I can't separate that piece, that gorilla, as you will, you know, that 900 lb gorilla because it's still there. It may not be as big as it once was, but it's still there and it does impact the African American community because we know we often times have to be twice as smarter, work twice as harder, and do things just so that we can, if you will, be on a level plane.

Interviewer

Ok, alright, moving along with that, I don't think I have any follow up to that one. Uh, one quick side note. When you mentioned that the school might, the perception about the African American community is that African American children have more behavior problems. Looking at it from the other end as far as how we view our children's behaviors? How would you say we view, as the African American community, how do we view those same behaviors as the school or the majority culture might say, or this is probably matting, this is psychological significant. Do we have a different understanding or a different meaning we assign to those very same behaviors in your opinion or your experiences?

Interviewee

I think that we do, we probably do view some of that the same as maybe the larger culture but I do know that, your dad's not there, that's a huge impact on a young mans life. That's a huge impact. As much as I love my nephew and he knows that I love him. I love him. He knows that I'm not his dad. He knows who his dad is. He may not have seen him, may not have met him but a couple of times, spent some time with him but don't grow up with up,

that plays a big impact. I have some other nephews that I do raise too and they are older and they are adolescence, they are like 15 and 16. The absence of their father plays a huge part in how they do things, in how they interact, so that does play an impact. We are not, African Americans do understand that some of our children do have some problems, but the nuclear family in the African American family is nothing like the nuclear family in the others, and their family is changing too, dad is not there like he used to be either, but when that nuclear family isn't in place and that son has got to be raised by his mom, that is a difficult situation.

Interviewer

How does that shape then how we come to understand the behaviors that that child might be demonstrating? Does that mean that all those other factors are taken into consideration whether it is an absent father meaning that we then see this behavior a little bit more in dept than maybe……?

Interviewee

Right, we see it, I believe we see it more in dept because we see the systemic problems internally that affect how we operate, how we do things, my son is going to school this and that, and he had to get up this morning you know, and I had to go to work, and his dad is no where around and he had to get his younger brother and sister up and he had to get them dressed and fed and get them off to school and he didn't have a chance to eat lunch, I mean breakfast because he was going to miss the bus, so by the time he got to school, he don't give a darn about science because right now, he is hungry and he is trying to figure out what he can do to get something to eat. That plays a big part. That's a very mining thing that doesn't seem like much but I guarantee that if you take me out of the situation and tell me for the next month that I'm not going to eat any lunch, I mean I'm not going to each any breakfast and I may not get any lunch and I have to wait until dinner time, that's going to have a big impact on how I am going to interact with people.

Interviewer

Skipping ahead, I think a lot of these have been answered at this point. Fair and partial as far as diagnosis, those individuals doing diagnosis have to be fair and partial. How can you give a diagnosis in one hour with that person and I think with that second piece, you answered already with the interaction, there has to be a deeper level of interaction to accurately assess someone. You answered that part earlier today. How has this been an issue as far as being fair and partial or the absence of clinicians, teachers being fair and partial when you say that? How has this been an issue?

Interviewee

I just think it's an issue when you don't make sure that you constantly keep that in front of you, making sure the plain field has to constantly remain neutral. Diagnoses are very legit when they're neutral. If you don't keep them fair, I think it's impartial, when you don't

keep it fair and impartial; you have a tendency to let your own subjectivity get in the way, and once you do that then that excuse the whole accessory

Interviewer

It's no longer objective

Interviewee

Right, right, right.

Interviewer

Uhm, ok you've answered that already, ok, how so, ok, you said your perception of psych services remain the same as they were prior to ever using psych services now that you've had personal experiences with psych services to some degree, you said that your perception of psychological services remain the same. How so and what experiences of yours has shaped the way you responded to that, your reason for saying that?

Interviewee

Well when I say my perception of psych services remain the same, it's remained the same because I've become more educated. I've become more diligent. I've become more equipped when dealing with situations, so even though I have the perception this way, I have a tendency to come in give anybody the benefit of the doubt meaning that I may think this way but I will allow you to give me your assessment or give me your information based on what you've seen and then after that, what you tell me will then tell me, well, I kind of sense that was going to be, meaning that if you haven't gone through all the necessary steps to make sure before you get to this diagnosis that this child does need to be in special education, then that tells me that you haven't done your homework, you haven't done everything you need to do which tell me ok, I was willing to give you the benefit of the doubt but you demonstrated to me over this period of time that you come to this same conclusion and you haven't done your homework prior to that. Does that make sense to you?

Interviewer

That makes sense. Ok, and that way your perception has not changed.

Interviewee

Correct

Interviewer

Because you've always given someone the benefit of the doubt unless they've

demonstrated otherwise. Is that what you're referring too?

<u>Interviewee</u>

Right, and my thing is like you said, if I get into a situation where you tell me you want to give me, you want to give my son, my daughter, my child a diagnosis and you don't give me the steps along the way that you've come to that conclusion, then my perception is ok, that is typical of what I expected you to do and because I sense that you, I sense that me giving you the opportunity to show me differently, you haven't done the steps to prove my perception to differ.

<u>Interviewer</u>

Ok, and question number 5 you responded with you have had experiences with working the school district. You are affiliated with people who could get, I'm affiliated with people who could get me answers, tell me what to do, access to people across all walks of life that you are affiliated with including church, could you expand on that further, offer more, could you expand on that in any way.

<u>Interviewee</u>

The expand on that is that I've been able to develop a network of individuals, colleagues, friends, community leaders, individuals that I've developed over the years, that if I have a question, or if I have a concern about my child in school, whether it be academics, whether it be behavior, whether it be any of those different domains so to speak, I've been able to develop a network of colleagues, associates, friends I can reference to get clarification and to get some type of feedback that I may need in that particular situation.

<u>Interviewer</u>

Ok, and that was your response to the question was what method of help have you used if any, and this is the response to that.

<u>Interviewee</u>

Correct, Correct

<u>Interviewer</u>

Ok, moving right along, ok, these are the very last questions. Ok, this is a follow question to you saying there are some teachers who have the attitude that I am only here to teach. You said this way of thinking is over. How has that been an issue in your opinion?

<u>Interviewee</u>

I think because a student and the way we do things, the way we teach have changed. We

don't teach, school isn't the same 50 years ago. It's not the same it was 25 years ago. We have more kids now that come from broken families, we have more kids now that don't have a father in life, you have more kids now that are actually being raised by their grandparents because dad is gone or mom is gone and the other parent has to go out and work two jobs just to maintain, so that whole situation, those dynamics have changed, because that has changed, the days of thinking you can come to the classroom and not have to deal with those different type of problems or issues that kids bring to the table is over. You can't expect for well, I'm going to come here and I'm teaching these students and they are going to come here and sit down and cross their hands and sit and listen and this and that. The days of Leave it to Beaver, a lot of those kids are gone. They don't exist like that anymore.

Interviewer

So teachers have to be proactive, reactive, all those.

Interviewee

They have to be proactive, reactive and teachers have to always be willing to raise the bar to meet the needs of the students.

Interviewer

With the complexity with all the social factors that might play a role in that particular child.

Interviewee

One thing that has been an explosion [name of Interviewer] is probably something that has been before us, I mean I know it's been before I went to school. There has been an explosion as far as the ethnicity in schools now. You have more kids now that are Iraqi an, Arab, there are more kids that come from like Bosnia, from Russia, those different communist countries at one time. You have more kids that come from the continent of Africa itself which means that diversity brings a whole another wave of how we teach, of how we reach and how we get kids to be a part of this melting pot we're talking about in America, so that in alone itself has brought about a huge and tremendous amount of change.

Interviewer

Uh huh. How has the school been equipped sufficiently to handle that in your opinion?

Interviewee

I think that the school…

<u>Interviewer</u>

Or just meeting the needs of minority kids as a whole. How would you size the school up in regards to that?

<u>Interviewee</u>

I probably say, if I had to give the school a grade from A being superior and F being failure, I probably say 000000I would give the school about a C+

<u>Interviewer</u>

C+. Does that go the same with psych services?

<u>Interviewee</u>

Yeah, (C). A (C) with psych services.

<u>Interviewer</u>

So you would give psych services a little bit of a higher grade than education or the same?

<u>Interviewee</u>

I would give education maybe a C+ and give psych services a C

<u>Interviewer</u>

Ok, and how so?

<u>Interviewee</u>

I guess that's kind of off the top but I think that education because school is different, it's more diverse than before and because the faces of changed a lot more. I think education had to adjust to those schools. I have some African kids from the continent that are going to be seniors this year. They are very talented young men and women, very smart, and because they are and because they come with the attitude of my mom may not know real good English but I know it so I don't have a problem answering questions, this and that, because that's changed I think education had to change. I think psych services still has to deal with that stigma and that stigma of it being looked on as being not necessarily positive but maybe as a negative.

<u>Interviewer</u>

That the African American community has that perception of psych services, and for that reason, psych services has more of a harder time than the education system. Is that what

you're saying?

Interviewee

Yes, yes, I believe the psych services…

Interviewer

Ok, so…I'm sorry, go ahead

Interviewee

I said I believe the psych services does because I think if a student is in regular classes in education, parents see that as ok, my son is in school, my daughter is in school. I think when parents, African American parents hear special education, psych services because they kind of intertwine, they tie with each another, that's when that negativity comes in.

Interviewer

Ok, and that leaves me to my final question. How do you feel about the in between as far as school/mental health services, (Psych evals) just because that tends to be a big piece of how the special education come about. How do you feel about the in between as far as the schools/psych services piece?

Interviewee

I think that properly monitored and properly used, I'm sure it can be a worthwhile piece that can help, that can assist. I think the prevention method has to always be in place. I think that as part of prevention, prevention means that ok, we're doing this for a certain time period. After evaluations, after we've gone through the proactive approach and after we've got all the parents involved and made them aware each step of the way, this is where we are, once we do that and the parents have signed up on board, then it has to be an exit, meaning that we're going to do this on a case by case basis, we are going to do this on a quarterly or a semi-annual or an annually basis. We will meet with parents, we will do that and then we need to say at a certain point, the child does not, this is not the end all, meaning that this is not the answer for them to stay here, but this is only a temporary holding spot, but also the goal is to integrate them back into the public schools. I think that also too, there needs to be more case studies done. I think what you're doing is something that should be more made readily available, not just for parents like this but for others because if we are trying to solve a situation, trying to solve a problem, I think the more input you have only makes it much more effective and much more efficient, if you will, reduce the number of students that are in special education.

Interviewer

I agree, I agree. Last thing. How has your cultural background, they way you grew up/the

way you grew up shape how you told your story as far as interview you wanting too. How is your culture background, the way you grew up shape how you told your story if at all. We are looking at race and culture, generational, how have those things impacted the way you told your story?

<u>Interviewee</u>

I think that I have been very fortunate to grow up in the time that I did. It was the 70's. It was a time of change. The civil rights movement has just gone through and pretty much the civil rights movement had already been well on its way and things have changed. Oddly enough the generation before me wasn't able to go to the same schools as been some of your white counterparts. Because the country was in such a mode of change, I think I benefited from that. It helped me to be a liberal thinker, meaning that the world can be fixed, the world can be changed. Having said that as I got to be an adult I understand that change come and sometimes change come very slow and sometimes change doesn't come for a long time, but it's helped me to understand is that I'm a firm believer in optimism. I believe that everybody can learn and everybody can do well. I do believe there are good people in all walks of life and I believe there are bad people in all walks of life. I believe that African Americans have responsibility that even though in spite of the fact that these obstacles were before us, that we have to in spite of those obstacles, rise above that, because our forefathers and foresisters before that were in much difficult situations than we were and they found a way to rise above that, so we can do that. I do believe that the larger society, Caucasians have responsibility and shouldn't run away from that responsibility knowing that they've impacted millions of African Americans on a system they had in place prior to this, you know, so I think that it works collectively for both of us that we have to take ownership on some things, but also the large society has to take responsibility in saying that to a large degree, we have impacted this culture based on our beliefs and our belief systems and our signals we've put in place and imposed on African Americans to a degree. So again, to sum it all up, I'm optimistic about things. I believe education is for everybody and I think that we all can go well. I think we all can succeed, but I think there has to be a willingness in all of us to try to say, let's do this together and let's get beyond the barriers of race and say this all about one race and that's human.

<u>Interviewer</u>

Uh huh. OK

Appendix G

Transcribed Audio-taped Interview of Participant

<u>Interviewer</u>

What was your experience of the first sign of your trouble with [child] that caused concern about his psychological state?

I had a follow-up question related to your response when you said that you saw the behaviors but you are from the old school so you just dealt with it.

<u>Interviewee</u>

Uh, huh

<u>Interviewer</u>

My question to you is how did the way you grew up shaped your attitudes and beliefs about his behaviors?

<u>Interviewee</u>

Well, basically the way I was brought up, you know you just didn't say or do certain things you were basically suppose to be seen and not heard.

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

So but with him I just tried to do things differently like even with the girls I do things differently than how my mom did its like if you answered what to my mom that was grounds for you to get popped in the mouth.

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

You either had to say huh or something like that.

Interviewer

Uh,huh

Interviewee

so with them it wasn't so much that I, you know, popped them for saying something like that, usually we found other things a lot of the things we dealt with, we dealt with trying to redirect.

Interviewer

OK

Interviewee

so that was a lot different from how I was brought up, they never redirected you on anything, so, but before [child] was even put on anything we just used a lot of redirections or found other things to keep him busy and stuff like that so...

Interviewer

OK

Interviewee

I just noticed that he just needs to have something to do. If he has something to do he is fine.

Interviewer

I see

Interviewee

He's fine

Interviewer

OK

Interviewer

So when you say um I guess I'm trying to understand how did you make sense of his behaviors based on how you grew up and I mean the behaviors itself not so much how you were reprimanded

Right

Interviewer

for whatever you did, but did you see his behaviors in that light of, you know, the way you grew up shaped how you saw his behaviors whether you saw them as being a problem or ....what

Interviewee

I never really did. I just knew it would be a problem for him when he went to school.

Interviewer

OK

Interviewee

Because I mean if he is around the house, yeah, you can bounce around as much as you want to as long as you are not doing anything that will hurt you or something else in the house.

Interviewer

Right

Interviewee

So that's fine. But also seeing that he couldn't sit still long enough to listen to what was being told to him so he couldn't focus.

Interviewer

I see

Interviewee

So that's where a lot of that came from and I mean that, I know it would be a problem when he went to school

Interviewer

OK, but at this point I think the question when we talked about him being in daycare and at

that time you didn't see his   behaviors as being a problem you didn't see it in that light although the daycare did

Uh, huh

See it that way

I just felt they couldn't deal with him. I felt they weren't really equipped to, you know, to figure out something else for him to do.

Uh, huh

You know, give him something to do but then also have to look at it from their standpoint. Don't have enough staff, you don't what to have this one kid who needs this extra attention too, you know. So I tried to look at it that way.

Uh, huh

It was difficult

Uh, huh, right and that was my next question. How was that for you knowing that

It irritated me and it still does because I feel that even with him being in school. I feel that because they don't have the time nor the patience or I don't know if I want to say or the equipment is why they are pushing for him to be on medications.

Interviewer

OK

Interviewee

That's the way I feel about that. I think that if they did find enough things that would interest him because everybody learns differently.

Interviewer

Uh, huh

Interviewee

and people are jut now discovering that and I think that's what is part of his problem, is he is different from say kid B, you know what I mean.

Interviewer

Uh, huh

Interviewee

They need to um, look into that and not just think he needs medication because he can't sit still and can't concentrate. I think they need to find what works for him.

Interviewer

OK

Interviewee

And what did that leave you within it that was the attitude, if he can't sort of fit into the groove of what's in place already then maybe he needs to be on medication.

Interviewee

How did that make me feel?

Interviewer

Uh, huh

Interviewee

Um, frustrated and I was just talking to um he went for his physical and they asked me how he was doing on his medications and I said you know what he can be on the medications but I'm not going to increase, I'm not switching. I'm not doing any of that anymore. I'm like they are just going to have to figure out a way to deal with it.

Interviewer

Uh, huh

Interviewee

and if they can't, we'll find some other way of dealing with it. But I'm not going to keep doing this to him.

Interviewer

Uh, huh. Keep upping his medications. Medicating him more and more.

Interviewee

And switching it and this and that. I'm like no. I'm not doing that anymore.

Interviewer

Uh, huh

Interviewee

so and the doctor was like, OK, so

Interviewer

So you kind of let them know right then and there

Interviewee

yeah, no more and if I have to talk to the people at the school again, I'll tell them because I've watched them this summer and I didn't take him off, cuz, some people take the kids off the medications during the summer months.

Interviewer & Interviewee

During the summer months

Interviewer

Uh, huh

Interviewee

I didn't take him off because he just began it, so I wanted it to get into his system and I've seen all he needs is something to do that is going to hold his attention.

Interviewer

OK. does that go back to what you are saying as long as you were redirecting him you didn't see these behaviors being a problem because as long as you engaged him he wasn't doing whatever it is they said he was doing up and busy.

Interviewee

Exactly, uh huh and I think too a lot of, like they say [child] has a habit of touching people too. I don't know how he is touching people but I'll figure that out one of these days but they say he has a habit of touching people um touching other kids and staff and I think some of that comes from the fact that [child] is in the house with grown people. I mean he has no kids to play with.

Interviewer

Oh, OK

Interviewee

And when he sees lil kids he is just so excited, he just wants to play and just wants their attention

Interviewer

Uh, huh

Interviewee

I think that is where a lot of that came from too so

Interviewer

Uh, huh

Interviewee

But, I think that the only thing that would be a big problem because other people wouldn't know how to deal with "Oh, he is touching me, Oh he is doing this to me" and its just that he wants to play.

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

And that's understandable

<u>Interviewer</u>

So they have a different understanding of that

<u>Interviewee</u>

Uh, huh

<u>Interviewer</u>

That very thing of the touching behavior thing than you do. You see it in a very different light because you are in the home

<u>Interviewee</u>

Yeah
And I could be wrong but that's the way I see it because I see how he gets when he sees other kids.

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

So I look at him like uh, ok. This is some of what the problem is but that's just my opinion, you know.

<u>Interviewer</u>

So is it safe to say that you, there is a different um a different understanding of that one behavior between yourself and the school, that touching behavior.

Interviewee

Yes, there is a difference

Interviewer

Right, there is a difference in how you see them in their spin on it, um him touching other kids

Interviewee

lets see, moving along, you told me some things you were trying, you were doing time out, taking away some privileges, no TV, taking him out of the situation that was causing the behaviors that is that redirection you are talking about, right. Eliminating candy and sugar to decrease

Interviewee

Oh, yeah

Interviewer

Problematic behaviors

Interviewer

that's probably a big one.

Interviewee

Oh my gosh he goes crazy when he gets some sugar, its like his eyes get super huge and he is like and it's like NO.

Interviewer

Right, right

Interviewer

so, my question I have for you related to these things you were doing at home is how did you arrive at these choices for [child] and how did these strategies change or shape his behaviors in any way.

Interviewee

Well, we seen what would happen when we did have sweets so we knew that you don't give

him any candy so and I mean he gets cake and things sometimes but we really watch stuff like that with him because its like I've even seen one time where he has had sweets and you touch him right here (chest) and his heart is like racing.

Interviewer

Uh, huh

Interviewee

Cuz, well he will still try to sit still for you but its like killing him so we know we have to eliminate that

Interviewer

OK

Interviewee

That's a must and it works to a certain extinct and sometimes you feel bad because you are eating something and he can't have it but he understands. He doesn't get like, a lot of things like Kool-Aid, no sodas.

Interviewer

Uh, huh

Interviewee

That's like really off limits, um he drinks a lot of water and stuff like that too and what was the other part of that question

Interviewer

Um, how did this strategy you used, eliminating candy and sugar, how did this shape his behavior in any way if at all.

Interviewee

It cut down on some of the things he would do

Interviewer

Some of the hyper behavior

Interviewee

Yeah, some of the really bouncing real bad. I mean he still gets that way too but it's really really different if he has sugar.

Interviewer

OK, what about um, time out and privileges, taking him out of the situation. How did you come to use those?

Interviewee

Just trying different things just to see what would work. Time out works sometimes but when you look at him a certain way sometimes he'll be like sorry.

Interviewer

Uh, huh

Interviewee

Like that and its like I'm trying to get him to find a different word though

Interviewer

OK

Interviewee

He'll look at me and say I know you told me to find another word

Interviewer

That he is sorry about that

Interviewee

Yeah, so its like but they its just it's really trial and error it really is, that's all it is

Interviewer

Uh, huh, ok

Interviewee

You see what you can and you know and then there's the girls told me that I've become too soft he don't get it like they use to get it

Awwwwww

Interviewee

 So,

Interviewer

Do you think that the ways you parent are any reflection of how you grew up or did you, are you doing things very differently from the way you grew up.

Interviewee

Very differently, very differently. Um, Ooh a lot of things are a lot of different I mean the kids had more structure than I did. I was left home a lot. I was a latch key kid.

Interviewer

OK

Interviewee

They (interviewee's kids) only did that for a week.

Interviewer

OK

Interviewee

So its way different

Interviewer

Uh, huh

Interviewee

Um, we are more strict on what they are allowed to do

Interviewer

Uh, huh

<u>Interviewee</u>

As far as who they are allowed to be out with and stuff like that, I was able to do whatever I wanted to do so.

<u>Interviewer</u>

So, it was more structured.

<u>Interviewee</u>

Yeah, it was more structured.

<u>Interviewer</u>

Do you think these same behaviors that the school said [child] has in comparison to back when you were growing up do you think there are any differences in how that behavior would be seen either by parents or by schools back then versus now or....

<u>Interviewee</u>

I think back then you know we didn't have a name for that back then just they child got a whole bunch of energy you know, their child can't sit still and things just was left the way it was, they weren't medicated for it, you just.

<u>Interviewer</u>

Right

<u>Interviewee</u>

But in that same sense you seen a few more kids who were considered learning disabled too because they might have been hyper or whatever.

<u>Interviewer</u>

Back then when you were growing up....

<u>Interviewee</u>

Uh, huh

<u>Interviewer</u>

They would have fit under that...

Interviewee

Under that criteria and but back then they didn't know there were different ways of learning either, so.

Interviewer

Uh, huh

Interviewee

it may not of been that the person was slow or whatever it just could have been that you know their mind is way some place else and their thinking "oh well, they don't understand" and that wasn't the case. I think back then to it seems like teachers seemed to have a little more patience with kids.

Interviewer

Back then; OK

Interviewee

I think they did. I think now they are seeing a different breed of kids because you have the younger kids having kids too so I think that.....

Interviewer

You were telling me about that you think that's probably playing a roll

Interviewee

I think that, yeah I think it is honestly and there's not no as the kids father put it, no big mamma's anymore

Interviewer

Uh, huh

Interviewee

So I think that plays a big major role in a lot of it

Interviewer

And in what way do you think the absence of having a big mamma might impact kids. I take it you mean more so in a negative way than anything else. The absence of…

<u>Interviewee</u>

I think it is more negative because you don't have anybody that can give them that old school of this is how you are supposed to be.

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

Act like, you have some home training when you go somewhere.

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

But these kids now a days they will talk back and everything. [child] knows even try it, talk back to a grown person no, no.

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

So and I think a lot of the kids are missing that and that's why a lot of things are being done like this, cuz teachers aren't going to say anything to them.

<u>Interviewer</u>

Right

<u>Interviewee</u>

cuz, if they do they have to deal with the parents who is not going to be like "oh well my child shouldn't be doing this, no they'll be like what did you say to my kid", you.

<u>Interviewer</u>

Uh, huh, Uh, huh

<u>Interviewee</u>

Know that kind of stuff.

Uh, huh

Interviewee

I think the absence of the big mamma is really hurting a lot of kids.

Interviewer

Right

Interviewee

Now a days

Interviewer

Now what are your feelings and thoughts about this, um condition now called um, ADHD

Interviewee

Like I said, they never had a name for it before. I knew Patrice (client's daughter) was hyper when she was little, but I dealt with it, so, but I think honestly now that we are labeling too many children with it and to me I've been watching and I've been listening to a lot of different things it seems like more of your younger black males have been labeled with it, its just a way of trying it seems like another way of holding them back in some type of way because I don't see where constantly medicating them is going to be beneficial.

Interviewer

Uh, huh

Interviewee

It might help to a certain extent but to keep them on these drugs and not really dealing with the issues.

Interviewer

Uh, huh

Interviewee

I think that is just another way of holding them back and not allowing them to be able to succeed.

Interviewer

How do you feel about that would that, with that thought that that is happening with a lot of our black kids?

Interviewee

Uh, huh

Interviewer

What feeling does that spark in you at all if anything?

Interviewee

I think that there needs to be more people who are willing to even do research into it and let it get out there and let them know hey something is just not right about this and why are you seeing more of this and what is really going on.

Interviewer

Uh, huh

Interviewee

I think we need more people who aren't just going to sit there and say oh ok he said my child is hyper lets see what kind of drugs we can put him on. We need people to not do that. We need people to really look into it.

Interviewer

Uh, huh

Interviewee

So that's what I really think honestly

Interviewer

Now question 2 was um oh I'm sorry before I do that with time, taking him out of the situation things like that, how did those strategies shape his behaviors if at all. You told me

how eliminating candy and sugar did but what about those other ways of …

<u>Interviewee</u>

It calms him down and he'll redirect himself too to a certain extinct, find something else he wants to do where he is not bouncing and trying to get the attention or whatever.

<u>Interviewer</u>

Uh, huh. When he has time out

<u>Interviewee</u>

Uh, huh

<u>Interviewer</u>

He'll find something else. He'll redirect himself

<u>Interviewee</u>

Yeah

<u>Interviewer</u>

OK

<u>Interviewee</u>

After he has been in it for a while, he'll come and he'll apologize of course

<u>Interviewer</u>

Ok, ok

<u>Interviewee</u>

and then he'll just, I'll be like why don't you find something else to do sometimes and he'll find something, he likes to sit and draw sometimes, so he'll sit for hours and do that.

<u>Interviewer</u>

Uh, huh

Interviewee

Um, he was also, he would also put puzzles together.

Interviewer

OK

Interviewee

so he would sit still for long periods of time and do something that holds his interest so then that's something me and his doctor talked about too cuz he'll color, he'll draw, he'll put puzzles together for hours.

Interviewer

Uh, huh, uh huh

Interviewee

But I don't know where else it's going wrong (laughter).

Interviewer

Right

Interviewee

Or what's going on, so

Interviewer

Ok, are there any other questions, when you say that what do you mean by that I should say what else might be going wrong, what does that mean.

Interviewee

As far as what I don't know if it's just that whatever he is being taught is not holding his attention.

Interviewer

Uh, huh

Interviewee

Or if it's the way he is being taught its not holding his attention

Interviewer

Ok

Interviewee

so and I think that's why I say whatever is going wrong I'm not sure because its the way its being taught to him its probably why he won't just sit still for it.

Interviewer

I see

Interviewee

But, once he gets it, he is into it.

Interviewer

OK

Interviewee

He is really into it.

Interviewer

OK

Interviewee

He'll sit still for it.

Interviewer

OK

Interviewer

And the question 2 is how did you experience [child's] behaviors that might be considered markers of a childhood disorder and your response was that you didn't think it was a issue because he could never keep still.

Interviewee

Uh, huh

Interviewer

That you noticed if you told him something he wouldn't get it and my follow-up question to that was or is what was it about these behaviors that were usual or typical for him that led you to not think it was an issue.

Interviewee

I thought he was just being a kid

Interviewer

Uh, huh, uh huh

Interviewee

That's all I just thought he was being a normal kid

Interviewer

Uh, huh

Interviewee

And he was a boy so (chuckle) he was just being a little boy

Interviewer

Do you think that gender makes a difference when we talk about boys vs. girls being a hyper? We expect more of that from boys because you mentioned that more boys are labeled ADHD than girls so

Interviewee

yeah, I think because you see the boys trying to do more things like I mean you will see more boys trying to jump up in the tree but you'll see girls trying to do it too so its just certain things that I just say well you know he is being a little boy.
He is suppose to run, he is suppose to do this and he just needs to realize he can't do it in the house.

Interviewer

Right, right

Interviewee

You know, that kind of thing

Interviewer

OK

Interviewee

So that's what I mean by you know boys being boys

Interviewer

Uh, huh

Interviewee

That I mean just thinking he is being a little kid.

Interviewer

Uh, huh

Interviewee

That's all

Interviewer

Right, ok

Interviewer

And then you added here that other strategies you used were telling him to look me in the eyes when you were talking to him.

Interviewee

Uh, huh

Interviewer

Everyone in the house was older so now he is not around a lot of kids his age at home and that was sort of one way in which you um understood some of these behaviors that maybe its just you know a product of that that he doesn't have that access to kids at home that he does at school and so he reacts at school the way he does um my follow up question to that was what did you think of the effectiveness of the techniques you did use.

Interviewee

What I did think of it.

Interviewer

Yelp, like as far as you know "look at me in the eyes when you are telling him something, when you are talking to him using time out, eliminating candy and sugar and all the different things you tried what did you think about their overall effectiveness

Interviewee

It works sometimes

Interviewer

It works sometimes

Interviewee

If he is just in the zone ain't nothing going to work you just let him go ahead and get it out of his system.

Interviewer

Uh, huh

Interviewee

And you have to sometimes but the whole part about having him look me in the eyes is because his brain will be some place else and you want him to understand what you are saying so it's like [child].

Interviewer

Uh, huh

Interviewee

And you know it will be like

Interviewer

Uh, huh

Interviewee

And he'll still be like this and you gotta try to get him to calm down so you have to tell him to look me in the eyes

Interviewer

And then he can focus on what you are trying to tell him

Interviewer

OK, and then you added to that um that um dad dealt with it by making him do sit ups if he was being antsy. My follow-up question to that was or is really um how did you think or feel about dad's approach.

Interviewee

I though it was cool because he got him to do things that I can't .

Interviewer

Burns some of that physical energy off

Interviewee

His dad even says you want to do some sit-ups he'll stop whatever he is doing because he don't want to do them.

Interviewer

Uh, huh

Interviewee

And I'll laugh every time I see him doing sit-ups.

<u>Interviewer</u>

Uh, huh so dad will get down there and do sit-ups with him.

<u>Interviewee</u>

Noooo....

<u>Interviewer</u>

Or just tell him

<u>Interviewee</u>

No, just [child], doing those sit ups and push ups its funny because his body is so skinny and you can see he is like struggling so hard to do it so I laugh and he wouldn't want me to laugh so dad tells him to do the push ups so he stops whatever he was doing.

<u>Interviewer</u>

Ok, so you were cool with that and it stopped whatever it was that was the reason to ask him to do the sit-ups in the first place.

<u>Interviewee</u>

Yelp

<u>Interviewer</u>

OK, alright

<u>Interviewee</u>

And he likes, [child] likes to do like. Will be out like see there are a lot of yards

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

We'll be out there trying to do yard work or something and if you give him that stuff to do he is so into, he is really concentrating, he stays focused on what he is suppose to be doing.

<u>Interviewer</u>

Uh, huh. Doing yard work?

Interviewee

Yeah

Interviewer

OK

Interviewee

He likes to do stuff like that

Interviewer

OK, alright

Interviewee

He likes to try to help with house work too but I just don't want to make him too girly

Interviewer

Right

Interviewer & Interviewee

(Laughter)

Interviewee

Go find something else to do

Interviewer

So you have been real good about trying to find things that you noticed that he likes to do anyway and then trying to redirect him and use maybe containing that energy into the things that are appropriate ways for him to burn that energy since the energy is there anyway.

Interviewee

Right

Interviewer

Is that right?

<u>Interviewee</u>

Uh, huh, then to keep him from falling asleep in church I have been letting him draw

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

Because he use to always just go to sleep and it is hard for him to just sit there in church

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

So the drawing was working, he is not sleeping as much.

<u>Interviewer</u>

OK, alright. Now um I had a very specific question for one thing you said behaviors might be because he is not around other children how did you arrive at this understanding of his behaviors.

<u>Interviewee</u>

Just watching him with other kids, I noticed he was so happy to be around somebody his age and its like "you want to play" "I want to play", "ok". "Let's go play" and you could see that

<u>Interviewer</u>

OK

<u>Interviewee</u>

So you could see that so you know that is what it is

<u>Interviewer</u>

Ok, the daycare didn't know how they could deal with the behaviors, right?

Interviewee

Uh, huh

Interviewer

How did you feel about this that that was the way they felt?

Interviewee

He was to be taken out that daycare. I didn't like it. It was other things too that made me take him out there.

Interviewer

Uh, huh

Interviewee

So, besides the fact that he was maybe one of two other lil black kids out of 25. (**Laughter**)

Interviewer

Uh, huh

Interviewee

And then the fact that they were calling me with all little simple things but wouldn't call when something was kinda major.

Interviewer

Ok

Interviewee

So it was like yeah it is time for him to go.

Interviewer

Did you think that they were just picking to be having something to call you about constantly that wasn't of any significance?

Interviewee

I think they just didn't know how to deal with him and they knew probably that I felt

probably would have been like well you know eventually she'll get tired of us calling and probably won't bring him back.

Interviewer

Uh, huh

Interviewee

And that is what happened and I didn't

Interviewer

Ok, and based on the phone calls they made and the reasons for why they were calling led you to believe that they wanted you to eventually take him out they would think that making these phone calls would eventually get you to a point where you would take him out.

Interviewee

I did because I mean at some point I mean no matter how much they were calling me it didn't change what he was doing.

Interviewer

Uh, huh

Interviewee

If they were you know if you're ignoring him and if you are just treating him a little different too because he would tell me I think one time he said he had to eat by his self or something like that I couldn't understand why they did that or something.

Interviewer

Uh, huh

Interviewee

It was just little things and it's been so long some of it I can't remember.

Interviewer

Uh, huh

Interviewee

but, its just little things and I'm like that's not right to treat him that way, yeah he could be a problem child but you just put him on front street, basically.

Interviewer

Uh, huh

Interviewee

so, and I think they probably, yeah I honestly believed they figured if they did call enough that would be one less headache they have to deal with

Interviewer

Right. How was that for you to have to had gone through something like that with them, frankly

Interviewee

It pissed me off and I had to control myself and try to be professional about it, everything because sometimes I do lose it with people.

Interviewer & Interviewee

(Laughter)

Interviewer

I'm working and praying on that one

Interviewee

I'm working hard on that one

Interviewer

Uh, huh

Interviewee

But, yeah especially when it comes to the kids, because I don't never want them to feel like "oh something is wrong with me."

Interviewer

Uh, huh

Interviewee

People are always doing this to me, because there were incidences even with [Interviewee's other child] where people didn't do, like case in point she got into a fight at school, a lil girl kept bothering her and kept bothering her. I told her to go to the teacher about it, she went to the teacher that was that, so the teacher hasn't done anything still doesn't do anything, went to the principle, and nothing still was done. So finally the girl called her the "n" word. [Interviewee's other child] hit her.

Interviewer

Uh, huh

Interviewee

Which, hey I'm cool with that because you've done what you're suppose to do

Interviewer

Right, right

Interviewee

Well instead of them doing a in school suspicion for both, they only did it for [Interviewee's other child] and they wanted her sitting in the office and I'm like no...

Interviewer

Uh, huh

Interviewee

No both of them should be sitting in the office or both of them should be home

Interviewer

Uh, huh

Interviewee

But you are not going to treat my child like this, cuz she came to you and you know she did.

Interviewer

Uh, huh

Interviewee

So, yeah I tried to handle it differently

Interviewer

Right

Interviewee

but uh I think to that a lot of what was going on with [child] was just that they couldn't deal with them, didn't want to deal with him and they figured if they called me enough cuz it was almost getting to the point every day they were calling me "Oh [child's] not listening so and they figured I'd probably be like OK that's enough he is out of there.

Interviewer

Uh, huh

Interviewee

And it did get to that point

Interviewer

Ok, Ok, alright

Interviewer

Question 3 was: How did you decide about what to do about [child's] psychological state just to summarize what you said, you said the daycare didn't worry about it then although they said his behaviors were problematic.

Interviewee

Uh, huh

Interviewer

However when he went to grade school they started having meetings about him, he saw a psychologist

Interviewee

Uh, huh

Interviewer

Ok and at that time you went to your um [child's] pediatrician about your concerns about not wanting to medicate him .

Interviewee

Right

Interviewer

My follow up questions to that are how did you feel about the school meeting about him in the first place.

Interviewee

I didn't like it because I think if they even felt that way they should have said something to me first.

Interviewer

Uh, huh

Interviewee

so that was the big thing with that I mean but if there was a problem yes I wanted to be made aware of it and if you seen that it was you know he wasn't going to progress at all, yeah but don't meet about him without me knowing.

Interviewer

Right

Interviewee

You know say hey look this is what's going on. Now the school he is at now they did ask me and I was like yeah fine because I had already been through it.

Interviewer

Uh, huh

<u>Interviewee</u>

Are you going to tell me anything different that I don't already know?

<u>Interviewer</u>

Right

<u>Interviewee</u>

This is where I was at with it. So I told them that that was fine but the other school did it and didn't say anything to me and its like well don't you think you should of said something to the parent before you start having all these meetings. I mean you come at me and you have all this information but you never said here this is what is going on and maybe it could have been something we could have rectified at home so, yeah I didn't like that.

<u>Interviewer</u>

That had to be hard because it sounds like they then were somewhat prepared and you and this is kinda coming at you like a Mac Truck.

<u>Interviewee</u>

Y-E-A-H

<u>Interviewer</u>

But like I said when I met with them it wasn't what they probably expected, they probably expected "Oh my God, my son is like this."

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

That wasn't what they got

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

I'm proud of myself on that one

Interviewer

Now how did you do in that situation when you found out that they were having meetings about him, how was that overall for you and how did you deal with that

Interviewee

Overall, it was just like I said; don't meet about my son without giving me some type of notice of letting me know what is really going on.

Interviewer

Uh, huh

Interviewee

and the way I dealt with it was OK so you had this meeting you come up to this conclusion and you decided this and decided that and this is how I feel and this is what I'm looking at, so when I say that it didn't, I came in not the way they expected because they probably expected me to just agree with everything they said and when I went in I did ask them well have you tried this, have any of you people dealt with this or you know dealt with anything like this and who else can I talk to and stuff like that. I didn't just let them you know do what they wanted to do.

Interviewer

Uh, huh

Interviewee

And just say OK that's fine

Interviewer

Uh, huh

Interviewee

NO, so to me that is how you should be

Interviewer

Uh, huh

Interviewee

You shouldn't just say Ok that's fine, give my kid whatever you want to give him and treat him anyway you want to treat him.

Interviewer

Now how did they react to you?

Interviewee

Um, there was a little bit of stuttering at first

Interviewer

Uh, huh

Interviewee

Then they started answering my questions and then they started trying to do things differently

Interviewer

Ok, was there an explanation for why they chose to go as far as to meet about him before even contacting you to say this is the path they are on and that they were getting to this point? Did they ever...

Interviewee

No, they didn't explain it

Interviewer

OK

Interviewee

No, now that I think about it no they didn't

Interviewer

OK, and then my second question related to what you said there in number 3 was how did you feel about medicating [child]. What were your thoughts, attitudes and beliefs about medicating [child]?

Interviewee

I didn't want to medicate him

Interviewer

Uh, huh

Interviewee

I didn't but like I said we had all met _____ (can't make out) talked about it and it was like well we all decided if it would help him then we were willing to at least try it

Interviewer

Uh, huh

Interviewee

But we didn't, I mean we all, I was like no, no, no just no I ain't want to hear nothing no you can't tell me nothing then I thought about it and I was like maybe and I just kept watching him it was a minute before I even really decided I just kept watching him and kept doing it.

Interviewer

Uh, huh

Interviewee

Well, it will make sit still, it will make him concentrate, help him do what he needs to do, ok we can try it.

Interviewer

OK

Interviewee

But my first feelings was just no, no, no.

Interviewer

Now when you say no so strongly like that, before this was even an issue what were your beliefs and attitudes about medicating children in general. You got a strong no so I take it that comes from somewhere

Interviewee

I think that because I know that a lot of time people will medicate without finding out what the true problem is just like even now I'm going to the doctor. I'm like ok this is bothering me and that is bothering me. "Well here why don't you try these pills?" (Doctor said) Well don't you want to find out what's wrong? (Interviewee said)

Interviewer

Uh, huh

Interviewee

That's why, plus I know too that there were a lot of side effects from the kids being on a lot of the ADHD medications that's why I was so adamant about it.

Interviewer

OK, about not doing it

Interviewee

Uh, huh

Interviewer

Uh, huh

Interviewer

And how did you come to learn about that, the side effects of medication

Interviewee

I watch a lot of T.V.

Interviewer

You watch a lot of T.V. Is that how you learn about that?

Interviewee

Yeah and news, yeah

<u>Interviewer</u>

OK, (laughter)

<u>Interviewee</u>

(Laughter) yeah

<u>Interviewer</u>

So you are on the up and up

<u>Interviewer & Interviewee</u>

(Laughter)

<u>Interviewee</u>

Yeah, I'm on it

<u>Interviewer</u>

OK

<u>Interviewee</u>

I hear that this child kills their parent because of such and such and I'm like what....Why he did that, well they had been on such and such for so many years

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

So yeah that is what is behind a lot of that

<u>Interviewer</u>

Ok

<u>Interviewer</u>

I'm thinking about how you felt about medication before how you finally made the decision to do it, to medicate, how has your attitudes and beliefs about medication changed now.

Interviewee

It hasn't

Interviewer

It hasn't, and it remains what

Interviewee

I still don't really want [child] on it.

Interviewer

OK

Interviewee

I still don't, that is why I said no, it's not being changed anymore, it's not being upped anymore, no.

Interviewer

Uh, huh

Interviewee

They'll just figure something out, somewhere.

Interviewer

In using the medication in the doses you did, do you think they have that effect in doing what they are suppose to do or do you think this was something you tried and now no matter what you say I'm not adjusting anything else because I did try to do the medication thing.

Interviewee

Ok, when he was first on just Ritalin and stuff he was on the very lowest dosage

Interviewer

Uh, huh

<u>Interviewee</u>

He sat around like a zombie. It scared me

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

I'm like. You know people be like you wanted him to sit still but I don't want him walking around like a zombie either

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

I talked to the doctor and talked to the doctor, so we got him off the Ritalin, yeah he sat still but was he really retaining anything. I don't know.

<u>Interviewer</u>

OK

<u>Interviewee</u>

I just didn't like that whole zombie effect so

<u>Interviewer</u>

OK

<u>Interviewee</u>

So we switched to something else and he was still bouncing all over the place [so we switched to something else] (smile in voice) and was still bouncing all over the place and we switched to something else and he's still all over the place so its like I can't have him be a zombie.

<u>Interviewer</u>

Uh, huh

Interviewee

The other stuff I'd just like be giving him a tic tac.

Interviewer

Uh, huh

Interviewee

So it's like we gotta find something else and not a medication.

Interviewer

Right, ok, ok

Interviewee

So

Interviewer

Now you and your pediatrician talked about your concerns the pediatrician wanted a journal kept, right?

Interviewee

Uh, huh

Interviewer

This was, together the two of you made that decision.

Interviewee

Yeah, she (pediatrician) wanted something kept from the teacher like a day by day board type of thing.

Interviewer

Ok. The school was journaling to log these behaviors and you mentioned that you and the pediatrician had a great relationship. Actually before I ask you this question what went into that relationship being a good one, with the pediatrician?

Interviewee

She's an awesome doctor. It's everything. Even with [Interviewee's other child] and [Interviewee's other child] cuz she was their pediatrician when she found out about us adopting [child] it was like you would think she had adopted him [laughter] you know.

Interviewer

Uh, huh

Interviewee

so and she is so good with him and she's never been a doctor who comes in the room "ok, what's wrong", instead, lets see what's going on.

Interviewer

Uh, huh

Interviewee

Never, she comes in the room and she spends the time, she explains to you things in laymen's terms.

Interviewer

Uh, huh

Interviewee

So you know what's going on

Interviewer

Right

Interviewee

So and anything that [child] needed when I first brought him to her, it was there.

Interviewer

Uh, huh

Interviewee

It was there

<u>Interviewer</u>

Ok

<u>Interviewee</u>

I never had to question anything

<u>Interviewer</u>

OK

<u>Interviewee</u>

So that's why she is an awesome pediatrician

<u>Interviewer</u>

Uh, huh
And the pediatricians, um as well as the <interruption by client>

<u>Interviewee</u>

And she visits with him too. I'm sorry

<u>Interviewer</u>

Oh does she

<u>Interviewee</u>

Yeah, she visits, she sits there, she talks to them, and she plays with them

<u>Interviewee</u>

[Interviewee's other child] can even go in there now if something is wrong, she will explain it to her, everything.

<u>Interviewer</u>

Ok, so there was a good building of rapport

<u>Interviewee</u>

Yeah

Interviewer

She was very invested

Interviewee

Yeah, she's got a real good bed side manner

Interviewer

OK

Interviewee

I mean she don't treat you like you're just this other patient

Interviewer

Uh, huh

Interviewee

She actually knows the kids and when she sees them she talks to them and she'll do whatever she has to do with you as the parent but she visits with your child

Interviewer

OK

Interviewee

So, I like that

Interviewer

Ok and um the two of you came up with this idea to try some other ways of doing things based on the behaviors in certain situations which I take it the log book helped to see

Interviewee

Uh, huh

Interviewer

he reacted this way so maybe lets do this vs. that and that sort of thing

Interviewee

Uh, huh

Interviewer

How was this experience for you overall and going to your pediatrician, the idea of the logbook, um trying other ways of doing things based on what was kept in the logbook. How was that experience for you overall.

Interviewee

It was fine because then it also gave me a better idea of exactly what he was doing

You know what I mean. "Oh [child] is doing this", well. What do you mean he is doing this? If it was written down I know exactly what you know. Yeah, he is touching this person or you know instead of you just telling me he is doing this, this and this I'm like yeah, what do you mean he is doing this so that gave us both a general idea and she knew from a medical perspective of being a pediatrician what were the things that you know they look for when its ADHD.

Interviewer

Uh, huh

Interviewee

But she never directly told me yeah that's what it is, you know.

Interviewer

Ok, your pediatrician never directly said that

Interviewee

No she never directly said that

Interviewer

Ok

Interviewee

It was when he went to see the psychologist that he was diagnosed with it.

Interviewer

Uh, huh, ok

Interviewer

Um, you told me how I guess the chain of events that happened in the school from a seeing a school psychologist to then seeing a outside psychologist um talking to your pediatrician, the self-referral to Dr. [private child psychologist] led to a diagnosis of ADHD and ODD, right?

Interviewee

Uh, huh

Interviewer

How was this for you to get that diagnosis of ADHD and ODD. What did that mean to you?

Interviewee

You mean like was that devastating to me or.

Interviewer

What were your thoughts and feelings about that ADHD and ODD. What did that mean to you?

Interviewee

It explains a lot more of why I'm getting what I'm getting that's what I felt.

Interviewer

Ok

Interviewee

It explains why he was doing certain things, cuz even when I was talking to him he said he's ADHD with ODD. I'm like really. Basically, you are telling me that he has ODD because he talks back occasionally so that's what ODD means to me.

Interviewer

OK

<u>Interviewee</u>

So, it just clarified some things. And I mean it wasn't like it was going to be a big shock either if they said no he didn't have it, then it would have been different well I would have been like where is all this coming from you know.

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

But sense they did put a name on it, it was like Ok. I can live with that.

<u>Interviewer</u>

Ok, b/c it wasn't anything that was new that didn't fit what was

<u>Interviewee</u>

It wasn't like a shock, you know.

<u>Interviewer</u>

Going on at school or what they said was going on. <Continued from previous line of Interviewer>

<u>Interviewee</u>

Uh, huh

<u>Interviewer</u>

Ok

<u>Interviewee</u>

So I didn't want just the school to tell me this is what is wrong with your kid

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

So that is what that was about

How was the diagnosis itself just to know that this now has a name, was that significant to you at all in any way, no.

(Gestured, no), (Laughter) I knew it anyway

Ok

But it makes people feel better to know it from a professional stand point

Uh, huh, ok

I was actually thinking it was going to be something a little deeper because of where he comes from so with his mom and dad you know, with them being junkies, drug addicts, whatever. I thought they were going to tell me something different but they didn't so

Uh, huh. Were you relieved at that?

Sure

Ok, that there wasn't anything deeper or more serious than just those two things.

Yep

<u>Interviewer</u>

OK

<u>Interviewee</u>

I think that's why I wasn't like so devastated when they told it to me

<u>Interviewer</u>

Uh, huh, ok [pause]
Now the school psychologist did a report that said there was no learning disability, maybe ADHD, possibly medication to help curve some of these behavior things, right?

<u>Interviewee</u>

Uh, huh

<u>Interviewer</u>

What were your thoughts and feelings about this about those findings that the school psychologist supported no learning disability, maybe ADHD and possibility of medication needed?

<u>Interviewee</u>

um, the way I felt about that it was like ok I already knew they said ADHD and I felt that then I really felt that he needed a smaller classroom structure and I repeatedly told them that I think he needed a smaller classroom and someone who really had the patience to you know sit and try to teach him so that was my whole feeling on that. I was like it just clarified what I said when I filled out all those questionnaires that day.

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

So that's the only feelings I had on that one

<u>Interviewer</u>

Um, k

<u>Interviewee</u>

Without medication

Uh, huh
Now for them to suggest medication what were your thoughts and feelings about this for the school to say?

Interviewee

For me it just meant that they were just being lazy that's what it meant to me and they weren't going to try to deal with it. They were going to give him some medication to sit still and we can teach the rest of the class and what he gets he gets and what he doesn't he doesn't.

Interviewer

Ok

Interviewee

And that's how I felt about it

Interviewer

Ok [pause]
Ok this is when you were talking about the YMCA when he was there for daycare
At daycare [child] was getting hurt, staff could never explain how that happened.

Interviewee

Uh, huh

Interviewer

How did you make sense of these occurrences in which he was getting hurt and there was no explanation for how that was happening.

Interviewee

They didn't have much patience for him was what I felt (my best guess, hard to make out on tape).

Interviewee

They were just letting him do what ever because he was annoying to them so that's how I

felt about it.

<u>Interviewer</u>

Uh, huh
B/c he was annoying to them they just didn't pay much attention to him and let him kinda do his own thing.

<u>Interviewer</u>

Ok [pause]
And how many times in a row was that happening that he was getting hurt and there was no explanation for [pause] roughly

<u>Interviewee</u>

Two times and that was enough (laughter from client).

<u>Interviewer</u>

Two times and that was enough.

<u>Interviewee</u>

Yeah that was enough.

<u>Interviewer</u>

OK

<u>Interviewee</u>

After this one time I had seen him there was this big ole bump on his head. I mean it was huge and I'm like what happened to my son, they are like what do you mean. I'm like look at his face. I know he screamed when this happened cuz I know how [child] is with crying.

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

I know he screamed, what happened to him. They had no explanation. Didn't see it when it happened. That was it.

Interviewer

Uh, huh

Interviewee

That was it right there

Interviewer

How did that make you feel to see him like that and for them to just say I don't know how that happened?

Interviewee

They are lucky that I'm really working hard not to be ghetto because I'm serious I was ready to [laughter] Oh my gosh. I just looked at the lady like "ok" got [child] turned around walked out, just like that, cuz I'm like Jesus help me [laughter]

Interviewer

Uh, huh

Interviewee

So, yeah

Interviewer

Did he then. Did you take him out of the "Y?"

Interviewee

(Gestured, yes)

Interviewer

Ok

Interviewee

Ok then he went to [school site], yeah and they spoiled him rotten at [school site]. He got a little scrape you could barely see and she wouldn't let him move no more [laughter]

Interviewer

So he goes to [school site]. Went there until he was in school.

Interviewee

Uh, huh

Interviewer

Little to no complaints about behavior stuff, right?

Interviewee

Right. One day I guess he showed some lil anger issues. She didn't call me, but when I went to pick him up she was like [child] was so mad I never seen him so mad before. He was flipping over carts and just so angry, even made his nose bleed and everything and I was like, what....And I'm looking at him like "What's wrong with you" so but she never called.

Interviewer

Never called

Interviewee

Nope. When I got there that's when she told me.

Interviewer

Ok but that kind of goes along with my question. What makes this experience with [school site] a better one.

Interviewee

Because they actually knew how to deal with him and

Interviewer

Ok

Interviewee

They didn't call for every lil nit picky type thing.

Interviewer

Uh, huh

If he didn't listen, they redirected him or put him in time out or they made him go lay down or something like that.

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

So that's what made it a lot better because I wasn't being called for every little thing.

<u>Interviewer</u>

Ok, ok

<u>Interviewee</u>

And they dealt with the situation it wasn't like I mean they knew he was bouncing off the walls but they handled it, they had other kids that were bouncing off the walls but they handled it.

<u>Interviewer</u>

Ok

<u>Interviewee</u>

And he loved it there.

<u>Interviewer</u>

Ok [pause]
You mentioned at [school site] there were more black kids there

<u>Interviewee</u>

Uh, huh

<u>Interviewer</u>

And the teachers were different

<u>Interviewee</u>

Uh, huh

Interviewer

Ok, the daycare was run by older black women

Interviewee

Yes it was.

Interviewer

Ok, my follow-up question to you is this. How did the race and age of the teachers shape your experiences?

Interviewee

Those were your big mammas.

Interviewer

Those were the big mammas that you are talking about.

Interviewee

Yeah

Interviewer

Ok, ok

Interviewee

Yeah [pause] and where as though you had more people that were just going to college not really experiencing kids at the "Y" so.

Interviewer

Uh, huh

Interviewee

There weren't really no body close to my age that was taking care of those kids

Interviewer

Ok [pause] they were much younger, fresh out of college.

Interviewee

Uh, huh

Interviewer

Ok

Interviewee

And really a lot of them really didn't have a clue.

Interviewer

What would you say are the advantages of how these older black "the big mammas?" If you had to expand on that what does that mean to you when you say big mamma what are all the characteristics, qualities.

Interviewee

Someone that is not going to think you need to give a kid medication for this, yeah sometimes they believe you need to whip some behind but they are not going to do it if they know they are running a business because they can't do it but someone who is also there for our children because they know where we've been and where we come from and stuff like that and what we are trying to do. They see a parent that is trying to do something these ladies were always helpful in that respect. If you were a parent who was there to pick your kid up. Your kid came in clean, your kid was this and that, they were very helpful.

Interviewer

Uh, huh

Interviewee

It hurt them yes to see kids who weren't really well taken care of but they knew the difference

Interviewer

Uh, huh

Interviewee

They knew from how the kids acted and they kept the kids in line

Interviewer

Ok

<u>Interviewee</u>

Don't just let kids do any and everything just because you think you got a parent that's going to say whatever to you because I'm not that type. If you see my kid doing something wrong calls him out on it and that's what they were like and that's what I respect and I appreciate that.

<u>Interviewer</u>

Ok

<u>Interviewee</u>

So that maybe experienced a lot different and like I said I think the reason it was better is because like I said they know where we came from, what we are going through.

<u>Interviewer</u>

I need you to explain that one when you said they know where we came from and what we are going through.

<u>Interviewee</u>

They know that things as African Americans have always been hard for us, yeah its getting easy but its still going to be hard and they know this so you are not going to let this kid do certain things because you know they are going to have to conduct themselves in a certain type of way when they get a certain age anyway in order to make it in society.

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

So that's what I mean by they know where we came from so that's what I respected about them.

<u>Interviewer</u>

That they were more invested in seeing kids succeed because they wanted to see kids go off and do well, knowing our history. Is that right?

Interviewee

Yeah, and I'm not saying that these people at the other place wouldn't be that way too but they don't understand.

Interviewer

Uh, huh

Interviewee

They don't, I mean you know they say "oh, I know things was hard". No, you don't, cuz you know it still is and um its still hard but not really as hard as how it use to be. I want somebody who is going to look at my son and say Ok, you know. He needs this little extra push because its going to be like this. I'm not saying do him any great favors but you still let him know but he is going to need that lil extra push because it is going to be more difficult for him in society when he gets older.

Interviewer

Uh, huh

Interviewee

So, but I don't what you to just be like ah he ain't going to amount to anything anyway you know, au, au, no...

Interviewer

Do you think that happens sometimes with white teachers?

Interviewee

Oh, yeah

Interviewer

If you just look at just race

Interviewee

Oh, I really believe that

Interviewer

Uh, huh

<u>Interviewee</u>

I really and truly believe that. I really and truly. I mean I could be wrong there is some that aren't like that but I think you have more who are and they put on a facade like they aren't cuz.

<u>Interviewer</u>

Ok

<u>Interviewee</u>

I mean I might be considered prejudice but I really see it a lot of times because I have even been to "oh _____ (interviewee whispered, couldn't make out on tape)
Then you'll really see the true colors come out, so but I honestly think so

<u>Interviewer</u>

Now, when just to go a step further you said there are a lot like that what things do you think go into having that attitude of "its a waste of time to you know to try to help this child progress being that that is a black child and its a white teacher. What are all the, to have that attitude what do you think is going on to have such a attitude toward black children.

<u>Interviewee</u>

I think some of the media plays into it.

<u>Interviewer</u>

Ok

<u>Interviewee</u>

I think some of what they see from other children who aren't being brought up the right way plays into it.

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

And I think those are the 2 major ones and just the things that they see even around them like say if they don't even have to be teaching that child or they could be teaching a lower grade level and you see certain things with the higher grade levels and they are like "well they aren't going to amount to anything so why even bother."

Interviewer

Uh, huh

Interviewee

You know, they get that attitude. I mean I've even spoke to some black teachers who have that attitude because you get these kids in here who act this kind of way and they are like (chuckle) "why even bother."

Interviewer

Uh, huh

Interviewee

So and I think, and then I think too with certain types of parents that some of the teachers come across will make them have that attitude.

Interviewer

Have that attitude across the board?

Interviewee

Uh, huh

Interviewer

And they apply to all the children

Interviewee

Yep

Interviewer

OK

Interviewee

Yeah, I think so

<u>Interviewer</u>

With that being said how do you feel about that, knowing that that does happen?

<u>Interviewee</u>

The way I feel about it is that I still have to try to take care of mine. I just have to take care of mine and do whatever I can.

<u>Interviewer</u>

#4. What made you think that your child has, that made you think that [child] has psychological problems and how did you perceive psychological service systems and your response was that the behavior that you saw did make you think that he had psychological problems, the examples you gave were running, never walking, not sitting still, not being focused, anger issues, um not focusing on homework

<u>Interviewee</u>

Uh, huh

<u>Interviewer</u>

Another example was when you would tell him to go and brush his teeth for example it had to be said numerous times.

<u>Interviewee</u>

Uh, huh

<u>Interviewer</u>

So those things were what you gave for why you thought that there might be something.

<u>Interviewee</u>

Uh, huh

<u>Interviewer</u>

As far as a problem area, um you said you were open minded about psychological services.

<u>Interviewee</u>

Right

Interviewer

My follow up question is what were your attitudes and beliefs about psychological services before you ever had any interaction with psychological services.

Interviewee

I never was the type, Oh there which doctors, would be doctors or anything like that. I figured everybody need to have at some point you know if its there use it.

Interviewer

Uh, huh

Interviewee

I always felt that way

Interviewer

Ok

Interviewee

I've never been like "Oh no I'd never go see anybody or oh no I can't". No, if you need it its there for you, use it.

Interviewer

Ok
How do you feel about psychological services now, now that you have had the interaction with psychological services? How is it now in comparison to maybe what it was like before you had any personal involvement with psychological services?

Interviewee

I still feel that if its there for you, use it, and if that person is not working for you find somebody else, so use it if it is there.

Interviewer

OK
Would you say you feel positively, negatively, in the middle about psychological services?

Interviewee

I would say probably in the middle because like I said if that person is not working for you then you need to find somebody else. You know what I mean, like I'm not saying you have to totally agree with what they are telling you but if it don't sound right or don't feel right then you need to go someplace else.

Interviewer

Uh, huh, so it's more about the individual than psychological services as a whole as a system.

Interviewee

Right

Interviewer

OK

Interviewee

Cuz you got some quack's out there thinking they know what they are doing

Interviewer

And then that kinda goes with the last thing with that how is it that you've come to feel this way when you say that about, if it is a issue it is a individual issue and not psychological services as a system. How do you come to feel that way about what you said?

Interviewee

Cuz, I've said where in some cases it has helped different people for whatever their circumstances may be. I mean, there has been situations where people have really been like messed up by some people like that because you know whatever their problems may have been they didn't get what they needed, that's what it depends on, the individual, and knowing that, you know, well, something don't feel right by this person, needs to go some place else, so I mean it takes everything to make the world go round you, get some people who have a degree that says I'm a doctor of psychology and they still don't know what they are talking about.

Interviewer

Uh, huh, did you say you have known people that this has happened to?

Interviewee

I've known people that they have used those types of services and it has worked wonders for them and I know some people who it hasn't worked for. That's not to say that psychologists or whom ever didn't know what they were doing, it may be that their stuff extended a little further and they needed to find somebody else to deal with it.

Interviewer

OK

Interviewee

So, but I don't have a problem with it.

Interviewer

Alright
This is going back to when you started having family discussions about um medication?

Interviewee

Uh, huh

Interviewer

When this was just a family discussion you said no one wanted to do it at first, it boiled down to what might be helpful for [child].

Interviewee

Right

Interviewer

What was that experience like for you and your family to be in that position of this is what ya'll had on the table to weigh out?

Interviewee

All of us just looked at what ever was going to work for him is what we do. It was just a thing where we all just said, well lets just try out but and see what happens, if it works, great, if it doesn't then hey we will find a different pill (can't make out)

<u>Interviewer</u>

How was that process like for you to have to be weighing out those options?

<u>Interviewee</u>

It was hard because you don't want to just be like well these people are saying this about your child and you know they are saying your child needs this or whatever so it was kinda hard and it was also like you are a parent you are suppose to do whatever will help your child so that is how it was

<u>Interviewer</u>

And then this is related to when you mentioned that [child] is adopted.

<u>Interviewee</u>

Uh, huh

<u>Interviewer</u>

And that his birth mother um was on crack during the pregnancy.

<u>Interviewee</u>

Uh, huh

<u>Interviewer</u>

The biological mother and father were drug abusers. How do you think about this issue, about him being a child born out of a pregnancy that was um drug addicted?

<u>Interviewee</u>

I feel bad for him because he didn't stand a chance from day one and anything that comes after that is not his fault.

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

That's how I feel about the whole thing just like even when I was going through all this with the schools I just sat back and watched him and was like none of this was his fault.

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

He didn't ask for this. It's a shame his mom couldn't get it together enough to not be on drugs, but all you can do is keep praying for him.

<u>Interviewer</u>

Right, ok

<u>Interviewee</u>

But that's my whole thing on that. He didn't ask to come into this world, he didn't ask to come into this world to those people but apparently he had some kind of purpose for being here.

<u>Interviewee</u>

We just have to figure out what that purpose is [laughter].

<u>Interviewer</u>

Right, ok
and you mentioned during the first interview that you had some prior knowledge of problems that happened in association with kids who were born from drug addicted mothers.

<u>Interviewee</u>

Uh, huh

<u>Interviewer</u>

How did you learn of that?

<u>Interviewee</u>

Same thing, watching the news, reading the newspaper.

<u>Interviewer</u>

So you educated yourself on those things

Interviewer & Interviewee

[Laughter]

Interviewee

Cuz, its things I do it so wasn't like I sat out to just read on that kinda stuff. I'm inquisitive, I'm nosey.

Interviewer

OK

Interviewee

So

Interviewer

So you gained a lot of knowledge
[Laughter] that's good. That means that you are informed. I just want to know how is it that you... did you do a bunch of research or how did you...

Interviewee

Start to read, that's all

Interviewer

Ok, this is question 5. How did you decide about what forms of help you considered in any. This is related to the medications you went through. The three different medications [child] was on and I wrote those down and the doses and everything like that.

My follow up question was what was and you may have answered this already so bear with me on this one. What was your experience with the medications and how was that experience for you.

Interviewee

Well, I told you about the Ritalin. I didn't like how that was. The other stuff was like giving him a tic tac. This new one he is on is like another form of Ritalin but its time released. And he really hasn't been on it long, so but I already made a conscious decision, no more we aren't upping the doses anymore, he'll just stay at the dose he is on and if it starts to kick in and work a little bit better fine, if it don't I'm not changing no more. We will just have to find another way of doing it.

<u>Interviewer</u>

Right, ok
The follow-up question to that is how your experiences with medications for [child] have shaped your attitudes and beliefs at the present time if at all.

<u>Interviewee</u>

I think we need to look at other ways of dealing with this other than putting meds into these kids.

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

That is more from dealing with him and seeing all the different ones he had been on and knowing what I didn't what him on and stuff like that. I heard a lot about long term side effects and that's what I was really concerned about with too because everything might be great right now but what is going to happen when he gets older so I really don't what him to become dependent on it and stuff so.

<u>Interviewer</u>

Ok
Ok, now the next question I have is what your experiences have been with these various meetings regarding [child], remember you told me about all the evaluations and psychological testing and IEP meetings. What was this like for you to have all these series of meetings?

<u>Interviewee</u>

To be honest with you I think it is kinda dumb. I really think all it is, is really just people being lazy and trying to label somebody with something. If you are going to just get right down to it and you are going to say ok this is really like a strong issue and we should address this, yeah but you are talking to a kid who really just can't sit still.

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

A kid who has you tried a smaller classroom, you know.

Interviewer

Uh, huh

Interviewee

They haven't tried that so to me it's kinda stupid.

Interviewer

Ok that they aren't really willing to make the changes that might be helpful but yet they still have meetings just to be talking about the....

Interviewee

Making themselves look more important because they have a degree _____ (can't make out/whisper) that's all it is.

Interviewer

Let me make sure I got this straight. You agree that [child] meets the criteria for ADHD and ODD?

Interviewee

Uh, huh

Interviewer

But you don't agree with what the school or it's more of an issue of what they haven't done about it to fix.

Interviewee

Exactly. That's my biggest thing right there.

Interviewer   It's not that you have any issues with the diagnosis itself. That you agree that he does meet criteria for these things, but they are falling short on ok now the diagnosis is out there on the table where is the things in place to try to...

Interviewee

That's the way I feel about it. It's like ok we know he has ADHD or so they say

Interviewer

Uh, huh

Interviewee

We know he has these little behaviors or whatever they are. Why aren't you trying something like this instead of just saying here, here is a pill, here is a pill, here is a pill, here is a pill.

Interviewer

Ok

Interviewee

Ok, I mean I'm not dumb. I told you certain things. Apparently we see him a little bit more than ya'll do too so why aren't you trying these things with a lot of these kids, cuz a lot of these kids are just being told here is a pill, here is a pill.

Interviewer

OK

Interviewee

Have any of them tried the smaller classroom, you know the teacher and teachers aid and stuff like that. I haven't seen it yet, If I see it and things are still like totally out of control then I have to say Ok, you know, but I haven't seen it.

Interviewer

Ok

Interviewee

So

Interviewer

And how has the school responded to your suggestion because you made a suggestion for a smaller classroom to them, right.

<u>Interviewee</u>

Uh, huh, wrote it down.

<u>Interviewer</u>

How did they react or respond to your request.

<u>Interviewee</u>

"Oh, that might be a good idea" Ok, well (client said).

<u>Interviewer</u>

Nothing came out of it.

<u>Interviewee</u>

Nope

<u>Interviewer</u>

How did that make you feel that you've came up and tried very hard to ok let me trial and error figure out what is best for him. What helps keep these problem behaviors down and to not have the school put in that same amount of time and energy would you say.

<u>Interviewee</u>

It's frustrating, and then it makes me mad too because then its basically like then its going to follow him, he is going to be labeled as this. And that might not even be the case but no one has even attempted to try so, that's why I'm to the point no more medication, no more stronger doses, none of that.

<u>Interviewer</u>

OK

<u>Interviewee</u>

And if you can't handle that, then maybe teaching isn't what you should have been doing.

<u>Interviewer</u>

Uh, huh

Interviewee

Point blank

Interviewer

I can understand where you are coming from with that because a part of teaching is figuring out different learning styles and different approaches.

Interviewee

Yep

Interviewer

Let's try this, let's do that and if that's not happening, ok.
#7. The original question was were there barriers you faced in seeking help for [child] and if so how did you experience them, you said there were not too many barriers. It is your personal opinion though that too many black children are labeled as ADHD and learning disabled. My follow-up question to you is this, how did you come to have this opinion/attitude about black children who are ADHD and learning disabled.

Interviewee

I feel my associates children are like that way and their mostly male black kids, uh I have a friend who just recently her son is like 11 or 12 and they are telling her now that he is ADHD, he needs to be put on medication.

Interviewer

Uh, huh

Interviewee

Nothing else has been done. They just suggested that to her. So I'm seeing more. I can't just say it's a lot of black children but I mean that's all I've been in contact with more.

Interviewer

Uh, huh

Interviewee

But I have heard a few of the Caucasians say, you know this is what's wrong with their kids but it seems to me when they are telling me about their kids behaviors that's like quite

extreme, so I'm like wow you know , so.

<u>Interviewer</u>

Uh, huh
To have the hyper behaviors that for them to say that's extreme for white children.

<u>Interviewee</u>

No, what they are telling me that their kids are doing, like, they'll say, well, my son does this and my son does that, I'm like don't you think that's a little extreme that your kid is behaving this way.

<u>Interviewer</u>

OK

<u>Interviewee</u>

And it seems to me to be a little more than ADHD, some of the stuff that they are telling me that their kids are doing.

<u>Interviewer</u>

OK

<u>Interviewee</u>

so, but and to me it goes a little deeper than just ADHD, its gotta be something else too that's the way I look at it but most of the stuff that they are saying about like all my other black friends and things is the same type of thing, just can't sit still, constantly on the move, and its mostly they just can't sit still so that's um why I feel the way I do about all that right there as far as why they are being diagnosed that way because, and like I said before a lot of the Caucasians I know their kids yeah they some of the ones that told me "well my son was diagnosed with this, this or this", like I said it seems a little more extreme with the stuff they are telling me their kids are doing.

<u>Interviewer</u>

That their behaviors are more extreme than their diagnoses that they got.

<u>Interviewee</u>

Uh, huh, yeah
Its some stuff that their kids are doing I'm like um you really need to get some help with that. [Laughter]

<u>Interviewee</u>

Because they are kinda scaring me. I'm like there is no way on God's green earth would my child be acting that way and I'd just be like "but if I tell him this, he'll still do this". I'm like no [laughter], no, so. But there is some things that are lil more extreme and then like I said where is though my African American friends and some other people I've heard and people who don't have anything to do with me or whatever and their African American all this just but all about 9 out of 10 there son's are being diagnosed with ADHD.

<u>Interviewer</u>

Ok
You gotta have some thoughts and feelings about this.

<u>Interviewee</u>

It's crazy. Its like how are you coming up with this. What are you basing this on. Is what my real feeling is. What are you using to say that this is ADHD. How are you saying this for all these kids?

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

You know what I'm saying its like what is your criteria for saying, cuz I seen some list of things when they say these are the things you see when its ADHD. Blah, blah, blah, blah and I'm like what if that's just a kid being a kid.

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

You know so. That's why it's just crazy to me and it doesn't make sense. Its too many kids being told that but yet you are going to tell people this but you're not going to offer any help they need.

<u>Interviewer</u>

Uh, huh

Interviewee

Or direct them to the right types of places to you know take care of that.

Interviewer

Has that been your experience of them, not of them saying ok this is the problem but not directing you into ok now what do we do about it?

Interviewee

They never directed me to anything. I'm the one who did it myself.

Interviewer

You did it on your own.

Interviewee

Yes, cuz I wasn't going to just let them say your son is ADHD and I think you should get some medications, call your doctor, no.

Interviewer

Ok. What do you think of that in particular that the school as a whole will be quick to say your child has ADHD and there are no resources that are offered outside of what they tell you.

Interviewee

I mean they probably would have told me something more if I asked but I think that a lot of other people won't.

Interviewer

Ok

Interviewee

but I wasn't the type to just sit there and say ok. I went to his doctor, now if it got to the point where I couldn't get any answers from his doctor or there was some other kind of step I needed to take I would but because his doctor is who she is I didn't have to go through all of that so that's how that worked.

Interviewer

Ok, now how do you feel about who don't have the same resources or connections as professional people that you do that might be facing what you have been through.

Interviewee

I think that when a school decides to tell a person something like that or if anybody decides to tell a parent something like that you need to have resources when you tell them that. Don't just tell them that your child is like this and just leave them out there hanging; you need to direct them where they need to go.

Interviewer

Uh, huh

Interviewee

And tell them if this doesn't work you need to go to this, you know, that's what I think.

Interviewer

Ok

Interviewee

Honestly

Interviewer

Ok, and then one follow-up question that I don't have here but I just thought of and I think it's a good follow up question. Because you've seen a lot of black kids get into this diagnosis of ADHD what are your thoughts and feelings about is it maybe a cultural thing. That we maybe have a different understanding of our kids, a different level of acceptance of maybe being busy or hyper and we don't see it in the same way that the school will be quick to say "oh you are not sitting down or sitting still or."

Interviewee

I think that plays a big role in it. I think it is because of our culture. How is it so different I don't know but it is different? I know that I think it plays a major role in it.

Interviewer

Ok

Interviewee

Because we do look at it different, like I said, years ago they didn't call seizures, seizures they called them spells. You having a fit or something like that, you know, so we never look at it that way.

Interviewer

Uh, huh

Interviewee

I can't think of what they used for people who were hyper back then. I have to find out. That'll be some more research.

Interviewer & Interviewee

[Laughter]

Interviewee

"Hey mom (client's mother) what did they call people who were bouncing all up and down all over the place, so but we just never, I mean and its just like look at it this way. Your Caucasians are quicker to put their family members in a nursing home than African Americans are so yeah things are different. We are not quick to do that. It has to be an extreme before we do something like that, you know. We just deal with it, we just deal with it. It is our family.

Interviewer

Right

Interviewee

We just, you know I mean, I guess maybe because they are busy trying to have careers or something more so than trying to worry about stuff like that is why they are so quick to say this is the problem, lets put a pill in there, lets go from there.

Interviewer

Ok, that they have a lower tolerance level of the same thing that we might be more willing to, we just got to roll our sleeves up and deal with this.

Interviewee

I honestly believe that, yes.

Interviewer

Ok, ok

Interviewer

If you look at parenting styles, child rearing customs in the African American community as a whole. Do you think we just don't define those behaviors under the same terms when you look at ADHD? What's considered ADHD behaviors?

Interviewee

We don't look at it the same way.

Interviewer

How do you think we understand it differently and in what way do we see it completely differently.

Interviewee

We put it on another part of the family. "You get that from your dad's side of the family", we just don't label anything.

Interviewer

Ok

Interviewee

Not like that I mean we will label somebody if they have a disability leg or something like that.

Interviewer

Uh, huh, something physical.

Interviewee

You know, but something like that, we just don't label it and I mean we tend to be a little more patient toward our people.

Interviewer

Uh, huh

Interviewee

You know, I mean. I don't know, its weird, <u>we so classy </u>(hard to make out, interviewee whispered it)

Interviewer

[Laughter], alright

Interviewee

We just do, I mean I never could put a finger on it, cuz even when I first moved to Erie it was weird to me that when I went to work in a nursing home it was so many black people in the nursing home, "oh gosh". I just was shocked by it cuz we just don't see that at home, so.

Interviewer

And where is home for you?

Interviewee

Rochester, NY

Interviewer

Ok

Interviewee

You might see it now a days cuz you have younger people having kids and things are changing.

Interviewer

Right

Interviewee

So but, just from when I was younger and coming up. You just, there was certain things you didn't see and didn't deal with, so.

Interviewer

Ok, and my last, actually I might have 2 more, ok. I have several more actually, um you said had your suggestions been carried out we would not have had to resort to evaluations and medications.

My follow up question is what were all of your suggestions and how did you hope they would have made a significant difference?

Interviewee

I think that had he been in the smaller areas as far as by himself you know because I'm sure he is not the only one in the classes doing whatever his behaviors are. I think if they had a smaller group even where you could stay a little more focused and find which way it takes for him to learn. I think it would have made a real big difference, would it have made the difference that he may not have needed the medication? I don't know. Just never tried.

Interviewer

Uh, huh

Interviewee

So, um if they had tried it and it is really really different work then I probably would have been a little more alright with the fact that he was put on medication. I wouldn't have been as adamant right now as I am.

Interviewer

Ok

Interviewee

But um, I think they really should try that and see how that works out.

Interviewer

Before you resort to medication?

Interviewee

Exactly, but it's just that everybody was so "well you know just a little bit of medication might work" and I think they jumped the gun too quick.

Interviewer

OK

Interviewer

Now you say he is in the charter school this year.

Interviewee

Uh, huh

Interviewer

He wasn't the school year that just passed.

Interviewee

Yeah

Interviewer

Ok, he began special education for math, grades were satisfactory, still has focus issues but its coming along.

Interviewee

Uh, huh

Interviewer

He is not singled out for having special education for math. He is in a regular classroom. My follow up question to that was how has this experience been for you as a parent as far as the charter school.

Interviewee

So far so good

Interviewer

Ok, and what makes that a good experience so far

Interviewee

Because they are basically willing to deal with him with whatever his issues may be and they are willing to not single him out. Ok, they are saying, yes he needs special education for math but we aren't going to take him out of the classroom in the middle of class and make him look like he is stupid because he has to go to the part where kids are slower so that's why its been good because they aren't singling him out.

Interviewer

You put him in charter school because they were going to hold him back in kindergarten

because of behavioral issues you believe.

<u>Interviewee</u>

Yeah, because they never gave me no explanation as to why.

<u>Interviewer</u>

As to why they were going to hold him back.

<u>Interviewee</u>

Right

<u>Interviewer</u>

And it was your choice to put him in the charter school as a way to avoid him being held back

<u>Interviewee</u>

Yeah

<u>Interviewer</u>

Ok

<u>Interviewee</u>

Yeah, because I didn't see him, they didn't give me a reason why and if he really needed to be held back I'm quite sure the other school would have seen it.

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

You know what I mean

<u>Interviewer</u>

When the charter school would have seen it

Interviewee

Yeah, if he really needed to be held back they would have seen it. I mean it's a whole new school, they don't know what's going on. They would have seen it.

Interviewer

Ok

Interviewee

Because I didn't agree with it and they didn't ask me if I agree with it

Interviewer

And how did you feel about that?

Interviewee

I was pissed.

Interviewer

But they didn't ask your input on it at all?

Interviewee

Yeah, we didn't go back to that school

Interviewer

My follow up question was this, what chain of events led you to feel this way that if you didn't put him in the charter school he was going to be held back. Did they explicitly say they were going to hold him back?

Interviewee

Yeah they told me they were going to hold him back; they wanted him to repeat kindergarten.

Interviewer

Ok, and did they say why they wanted to hold him back, did they say it was the behavior issues.

They never really said, one time they felt he wasn't, this wasn't said during then but I kinda figured that was what it was one time they said it was because he wasn't progressing at the rate he should have been progressing.

Interviewer

Ok

Interviewee

And when I had seen most of the stuff, they wanted these kids to know in kindergarten I'm like isn't this a bit much for kindergarten. I mean, come on.

Interviewer

Uh, huh

Interviewee

so, but that is what they said when we had our meeting way back in November but they didn't give me no explanation for anything when we had that last meeting they told me they were going to hold him back.

Interviewer

Which was I take it the end of the school year, toward the end of the school year.

Interviewee

Uh, huh

Interviewer

Ok
Now, how did you feel about that?

Interviewee

It made me mad because they didn't give me an explanation plus I was mad too because they I felt they weren't handling things correctly.

Interviewer

Uh, huh

<u>Interviewee</u>

I felt they weren't treating the situation the way it should have been treated and I felt they were incompetent, so if I felt they were incompetent he didn't need to be there, so that's why he didn't go back.

<u>Interviewer</u>

Ok
Um, in dealing with the people at the school, how has that experience overall been for you? How would you....

<u>Interviewee</u>

At [a school site]? The other school he went to?

<u>Interviewer</u>

Yeah, uh, huh

<u>Interviewee</u>

It almost had me to the point where I was ready to home school.

<u>Interviewer</u>

Ok

<u>Interviewee</u>

I was really seriously looking into it.

<u>Interviewer</u>

Ok

<u>Interviewee</u>

Because I felt nothing was being done right, I really felt they were incompetent, so yeah I was ready to home school him.

<u>Interviewer</u>

Ok
Now, you said [a school site] wasn't prepared to deal with a mom who was going to ask questions and not agree with everything. What experiences have you had that led you to

feel this way, that this was in fact the case, that they had not dealt with many parents like yourself that was going to be very proactive and you weren't just going to...

Interviewee

Just by the parents I watched picking their kids up.

Interviewer

Ok, that they were younger

Interviewee

Not just so much that they were younger because I know some young people that really still handle theirs right.

Interviewer

Uh, huh

Interviewee

Its just when I look at some of them, when thy would interact with some of the teachers and stuff I could see that they would just do whatever they told them so that's what I don't think they were really prepared for.

Interviewer

Uh, huh. And last, this was question 8. How did you experience the method of help you used? You said because you weren't agreeable with everything they put out there it was just an ok experience.

Interviewee

Uh, huh

Interviewer

Ok, you had an excellent experience with Dr. [private child psychologist].

Interviewee

Uh, huh

My follow up question to that was what made your experience with Dr. [private child psychologist] great?

Because he actually did what he had to do, he told me, and he didn't say to me "well, I suggest you put your kid on medication because you know I'm doing your diagnosis."

Uh, huh

But that's all I'm doing. I'm not going to say well you ought to do this and you ought to do that, he just went through it, he seen what it was and then he let me know that it wasn't something I wasn't doing right. He just gave me my answers. I like when people can answer a question, so.

Uh, huh. So he was real clear and concise and did not um tell you what you should be doing with him.

He just said this is the diagnosis I give you and this is the reason why I give you this diagnosis. It wasn't like ok; yeah he is just ADHD and ODD and just walk out the room. It wasn't like that.

He was able to support why those diagnoses were given and you were in agreement.

Yes

Ok, you felt a school site] elementary school was lacking; this was not a good experience. My follow up question to that was what events led you to not have a good experience with this particular elementary school, what were all of the barriers or road blocks that were in the way or things that made this not a good experience for you.

Interviewee

The thing where they had the meetings about [child] without me knowing that was one. When we started keeping a journal on [child], the teacher would still come outside and discuss whatever behaviors or whatever in front of him that should have never been the case. When they told me they were going to hold him back without giving me a good explanation as to why, matter of fact they didn't give me no explanation as to why. I mean just a lot of different things fell into that.

Interviewer

How did you feel about them? I'm going to agree with you that that shouldn't have ever happened. Was the teacher that was discussing his behavior stuff in front of him? How did you feel about that, that that did happen.

Interviewee

Ok, it made me angry but then I also felt bad because it was almost like ok well what kind of parent am I. I'm the only parent who they are talking to every day when they pick up their kid you know all of these other kids are running to mom, dad, whomever.

Interviewer

Right

Interviewee

And I have to stand here and listen to what ever he might have done but you are also suppose to be writing it down because it is suppose to be in his book. They are writing it down but you are still telling me. You don't have to tell me, you are supposed to write it down. This is one of the reasons why you're supposed to write it down because you shouldn't discuss it in front of him.

Interviewer

Uh, huh

Interviewee

So, that was a big thing for me. There were too many times I wanted to be like "shut up and go in the school, bye"

Interviewer

What feelings did that cause you to have that that was the case that that was happening, the logbook was there to record behaviors but yet there needed to be this whole verbal.

Interviewee

I told you it made me feel bad plus it made me angry. I told you there were plenty of times I wanted to just say you know what "shut up, bye" Just like that. Just leave it at that, but I was like no I just sat there like Uh, huh and I'd say to her well um did you write it down, you know trying to let her know um "you aren't suppose to be discussing this in front of him", so, but she never really got it.

Interviewer

Uh, huh, ok
You said the charter school uses a reward system.

Interviewee

Yeah, I hope the grass holds it up. (could not make out clearly on tape)

Interviewer

My follow up question to that was what hopes do you have for the reward system with [child]?

Interviewee

He knows when he has done something cuz he'll tell me and I'll still not understand it, that's why I said I hope the grass holds it up and with the way I work I haven't been able to just go in and see what's going on. But I guess they have some kind of chart or something and that they are doing, like they are suppose to be doing everything throughout the day, it either gets flipped over where it gets a little star or sticker thing on it or something and apparently it is working for him because one day he came home, "I didn't get my thing turned over". "I didn't get my chart turned over, mommy, I was good". I was like "ok, I'll take your word for it". [Smile in voice]

Interviewer

That's probably like a nice visual reminder when he does a good job.

Interviewee

They do it for him, quite a few of them, and they know I guess they are supposed to do something on this thing because the lady was trying to explain it to me too. She said, "It is something the kids are suppose to do and if they know that they haven't done something the way it was suppose to be done they are suppose to explain why it got a sad face instead of a happy face or something like that so that's good because it does let him know and all he has to do is find a different word besides "I'm sorry" and he'll be great. [Interviewee chuckled]

<u>Interviewer</u>

[Laughter], ok, good
Maybe you answered my question. Was what hopes do you have for the reward system
with [child]? What are your hopes, dreams, and goals for the reward system?

<u>Interviewee</u>

A different word besides "I'm, sorry."

<u>Interviewer & Interviewee</u>

[Laughter]

<u>Interviewee</u>

He tried one day, he was like, "I won't do it again"

<u>Interviewer</u>

Alright

<u>Interviewee</u>

Just another word

<u>Interviewer</u>

Ok, as far as hopes for how this reward system might be effective or you hoping that you
know you might see some decreases in certain behaviors through using the reward system
or what if you kinda had to look into the future what could be beneficial, what could
possibly come out of the use of the reward system that would be positive. What would that
look like for you?

<u>Interviewee</u>

I just want to see [child] be the best he can possibly be at whatever he chooses to do or
whatever he needs to do through school. That's all. I want to see him succeed at everything
he wants to do. That's it. Even if he decided to be a plumber, even though I'm not going to
settle for that. [Laughter]

<u>Interviewer</u>

[Laughter]

<u>Interviewee</u>

But it sounds good anyway

<u>Interviewer</u>

Yes, now you said you feel it's not enough help out there.

<u>Interviewee</u>

Uh, huh, we are just not prevy to what is out there for us.

<u>Interviewer</u>

Are you talking about teachers, resources as a whole?

<u>Interviewee</u>

Yes, they (teachers) should be another resource for us parents.

<u>Interviewer</u>

Right

<u>Interviewee</u>

They really should

<u>Interviewer</u>

Right, k
Too many children are getting labeled. Teaching good teachers that care could make all the difference is what you said.

<u>Interviewee</u>

Yes

<u>Interviewer</u>

K

<u>Interviewer</u>

How has your experiences with [child's] teachers shaped your attitudes and beliefs about them and teachers as a whole

Interviewee

I still enjoy teachers. That's one of the hardest jobs there is. I just hate to see when they have gotten so burned out that they can't appreciate teaching anymore. Its become a job to them and not something they enjoy anymore. So, I'm just hoping with all these people working with the school to be teachers that we get another good batch again. As much as we like to say it starts at home, yes it does start at home but also carries on into school too and a bad teacher can turn a kid around like you wouldn't believe.

Interviewer

Uh, huh. I agree
You also mentioned that every thing is so rushed. My follow up question to that was what all do you feel is so rushed, when you say that.

Interviewee

They are pushing these kids too hard. Because when you go to another culture like China, the kids are like this at a certain age and you can't expect that from our kids because they are exposed to a lot of different things in our culture. American culture is always different than say your culture over in China and its like they are raising our kids to be that way. Its some kids we can have that way and there is some who can't be that way and you need to learn how to deal with those who can't be that way.

Interviewer

My follow up question with that being said is how do you feel American culture impacts our kids and what might prevent this whole rush to educate our kids?

Interviewee

They have too much. It's too many things, too much T.V., too many things. Its really just too much of that stuff. They don't even go to gym the way they use to do. Why are we obese? Because these kids aren't going to gym and then when they do go to gym they aren't doing half the stuff we had to do when we went to gym, so I think we are giving our kids a little too much. Too much of everything.

Interviewer

Right

Interviewee

So of course they have to be rushed

Interviewer

Um, this is the last follow up question. You felt that there are pressures with the school starting um the [state tests].   Concerns with the [state test], the students can't pass; the idea is that maybe your child has ADHD or learning disabilities. My follow up question is how do you feel or think about this idea that if your child can't make these strict standards according to [state test], maybe your child has a problem, maybe your child does have ADHD or a learning disability.

Interviewee

I feel it is wrong because like I said, everybody learns differently. There might be a different way of doing it and then you have to look at it this way, some people get testing anxiety. I do, I forget everything, could know it with no problem as soon as the test is put in front of me, its all gone.

Interviewer

I'm the same way. If I had to get into schools on those tests alone I would have never made it.

Interviewee

[Laughter]

Interviewer

You are right, if your anxiety gets so high everything else just shuts down and there's no recovering from it.

Interviewee

It does, and they aren't thinking about that when it comes to these kids. It's like one day I went in for one of my tests and it wasn't even hard. Gone. Just gone. And they have to look at it that way.

Interviewer

Uh, huh and because they don't look at it that way and just see it if you can't meet the standards with this test then there is something wrong with you, right?

Interviewee

Uh, huh

<u>Interviewer</u>

What are your thoughts and feelings about that? That, this is the overall idea that is permeated across school systems about our kids, whatever the scores are for [state test].

<u>Interviewee</u>

I think that they need to do, redo that. I think you need to look into other ways of testing kids. They even said something about cutting summer school here. They weren't going to do it anymore. They can't learn all of that in a little bit of time. I'm like boy, "you are making a lot of sense". That's dumb. They might can't learn all of it, but they are learning something, you know.

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

I don't understand their way of thinking, or their concepts. It's just crazy. We need somebody who can turn that around.

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

Maybe, it takes a fresh look at things. Maybe it takes new blood to change how a lot of this is being done. Maybe it is a matter of seeing what happens when you have new teachers coming out of college to see, maybe they have some new ideas, you know. If not, you are going to see more kids dropping out of school.

<u>Interviewer</u>

Uh, huh

<u>Interviewee</u>

Or just kids giving up because somebody made them feel that they don't know something when that might not be the case.

<u>Interviewer</u>

Uh, huh

Interviewee

Look how long kids went around being dyslexic before they could put a name to what was going on.

Interviewer

A lot of kids slipped through the cracks?

Interviewee

yep, so that is scary, really when you look at it. There is going to be a lot of kids made to feel like they can't do anything and they aren't going to try to do anything. They probably could be the next doctor or something.

Interviewer

Uh, huh

Interviewee

so, that's a scary thought.

Interviewer

Sure