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Hablando de la herida: Honoring Spanish-Speaking Parents' Experiences Obtaining School-Based Speech and Language Services for Their Children

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LOYOLA MARYMOUNT UNIVERISTY

Hablando de la herida: Honoring Spanish-Speaking Parents' Experiences Obtaining School-Based Speech and Language Services for Their Children

by

Amalia W. Hernández

A dissertation presented to the Faculty of the School of Education,
Loyola Marymount University,
in partial satisfaction of the requirements for the degree
Doctor of Education

2018

Hablando de la herida: Honoring Spanish-Speaking Parents' Experiences
Obtaining School-Based Speech and Language Services for Their Children

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DEDICATION

For my daughter, Isabel.

“You may not control all the events that happen to you, but you can decide not to be reduced by them. Try to be a rainbow in someone’s cloud. Do not complain. Make every effort to change things you do not like. If you cannot make a change, change the way you have been thinking. You might find a new solution.”

- Maya Angelou, *Letter to My Daughter*

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This study examines the experiences of Spanish-speaking Latino/a parents in their attempts to obtain school-based speech and language services for their children; the impact of these experiences on parents; and parent perspectives on how school-based speech-language pathologists can co-create collaborative relationships. Through a detailed analysis of a focus group and individual interviews of 31 Spanish-speaking parents of children in the REAAD! (Reaching Educational Achievement and Development) Literacy Enrichment Program at a university in Los Angeles, California, this study provided a space for parents to share their experiences and offer insights regarding what shaped their experiences. Through the theoretical lens of dis/ability critical race theory (DisCrit), Latino critical race theory (LatCrit), and Yosso's community cultural wealth model, parents' stories were collected, transcribed, and analyzed. Parents consistently expressed their hope for their children to have a better life than the one they had, one that was attainable through education. Unfortunately, in their quest for educational

supports, parents were often met with systematic roadblocks that denied their children resources and supports. Parents in this study were keenly aware of the struggle to support their children in the face of deficit views of their family based on the intersection of their language, race, and ability levels. More often than not, parents utilized the assistance of sympathetic teachers and speech-language pathologists to obtain services for their children. For parents in the study, having a school professional who they believed demonstrated *corazón* (heart) made all the difference in their ability to advocate for their children.

CHAPTER 1

INTRODUCTION

Background to the Problem

Within the educational setting, parents are often told they are co-educators of their children, but only if they agree with the school professionals' point of view. When parents' feelings, beliefs, and hopes, especially in attempting to obtain services and supports for their children, are not valued and acknowledged, it often causes an *herida* (wound), as Cristina stated, a participant in this study. In this dissertation, I argue that professionals, including speech-language pathologists, need to reorient their relationship with parents to one not of co-educator but of co-parent. By fostering *compadrazgo*, a type of co-parenthood, we would not just be promoting the values of the school system, but the culture and values of the parents as well. *Compadrazgo* can go beyond a spiritual or religious co-parenting to be a "two-way social system, which sets up reciprocal relations of variable complexity and solemnity" (Mintz & Wolf, 1950, p. 355). According to Kathy Gill-Hopple and Diane Brage-Hudson (2012), *compadres* treat each other with "respect" and "trust," establishing *confianza* (p. 119). *Compadres*, by working together and supporting each other, gain a strong network of resources (Gill-Hopple & Brage-Hudson, 2012). In this sense, fostering *compadrazgo* within the school setting would lead to an educational environment that promotes respect of the parents, their culture, and the resources they contribute to the education of their children, thus *curando la herida* (healing the wound).

My friend, *comadre*, and mentor, Susan Lutske, told me, "Parent participation is crucial in the education of children. In my almost 40 years of experience [as an educator], the absence of parent participation does not ensure failure, but the presence of that participation is a clear predictor of success." In my career as an educator and a speech-language pathologist, I have struggled to determine what characterizes parent participation, how I can develop stronger relationships with parents, and what ultimately constitutes a successful outcome. I have consistently gravitated toward the idea that parents are integral to the process of educating children. This notion was ingrained in me at a very young age and now serves as inspiration for this dissertation project. As the daughter of a bilingual educator, I was exposed to the pedagogy of my mother and her colleagues. They exemplified in their practice the belief that a successful parent-teacher relationship must be based on trust, respect, and honesty. My mother and her friends worked in Latino/a communities and learned Spanish to facilitate communication with their students' parents. In my mother's classroom, she expected parents to attend monthly meetings and volunteer in the classroom. My mother also visited families in their homes and engaged in community activities both within and outside of the school. She made herself available to the parents for more than academic discussions. My mother created a collaborative environment in which parents were respected and valued as not just co-educators of their children, but as *comadres*.

When I started my career in education, I believed this practice to be the norm. I quickly came to realize that the educational environment that my mother created, that respected and incorporated parents into their children's learning, was the exception within our public-school system. Unfortunately, educators often view the student's home language and home life as a hurdle to overcome rather than an asset to build upon, especially when a student is differently-abled (e.g., exhibiting difficulty learning English quickly, requiring multiple repetitions of instructions to capture information, and/or struggling in academic subjects). I have often heard other teachers and speech-language pathologists tell parents that they need to only speak English with their children, even when the parents are monolingual in Spanish. I have heard Latino/a children publicly shamed in the classroom because their parents could not complete homework with them. Often, educators assume that a parent who is not present on the school campus is lazy, not involved, or uncaring. These negative assumptions can cause pain and frustration on the part of the parents, which then leads to animosity between educators and parents. This is especially true in the identification and delivery of special education services.

The focus of this study is on parents' experiences obtaining speech and language services in the schools and ways in which speech-language pathologists can create more collaborative relationships with parents. When talking to a fellow speech-language pathologist about this study, she said, "Oh, well, parents *love* us!" This statement made me reflect on the Latino/a students and families I have worked with who would disagree with my colleague's statement.

School-based speech-language pathologists (SLPs), as part of the special education team, provide language support to students from age three until 22. They work with students in a variety of areas, including language (i.e., grammar, vocabulary, and pragmatics), articulation (i.e., sound production), fluency/stuttering, and voice (i.e., pitch, intensity, volume). They are also actively involved in the education of students with cognitive processing difficulties and students with autism. School-based speech and language services tend to focus on the way that students' communication affects their educational goal attainment based on their personal, social/emotional, academic, and vocational needs (American Speech-Language-Hearing Association [ASHA], 2010). SLPs are involved at every stage of support (e.g., collaborating with classroom teachers, providing classroom-based strategies, screening and assessing students' speech and language skills, providing speech and language services, and collaborating with parents and families).

While the collaborative aspects of our work as SLPs are highlighted and defined within the American Speech-Language and Hearing Association's professional standards, the parents' perspectives have not been sufficiently emphasized in the literature. This study aims to help fill the gap identified in the literature by examining Spanish-speaking Latino/a parents' experiences obtaining school-based speech-language pathology services, the obstacles that they have faced, and their perspectives on collaboration with school-based speech-language pathologists.

Identification of the Problem

An underlying assumption within the field of education is that for there to be effective collaboration with parents, parents need to participate in school-based activities. However, the issue of participation for Spanish-speaking parents of students with special education needs is multifaceted and complex (see Anfara Jr. & Mertens, 2008; Cobb, 2014; Glogowska & Campbell, 2000; Sousa, 2015). First and foremost, in most academic contexts, there tends to be a cultural and linguistic disconnect between parents and the educators who teach their children. Nationally, only 8% of all American Speech-Language and Hearing Association members identify as a Person of Color, compared to 28% of the overall population of the United States (ASHA, 2015). Within the State of California, specifically, 84% of the over 10,000 practicing speech-language pathologists are White, while only 9% identify as Hispanic or Latino (ASHA, 2015). In addition, less than 8% of the speech-language pathologists in California qualify as bilingual service providers in Spanish, of which, only 2% report speaking Spanish as a primary language in their homes (ASHA, 2015). In contrast, 39% of people living in California identify as Latinos, of which, 77% speak a language other than English in the home and 38% self-identify as speaking English "less than very well" (California Senate Office of Research, 2014, p. 6). These demographic data reveal a cultural and linguistic disconnect between SLPs and parents.

There is a need for SLPs to utilize culturally competent practices when working with families from diverse backgrounds. Not only is there a disconnect between the cultural and linguistic backgrounds of SLPs and parents, but also a disconnect between their beliefs (Blanchett, Klingner, & Harry, 2009). The beliefs of both speech-language pathologists and parents about education are shaped by their own life experiences and sociocultural contexts. Speech-language pathologists' beliefs often reflect their professional training and their commitment to the institutions that employ them (i.e., the school system) (Kohnert, Kennedy, Glaze, Kan, & Carney, 2003). Conflicts regarding the nature and type of parent participation can be exacerbated by the cultural differences between professional expectations and the needs of the parents, which can become the basis for the parents feeling hurt, frustrated, confused, or ignored.

Incorporating an understanding of the types of cultural and linguistic differences that speech-language pathologists tend to encounter is included in the requirements to obtain a certificate of clinical competence. According to the American Speech-Language and Hearing Association (2014), an applicant "must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and *linguistic and cultural correlates*" (Standard IV-D, emphasis added) in all areas of speech and language (e.g., articulation, voice, fluency, and language). Cultural competency requires the ability to "integrate a deep and broad understanding" of theories of language acquisition and methods of intervention with a "clear understanding and appreciation of the *values*, *perspectives*, and *world-views* that guide one's own behavior and that of others" (Kohnert et al., 2003, p. 266, emphasis added). Even though speech-language pathologists should exhibit cultural competencies in their practice, too often they fail to acknowledge or understand the effects of a family's race, social class, cultural values/beliefs, experiences, and perspective of disabilities on service delivery (Blanchett et al., 2009).

Parent participation is a right protected by federal legislation through both the Every Student Succeeds Act (ESSA) of 2015 and the Individuals with Disabilities Act (IDEA) of 2004. ESSA, as well as its predecessor, the No Child Left Behind Act of 2001, describes parent involvement using language such as *integral role, actively involved,* and *full partners* (Department of Education, 2004). IDEA protects the rights of parents to be involved in the educational decision-making process of children with disabilities, including deciding appropriate educational placement, being participants in meetings that determine eligibility and placement, and being informed about their rights to due process (Kalyanpur, Harry, & Skrtic, 2000). However, the term *parent involvement*, as stipulated, in practice often only reflects the priorities of the school, not the parents (Olivos, Gallagher, & Aguilar, 2010). Educators (including speech-language pathologists) tend not to seek family input when making school placement decisions, use overtly complicated technical jargon in English, and schedule meetings during school hours at times when not all parents are available (Kalyanpur et al., 2000). Parent voices tend not to be valued, and are often silenced, when making decisions about eligibility and service delivery for students with special needs. An imbalance of power continues to exist within the SLP/parent relationship that favors school professionals. As a result, parents become passive *recipients* of information rather than collaborating partners, *abriendo la herida* (opening the wound), which denies them the ability to appropriately advocate for their children (Olivos et al., 2010).

According to Beth Harry (2008), the United States has a history of excluding and marginalizing culturally and linguistically diverse groups (i.e., African American students/families, Latino/a students/families). Deficit views of Latino/a students and families result in school professionals treating families with disrespect or disdain (Cobb, 2014). Latino/a students are often more likely to be over-identified and under-identified for special education services under the eligibilities of specific learning disability, intellectual disability, and speech and language impairment (Artiles, Rueda, Salazar, & Higareda, 2002). Professional perceptions of Latino/a students often lead to students being identified as having a *disability*, when in fact they are exhibiting typical transfer errors between English and Spanish. At other times, Spanish-speaking Latino/a children are often denied special education supports in the first critical years of school. A lack of school experience in addition to the fact that the students are learning English as a second language are often used as reasons to wait to provide special education supports, whether or not their parents are requesting services (see Hughes, Valle-Riestra, & Arguelles, 2008; Withrow, 2008). In sum, Latino/a parents are often ignored as legitimate stakeholders in their children's education and have little say in the decision for or against special education services.

The problem identified for the purposes of this dissertation project is the cultural disconnect between Spanish-speaking Latino/a parents and the predominantly White SLPs who typically work with them. Often this disconnect leads to a power imbalance that favors the professional's (i.e., speech-language pathologist) knowledge, expertise, position, and background. Within this imbalance of power, parents' concerns are often ignored, and collaboration is difficult to attain. Nonetheless, collaboration between SLPs and Latino/a parents is critical to the academic success of Latino/a students with speech and language needs.

Research Question and Purpose

In order to begin the process of changing the power dynamics and challenging the deficit views of Latino/a parents, it is important to understand and validate the parents' experiences, perspectives, and opinions. The following research questions informed this study:

> **RQ1. What are Spanish-speaking Latino/a parents' perspectives regarding their prior and current experiences obtaining school-based speech and language services for their children?**
>
> **RQ2. How can speech-language pathologists foster collaboration with Spanish-speaking parents that validates parents' concerns and experiences?**

School-based speech-language pathologists must first develop an understanding of the parents' experiences to foster a type of *compadrazgo* based on mutual respect and trust. One of the primary purposes of this study was to create a space for Spanish-speaking Latino/a parents to share their perspectives about their experiences with school professionals within the special education setting and their own feelings toward collaboration. Through the process of honoring the parents' perspectives on collaboration, SLPs can work towards co-creating an educational environment that lends itself to *confianza* and *compadrazgo*.

Theoretical Framework

In order to value the opinions and perspectives of Spanish-speaking Latino/a parents, it is important to guard against imposing deficit thinking on the research process. This study utilizes Dis/ability (DisCrit) and Latino (LatCrit) critical race theory as the theoretical lens through which the parents' stories were collected, transcribed, and analyzed. By combining DisCrit with LatCrit, inequalities that are perpetuated by commonsense beliefs about ability and race affecting the educational experiences of Latino/a students in the United States can be exposed and discussed (Annamma, Connor, & Ferri, 2016b; Mendoza, Paguyo, & Gutiérrez, 2016; Oliva, Perez, & Parker, 2013). Following in the tradition of a critical race theory of education (see Ladson-Billings & Tate, 1995), DisCrit and LatCrit recognize race and racism as central to understanding the conditions experiences by Latino/as with dis/abilities. DisCrit, in the critical tradition, emphasizes the following five tenets: (a) racism and ableism work interdependently to "uphold notions of normalcy"; (b) individuals possess multiple identities, including those related to race, ability, and gender; (c) being labeled as "raced or dis/abled" excludes individuals from the mainstream "western cultural norms" despite both race and ability being socially constructed; (d) there must be a priority given to the voices of marginalized people; and (e) acknowledging the lived experiences of raced and dis/abled individuals requires activism and resistance (Annamma et al., 2016b, p. 19). Resistance to the essentialization of individuals based on race (i.e., Latinos) or ability (i.e., intellectual disabilities), engenders an "active application of intersectionality," and a continued struggle towards socially just education for Latino/a students (Valdes, 1998, p. 4).

DisCrit and LatCrit follow in the critical tradition of understanding and transforming systems of oppression that exist within educational environments. Power dynamics are mitigated through a family's access to various forms of capital, including economic capital, symbolic capital, and cultural capital (Bourdieu, 1977). Through these interrelated capitals, power relationships have "opacity and permanence" (Bourdieu, 1977, p. 184). Pierre Bourdieu (1977) argued that the cultural capital of families is maintained through the relation between the school system and the family.

In the negotiation of power, Latino critical race theory also emphasizes the unique roles that assimilation, language, and counter-storytelling play for Latino/a parents. Within the education literature, so-called "majoritarian stories" exist about the lack of academic achievement of Latino/a students and the shortage of family resources available for them to be successful (see Fernandez, 2002; Solórzano & Yosso, 2002). These majoritarian stories emphasize the values that the dominant White middle-class culture hold as important: "achievement, independence, and deferred gratification" (Heller, 1996, p. 34). Put another way, the issues affecting Latino/a students' success are attributed to their own failures to be successful, not the systemic issues that impede their success.

The majoritarian story emphasizes that the one path to social, cultural, and academic success is through assimilation by the dominant, White, middle-class culture. On the path to assimilation, however, is the suppression and control of language. For many Latino/a families and communities living in the United States, Spanish operates as a "common native language" and "main household tongue" (Valdes, 1998, p. 15). Whether families choose to maintain their native language or assimilate to the dominant language reflects the interconnectedness of cultural, social, and legal policies that are in place in the United States (Valdes, 1998). Often Latino/a families, especially recently immigrated families, receive “contradictory messages about the value of their home languages” (Worthy & Rodríguez-Galindo, 2006, p. 581). Whether a family chooses to speak Spanish or English, “bilingualism and biculturalism are a source of empowerment” for Latino/a families (Valdes, 1998, p. 15). Just as having a shared language can create a shared cultural identify, so storytelling can build community, “consensus,” and a “common culture of shared understandings and deeper, more vital ethics” (Delgado, 1989, p. 2414). Thus, utilizing counter-storytelling challenges dominant narratives about Latinos (Yosso, 2005).

Within the educational, and more specifically speech-language pathology, literature, Latino/a parents have historically been viewed through majoritarian lenses, as recipients of information about their own children’s *dis*abilities. By creating spaces for parents to develop and share their own stories, knowledge can be constructed, organized, and produced by the parents themselves. By creating their own knowledge base, the parents can redistribute the balance of power between themselves and speech-language pathologists so that their own cultural and social capital is acknowledged.

Tara Yosso (2005) adapted the idea of cultural capital under the umbrella of LatCrit to include the cultural resources that Latino/a college students bring with them to college. Historically, Communities of Color have been associated with lacking cultural capital (Yosso, 2005). To counter this view, Yosso (2005) created a cultural capital model that embodied the forms of capital that most often go “unacknowledged” or “unrecognized” by dominant ideologies thereby perpetuating deficit thinking (p. 70). The six forms of cultural capital (i.e., aspirational, navigational, social, linguistic, familial, and resistance) are “dynamic processes that build on one another as part of community cultural wealth” (Yosso, 2005, p. 77).

In order to acknowledge the parents’ expertise as central to this project, I modified Yosso’s six forms of capital so they would apply specifically to Spanish-speaking Latino/a parents of children with dis/abilities. These forms of capital included parents’ ability to maintain their hopes and dreams for the future (aspirational), the knowledge and values that they pass down to their children (familial), their access to resources in the community (social), their ability to navigate complex systems including the special education system (navigational), their ability to maintain their Spanish-language skills in a English-dominated school context (linguistic), and their ability to challenge inequity and work toward creating positive changes (resistance). By utilizing a community cultural wealth model, I hope to counter deficit views of Spanish-speaking Latino/a parents that tend to impede collaboration with speech-language pathologists.

Research Design and Methodology

This study utilized a qualitative research method. Qualitative research is a “situated activity” that attempts to “make sense of or interpret phenomena in terms of the meaning people bring to them” (Denzin & Lincoln, 2011, p. 3). Thirty-one Spanish-speaking Latino/a parents of students enrolled in the REAAD! (Reaching Educational Achievement and Development) Literacy Enrichment Program through a university in Los Angeles participated in this study. At the time of this study, approximately 150 students were participating in the enrichment program and were recruited from local public, private, and charter schools in an economically challenged area of the city. Most of the students were male Students of Color who had been identified as being “at risk” of not meeting grade-level standards. The parents of these students voluntarily brought their children to the university on Saturdays for the enrichment program and participated in a parent academy. Through my involvement with the program, I have provided speech and language screenings and therapy to the students. As this student and parent population may be considered vulnerable, confidentiality and anonymity are maintained in this dissertation by providing pseudonyms for the program and participants. For the purposes of this study, participants did not include students or minors.

This study also utilized an interpretive approach to understanding parents' perspectives through focus group and individual interviews. Nine focus group interviews were conducted with three to 12 participants per group. Most parents participated in two focus group sessions over consecutive Saturdays. Seven follow-up individual interviews were conducted with parents in their homes. All interviews were conducted in Spanish, as it was the primary language of the participants; however, some parents code-switched between English and Spanish. Topics discussed included the parents' experiences within schools in general, their experiences in the special education eligibility process (including obtaining speech and language services), and their experiences collaborating with school-based speech-language pathologists. The focus groups utilized a semistructured interview model that consisted of open-ended questions intended to invite parents to tell their own stories and interact among each other. Focus groups followed in the humanistic interview tradition that emphasizes the development of "empathy, openness, [and] active listening" (Stewart & Shamdasani, 2015, p. 13). The group interview format was selected as it allowed the participants to build off each other's responses and provides opportunities for member check-in (Stewart & Shamdasani, 2015).

The focus group and individual interviews were audio recorded and transcribed. Transcriptions were coded for major themes within and across groups, followed by member check-in interviews. The interview data was then analyzed using Yosso’s (2005) six forms of capital (i.e., aspirational, navigational, social, linguistic, familial, and resistance). In this way, the stories that the parents shared honored their lived experiences as they described them and countered deficit models of parent involvement.

As this project operated through the lens of Latino critical race theory, the idea of counter-storytelling as a research method was important. According to Solórzano and Yosso (2002), counter-storytelling builds community among group members, provides a context for understanding and transforming established beliefs, and shows that group members are not alone. Storytelling as a qualitative method provides the opportunity for participants to discuss issues that are racialized, gendered, and classed because the communities that are affected by the educational system are racialized, gendered, and classed communities (Solórzano & Yosso, 2002). My role in this project was not just one of researcher, but of collaborator, co-creating knowledge with the parent participants. As such, my own stories related to collaborating with parents were included in this dissertation as well. My own experiences encountering deficit views of Latino/a parents within the school system have shaped me as a professional and provided inspiration for undertaking this dissertation project.

Limitations, Delimitations, and Assumptions

This study was delimited to specifically engage in dialogue with a small number of Spanish-speaking Latino/a parents in one geographical area. As such, utilizing focus groups and individual interviews with a more limited number of participants was a methodological choice made explicitly to delve deeper into dialogue with participants and develop themes across groups. This methodology invited the participants to freely tell their own stories and build collective stories about their experiences. According to Eva Magnusson and Jeanne Marecek (2015), this form of interviewing works well to elicit rich, full, and complex accounts from participants. The parents in this study were more than participants; they were collaborators, co-creating knowledge based on their thoughts and needs. The role of the researcher became to facilitate discussion among participants and provide a safe space for parents to share their experience.

This study was limited in its scope as it was looking specifically at the perspectives of a finite number of participants. While themes emerged, overall generalizability was not expected. The information gathered was used to begin the process of reflecting on current practices and policies of speech-language pathologists in their interactions with culturally and linguistically diverse parents and families. It generated recommendations others might consider in similar contexts. Further research will be required to expand on themes among a larger or different population of participants.

It was my assumption that school professionals, including speech-language pathologists, should work to create a sense of *compadrazgo* in which parents are valued and respected as full partners within the school environment. This does not seem to be the case or a priority within much of the existing education and speech-language pathology literature (Artiles & Trent, 1994; Blanchett et al., 2009; Chhuon & Sullivan, 2013; Ferri & Connor, 2005; Olivos et al., 2010). By engaging with parents with cultural humility, school professionals can "relinquish the role of expert" to parents (Crowley, Guest, & Sudler, 2015; Falicov, 2016; Tervalon & Murray-Garcia, 1998). Put another way, when educators become co-parents, they value and support the concerns and perspectives *of the parents* regarding their children's educational needs.

Significance and Link to Social Justice

Within the education and speech-language pathology fields, social justice issues related to the social structure of the school system often render culturally and linguistically diverse parents and students powerless and/or marginalized (Gewirtz, 1998). This study countered the dominant view of parents by validating and honoring the opinions, perspectives, and lived experiences of the parents who engaged in this research. To date, there has been research related to culturally responsible collaboration with culturally and linguistically diverse parents within the special education literature (see Blanchett et al., 2009; Cobb, 2014). However, there is a lack of research related to incorporating *parents' perspectives* within the field of speech-language pathology. It is my hope that this study will help counter the deficit views of Latino/a parents within the field of speech-language pathology. Working within a socially just framework, this study countered the processes of marginalization of culturally and linguistically diverse families within the education system by supporting the belief that professional-parent relationships should be based on "recognition, respect, care, and mutuality" (Gewirtz, 1998, p. 482).

This study honors the lived experiences of parents and families who are often overlooked and devalued within the field of speech-language pathology. Through the dialogical process, I offer suggestions here for how SLPs can become more culturally sensitive and inclusive in their daily practices with parents, thus *curando la herida* (curing the wound). I hope the information gathered can be used to help change policies and practices surrounding the collaborative process in speech-language pathology and help to redefine *parent involvement* along more culturally inclusive lines. Also, I would like this research to contribute to training and professional development for SLPs who work with culturally and linguistically diverse families. It is important to note that, as one of the outcomes of this research, I produced a short bilingual document of the findings that will be distributed to the parent participants of this study, as well as bilingual educators and speech-language pathologists within my local school district (see Appendix E).

Definition of Key Terms

The following section provides definitions of key terms that are used throughout this dissertation. Definitions include references to the literature as well as my own interpretation and rationale for their use in this context.

Assimilation – The process of abandoning one's own cultural and linguistic background to adopt the dominant, White, middle-class culture and English (Solórzano & Yosso, 2002). This is accomplished through the essentialization of all Latino/a people as one homogenous group that is deficient compared to the dominant culture (Solórzano & Yosso, 2002).

Brown v. Board of Education of Topeka (1954) – Seminal Supreme Court decision that ended *de facto* segregation of Students of Color in schools in the United States (Ferri & Connor, 2005). However, to maintain segregated schools, many states began placing a disproportionate number of Students of Color into special education classes as a form of covert racial segregation (Artiles & Trent, 1994; Blanchett et al., 2009; Ferri & Connor, 2005).

Community Cultural Wealth – A social capital model purported by Tara Yosso that counters deficit views of Latino/a families. As opposed to the majoritarian views of Latino/a families, culture is represented symbolically through dynamic processes that build on the capital that Latino/a families possess that is tied to their language, race, and ability to navigate social systems (Solórzano & Yosso, 2002; Yosso, 2005).

Collaboration – The means through which power is negotiated within relationships. An ideal collaborative relationship should have a balance of power between speech language pathologists and parents. Power relationships are mitigated through the interactions between educators and parents (Giroux, 1981).

Color-evasiveness – The notion that there are no differences between people of different races, which tends to mask the existence of discrimination and privilege. I use the term color-evasiveness as opposed to color-blindness to recognize the "active evasion involved in people's refusing to discuss race in the face of racial inequalities" (Annamma, Connor, & Ferri, 2016a; Preis, 2013).

Compadrazgo – A "two-way social system, which sets up reciprocal relations of variable complexity and solemnity" (Mintz & Wolf, 1950, p. 355). For the purposes of this study, *compadrazgo* is used to symbolize the ideal relationship between parents and educators that values parents' contributions to their children's education.

Confianza – Confianza roughly translates to a combination of trust and confidence, but it has multiple meanings in Spanish. For the purposes of this study, confianza highlights the mutual relationship that is built between parents and school professionals based on trust, respect, and positive affirmation (Dyrness, 2007).

Counter-storytelling – A method of telling the stories of the people whose experiences are not often told. Counter-storytelling is a method of exposing and challenging majoritarian stories of racial privilege to build solidarity among the storytellers (Delgado, 1989; Solórzano & Yosso, 2002).

Critical – The theoretical and methodological frameworks that acknowledge an imbalance of power within the interactions of educators and parents that are socially and historically constructed (Giroux, 1981; Kincheloe & McLaren, 2005). To attempt to transform these imbalances of power, educators and parents need to engage in two-way dialogue to name issues that affect them and work cooperatively to change the system of oppression (Freire, 2000; Solórzano, 2013).

Cultural Bias – Policies and practices within the field of education that are based on majoritarian beliefs about idealized parent-child interactions that are often viewed as "natural" and "normal" (van Kleeck, 1994).

Cultural Competency – Within the field of speech-language pathology, the technical knowledge about language acquisition and intervention integrated with an understanding and appreciation of the values, perspectives, and world views that influence the SLP and those of the families (Kohnert et al., 2003).

Cultural Humility – Concept originally credited to Melanie Tervalon and Jann Murray-Garcia (1998) to emphasize the need for physicians to "relinquish the role of expert to the patient" and to develop the role of the patient as a "capable and full partner" in their care (Crowley et al., 2015, p. 65).

Dis/ability – Utilizing the DisCrit definition of dis/ability, I deliberately use the slash in the word dis/ability to “convey the social construction of both ability and disability.” I maintain the use of disability when quoting others (Annamma et al., 2016a, p. 7). I use the term *dis*ability to emphasize the potential negative perceptions of dis/ability, and I use the term differently-abled to emphasize that everyone has her or his own strengths and challenges.

Educator – Anyone within the school setting that educates children, including teachers, school psychologists, speech-language pathologists, occupational therapists, administrators, tutors, and librarians.

Every Student Succeeds Act of 2015 – The most recent reauthorization of the Elementary and Secondary Education Act (ESEA) of 1965, a federal funding law that was designed to compensate for the perceived educational deficits of students from lower socioeconomic backgrounds (Davidson, Reback, Rockoff, & Schwartz, 2015; Goertz, 2005; Grant & Potter, 2011).

Essentialization of Race – Using one feature (e.g., race) to group People of Color into one homogenous group who are different and deficient compared to the dominant culture (Solórzano & Yosso, 2002). Essentialization of race is sustained through social institutions (e.g., education, law, politics, and religion) and everyday thoughts and practices that create or hinder racial equality and justice (Lindlof & Taylor, 2011).

Hegemony – The reproduction of traditional, hierarchical, and social relationships that promote and maintain dominant ideologies (Giroux, 1981; Gramsci, 1971).

Hidden Curriculum – The manifestation of dominant ideologies within the school structure (e.g., parent participation, curriculum, standards) that legitimize hegemonic ideologies within the school setting (Giroux, 1981).

Individualized Education Plan (IEP) – The legally binding documentation that is used to provide individualized educational services and supports utilizing goals and objectives constructed through the assessment of a child's specific areas of strengths and needs (Pretti-Frontczak & Bricker, 2000).

Individuals with Disabilities Act of 2004 – The reauthorization of the Education for all Handicapped Children Act of 1975 that was established to ensure access to due process and free public education for children with disabilities (Blanchett et al., 2009; Chhuon & Sullivan, 2013).

Latino/a – When discussing people of Latin American descent in this study, I use the term Latino/a. For parents in the study, traditional gender assignments have an important impact in their lives and thus I use the gendered forms when referring to specific individuals. In addition, when quoting parents or other sources (e.g., census data), I maintained the form used in the original work (i.e., *hispanos* or Hispanics). I acknowledge that there are other terms that are gender-neutral used within the literature that have been gaining in prevalence in popular and scholarly literature (i.e., Latinx, Latin@) (Anguiano, 2016; Martinez, 2017; Monzó, 2016; Scharrón-del Río & Aja, 2015).

Majoritarian Views – Stories that are maintained about People of Color that perpetuate assumptions based on negative stereotypes. These stories often appear neutral or objective, when in reality, they support dominant views and expectations (Fernández, 2002; Solórzano & Yosso, 2002)

Parent Participation/Involvement – Within the literature, there is a distinction between parent participation/involvement and collaboration. Parent participation/involvement signifies all the activities that parents can engage in that are deemed important by school staff without taking a parent's perspective into consideration (Lareau & Weininger, 2003; Olivos et al., 2010; Trainor, 2010b).

Praxis – Based on the work of Paulo Freire (2000), praxis refers to the intersection of theory, reflection, and action that creates a critical consciousness. In this way, Latino/a parents can work together to fight all forms of oppression (Valdes, 1998).

Problem-Posing Dialogue – Credited to Freire (2000), used as a means for parents and educators to engage in two-way dialogue to name issues and work toward changing the oppressive systems that affect them (Solórzano, 2013).

Professional – The educators (e.g., teachers, speech-language pathologists) within the school setting who have formal education, training, and expertise in child development, language, and communication. While many parents might have similar educational backgrounds, the underlying assumption within the school setting is that they do not.

Racial Obliviousness – The lack of exposure and interaction of SLPs with different cultural, racial, and linguistic groups. Racial oblivious can lead to color-evasiveness (Helms, 1993; Preis, 2013).

Social Capital –The resources and power that are passed down from one generation to the next (Bourdieu, 1977). For the purposes of this study, the social capital of the parents will be viewed from a community cultural wealth perspective (Yosso, 2005).

Social Justice – The struggle to counter the social structure of the school system that often marginalizes Latino/a students and their families. Engaging in work that supports the belief that professional-parent relationships should be based on “recognition, respect, care, and mutuality” (Gewirtz, 1998, p. 482).

Special Education – Services and supports that children receive in school above and beyond that within the general education curriculum. These include speech and language therapy, academic interventions, modifications to the curriculum, and smaller specialized classes that provide targeted supports.

Speech-Language Pathologist (SLP) – A professional who works within the school setting who specializes in the communication needs of students, including language (i.e., grammar, vocabulary, pragmatics), articulation (i.e., speech sounds), fluency/stuttering, and voice (i.e., intonation, pitch, volume). At times, I use the term therapist (*terapista*) interchangeably to coincide with the term that parents use in the study.

Organization of Dissertation

This chapter introduced the background of some of the factors that both create a collaborative relationship between parents and SLPs and potentially impede collaboration. The rest of the dissertation is organized as follows. In Chapter 2, I review the current literature related to the history of Latino/a parent participation, speech-language pathologists’ cultural competency, and the overarching theoretical lens through which this study is viewed. This chapter begins with a personal narrative, as storytelling (both of the parents and myself) is a key component of this dissertation.

Chapter 3 lays out the research design and methodology employed in this study. Focus groups and individual interviews were utilized as part of the qualitative research design to bring to the foreground the parents' own perspectives and experiences. By engaging in collaborative discussions, the parents validated their own experiences and struggles to support their children's education. Focus group and individual interviews were audio recorded. Transcriptions of audiorecordings were completed by Verbal Ink, a transcription company, and translations were completed by myself with checks for accuracy from my friends and family. The data were analyzed and indexed according to major themes that emerged both individually in each focus group and interview and collectively as a whole.

Chapter 4 discusses the analysis and results of the data, specifically, the themes that emerged through the analysis of the data. Chapter 5 connects the analysis of the data back to the literature on parent involvement and culturally competent speech and language therapy. Chapter 5 also provides a description of the findings that will be distributed back to the parent participants as well as bilingual educators and speech-language pathologists. The appendices include an informed consent form, topic guides for focus groups and individual interviews, a framework template for analysis, and a bilingual infographic with results of this study for parents.

In Closing

This dissertation project is important to me both professionally and personally. I have been fortunate to have two parents who have supported and encouraged me throughout my schooling. As a child in Mexico, my father was only able to attend school until the third grade because he had to work to support his family. Nevertheless, he felt that it was imperative for me to receive an education. In my 10 years of experience as an educator and speech-language pathologist, I have seen parents with the same hopes and dreams as my father treated with disrespect from the professionals at the school sites, causing an *herida*, as Cristina called it. Often, decisions related to the education of children with special needs are made by school personnel without input from the parents. I believe this is wrong. It is important that this work be completed to provide voice and context to the experiences that Spanish-speaking Latino/a parents face in trying to negotiate the school system. By beginning a dialogue between parents and speech-language pathologists, I hope that this project will foster collaborative interactions and a sense of *compadrazgo* that will ultimately benefit the Latino/a students and the families that we serve.

CHAPTER 2

REVIEW OF THE LITERATURE

As a practicing speech-language pathologist and former teacher within a large urban school district in Los Angeles, I have had opportunities to interact with parents from diverse socioeconomic backgrounds, cultural backgrounds, and language groups. In my school district, 80% of students are from a lower socioeconomic status, 74% of students are Latino, and while only 25% of the students in the district are classified as English learners, 43% of all students receiving special education services are English learners (California Department of Education, 2018). While I have the advantage of working with a variety of students; oftentimes, meeting the needs of such a diverse student population is difficult.

As the daughter of an educator, I have both lived and worked in a classroom setting for most of my life. As a child and young adult, I volunteered in my mother's classroom during vacations. When I was in college and graduate school, I volunteered as a tutor and worked as a teaching assistant. My first teaching position came from my assignment as a teaching assistant at a Catholic school in East Los Angeles. The students and families of that third-grade class reinforced how important fostering a classroom community could be for establishing *confianza*. I was invited to every first communion, birthday party, and graduation ceremony. Even though those students are now fully grown adults, I keep in touch with the parents and students from that class.

Since then, I have worked as a bilingual teacher and speech-language pathologist in public schools for 10 years. In interactions with parents, I have developed relationships with them that foster a sharing of information, not just about their child's speech and language skills, but about their home life, aspirations for their children, and experiences navigating the school system.

Often, parents of my students, especially Spanish-speaking parents, have expressed feeling isolated from the schooling process of their children, *abriendo la herida* (opening the wound. They have expressed concerns about what they perceive to be their children's lack of progress, mixed or negative effects of speaking Spanish with their children, feeling unwelcome on the school campus, and feeling frustrated that they could not do more to help their children. When their children are identified as having a dis/ability, parents often deal with feelings of guilt or embarrassment. Compounding this issue, school professionals do not ask for parents' input in the intervention process beyond what is minimally required by law. Parents are often faced with the challenge of balancing being an advocate for their children while not being perceived as "difficult" by school professionals.

In 2005, I began teaching in a Spanish dual language program at a public school in South Los Angeles. In my first 2 years as a teacher, I had a student named "José" in my class. José's parents were from a rural part of Central America and had not had the opportunity to obtain a formal education. In my class, José struggled in all academic areas (i.e., reading, math, writing, science, etc.), so my team partner and I began an intensive intervention with him and his family. We met with his mother after school three days a week and gave her books, manipulatives (i.e., counting bears, dice, etc.), and graphic organizers to work with him at home. We found resources in the community as well, including tutoring programs. At the end of the year, José had made a little progress, but we felt he would struggle too much in second grade, so we recommended retaining him in first grade. His parents agreed. Despite our best efforts, José continued to make slow progress during his second year in first grade. At our second trimester parent-teacher conference, I displayed José's writing sample on the wall. He had written, *Me play fútbol*. It was the first complete sentence he had written since starting school. When his mother saw the writing sample, she said, "Me da vergüenza que mi niño no puede escribir como los demás" (I feel embarrassed that my son cannot write like the other students). I reassured her that José had made progress and that I was proud of his writing.

Toward March of his second year, José was evaluated for special education services. At the Individualized Educational Plan (IEP) meeting (my first as a teacher), the school psychologist began talking about cognitive levels and probes. She called José a "non-non" meaning that he had no language dominance, in English or Spanish, and therefore no *functional* language skills. As she was speaking, my team partner and I intervened multiple times to make sure the mother understood what was being discussed. The speech-language pathologist had assessed José's language as well but was not present at the meeting to discuss his results. The administrator and the psychologist determined that the best course of action for José was for him to attend an English-only special education class. My team partner and I strongly disagreed because we knew that José was so much happier, more comfortable, and responsive in Spanish than English. The IEP meeting was recessed because the mother did not want to sign the IEP documents if we, the teachers, did not agree with José's placement. The administrator reconvened the IEP meeting the next day, without my team partner or me present, to secure the mother's signature. José was taken out of our classroom and changed schools the following Monday.

This encounter has stayed with me over the years because it was the first time I felt that school personnel had coerced parental support that was not in the child’s best interest. José was struggling in our class, but he was making progress. As general education teachers, we provided supports to help José access the curriculum. Most importantly, we used Spanish with José to help him understand the material, even if the lesson was in English. When we initiated special education testing, we looked for additional resources for José, not to dismantle the one support that was working for him, Spanish. I was devastated to think that my team partner and I were powerless to make decisions for our student. We had gone into the IEP meeting as blindly as José’s mother. The administrators and support staff had already made up their minds about José’s placement before we even convened the meeting. By sending José to a special education class at another school site, our school was no longer responsible for José. I never saw José again after he left our school; however, I have continued to witness similar scenarios with students and their parents in every school setting I have worked.

Many of the parents I work with, especially Spanish-speaking Latino/a parents, continue to report that they do not feel welcome on the school campus, feel ashamed of their lack of school knowledge, feel ill-prepared to help their children according to the school’s priorities and standards, and feel a disconnection from their predominantly English-speaking children. Many of my colleagues have continued to advocate for English-only school and home environments for bilingual students with speech and language difficulties. They believe that learning two languages is too cognitively taxing on students and they should instead focus primarily on English, the language of the school. These deficit views are not supported within the bilingual education literature; in fact, the literature on bilingual education supports students learning in two languages, even students with language or learning difficulties (see Bruck, 1992; Cummins, 1983). Fostering more effective collaboration between parents and school-based speech-language pathologists—one of the purposes of this dissertation project—would help to counter these deficit views of students and their families.

In this chapter, I review the literature related to parent-educator collaboration within the field of speech-language pathology, focusing specifically on Spanish-speaking Latino/a parents. Because there is limited research within this field about collaboration with parents of students with language difficulties, issues related to parent collaboration within school settings are also discussed. I drew on the existing literature to show the importance of incorporate parents' voices and parents' perspectives into the assessment and treatment of speech and language needs. The chapter is organized based on the theoretical frames that guide the project as a whole. First, I discuss the current status of parent-speech language pathologist interactions. Next, I discuss the historical and legal educational history related to parent involvement in schools. After that, I review the major theoretical lenses for viewing this topic: dis/ability critical race theory, Latino critical race theory, and community cultural wealth. Thus, this literature review provides a foundational understanding about the topic of collaborating with Latino/a parents by validating their experiences and voices and examining how scholars have engaged with these concepts.

Speech Language Pathologists and Parents

School-based speech-language pathologists (SLP) are powerful and influential members of special education teams on school campuses. SLPs are consulted about students' language development, participate in classroom interventions and Individualized Education Plan (IEP) meetings, and provide speech and language therapy to support students' access to the curriculum.

SLPs need to develop relationships based on respect in order to successful collaborate with Latino families (Kummerer, 2012). To develop *confianza* (trust), SLPs need to be approachable and responsive. Many culturally and linguistically diverse families within the United States experience poverty, abuse, exploitation, and oppression (Falicov, 2016; Kathard & Pillay, 2013). In addressing larger social, cultural, and political issues, speech-language pathologists need to be competent at engaging with parents in dialogue, building trust and respect for the families and what they have experienced. It is also important for SLPs to understand the contexts in which students and their parents live, including the challenges they face. As classroom teachers are often the ones who have the most contact with families, developing collaborative relationships with teachers and other school staff supports the development of *confianza* among SLPs and parents.

Challenges to Collaboration in Speech Pathology

The need to develop collaborative relationships between SLPs and school staff including general education teachers, special education teachers, school psychologists, and occupational therapists has been well-established in the literature (see Glover, McCormack, & Smith-Tamaray, 2015; Salas-Provance & Oprandy, 2006). Often, SLPs tend to work in isolation in the school setting, pulling their students out of their classrooms for therapy and returning them after the session. However, in the early 1990s, a collaborative-consultative model of speech therapy was introduced in the schools that advocated for better collaboration between speech-language pathologists and teachers (Salas-Provance & Oprandy, 2006). To foster collaboration among school professionals, they needed a shared "language and understanding of each other's roles" and the "development and implementation of policies which encourage teamwork" (Glover et al., 2015, p. 365). Professionals face certain barriers in developing more collaborative relationships, including a lack of communication, lack of time to engage in collaborative discussions, and different priorities of SLPs and other school professionals (Glover et al., 2015).

Despite these barriers, in a national survey of school-based SLPs conducted by the American Speech-Language and Hearing Association (ASHA, 2016), of the 1,894 school-based SLPs surveyed, 77% of respondents stated that they had engaged in “interprofessional collaborative practices to provide comprehensive, integrated services” within the previous 12 months. Respondents most often collaborated with other school professionals on a weekly basis to provide speech and language therapy to students. While professional-to-professional collaboration has increased in the past few decades, collaboration with parents continues to be a struggle for school-based speech-language pathologists. Twenty-eight percent of SLPs in the survey reported that their greatest challenge in providing speech therapy was “limited parent involvement and support” (ASHA, 2016). In combination with the shift to a more collaborative-consultative model of therapy, there has also been a shift in the literature to support a more family-centered model of care (Pappas, McLeod, McAllister, & McKinnon, 2008). This type of family-centered care revolves around considering parents’ time and priorities, obtaining parental approval of assessment results and treatment plans, and allowing parents to suggest goals and activities for intervention (Pappas et al., 2008). Given this idealized version of collaboration, within their study of SLPs in Australia, Pappas and colleagues found that school-based SLPs were significantly less likely to include parents in speech therapy activities. SLPs in the study attributed the difference between ideal family-centered practice and current practices to time constraints within the workplace, lack of SLP confidence and experience involving parents in therapy, and parents' lack of availability during school hours (Pappas et al., 2008).

Coupled with general issues that affect collaboration, when working with Latino families, speech-language pathologists also face a cultural disconnect between themselves and the families they serve. On ASHA's national survey, when asked how qualified they were to address cultural and linguistic influences on service delivery, 66% of respondents reported being less than qualified, and only 8% reported being very qualified to address challenges faced by students from diverse cultural contexts (ASHA, 2016). Often this lack of competence in addressing the needs of culturally and linguistically diverse families stems from cultural assumptions that underlie the provision of speech and language services (Rodriguez & Olswang, 2003). These assumptions are often not addressed due to a lack of SLP training about incorporating parents' beliefs and values into speech-language pathologists' daily practice. To address this ongoing deficiency in training, Hyter (2008) emphasized the need for speech-language pathologists to work within a critical theory framework that includes transdisciplinary dialogical research and assessment that validates the student and family's engagement, self-perception, belief systems, and linguistic backgrounds.

Professional Standards and Speech Language Pathology

As part of the standards for obtaining clinical competency in speech-language pathology, the American Speech-Language and Hearing Association (ASHA) has stated that speech-language pathologists must:

> Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family,

> caregivers, and relevant others and provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others. (ASHA, 2014)

ASHA's professional standards also state that to exhibit competency as a clinician, one needs a level of *cultural competency*. Cultural competency includes the integration of "theories of language acquisition and methods of intervention with a clear understanding and appreciation of the *values*, *perspectives*, and *world-views* that guide one's own behavior and that of others" (Kohnert et al., 2003, p. 266, emphasis added). Though speech-language pathologists should exhibit cultural competencies in their practice, they often fail to understand the effects of a family's race, social class, cultural values/beliefs, experiences, and perspective of disabilities on service delivery (Blanchett et al., 2009). Often, this lack of understanding tends to manifest itself because of the cultural and linguistic disconnect between parents and school-based speech-language pathologists (SLPs).

The Intersection of Race, Language and Culture in Speech Pathology

Nationally, only 8% of all ASHA members identify as a Person of Color, compared to 28% of the overall population of the United States (ASHA, 2015). As I point out in Chapter 1, within the State of California, specifically, 84% of the over 10,000 practicing speech-language pathologists are White, while only 9% identify as Hispanic or Latino (ASHA, 2015). Less than 8% of speech-language pathologists in California qualify as bilingual service providers in Spanish, of which, only 2% report speaking Spanish as a primary language in their homes (ASHA, 2015). In contrast, 39% of the people living in California identify as Latinos, of which, 77% speak a language other than English in the home and 38x% self-identified as speaking

English “less than very well” (California Senate Office of Research, 2014, p. 6). The overall demographic data of California reveal the need for SLPs to utilize culturally competent practices when working with families from different backgrounds.

Within the professional literature on speech-language pathology, issues of race, ethnicity, class, and language often become reduced to the isolated linguistic elements of language (i.e., grammar, vocabulary, eye contact) for culturally and linguistically diverse populations. According to Vichet Chhuon and Amanda Sullivan (2013), “talking openly about race and ethnicity in our profession has become *taboo*” (p. 39, emphasis added). Although previous research has acknowledged that “culture impacts practice,” the overall emphasis has been on the client’s linguistic characteristics, not necessarily the impact of the client or SLP’s “culture, including potential attitudes, stereotypes, and biases” (Chhuon & Sullivan, 2013, p. 50). Kathryn Kohnert (2013) echoed the concerns of Chhuon and Sullivan in stating that speech-language pathologists need to “identify and address systemic biases at the institutional and individual levels that ultimately undermine the provision of culturally competent services” (p. 47). Until discussions of cultural and linguistic diversity address race, speech-language pathologists will continue to focus on “specific aspects of culture and language differences arising from dialect or multilingual exposure” (Ebert, 2013, p. 61).

In a study conducted in 2012 that included feedback from students enrolled in 11 graduate programs in speech-language pathology, Kerry Danahy Ebert (2013) found that SLP students felt that racial privilege was “minimal” and “irrelevant” in the profession, race “does not affect” service delivery, and White privilege does not exist. In addition, many of the respondents expressed “anger” and “hostility” to the content of the survey (Ebert, 2013, p. 62). Janet Helms

(1993, as cited in Preis, 2013) utilized the term *racial obliviousness* to describe the lack of exposure and interaction of SLPs with different cultural, racial, and linguistic groups. This lack of exposure tends to lead to *color-evasiveness* which "recognizes the active evasion involved in people's refusing to discuss race in the face of racial inequalities" (Annamma et al., 2016a). Preis (2013) suggested that there is a need within the field of speech-language pathology to teach about the "deep influence of history on culture and communication and the significant role prejudice and discrimination play in interactions" (p. 79).

Cultural Humility and Culturally-Competent Support

One way to address the need for SLPs to counter their racial obliviousness and *curar la herida* is to develop *cultural humility* (Crowley et al., 2015). The concept of cultural humility was originally credited to Melanie Tervalon and Jann Murray-Garcia (1998, as cited in Crowley et al., 2015; Falicov, 2016) and emphasized the need for physicians to "relinquish the role of expert to the patient" and to develop the role of the patient as a "capable and full partner" in their care (p. 65). By approaching the practice of speech-language pathology from a stance of cultural humility, the SLP recognizes that families are experts in their histories, cultural groups, and treatment priorities (Falicov, 2016). Looking at issues of race, culture, and language with cultural humility allows the SLP to engage in dialogue with the students, parents, and families in ways that respect their lived experiences, knowledge base, and needs, both linguistically and socially.

One speech-language pathology researcher who provided culturally competent language interventions is Elizabeth Ijalba. As part of the Bilingual Biliteracy Lab at Queens College in New York, Ijalba (2015) created a parent-training program that incorporated language development strategies and parent-to-parent support. Ijalba's program, the Bilingual Early

Language and Literacy Acquisition (BELLA), was developed to support home language use for preschoolers with documented language difficulties. BELLA was designed with the premise that "caregiver-child interactions and communication within the family are at the center of children's social, emotional, cognitive, and language development" (Ijalba, 2015, p. 208); therefore, a child's home language would be supported and encouraged, especially for students with language difficulties. Ijalba (2015, 2016) focused on language intervention methods and parent perspectives about disability and language use. Curricular materials for the program were based on objects, activities, and literacy strategies the mothers used in the home. Through their shared narratives and interactions, the mothers revealed concerns regarding social isolation, anxieties about raising a bilingual child with a dis/ability, and expectations of their child's needs resolving through maturation (Ijalba, 2016). An underlying topic for the mothers in the study was a lack of "culturally responsive and evidence-based services available to their families" (Ijalba, 2016, p. 209). Through the parent-to-parent dialogues, discussions centered on issues of acculturation, depression, immigration, and poverty (see also, Ijalba, Jeffers, Giraldo, Penagos, & Parmiter, 2011).

By giving the mothers safe spaces to express their feelings, Ijalba and her colleagues discussed issues important to the mothers beyond just vocabulary development. Ijalba and her colleagues recommended that when a SLP works with Spanish-speaking parents, attention to the following priorities should be maintained: (a) every parent should be considered the expert on her or his child, (b) the SLP should step back from serving as facilitator and let the parents lead discussions, (c) the SLP should talk from the heart and trust in the expertise of the parents, (d) parent input and parental concerns must be allowed to shape the activities of each meeting, (e) the SLP should be ready to improvise, and (f) the SLP must check her or his privilege (Ijalba, et al., 2011). In this way, the work of the SLP not only reinforces the language needs of the children but also provides culturally competent support to the parents and families based on their expressed needs.

Cultural Bias in Speech-Language Pathology

While the BELLA program is an example of how to provide culturally relevant speech therapy that validates the parents' backgrounds, and serves as an inspiration for this dissertation, its features have not always been typically practiced within the field. Anne van Kleeck (1994) conducted an extensive review of the literature on parent-child interactions, language socialization, and cultural bias within the field of speech language pathology. The gold standard of effective parent training, she found, included assumptions based on majoritarian beliefs (i.e., White, middle class) that parents are their child's primary caregiver, parent-child interactions are conducted in dyads, families value children talking a lot, children should initiate and control conversations, and children are equal partners in conversations. However, based on the parents' educational beliefs, their participation in their children's education often looks different from what the SLP might consider to be *good* parent participation (Rodriguez & Olswang, 2003). Van Kleeck studied 16 different cultural groups from Africa, Canada, Japan, Polynesia, and the United States to discuss cultural differences in social organization, the value of talk, how status is handled in interactions, beliefs about intentionality, and language teaching beliefs. She presented counter-examples of parent-child interactions from diverse cultural and linguistic backgrounds in order to "move beyond an ethnocentric paradigm that compares non-dominant groups to the dominant group only" (Van Kleeck, 1994, p. 68). By exposing these cultural biases, van Kleeck sought to undo the long-held belief that the so-called gold standard of parent-child interactions (i.e., typical White, middle class) was “natural” and the norm. In reviewing research from a variety of cultures, van Kleeck sought to counter the belief that there was a set way to have parent-child interactions based on majoritarian assumptions, regardless of the cultural background of the family.

Majoritarian views about parent-child interactions, parent involvement in school, and the needs of cultural and linguistically diverse students have been reinforced by the legislative history within the United States. In the next section, I discuss major historical legislation decisions that have affected the current state of parent-school interactions.

Historical Legislation and its Impact on Speech Language Pathology

Over the past 50 years, general and special education legislation within the United States has affected the implementation of speech-language pathology services within schools. Dominant ideologies about educational deficiencies of families from different cultural, linguistic, and socioeconomic backgrounds are well documented in the legislation. Often, legislation has been enacted to compensate for perceived deficits, including race, low socioeconomic status, and language use. It is my belief that to make legislative decisions based on deficit views only creates fewer opportunities for Students of Color to demonstrate success in schools. In this section, I discuss general education legislation, special education legislation, and their effects on parent-school collaboration.

General Education Legislation

The Elementary and Secondary Education Act (ESEA) of 1965 was created by the Gardner Commission to link federal education aid to President Lyndon Johnson’s *War on*

Poverty policy programs (Thomas & Brady, 2005). This legislative language specifically targeted families from lower socioeconomic statuses who were at risk for school failure. When discussing the rationale for providing Title I funding to low-income families, the ESEA committee used terms such as “paralyzes,” “obsolete,” “chronic and contagious,” “slums,” and “delinquency and crime” (Senate Committee on Labor and Welfare, 1965, p. 93). Analyzing the language used in the original ESEA, a deficit view of families based on socioeconomic status emerged. It became clear, for example, that a dichotomy existed between President Johnson’s call to have the “best education” for “every child” and the lived realities of the families whom ESEA targeted (Senate Committee on Labor and Welfare, 1965, p. 12). In the Title I provisions of ESEA of 1965, parents were required to serve on an advisory board and participate in classroom activities (Anfara, Jr. & Mertens, 2008). Overall, federal and state legislative programs were enacted to compensate for perceived inadequate parental support for students from low socioeconomic backgrounds.

The deficit view of the homes of students from various cultural, linguistic, and socioeconomic backgrounds has continued to this day, included in legislation related to *A Nation at Risk* (1983) under President Ronald Reagan and the reauthorization of ESEA as the No Child Left Behind Act (NCLB) of 2001, and Every Student Succeeds Act (ESSA) of 2015. When ESEA was reauthorized as NCLB, provisions stressed shared accountability between schools and parents in pursuit of increasing student academic achievement. In fact, NCLB legislation provided specific verbiage that defined *parent involvement*. Language used in NCLB includes “integral role,” “actively involved,” “full partners,” “building parent capacity” and “decision-making” (Department of Education, 2004, p. 3). While the law was clear, actual implementation of the law suffered from a lack of specific guidelines, especially in the schools and communities that served the target populations of these reforms. (Davidson et al., 2015; Goertz, 2005; Grant & Potter, 2011).

Federal legislation continued to conceptualize schooling inequalities through a deficit view of parents and families (Olivos, Jimenez-Castellanos, & Ochoa, 2011). By reading between the lines, the assumed commonsensical beliefs about parents were (a) parents from low socioeconomic backgrounds did not possess the capacity to support academic learning without intervention, (b) parents were not actively involved in decision-making activities at school sites, and (c) without direct intervention from the institution, academic achievement of low-income students would not improve. Although NCLB was recently reauthorized as the Every Student Succeeds Act of 2015 and its language changed from parent involvement to *parent and family engagement*, the underlying belief continued to be that families from low socioeconomic backgrounds lack fundamental opportunities for resources (i.e., stable housing or employment) and therefore could not support the education of their children without government intervention (Valli, Stefanski, & Jacobson, 2016).

The notion that parents from different backgrounds have unequal abilities and inadequate skills to support the education of their children has had over 50 years to become educational dogma. Henry Giroux (1981) cautioned educators to analyze how established ideologies were sustained in schools and how stakeholders (i.e., parents, educators, and students) negotiate, resist, or accept these ideologies. By following laws that specifically target students and families from different socioeconomic statuses, schools also legitimize “myths of meritocracy and equal opportunity” (Olivos et al., 2011, p. 9). Further, when students, parents, and families were unable to meet the expectations of these myths, the deficit idea that accountability for student success and failure is the exclusive responsibility of the parents and families became reified (Olivos et al., 2011).

Special Education Legislation

Nationally, 6.7 million students (i.e., 13% of the total population) receive special education services: 35% under the eligibility of specific learning disability, 21% under the eligibility of speech and language impairment, and 7% as intellectually disabled (National Center for Education Statistics, 2016). Educational rights for students with special needs were originally protected through the Bureau of Education for the Handicapped in the 1960s and the passage of the Education for all Handicapped Children Act (EHA) of 1975 (Blanchett et al., 2009). EHA ensured students "access to due process and free public education" (Chhuon & Sullivan, 2013, p. 6). In the wake of the civil rights movement, it appeared that the passage of EHA would ensure educational equality for the thousands of students with special needs who had been denied equitable education under the law (Blanchett et al., 2009).

However, in practice, special education became yet another way to segregate Students of Color from their White counterparts (Artiles & Trent, 1994; Ferri & Connor, 2005). Following the decision to desegregate schools, as a result of *Brown v. Board of Education of Topeka* (1954), many states began using special education classes to perpetuate "covert forms of racial segregation" (Blanchett et al., 2009, p. 394). David Prasse and Daniel Reschly (1986, as cited in Blanchett et al., 2009) noted that allegations of covert racial segregation were reported as early as 1965 in San Francisco with the first lawsuit on the issue being *Johnson v. San Francisco Unified School District* (1971), in which the district was charged with "dumping African

American children in classes for the mildly retarded" (p. 394). Blanchett et al. (2009) described the reality of Students of Color within the educational system as "living in poverty and attending urban schools that are often insufficiently funded and resourced," being labeled as having disabilities, and experiencing "inequities that are inherent in the special education system, including segregated classrooms, limited access to the general education curriculum, and poor post-school outcomes" (p. 392). The social construct of disability and the disproportionate representation of Students of Color in special education classes highlighted the "arbitrariness of placement decisions" by firmly establishing the concept of "deficit" as part of the educational belief system (Blanchett et al., 2009, p. 395).

For White, middle-class students, a special education eligibility provided valuable accommodations under the law, including extra time on testing, visual and verbal supports, and alternative means of accessing the curriculum. However, for Students of Color, special education eligibility often resulted in students being placed in poor quality special education classes, thus reinforcing segregation and a lack of access to resources (Chhuon & Sullivan, 2013). Often, the most prevalent disability categories (i.e., speech and language impairment, specific learning disability, emotionally disturbed, intellectual disabilities) were heavily reliant on "clinical judgment" and subject to clinician bias in determining eligibility and placement (Chhuon & Sullivan, 2013, p. 6). Clinicians' perceptions of students, culturally biased assessment protocols, and a lack of culturally and linguistically appropriate data that demonstrate children's functional levels, often lead to the exclusion of Students of Color from accessing the general education curriculum.

Originally, the Individuals with Disabilities Act (IDEA) of 2004 was intended to protect the educational rights of students with special needs and their family's rights to be involved in the educational decision-making process of children with dis/abilities. Parents' rights under IDEA included deciding on appropriate educational placement, participating in meetings that determine eligibility and placement, and being informed about their rights to due process (Kalyanpur et al., 2000). However, Latino parents reported that they were unaware of their rights or their children's progress even though information was presented in Spanish in IEP meetings because they were unfamiliar with the mechanisms of the rules and regulations of the school (Langdon, 2009). A family's cultural beliefs often affected their understanding, acceptance, and perspectives of disability (Blanchett et al., 2009). Educators, including speech-language pathologists, need to understand how issues of culture influence the family's ability to make decisions related to the specific needs of their children with perceived dis/abilities. The family's cultural background and view of dis/ability is often at odds with the standard American values that are embodied within IDEA: individualism, equity, and choice (Blanchett et al., 2009). When working with culturally and linguistically diverse parents, the cultural backgrounds and beliefs of both the SLP and parents require understanding to avoid perpetuating deficit views of families.

Parent–School Collaboration

Taken together, the legislative language appeared to support the involvement of families in the decision-making and schooling of their children. However, parent involvement, as stipulated in the laws, often only reflected the priorities of the school, not the parents (Olivos et al., 2010). Educators (including speech-language pathologists) tended not to seek family input when making school placement decisions, used overtly complicated technical jargon, communicated exclusively or primarily in English, and scheduled meetings during school hours at times when not all parents were available (Kalyanpur et al., 2000). Within a family-centered model of care, SLPs reported identifying a family's most important concerns, explaining assessment results, providing home activities, and involving parents in goal setting (Crais, Roy, & Free, 2006; Pappas et al., 2008). However, Pappas and colleagues also noted that, although SLPs reported using a family-centered model of care, parents often exhibited limited control over aspects of intervention, including making the final decision about intervention goals, and when and how to begin intervention.

Lloyd Dunn (1968), in his seminal work with children in special education programs, found that 60–80% of children in special education programs were minorities or from lower socioeconomic backgrounds (as cited in Guiberson, 2009). Federal legislation attempted to correct the overrepresentation of students from linguistically diverse families, but often offered contradictory stances. For example, *Lau v. Nichols* (1974) established that regardless of whether a student's home language was English, all students had the right to access the general education curriculum; and the Civil Rights Act of 1964 stated that "language cannot be a barrier to content knowledge" (Nixon, McCardle, & Leos, 2007, p. 273). However, despite the language in the law, the Supreme Court remained silent on how to best address language acquisition for English learners (Nixon et al., 2007).

Since the 1970s, California has also dealt with issues related to the overrepresentation of Students of Color in special education through litigation (Artiles, Rueda, Salazar & Higareda, 2002). *Diana v. State Board of Education* (1973) and *Larry P. v. Riles* (1979) addressed issues of assessment bias, disproportionate placement, and long-term consequences of being placed in special education (Artiles et al., 2002). These landmark court cases laid the groundwork to implement nondiscriminatory testing and due process safeguards to protect against over identification of Students of Color as having disabilities (Blanchett et al., 2009). In 1998, Proposition 227 (and its predecessors, Proposition 187 and 209) essentially abolished bilingual education programs, making it illegal for a student to learn in a language other than English in school (Artiles et al., 2002)[1]. Within the new language contexts, Artiles et al. found that there was an over-representation of English learners in special education (specifically categorized as having "mental retardation"[2] "specific learning disability," and "speech and language impairments") by sixth grade (p. 130). In my district, at the time of this study, while only 25% of the students are categorized as English learners, 43% of all students receiving special education services are English learners. Almost 80% of all students receiving special education services are Latinos; receiving services under the eligibilities of specific learning disability, intellectual disabilities, speech and language impairment, autism, and other health impairment (California Department of Education, 2018).

In conjunction with the legislative history, parent voices were often not valued when making decisions about eligibility and service delivery within the schools. An imbalance of power existed within the SLP/parent relationship that tends to breed mistrust, suspicion, and resistance (Olivos et al., 2010). Researchers found that Latino parents often received limited

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[1] In elections held on November 9, 2016, Proposition 58: the Non-English Languages Allowed in Public Education Act (Senate Bill 1174) was approved. It is still too early to know how this change in legislation will affect Latino/a children and their families.

[2] According to *The Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM–5*; American Psychiatric Association, 2013), *intellectual disability* as a diagnostic term replaced *mental retardation* used in previous editions.

contact or communication from the school, school staff exhibited negative attitudes toward families, school staff exhibited poor effort in providing services, and parents overall reported confusion by disability determination and classification (Guiberson, 2009; see also Lian & Fontánez-Phelan, 2001; Shapiro, Monzó, Rueda, Gomez, & Blacher, 2004; Zetlin, Padron, & Wilson, 1996).

The United States has a history of excluding and marginalizing culturally and linguistically diverse groups (i.e., African American students/families, Latino/a students/families, etc.). Parents, especially Latino/a parents, are often ignored as legitimate stakeholders in their children's education. According to data from the U.S. Department of Education's National Center for Education Statistics, children of Spanish-speaking parents were less likely to receive speech and language services by the age of five due to using a language other than English in the home (Morgan, Hammer, Farkas, Hillemeier, Maczuga, Cook, & Morano, 2016). If parents received speech and language supports for their children, they often become recipients of information rather than collaborating partners (Harry, 2008; Olivos et al., 2010). In a longitudinal study conducted with speech-language pathologists over the course of a year, researchers found that for the majority of respondents, there was an average of 21 weeks in which the SLPs did not attempt communication with parents and 8% of participants reported that they never contacted parents (Tambyraja, Schmitt, & Justice, 2017). For those SLPs who communicated more frequently, communication often took the form of homework, while SLPs used phone calls the least. SLPs within the study never utilized home visits to foster communication with families. Tambyraja and colleagues found a significant correlation between parents' socioeconomic status and SLP communication, with parents from lower SES receiving less communication from SLPs. The researchers associated the variability in SLP communication to a lack of responsiveness from the parents, stating, “it is possible that when families do not complete and return homework activities, or respond to other types of communicative efforts, the SLP may be less inclined to continue attempts at regular communication” (Tambyraja et al., 2017, p. 1199). Often, parents and families are blamed for their children’s difficulties, and discussions related to their difficulties are tied to issues of ethnicity, culture, and/or socioeconomic status (Harry, Klingner, Sturges, & Moore, 2002). Deficit views of Latino/a students and families often resulted in the school professionals treating the families with disrespect or disdain which begins to create *la herida* for families (Cobb, 2014).

Dis/ability, Critical Race Theory, and Latino/a Students

In this section, I discuss the theoretical basis underpinning the need for SLPs to acknowledge and mitigate the interplay of power with Latino/a parents of children with dis/abilities. Using a critical lens, Kincheloe and McLaren (2005) argued that thoughts and interactions are “fundamentally mediated” through power relations that have been “socially and historically constituted” (p. 304). Nowhere is this truer than in the dynamic and complicated relationship between parents and educators. Giroux (1981) claimed that while ideologies are “created in the schools,” the actual interplay of power is mediated in the relationships between stakeholders through their day-to-day practices (p. 25). Traditionally, there has been an imbalance of power in which the *institutions* (i.e., schools) exercise social control and domination over stakeholders, such as parents (Giroux, 1981). Collaboration, at its essence, is the means through which *power* is negotiated between parents and educators, including speech-language pathologists. To achieve *confianza*, speech-language pathologists must first acknowledge their own powerful position within the school setting and be willing to find an equitable balance of power with Latino/a parents. Currently, the challenge to achieving this balance lies in the ideologies that have been established within the school setting.

Dis/ability in the Critical Tradition

Dominant interests and power are established and maintained through hegemonic practices within the school setting. Hegemony, as first asserted by Antonio Gramsci (1971), is insipidly rooted in the reproduction of traditional, hierarchical, and social relationships that promote dominant ideologies (see Giroux, 1981, p. 55). These ideologies are perpetuated through the vast resources of state and civil society, particularly the education system, that inscribe them within the daily experiences of both the dominant and dominated classes (Giroux, 1981). For hegemonic views and practices to be accepted, they must be established as inclusive and universal. Giroux (1981) asserted that dominant political, moral, and intellectual views are incorporated into the "taken for granted" concerns, needs, and opinions of dominated groups (p. 23). Within the school context, the "social construction of dis/ability depends heavily on race and can result in marginalization" of Families of Color (Annamma et al., 2016b, p. 13). For students to have a dis/ability, there has to be a normalization process of ability. For Latino/a students specifically, this process is "interconnected and collusive" with racism, meaning ableism cannot exist outside of racism (Annamma et al., 2016b, p. 14). The categorization of students based on their degree of ability, level of fluency in English, and their race has a significant impact on the lived experiences of those students and their families.

Parents' cultural, linguistic, and socioeconomic backgrounds influence their lived experiences and form their identity. Identity formation is directly linked to issues of representation and power in society (Lindlof & Taylor, 2011). Critical scholars conceptualize *identity* as the result of larger social narratives that create and enforce one's understanding of self and the *other* (Lindlof & Taylor, 2011). If parents and educators are to develop a critical understanding of the historical, political, and social influences on their sense of self, they must engage in problem-posing dialogue that will bring to light the "objective and self-formative processes that have made them what they are at the present historical juncture in their lives" (Giroux, 1981, p. 30). *Problem-posing dialogue*, as credited to Paulo Freire (2000), allows educators and parents to engage in two-way dialogue to name issues that affect them and, through cooperative action, work together to change the systems that create oppressive conditions (see Solórzano, 2013). In order to reach this level of critical consciousness, parents and educators need to develop an understanding of diverse forms of oppression that impact parent engagement in schools, including issues of class, race, gender, religion, ability, and language (Kincheloe & McLaren, 2005).

Critical Race Origins

Critical race theory (CRT) exposed the central role that race plays regarding issues of power in the interactions between parents and SLPs. Historically, critical race theory has been used to address hegemonic discourses that essentialized race in the laws of the United States (Lindlof & Taylor, 2011). The essentialization of race is sustained through social institutions (e.g., education, law, politics, and religion) and everyday thoughts and practices that create or hinder racial equality and justice (Lindlof & Taylor, 2011). Gloria Ladson-Billings and William Tate (1995) incorporated a critical race theory perspective into the scholarship within the field of education. Ladson-Billings and Tate argued (1995) that race is "untheorized," and racism is "endemic and deeply ingrained in American life" (p. 55). Using David Wellman's definition of racism (1977, see Ladson-Billings & Tate, 1995), they defined racism as "culturally sanctioned beliefs" that "defend the advantages" of Whites, regardless of intentions, because of the "subordinate positions of racial minorities" (p. 55).

The lived realities of Latino/a students, their parents, and speech-language pathologists are constructed through their social interactions, histories, and educational experiences. Since *Brown v. Board of Education* (1954), Students of Color have been more segregated than ever (Ladson-Billings & Tate, 1995). Although this issue is explored in more detail in the next section, prior to *Brown*, Latino/a students were most often categorized as White. Afterward, Latino/as were classified as Students of Color as a means to keep African American students segregated out of White schools (Falicov, 2016). Once Latino/a students became Students of Color, they also began to be placed into special education classes as a new form of segregation (Falicov, 2016). Between 1948 and 1966, there was a 400% increase in the number of students identified as having *mental retardation*, many of whom were of ethnically and linguistically diverse backgrounds (Blanchett et al., p. 395). Unlike their White peers, Students of Color are often excluded from inclusive education programs; they tend to spend at least 60% of their day in segregated special education placements (Blanchett et al., 2009). There has been a continual divide between general education and special education that emphasizes what children with dis/abilities "cannot do" while reifying some students as "regular" and others as so different that they require "specialists" to educate them (Annamma et al., 2016b, p. 18). Often, Students of Color labeled with dis/abilities have less prepared teachers and tend to graduate with a certification of completion instead of a diploma, which affects their chances to successfully join the workforce or attend college (Blanchett et al., 2009, p. 396). In the intersection of dis/ability and race, Latino Critical Race Theory (LatCrit) brings to light issues related specifically to Latino/a people, including issues of acculturation, language use, and immigration.

Latino/as and Dis/ability

In the negotiation of power, Latino critical race theory (LatCrit) emphasizes the unique roles that assimilation, language, and counter-storytelling play for Latino/a parents. Within the education literature, "majoritarian stories" emphasize the lack of academic achievement of Latino/a students and the lack or shortage of familial resources available for them to be successful (see Fernández, 2002 and Solórzano & Yosso, 2002). These majoritarian stories appear to be "neutral" and "objective" but in fact perpetuate assumptions based on negative stereotypes about Latino/a parents, families, and students (Solórzano & Yosso, 2002). For example, Lauro Cavazos, who at the time was the U.S. Secretary of Education, stated that Latino/a parents deserved much of the blame for the high dropout rate of Latino/a students because "Hispanics have always valued education . . . but somewhere along the line we've lost that. I really believe that today there is not that emphasis" (Snider, 1990, p. 1). Educators often perceive Latino parents as having low enthusiasm and commitment to their children's education; whereas in some cases, parents may possess the "motivation, knowledge, or skill, but the educational climate may disempower them" (Lian & Fontánez-Phelan, 2001, p. 189).

Whether perpetuated by People of Color or Caucasians, majoritarian stories are not often questioned because people see them as "natural" parts of everyday life (Solórzano & Yosso, 2002, p. 28). These majoritarian stories emphasize the values that the dominant White middle-class culture holds as important: "achievement, independence, and deferred gratification"

(Heller, 1996). Put another way, the issues affecting Latino/a students' success are attributed to their own failures to be successful, not the systemic injustices that impede their success. The majoritarian story deemphasizes the issues that directly impact Latino/a students, including "segregated schools, inequalities in school finance, lack of bilingual education programs, and tracking into vocational and special education classes" (Fernández, 2002, p. 47). Aspects of special education assessment and placement continue to be a "means of reproducing societal discrimination and inequalities" for Latino/a students (Thorius & Tan, 2016, p. 89).

Taking a Dis/ability critical race studies (DisCrit) approach, coupled with aspects of Latino critical race theory (specifically issues of assimilation, language use, and counter-storytelling), provides a lens through with to understand the lived experiences of Latino/a parents of children with dis/abilities. According to Elizabeth Mendoza et al. (2016), inequalities are "mediated and perpetuated by common sense beliefs about ability, race, and racialized communities, which facilitate human interactions and relationships within educational milieus" (p. 71). There is a need in the literature to recognize the social construction of dis/ability as an identity among marginalized groups (Annamma et al., 2016b). DisCrit, in the critical tradition, emphasizes the following tenets: (a) racism and ableism work interdependently to "uphold notions of normalcy"; (b) individuals possess multiple identities, including those related to race, ability, gender, and so forth; (c) being labeled as "raced or dis/abled" excludes individuals from the mainstream "western cultural norms" despite both race and ability being socially constructed; (d) priority is granted to the voices of marginalized people; and (e) acknowledging the lived experiences of raced and dis/abled individuals requires activism and resistance (Annamma et al., 2016b, p. 19). Resistance to the essentialization of individuals based on race (i.e., Latinos) or ability (i.e., intellectual disabilities), engenders an “active application of intersectionality,” and a continued struggle toward socially just education for Latino/a students (Valdes, 1998, p. 4).

Assimilation. Majoritarian stories emphasize that there is only one path to social, cultural, and academic success for Latino/a student and that it is achieved through assimilation into the dominant, White, middle-class culture. To become assimilated, Latino/a students must “learn English at the expense of losing Spanish” and sever ties to family and community in order to become “an individual *American* success story” (Solórzano & Yosso, 2002, p. 31, emphasis added). The degree to which a Latino family adapts to the *American* culture influences the “particular risk and resiliency factors” that each individual family possess (Withrow, 2008, p. 249). When discussing a Latino child’s abilities, the “physical, cognitive, sensory, and emotional make-up” of the child is considered problematic because “social institutions and human-made environments” deem it so without taking into consideration the various factors that affect each individual child (Asch, 2001, p. 398). This essentialization extended to all Latino/a people. In viewing them as one homogenous group, they become different and deficient compared to the dominant culture. Valdes (1998) argued that Latino/a communities are an “amalgam comprised not only of diverse races but also of diverse ethnicities, genders, religions, cultures, nationalities, classes, abilities and sexualities” (p. 8). Rachel Moran (see Valdes, 1998) discussed how the essentialization of Latino/a people produces legal, social, (and, I would add, educational) policies that invisibilze Latino/a “needs and interests: Latina/o disempowerment (re)produces Latina/o marginality, which (re)produces disempowerment” (Valdes, 1998, p 16). In the quest to become assimilated, Latino families often experience “loss of support, loss of cultural context, discrimination, and poverty” (Withrow, 2008, p. 254). By changing the narrative in schools, one in which the knowledge and experiences of Latino/a families is at the center of the decision-making process, Latino/a families can begin to fight against assimilating policies.

Language. To become fully assimilated, Latino/a parents need to suppress and control their use of their native language/s. According to Valdes (1998), “language helps to constitute Latina/o identify, culture, and community” (p. 14). For many Latino/a families and communities living in the United States, Spanish operates as a “common native language” and “main household tongue” (Valdes, 1998, p. 15). Whether families choose to maintain their native language or assimilate to the dominant language reflects the interconnectedness of cultural, social, and legal policies that are in place in the United States (Valdes, 1998). Often Latino/a families, especially recently immigrated families, receive “contradictory messages about the value of their home languages” (Worthy & Rodríguez-Galindo, 2006, p. 581). Even as laws like Proposition 58, the Non-English Languages Allowed in Public Education Act (Senate Bill 1174), are approved (November 2016), parents are still told that they need to learn English to gain access to school personnel, resources, and supports.

Whether a family chooses to speak Spanish or English, “bilingualism and biculturalism are a source of empowerment” for Latino/a families (Valdes, 1998, p. 15). Parents often request bilingual school personnel and bilingual resources for academic support and instruction in their children’s school (Lian & Fontánez-Phelan, 2001). For many families, “maintaining and continuing to develop home language proficiency was important” in order to communicate with family and community, maintain ethnic pride, and maintain their cultural identity (Worthy & Rodríguez-Galindo, 2006, p. 581). However, for parents of children with dis/abilities, the decision to maintain Spanish was often made by school professionals who felt that the inclusion of Spanish into the child's academic life would further "disable" them and therefore make them less successful in school (Cummins, 1989, p. 111). Language use in the home environment often had a direct effect on access to services for Latino children, with those coming from Spanish-speaking homes less likely to receive services initially (Morgan et al., 2016). Yet, these students were also more likely to be labeled as having a learning disability due to their limited English proficiency as they continued in their education (Artiles & Trent, 1994, p. 415).

While the dominant narrative clearly delineated the need for families to assimilate to *American* culture by denying their Spanish language and severing ties to ethnically based community supports, parents often show resiliency through counter-storytelling. These counterstories develop the use of the family's home language, maintain ethnic pride, and validate the lived experiences of Latino/a families.

Counter-Storytelling

Counter-storytelling provides a space for Latino/a parents to tell their own stories in their native language. These counter-stories "focus on the intersections of oppression" because the stories affect "racialized, gendered, and classed communities" (Solórzano & Yosso, 2002, p. 31). Daniel Solórzano and Tara Yosso (2002) defined counter-storytelling as

> A method of telling the stories of those people whose experiences are not often told (i.e., those on the margins of society). The counter-story is also a tool for exposing, analyzing, and challenging the majoritarian stories of racial privilege. . . . Storytelling and counter-storytelling these experiences can help strengthen traditions of social, political, and cultural survival and resistance. (p. 32)

Richard Delgado (1989) discussed the need to reclaim stories of Latino/a people by Latino/a people as a way to "destroy mindsets—the bundle of presuppositions, received wisdoms, and shared understandings against a background of which legal and political discourse takes place" (p. 2413). Without this renegotiation of power, the ideology, "the received wisdom" of the dominant class, makes the current social system "seem fair and natural" (Delgado, 1989, p. 2413).

As having a shared language can create a shared cultural identify, so can storytelling build community, "consensus," and a "common culture of shared understandings and deeper, more vital ethics" (Delgado, 1989, p. 2414). Counter-stories create "possibilities for life other than the ones we live" and build solidarity among the storytellers, the historically marginalized and oppressed (Delgado, 1989, p. 2414). Within the educational and more specifically speech-language pathology literature, Latino/a parents have historically been viewed through majoritarian lenses, as recipients of information about their own children's lack of language development. By creating spaces for the parents to develop and share their own stories, knowledge can be constructed, organized, and produced by the parents themselves. By creating their own knowledge base, the parents will be able to redistribute the imbalance of power between themselves and speech-language pathologists so that their own cultural and social capital is acknowledged. In this sense, Latino/a parents will be better positioned to advocate for their children's educational needs in a way that acknowledges their abilities.

Community Cultural Wealth

Within the collaborative process, the social, cultural, and economic capital of speech-language pathologists and parents is used to allocate power based on that capital. As members of the special education teams on school campuses, speech-language pathologists adhere to the educational codes and federal mandates regulating special education service eligibility and delivery. Under IDEA, parents have “strengthened roles and opportunities” and the right to “participate” in educational decision-making for their children with special needs (Trainor, 2010a, p. 34). Collaboration between parents and speech-language pathologists requires a partnership and shared responsibility (Kasahara & Turnbull, 2005; Trainor, 2010a). However, school professionals, including speech-language pathologists, often struggle to engage collaboratively with parents across “disability, socioeconomic status, cultural, linguistic, and racial/ethnic backgrounds” (Trainor, 2010a, p. 33). Imbalances of power and status often contribute to the breakdown in collaboration between parents and educators. Parents often have to draw on their own *economic, social, and cultural* capital to negotiate the special education system (Gillborn, 2015)

Social Capital

Pierre Bourdieu (1977) used the term *capital* to denote how one generation passed on resources and power to the next generation. The concept of capital has enabled culture to be viewed “as a resource—one that provides access to scarce rewards, is subject to monopolization, and under certain conditions, may be transmitted from one generation to the next” (Lareau & Weininger, 2003, p. 567). According to Bourdieu (1977), one group maintains domination over another through “interactions between persons” and “institutionalized mechanisms” (p. 184). Bourdieu continued,

> Just as economic wealth cannot function as capital until it is linked to an economic apparatus, so cultural competence in its various forms cannot be constituted as cultural

> capital until it is inserted into the objective relations between the system of economic production and the system producing the producers (which is itself constituted by the relation between the school system and the family). (p. 186).

For Bourdieu, the education system, including the educators, plays a consequential role in the maintenance of social, cultural, and economic capital of parents and students.

According to Annette Lareau and Elliott Weininger (2003), “the dominant interpretation of cultural capital in educational research can largely be traced back to the work of Paul DiMaggio (1982) and the relation between cultural capital and school success” (p. 569). DiMaggio (1982) linked cultural capital to “elite status,” “prestige,” and “high culture” (as cited in Lareau & Weininger, 2003, p. 569). These assumptions, while attributed to Bourdieu, stem from the tendency of teachers to “communicate more easily with students who participate in elite status cultures” by giving them “more attention and special assistance” and perceiving them as “more intelligent or gifted than students who lack the requisite traits, tastes, and styles” (Lareau & Weininger, 2003, p. 569). Educators, like speech-language pathologists, by default are seen as having a high level of cultural capital often because academic qualifications “have a conventional, fixed value” which instill an “objectification” into the status and power assigned to the holder of the qualifications (Bourdieu, 1977, p. 187). The dominant interpretation of cultural capital has come to be synonymous with the “prestigious, ‘highbrow’ aesthetic pursuits and attitudes” regardless of ability (Lareau & Weininger, 2003, p. 575). The imbalance of power between educators and parents stems from the dominant view that educators hold a high level of capital, while parents, especially Spanish-speaking Latino/a parents of children with dis/abilities hold a much lower level of capital.

The perceived lack of capital coupled with the deficit perspectives of parents who have a differently-abled child can lead to confusion and oftentimes lack of access to educational opportunities for their children. According to Lareau and Weininger (2003), within the literature on parent involvement in education, researchers often uncritically accept given institutional standards as legitimate and then seek methods for boosting parents' and students' compliance with them (see Epstein 2011; Hart & Risley, 1995). When students and parents enter the educational system, they exhibit "disproportional skills and knowledge that differentially facilitate or impede their ability to conform to institutionalized expectations" (Lareau & Weininger, 2003, p. 588). These types of interactions leave parents feeling "overwhelmed or intimidated" and/or "reluctant to collaborate" due to prior negative experiences or because "the demands of daily living are resource-consuming" (Trainor, 2010a, p. 35). Parents are often seen as lacking resources such as "time, information, and personal connections between home and school" (Trainor, 2010a, p. 35). These resources are best described as the social, economic, and cultural capital of the parents. If parents are viewed as having a lack of capital and are unable to advocate for their children's needs, the full "implementation of IDEA in schools might be less consistent and/or less comprehensive" (Trainor, 2010b, p. 35). Ultimately, in viewing parents as lacking capital, school professionals often assume that a student's poor performance was to be expected (Gillborn, 2015).

Parents' capital has been intimately connected to standards of childrearing that have changed over time. In the early 20th century, parents were instructed to "follow dutifully and acquiescently the advice of doctors" and were not viewed as capable of making informed decisions without the advice of *professionals* (Lareau & Weininger, 2003, p. 589). Over time, parents were advised to trust their own beliefs about childrearing. Lareau and Weininger (2003) described the current standard of parenting to be “active,” “involved,” “assertive,” “informed,” “educated,” and “advocate” within the education profession (p. 589). However, educators, including speech-language pathologists, have failed to understand that the skills that are deemed *good* parenting are not “evenly (or randomly) distributed across social classes” or racial groups (Lareau & Weininger, 2003, p. 589). There can also be a cultural disconnect between the values of the school personnel and parents’ cultural beliefs and practices (Trainor, 2010a, p. 35).

Within the unevenly stratified social and educational system, educators and parents continue to believe in the meritocratic nature of the schooling system. They believe that student success depends on the individual student’s ability and effort. In reality, the educational institutions often hinder a student’s ability to be successful and contribute to the reproduction of the existing class system (Weininger & Lareau, 2003):

> Bourdieu’s sociology of education is rooted in the premise of an educational system that assumes that “the school career [is] a history with no pre-history.” Because it denies the existence of a connection between the domestic sphere and children’s school experiences, the formal equality practiced by educational institutions systematically privileges those from certain class backgrounds and disadvantages those from others. For Bourdieu, it was precisely by shining a spotlight on the “denegated” question of the relation between home and school that sociology could reveal the contribution that education makes to class reproduction, thereby fulfilling the discipline’s critical vocation. (Weininger & Lareau, 2003 p. 399)

Within their own research observing and transcribing 25 parent-teacher interviews in an elementary school in the northeastern United States, Weininger and Lareau (2003) found that "middle-class parents talked more, wielded educational discourse more effectively, and more overtly challenged the pedagogical authority of the teacher than did their working-class and poor counterparts" (p. 376). The researchers found that the "students with more valuable social and cultural capital fare better in school than do their otherwise-comparable peers with less valuable social and cultural capital" due in part to the capital that their parents bring with them (Lareau & Horvat, 1999, p. 37).

This social reproduction perspective substantiates how "race and class influence the transmission of educational inequality" (Lareau & Horvat, 1999, p. 37). Lareau and Horvat (1999) caution researchers not only to look at whether a child's home *has* cultural resources, but also to look critically at how the existing resources are valued in the schooling of the child (p. 42). Within the dominant perspective, parents' cultural capital includes utilizing large vocabularies, assuming a sense of entitlement, treating teachers as equals, and utilizing resources (i.e., time, transportation, and child care arrangements) to allow parents to attend school events during the school day (Lareau & Horvat, 1999, p. 42). Parents' social capital includes the social networks that parents create within the school community to exchange information and navigate the educational environment together. Although not often valued by the dominant ideological view, Latino/a parents use "distinct sources of information, dispositional knowledge, and social connections" to "function and interact in society" (Trainor, 2010a, p. 34). In this final section, I discuss how Tara Yosso's Community Cultural Wealth provides a method for acknowledging the inherent social and cultural *wealth* of Latino/a families.

Cultural Wealth of Latino/a Families

In order to redistribute power more equitably between speech-language pathologists and parents, Latino/a parents’ sources of capital must be made visible and valued. Stemming from Bourdieu, school professionals, including speech-language pathologists, often work from the assumption that Latino/a parents “lack [the] necessary knowledge, social skills, abilities, and cultural capital” required to actively collaborate (Yosso, 2005, p. 70). The dominant groups within society, while promoting an image of meritocracy, actually work to maintain power by denying access to the necessary forms of social and cultural capital that are valued by the education system (Yosso, 2005). This system sets up the dichotomy that “some communities are culturally wealthy while others are culturally poor” (Yosso, 2005, p. 76). Educators most often assume that “schools work” and that “students, parents and community need to change to conform to this already effective and equitable system” (Yosso, 2005, p. 76). The communities most often associated with lacking cultural capital are those Communities of Color who have been historically silenced and marginalized (Yosso, 2005).

Through a reenvisioning, Communities of Color can create “places empowered by transformative resistance” (Yosso, 2005, p. 70). Yosso (2005) stated, “I critique the assumption that Students of Color come to the classroom with cultural deficiencies” (p. 70). Instead, she created a cultural capital model that embodies the forms of capital that most often go “unacknowledged” or “unrecognized” by dominant ideologies, thereby perpetuating deficit thinking.

> Deficit thinking takes the position that minority students and families are at fault for poor academic performance because: (a) students enter school without the normative cultural

> knowledge and skills; and (b) parents neither value nor support their child's education. (Yosso, 2005, p. 75)

Connected to these deficit views of students and families, race is "often coded as 'cultural difference' in schools" (Yosso, 2005, p. 75). Yosso defined culture as the "behaviors and values that are learned, shared, and exhibited by a group of people… [and is] evidenced in material and nonmaterial productions of a people" (Yosso, 2005, p. 75). For Latino/a families, culture is "frequently represented symbolically through language and can encompass identities around immigration status, gender, phenotype, sexuality and region, as well as race and ethnicity" (Yosso, 2005, p. 76). As opposed to the majoritarian views of Latino/a families, their culture often nurtures and empowers them (Yosso, 2005, p. 76). By challenging deficit thinking and working toward empowering Latino/a families, Yosso (2005) described the six forms of cultural capital within the community cultural wealth model.

As Figure 1 illustrates, the six forms of cultural capital (i.e., aspirational, navigational, social, linguistic, familial, and resistance), are "dynamic processes that build on one another as part of community cultural wealth" (Yosso, 2005, p. 77). The forms of capital are "engender[ed] from within the context of a legacy of racism and are thus tied to a larger social and racial justice project" (Yosso, 2005, p. 82). *Aspirational capital* refers to parents' ability to maintain their hopes and dreams for their children's future. Connected to this, parents also maintain pride in the values of their culture and impart these values to their children (Falicov, 2016). The knowledge and values that parents pass down to their children is referred to as *familial capital.* Often, Latino/a parents believe that good parenting includes "sage advice that imparts the old values of hard work, dignity, honesty, and moral fortitude" (Falicov, 2016, p. 263).

These values are also maintained by connections established in the community. *Social capital* is related to the parents' access to resources in the community. By engaging in community organizations, parents become more aware of their rights and responsibilities as well as enhance the learning of their children (Falicov, 2016). Parents navigate complex systems (i.e., the special education eligibility process) through *navigational capital*. Included in this form of capital is parents' ability to reflect on their own school experiences, feelings, and attitudes and to maintain empowering identity narratives for their children (Falicov, 2016). *Linguistic capital* refers to parents' ability to exist in an English-dominated school context while maintaining their Spanish-language skills. Maintaining Spanish-language skills is important for Latino/a parents to communicate with family and community, maintain ethnic pride, and maintain their cultural identity (Worthy & Rodríguez-Galindo, 2006). Through the interconnectedness of the different forms of capital, *resistance capital* emerges as parents' abilities to challenge inequity and work toward creating positive changes for the benefit of their children. In order to gain awareness about their race-related experiences, parents learn methods to deal with negative experiences, and promote positive messages about their own cultural and linguistic history (Falicov, 2006).

Table 1

Adaptation of Yosso's Community Cultural Wealth Model

Community Cultural Wealth					
Aspirational Capital	**Familial Capital**	**Social Capital**	**Navigational Capital**	**Linguistic Capital**	**Resistance Capital**
Parents' ability to maintain hopes and dreams for their children's future	Parents' knowledge and values that they pass down to their children	Parents' access to resources in the community	Parents' ability to navigate complex systems (i.e., the special education eligibility process)	Parents' abilities to maintain their Spanish language skills while existing in an English-dominated school environment	Parents' abilities to challenge inequities and work towards creating positive changes for their children

Although Yosso (2005) described community cultural wealth (CCW) as the forms of capital that *students* bring with them, I believe that the forms of community cultural wealth are also applicable to the Spanish-speaking Latino/a parents of students with dis/abilities. By adapting Yosso's CCW model into the field of speech-language pathology, parents' experiences are viewed through a strengths-based lens.

The Current Study

The purpose of this chapter was to review the literature related to parent-educator collaboration within speech-language pathology, focusing specifically on Spanish-speaking Latino/a parents of children with dis/abilities. The literature manifestly indicated that although there is limited research within the field of speech-language pathology about culturally responsive collaboration with Latino/a parents, issues related to cultural bias and deficit views of

Latino/a parents are prevalent within the field (Blanchett et al., 2009; Ebert, 2013; Hyter, 2008; Kohnert et al., 2003). Culturally responsive practices have been affected by historical general and special education legislation. Federal funding laws, such as No Child Left Behind, have provided monetary compensation for the perceived inadequacies of culturally and linguistically diverse families to support the education of their children (Grant & Potter, 2011, Olivos, Jimenez-Castellanos, & Ochoa, 2011; Thomas & Brady, 2005). Special education legislation was enacted to protect the educational rights of children with dis/abilities (Blanchett et al., 2009). However, the current federal and state legislation merely legitimizes ability-based myths, often placing the blame on parents for the failures of their children to overcome their *limitations* (Olivos et al., 2011). In reality, it is the educators' perception of students' abilities and the arbitrariness of service provisions that most often affect the students' ability to be successful in school (Blanchett et al., 2009; Chhuon & Sullivan, 2013).

As the research shows, the voices of Latino/a parents' must be heard and educators must foster *confianza* with parents by including them as full partners in their children's education (Cobb, 2014; Harry et al., 2002). Following in the critical tradition, this study utilized Dis/ability critical race studies (DisCrit), Latino critical race theory (LatCrit), and Yosso's concept of community cultural wealth to provide an alternative lens through which to view parent-SLP collaboration. Through the intersection of DisCrit and LatCrit, the majoritarian stories of the inability of Latino/a families to navigate society due to a lack of resources is refuted by emphasizing the cultivation of community through the struggle to obtain a socially just education (Annamma et al., 2016a; Delgado, 1989; Fernández, 2002; Solórzano & Yosso, 2002; Valdes, 1998). Validating Latino/a families' histories, languages, and identities brings to light the cultural wealth present within these communities (Yosso, 2005). This study is grounded in the six forms of cultural capital within Yosso's community cultural wealth model (i.e., aspirational, navigational, social, linguistic, familial, and resistance). By examining Spanish-speaking Latino/a parents' perspectives from a nondeficit perspective, I attempt to provide an alternative view of collaboration that will inform the practice of speech-language pathology.

In the next chapter, I discuss the research design and methodology used to obtain Spanish-speaking parents' perspectives about speech and language services and collaboration with speech language pathologists. Data were collected using semistructured focus groups and individual interviews with parents. Parents were asked to discuss their experiences within schools in general, their experiences in the special education eligibility process, and their experiences collaborating with school-based speech-language pathologists. Consistent with the critical tradition, group interviews provided opportunities for participants to build community and consensus (Stewart & Shamdasani, 2015; Valdes, 1998). By engaging in counter-storytelling, the participants were given opportunities to build solidary and work toward challenging the deficit views of their families that are prevalent within the field (Delgado, 1989; Solórzano & Yosso, 2005).

CHAPTER 3

METHODOLOGY

When I was a new teacher, I established an afterschool family literacy club for my students and their parents. My objective was to encourage parents to engage in literacy activities with their children at home. Through the literacy club, I sought to foster a love of books and encourage parents to read with their children. About ten parents participated consistently in the group, meeting twice a month. The parents were from different cultural and ethnic backgrounds. Some parents were monolingual in English, some were monolingual in Spanish, and some spoke both languages.

At our first meeting, I asked the parents to share their personal stories, where they came from, their experiences, and their dreams for their children. After each parent shared, I translated from one language to the other. I asked the parents to use their stories to make a book for their children about their life. One mother, Maria, appeared reluctant to speak during the session. When it was her turn to share, she said she had no story to tell. While the other mothers began working on their books, Maria called me over and said that she did not know how to read or write well, and she did not think she could make a book. I asked her to make a picture book about anything she liked, even if it was not about herself.

The next session, Maria brought in a beautifully illustrated story about Pimpón. Pimpón is a famous children’s song known throughout Latin America. It is a rhyming song that has accompanying hand movements. While exact lyrics change from version to version, Maria enlisted her husband to write the lyrics for the song in Spanish to accompany her illustrations:

> *Pimpón es un muñeco muy guapo de cartón, se lava su carita con agua y con jabón. Se desenreda el pelo con peine de marfil, y aunque se da estirones no llora ni hace así. Cuando le dan la sopa, no ensucia el delantal, pues come con cuidado, parece un colegial. Apenas las estrellas comienzan a salir, Pimpón se va a la cama, y se acuesta a dormir. Pimpón dame la mano con un fuerte apretón, pues quiero ser tu amigo, Pimpón, Pimpón, Pimpón.*
>
> Pimpón is a very handsome doll made out of cardboard, his face is washed with water and soap. He untangles his hair with an ivory comb, and although his hair is pulled, he will not cry or go like this. When they give him soup, he does not stain his bib. Since he eats carefully, he looks like a school boy. When the stars in the sky, start to come out, Pimpón goes to bed and goes to sleep. Pimpón give me your hand, give it a good squeeze, because I want to be your friend, Pimpón, Pimpón, Pimpón.

Maria's illustrations included drawings of Pimpón washing his face, eating his soup, going to sleep, and shaking hands. Her daughter also contributed to the book by drawing some of the pictures. Although reluctant at first to participate in the literacy project, Maria and her family exemplified my specific objective for the project: to engage in literacy activities at home.

As the year progressed, Maria contributed more to our discussions in group and took on a more active role translating our group conversations for other parents as well. By the end of the year, Maria and her family had created more books than any other family. Working with her daughter and husband, Maria created a princess book, an adventure book, and even wrote a story about herself growing up. Maria's daughter wrote about making books with her mother. She wrote:

> My Mother did some of the pictures and I did some of them too. My Dad did the writing all by himself. It was fun because I did pictures of me and my mom. My Mom loved a story about Princesa Gotita in Spanish and so she made me the Princesa Gotita. I like the book because my mom made it and I got to make it with her too.

Through Maria, I realized the power of being able to find one's own voice and the importance of having a supportive group environment. Although at the beginning, she believed that she did not have a story to tell, she found a way to express herself. She also found a way to engage in a literacy activity with her daughter that she previously felt she was incapable of doing. Too often within the educational context, we, as professionals, expect the parents to be *co-educators* without providing a space for them to engage in meaningful activities that value and support the talents, beliefs, and experiences of the parents themselves. Allowing the parents space to share their stories and discuss their experiences is a critical component of creating *confianza*, one of the key goals explored in this dissertation. In this way, educators do not just reinforce the priorities of the school culture but embrace the priorities of the students' home culture and create collaborative relationships with parents that are based on mutual respect and understanding.

As this dissertation project was centered on creating spaces to honor and validate parents' voices and experiences, I used a qualitative research methodology, specifically gathering data using focus groups and follow-up interviews, to accumulate stories given by parents about their experiences collaborating with speech-language pathologists. This chapter is structured to provide information regarding the research design, setting, participants, methods of data collection, methods of analysis, and coding.

Study Design

This qualitative research study utilized an interpretive approach to understanding the perspectives and experiences of Spanish-speaking parents. Per Eva Magnusson and Jeanne Marecek (2015), people continually "impose personal meanings and order on the world" in their daily lives that are connected to their "sense of themselves, their previous experiences, and their expectations and plans" (p. 5). Qualitative research is a "situated activity" that attempts to "make sense of or interpret phenomena in terms of the meaning people bring to them" (Denzin & Lincoln, 2011, p. 3). As such, research is not neutral, objective, or value-free (Conquergood, 1995; Denzin & Lincoln, 2011; Solórzano & Yosso, 2002). To better understand the experience of parents, research needs to be structured in a way that "provides context," "reconstructs the experience," and gives the parents an opportunity to "reflect on the meaning" of their experiences (Bevan, 2014, p. 138).

Following in the tradition of critical race methodology, this study utilized a theoretically grounded approach to research that "foregrounds race and racism," "challenges traditional research paradigms, texts, and theories," and "offers a transformative solution to racial, gender, and class subordination" (Solórzano & Yosso, 2002, p. 24). Often, "majoritarian" stories "distort and silence the experiences of people of color," but Daniel Solórzano and Tara Yosso (2002) emphasized the use of "counter-story as a method of telling the stories of those people whose experiences are not often told" (p. 32). Storytelling builds community, "consensus," and a "common culture of shared understandings and deeper, more vital ethics" (Delgado, 1989, p. 2414). Counter-stories create "possibilities for life other than the ones we live" and build solidarity among the storytellers—the historically marginalized and oppressed (Delgado, 1989,

p. 2414). Within the educational literature, specifically the literature focused on speech-language pathology, Latino/a parents have historically been viewed through majoritarian lenses, as recipients of information about their own children's lack of language development (Blanchett et al., 2009; van Kleeck, 1994). Often these majoritarian views lead researchers to focus on specific aspects of language differences instead of incorporating the family's culture, beliefs, and perspectives into the research (Chhuon & Sullivan, 2013; Kohnert, 2013). Utilizing counter-storytelling, the researcher develops cultural humility, in which the participants become "capable and full partner[s]" in the research process because the researcher has "relinquish[ed] the role of expert" to the participants (Crowley et al., 2015; Falicov, 2016; Tervalon & Murray-Garcia, 1998).

In the story that begins this chapter, Maria found meaningful ways to support her daughter's literacy development through the after-school parent group. At the end of the year, I asked parents to provide feedback about the literacy club. Maria commented: "*Esto ha sido muy importante porque me ha dado cuenta que podemos trabajar juntos y aprender más"* (This has been very important because I realized that we could work together and learn more). Finding ways for educators and parents to work together fostered collaborative spaces and open communication. By creating spaces for the parents to develop and share their own stories, knowledge was constructed, organized, and produced that emphasizes the parents' own cultural and social capital (Yosso, 2005).

Participants

Thirty-one Spanish-speaking Latino/a parents of students enrolled in the REAAD! (Reaching Educational Achievement and Development) Literacy Enrichment Program participated in this research study. The REAAD! Program had been in existence for 6 years and was run through a local university in Los Angeles, California. Approximately 150 kindergarten through fifth-grade students were currently participating in the enrichment program and were recruited from local public, private, and charter schools in a lower socioeconomic area of the city. The program was established to provide boys of color the opportunity to use game-based learning and physical activity to improve their literacy skills. At the time that data were collected, the program was designed specifically to meet the needs of boys in the community; however, it was recently expanded to include a STEM (science, technology, engineering and mathematics) track for girls as well. Students were nominated for the enrichment program by their classroom teachers based on their academic needs. Most of the students were labeled as being “at risk” of not meeting grade-level standards and many qualified for special education services in their schools. Some parents also enrolled their sons after finding out about the program through word-of-mouth from their friends and family. The parents of these students voluntarily brought their children to the university on Saturdays for the enrichment program and participated in a monthly parent academy. The REAAD! program was free to participate in, but parents had to sign a contract that they would turn in report card grades, participate in monthly parent meetings, and bring their children consistently to the program.

I had participated in the REAAD! Program for the past two years as a clinical supervisor for a speech and language clinic that ran in conjunction with the program. In this capacity, I oversaw screenings and therapy for students who needed speech and language support and collaborated with parents to attempt to receive speech and language services through their schools.

Participants were selected based on a purposive sampling of the Spanish-speaking parents whose children were enrolled in the enrichment program (see Flick, 2014). Any Latino/a parent who spoke Spanish was eligible to participate. Parents filled out an initial interest sheet at a parent academy meeting in April 2017, indicating if they had any concerns regarding their child's speech and language skills, if their child had received speech and language services, and if they were comfortable participating in Spanish. Forty-one parents responded that they were interested in participating; however, not everyone was available at the time of the focus group sessions. Initially, participation was limited to parents who had speech and language concerns or had been receiving speech and language therapy, but I found that very few parents had received speech and language services through their school, even if they had voiced concerns; therefore, speech and language services were not a prerequisite for participation. Eight parents who had not initially indicated they wanted to participate ended up participating in the focus groups because their friends brought them along, indicating a snowball effect (see Flick, 2014). Parents were not excluded if they spoke a language other than Spanish, as long as they felt comfortable participating in Spanish. Non-Spanish speaking parents were not selected to participate. Demographic characteristics of the participants are presented in the aggregate and summarized in Table 2 to protect individual participant anonymity.

Table 2

Demographic Characteristics of Participants (N = 31)

Characteristics	*n*	%
<u>Gender</u>		
Female	24	77.4
Male	7	22.6
<u>Age</u>		
< 30	1	3.2
30-39	15	48.4
> 40	15	48.4
<u>Hispanic Origin</u>		
Mexican	14	45.2
Salvadorian	6	19.4
Guatemalan	5	16.1
Mexican American/Chicano	4	12.9
Honduran	2	6.5
<u>Educational Level</u>		
Some Elementary	6	19.4
Some Middle School	6	19.4
Some High School	6	19.4
Some College	7	22.6
Unknown	6	19.4
<u>English Fluency</u>		
Do not speak English	5	16.1
Do not speak English well	9	29.0
Speak English well	5	16.1
Speak English very well	6	19.4
Unknown	6	19.4
<u>Speech and Language Services</u>		
Just speech services	6	19.4
Speech and other special education services	5	16.1
Speech concerns; no services	10	32.3
No concerns	10	32.3

The parents were assigned to one of five focus groups, which met on consecutive REAAD! Program Saturdays between May and October 2017, since the parents were at the university on those days already. Initially, parents were assigned to create focus groups of six to eight participants, but actual participants per group varied from three to 12, depending on the parents' availability.

In total, nine focus group interviews were conducted; two each for groups 1, 2, 3, and 4 and one for group 5. Seven individual follow-up interviews were conducted with parents in their home. For individual interviews, both parents were usually present. Individual interviews were selected based on the following factors: (a) to examine in more depth the perspectives and experiences of individual participants, (b) to explore issues that came up in the focus groups, (c) to learn more about any perspectives that may have been underrepresented in the groups, and (d) to obtain clarification (Morgan, 1997).

Protection of human subjects. Informed consent was obtained from study participants to partake in the focus groups and individual interviews. The informed consent discussion was conducted in Spanish with participants during the Saturday parent academy. Written consent was obtained utilizing a Spanish-language consent form (see Appendix A). No incentives were provided to the participants, other than refreshments. Participants were allowed to terminate their participation at any time. Permission to discuss this project with participants was obtained through Loyola Marymount University's (LMU) Institutional Review Board (IRB) as well as from the university that hosts the REAAD! Program.

Focus Groups

Purpose. Focus groups follow in the humanistic interview tradition that emphasizes developing “empathy, openness, [and] active listening” (Stewart & Shamdasani, 2015, p. 13). Per Morgan (1997), focus groups provide the opportunity to observe a large amount of interaction on a topic in a limited period of time (p. 8). Focus groups are useful when attempting to gather data based on participants’ opinions and attitudes because attitudes and beliefs are more difficult to observe in a more naturalistic setting (Morgan, 1997). They highlight the *“respondents’* attitudes, priorities, language, and framework of understanding” by encouraging “open conversation” and a “great variety of communication” (Kitzinger, 1994, p. 116, emphasis in original). The group interview format was selected as it tends to allow the participants to build on each other’s responses and provides opportunities for member check-in (Stewart & Shamdasani, 2015, p. 45). Data gathered from group discussions provide “direct evidence about similarities and differences in the participants’ options and experiences” (Morgan, 1997, p. 10). Also, focus groups provide opportunities to collect data about how the participants themselves understand these similarities and differences in an “organic/interconnected” way (Kitzinger, 1994, p. 116). According to Rainey (2015), focus groups are “ideal” for studying “context embedded experiences like gender, race sexuality, and disability” (p. 91).

Method. The focus groups utilized a semistructured interview model that consisted of open-ended questions to allow parents opportunities to tell their own stories and interact among each other. Using a less structured group approach allowed participants to express their interests and take ownership of the discussion (Morgan, 1997). The focus groups were scheduled for 90-minute sessions; however, they ranged in time from 45 minutes to 3 hours based on the parents’ interest and engagement in the session. The general agenda of the meeting was as follows:

- Description of research project and informed consent paperwork – Participants were informed about the objective of the focus group and the overall study as well as their rights; written consent was requested at this time.
- Introduction and icebreaker activity – Researchers and participants introduced themselves and gave some demographic data (used to help differentiate participants' voices on audio recording).
- Discussion-starter question – A question was presented to "encourage opening statements" about the participants' experiences and opinions (Morgan, 1997, p. 50).
- Topic guide – A topic guide was used that connected discussion questions to Yosso's (2005) six forms of capital (i.e., aspirational, navigational, social, linguistic, familial, and resistance capital). Topics discussed included: parents' aspirations for their children, parents' experiences in school as children, their experiences in their children's school, communication with school professionals, Spanish-language use, the special education process, parents' access to services and supports, and parents' views on collaboration (see Appendix B).
- Final thoughts – The participants were asked to sum up any final thoughts about the topics they covered.

Note taker. Focus groups were recorded utilizing a digital audio recorder. A note taker was present for the first four focus group sessions to maintain notes about speaker order, nonverbal communication, as well as setting and atmosphere information. The note taker was a school-based bilingual speech-language pathologist. She had her Master of Science degree in communication disorders as well as her Certificate of Clinical Competency from the American Speech-Language and Hearing Association. Unfortunately, due to personal reasons, the note taker was unable to assist with the remaining five focus groups or to collaborate to clarify transcription or translation issues. A replacement note taker with similar qualifications was not available; therefore, I maintained my own notes about speaker order, nonverbal communication, and setting and atmosphere information.

Issues of confidentiality. Mitigating issues of confidentiality and invasion of privacy are important when using focus groups (Morgan, 1997). Since focus group participants shared information with each other, baseline rules about confidentiality were discussed. Although confidentiality among participants could not be guaranteed, engaging in collaborative discussions that were participant-driven helped to create a sense of camaraderie and respect among the participants. The note taker also signed a confidentiality agreement about the information shared in the focus groups.

Focus groups within the literature. Within the speech-language pathology and educational literature, researchers have utilized focus groups with parents to “bring the voices of these parents from the margins to the table” (Green, 2015, p. 58). Chris Markham and Taraneh Dean (2004) used focus groups of parents and professionals to discuss the quality of life of children with communication difficulties. They created six focus groups consisting of five to eight participants per group. Participants were asked questions about the children’s quality of life related to major themes, including friendship, schooling, dependence, and quality of care (Markham & Taraneh, 2004). A key result that they found was that the children’s quality of life was influenced by the attitudes and beliefs of the people around them (i.e., their parents, teachers, speech-language pathologists). Lisa Osborne and Phil Reed (2008) also conducted qualitative research utilizing focus groups to obtain parent perceptions of the diagnostic process of their children with autism. They created 15 focus groups consisting of three to 10 participants per group. Participants were asked questions about the professionals making the diagnosis, the types of support and advice they received, and suggestions for improving the diagnostic process (Osborne & Reed, 2008). Many parents stated that they wished there was better communication and supports from professionals, especially during the diagnostic process. Overall, by utilizing focus groups, the researchers were able to explore themes and commonalities among participants specifically related to the diagnostic process for parents of children with autism.

Focus groups have also been used in the literature to examine parents' perspectives regarding different methods of practice within the field. For example, Nina Yssel, Petra Engelbrecht, Marietjie Magdalena Oswald, Irma Eloff, and Estelle Swart (2007) conducted focus groups in South Africa and the United States to view parental attitudes toward inclusion (i.e., keeping students with special needs within a general education environment as opposed to separating them from their *typical* peers). Six focus groups were conducted in South Africa, and two were conducted in the United States. Major themes were consistent regardless of the location of participants. The parents discussed the need for parents' rights (e.g., they often felt "disenfranchised" and "alienated" within the school context), parent advocacy (e.g., the parents were actively involved in their children's education), and social aspects of inclusion (e.g., the need for their children to "fit in") (Yssel et al., 2007, p. 359–361). Overall, by utilizing focus groups, the researchers highlighted the parents' perspectives about the services their children received and make recommendations for better teacher trainings to meet the needs of both the students and the parents.

Mary Blake Huer, Howard Parette, Jr., and Terry Saenz (2001) also used the focus group format to elicit parental perspectives regarding augmentative and alternative communication practices from a culturally and linguistically diverse population (i.e., Mexican American family members). Augmentative and alternative communication (AAC) consists of the types of systems (i.e., a speech generating app on an iPad) that are used by people who have difficulty communicating orally, such as students with cerebral palsy or autism. The researchers conducted one focus group consisting of seven members. They utilized the focus group to attain information about the types of AAC used as well as to understand the cultural implications for AAC strategies and devices (Huer et al., 2001). Utilizing focus groups to help understand the perspectives of parents from different cultural and linguistic backgrounds helped to foster culturally competent services and supports for families.

Within the literature, focus groups have been utilized to obtain parent perspectives, especially as they relate to students with special needs, and the services and supports available to families in schools. While these studies only represent a small sample of researchers utilizing focus groups, general themes about their use in research related to parents emerged. Consistently, the researchers averaged five to 10 participants per group and utilized multiple focus groups of parents, with the exception of Huer et al. (2001), who only utilized one focus group. General themes emerged from the discussions that were consistent across groups, and even cross-culturally in the case of Yssel et al. (2007). While utilizing focus groups has many advantages in eliciting the participants' experiences and opinions, there are some limitations to focus groups noted within the literature.

Limitations of focus groups. One limitation that may affect focus group results was the issue of group effects (Carey, 1994; Kitzinger, 1994; Morgan, 1997). According to the literature, group members' first impressions of each other affect how they behave toward each other within the group and what contributions they make (Carey, 1994). Within the current study, some participants were very vocal in expressing their opinions, while others hardly contributed to group discussions. This was not unexpected. To mitigate group effects, parents were given the opportunity to write down their initial thoughts and share their aspirations for their children as a type of discussion starter (Morgan, 1997). In this way, their *opening statement* set the tone for how they would approach the remainder of the questions and functioned as a baseline to view the rest of their responses. Also, since the social aspects of the focus group were an important contributor to the responses of participants, adequate notes related to affect, body language, and topic context were maintained (Carey, 1994). Focus group results were compared to individual interviews to corroborate and expand on participants' responses.

Morgan (1997) cautioned that since focus groups can be directed by the researcher's interests, they can be less naturalistic than other methods of data gathering (i.e., participant observation). The researcher thus needs to find a balance between meeting the stated objectives of the focus group and allowing participants to "steer the group themselves" (Rainey, 2015). I attempted to find a balance between asking questions and having the participants talk more freely. In some groups, the participants relied on questions from the topic guide to lead the conversation; in other groups, participants took over the conversation and even commented that they forgot I was recording, that they were "just talking." Since the general themes of discussion were comparable across groups, intergroup comparability was easier to maintain.

Individual Follow-Up Interviews

Purpose. Morgan (1997) stated that using individual interviews as a follow-up to focus groups is an effective way to explore issues developed within the group as well as to learn more about a perspective that may have been underrepresented in the group. For the purposes of this research project, individual interviews utilized what Magnusson and Marecek (2015) called "rich talk," the kind of talk that people use when they are encouraged to speak in "their own ways and on their own terms" (p. 48). According to Andrea Fontana and James Frey (2005), "interviewing is not merely the neutral exchange of asking questions and getting answers," it is the active collaborative effort that leads to a "contextually bound and mutually created story" (p. 696). They argued for a partnership between researcher and interviewee to "create a narrative that could be beneficial to the group studied" (Fontana & Frey, 2005, p. 697). Researcher and interviewees collaborate in creating the *what's* and *how's* of the interviewee's stories through their discourse (Gubrium & Holstein, 1998). However, Norman Denzin (2009) cautioned that if individual interviews are to be compared, "some guidelines must be established for purposes of comparability" (p. 234).

Method. Individual interviews were conducted with seven focus group participants to obtain more detailed information about their experiences and to clarify information from the focus groups. Interviews also utilized a semistructured interview model that consisted of open-ended questions that allowed parents the opportunity to tell their own stories in more detail than in the focus groups. Individual interviews were scheduled for approximately one hour (but some lasted longer) within the participants' homes. One participant chose to meet at the university. For four out of the seven interviews, both mother and father were present. The general agenda for the interviews was as follows:

- Opening the interview: Participants were reminded of their rights as participants in the study; general information about the purpose for the interview and expectations was disseminated.
- Topic guide: While a formal topic guide was not established, in general, parents were asked to provide more detailed information related to their responses within the focus group sessions (see Appendix C). Also, during individual sessions, issues related to the cultural disconnect between school professionals and parents was discussed as well as parents' recommendations for how speech-language pathologists could better collaborate with parents.
- Final thoughts – The participants were asked to sum up any final thoughts about the topics they covered.

Methodological triangulation. Utilizing individual interviews as a follow-up measure to focus group interviews leads to *methodological triangulation* (Flick, 2014). In this sense, individual interviews "further enrich and complete" the knowledge obtained in the focus groups (Flick, 2014, p. 183). According to Uwe Flick, Norman Denzin is credited with developing a more systematic approach of triangulation for social research. Denzin's (2009) methodological triangulation was used to look at the data collected about each individual participant's experiences that "either validated or disconfirmed" the collective experiences obtained through the focus groups (p. 239). As the lived realities of the participants were not neutral, neither were the methods employed to elicit participants' point of view (Denzin, 2009). According to Denzin (2009), "methods are like the kaleidoscope—depending on how they are approached, held, and acted toward, different observations will be revealed" (p. 299). When utilizing focus groups and individual interviews, different types of discourses may be expressed "in the 'private' and 'public' area, or with peers versus with an interviewer" (Kitzinger, 1994, p. 117). An example of this was Cristina's responses. Within the focus group context, Cristina did not share after the initial icebreaker activity until the recorder turned off. She stated that since the recorder was turned off, she felt freer to talk. Within her home, Cristina did not mind the recorder and was much more comfortable in sharing her opinions and experiences in the more intimate setting. Employing two different methods creates a "balance-checklist approach to method evaluation" in which the weaknesses of one method can be strengthened using a second method (Denzin, 2009, p. 398). Denzin (2009) suggested selecting methods based on the needs of the research study, the relative strengths and weaknesses of each method, and the *theoretical relevance of the methods* (p. 398).

Interviews within the literature. Within the speech-language pathology and educational literature, researchers have utilized interviews to explore the "experiences, perceptions, and opinions" of parents (Glogowska, & Campbell, 2000, p. 393). Sammy Spann, Frank Kohler, and Delann Soenksen (2003) utilized telephone questionnaire interviews to examine parents' perceptions of their children's special education services. The researchers interviewed 45 parents of children with autism or related pervasive developmental disorders. Parents were interviewed by phone utilizing a standardized 15-item questionnaire. The majority of the respondents had children in general education classrooms with paraprofessional and speech therapy supports

(Spann et al., 2003). Overall, they expressed moderate satisfaction with the level of home-school communication and the IEP process. A major limitation of this study was that the majority of the parents were members of a parent support group that disseminates information related to "disability, best educational practices, and parents' rights and entitlements under the law" (Spann et al., 2003, p. 236). This study was much more researcher-driven than participant-driven in its focus. It asked the opinion of the parents about services but did not provide opportunities for parents to engage in a more "mutually created story," as supported by Fontana and Frey (2005).

In-depth interviews have been used with parents from different cultural and linguistic backgrounds. Sarah Hampton, Hugh Rabagliati, Antonella Sorace, and Sue Fletcher-Watson (2017) utilized semistructured interviews to investigate how bilingual parents of students with and without autism made choices about their children's language environment (i.e., raising their children bilingually or monolingually). The researchers conducted interviews with 17 bilingual parents of children with autism and 18 bilingual parents with typically developing children. Participants were bilingual in English and one of the following languages: Brazilian Portuguese, Dutch, Finnish, French, Gaelic, Galician, German, Italian, Polish, Punjabi, Russian, Slovak, Spanish, Swedish, Urdu, and Yoruba (Hampton et al., 2017). Some common themes emerged through the interviews. Bilingual parents in the study (whether or not their child had autism) discussed the benefits and negative effects of bilingualism, familial relationships, and societal/cultural factors that affect bilingualism (Hampton et al., 2017). However, bilingual parents of children with autism exhibited "trepidation that exposure to two languages might be detrimental" to their children's language, cognitive, and behavioral development (Hampton et al., 2017, p. 443). A major limitation of this study was that the interviews were conducted in

English with highly educated bilingual parents. Parents might have responded differently if the interviews had been conducted in their native language and/or if the population studied was from different socioeconomic classes and educational backgrounds.

Within the research, in-depth interviews have been effectively used in conjunction with other methods to validate results. Margaret Glogowska and Rona Campbell (2000) utilized in-depth interviews with 16 parents of children with speech and language delays to then design a questionnaire to administer to the other 159 parents in the study. The researchers compiled an interview guide that encompassed themes including the assessment process, preconceptions about speech-language therapy, parental views about the child's communication, and the role and responsibility of the speech language pathologist (Glogowska & Campbell, 2000). Overall, the researchers argued that qualitative methods should be an "essential component of the evaluation of [speech and language] services" (Glogowska & Campbell, 2000, p. 404). Tess Bennett, Deborah Deluca, and Deborah Bruns (1997) utilized in-depth interviews as a way to validate the results of a survey instrument about teacher and parent attitudes toward inclusion. The researchers conducted semistructured interviews with seven parents and eight teachers (i.e., approximately 10% of the survey respondents). Researchers argued that using qualitative data collection procedures helped ensure the trustworthiness of the conclusions of the quantitative data (Bennett et al., 1997).

Within the literature, in-depth interviews have been utilized to obtain parent perspectives, especially as they related to students with special needs and the services and supports available to families in schools. While these research studies only represent a small sample of researchers that utilized in-depth interviews within the fields of education and speech-language pathology, general themes about their use emerged. The researchers utilized interviews as a way to obtain more specific information regarding the perspectives of parents of students with special needs. They often conducted more than 10 interviews to corroborate major themes between respondents. Also, within the literature, in-depth interviews have been used to substantiate findings from the use of another method. While utilizing in-depth interviews has many advantages in eliciting the participants' experiences and opinions, there are some limitations to their use within the literature.

Limitations of individual interviews. Like focus groups, individual interviews are less naturalistic and are often researcher-driven based on the question-response format (Morgan, 1997). Flick (2014) suggested that the interviewer find a balance between adhering to a highly structured interview guide and allowing the interviewee to engage in unstructured conversation. For most of the individual interviews, I attempted to engage in a more conversational style of interview; however, at times I had to interrupt and bring the interviewee back to a topic that I wanted to explore in more depth. While the interviewees invited me into their homes, I was keenly aware of the social interactions that are "integral to the interviewing process," including the power dynamics between myself as the interviewer and the parents as interviewees (Roller & Lavrakas, 2015, p. 57). For many of the interviews, we used the formal "usted" form of you in Spanish, which shows respect and less familiarity. Because interviewing is a less naturalistic form of data collection, care was taken to ensure that the participants felt at ease, especially when discussing potentially sensitive topics, such as issues of dis/ability.

Another limitation of the interview method was the potential bias imposed by myself as the researcher (Roller & Lavrakas, 2015). Inadvertently, the researcher could provide verbal and nonverbal cues when asking questions and eliciting responses that might affect how the interviewee responds (Martin, 1994). This was also evident during the individual interview with Cristina because we were talking more than answering questions; I shared my opinions and experiences as well. When participants describe experiences from the past, they often color their descriptions with their own interpretations (Kitzinger, 1994). In general, individual interview data are highly subjective and reflective of the personal experiences of the interviewee; therefore, full generalizability can never be obtained for a population (Flick, 2005). To mitigate this, I utilized a second method (i.e., focus groups) to corroborate responses and develop general themes.

Reliability and Validity of Focus Group and Individual Interviews

Within qualitative research, issues of reliability and validity are approached differently than in other types of research (Lincoln & Guba, 1985; Shenton, 2004). Egon Guba has been credited with adapting positivist reliability and validity constructs within a qualitative framework of *trustworthiness* (Shenton, 2004). To establish trustworthiness, Yvonna Lincoln and Egon Guba (1980) asked: (a) How can one "establish confidence in the 'truth' of the findings" for the participants in a given context? (b) How can one determine the "applicability [of the findings] in other contexts or with other [participants]? (c) How can one achieve similar findings if the "inquiry were replicated?" and (d) How can one establish that the findings are not biased by the "motivations, interests, or perspectives of the inquirer?" (p. 290). To address these questions and establish the trustworthiness of qualitative research, Lincoln and Guba (1985) suggest utilizing the following criteria: credibility, transferability, dependability, and confirmability.

Credibility. According to Andrew Shenton (2004), within positivist research, internal validity is established to "ensure that [the] study measures or tests what is actually intended" (p. 64). Within a qualitative framework, credibility is established by engaging in activities that increase the "probability that credible findings will be produced" (Lincoln & Guba, 1985, p. 301). For the purposes of this study, credibility was established by utilizing well-established research methods, prolonged engagement with participants, methodological triangulation, peer debriefing, and member checks (Lincoln & Guba, 1985).

Shenton (2004) suggested that a researcher use methods that have been "successfully utilized in previous comparable projects" (p. 64). In this study, I used focus groups and in-depth interviews, which have been well-established within the literature as appropriate methods for obtaining data related to participants' perspectives and experiences (Fontana & Frey, 2005; Magnusson & Marecek, 2015; Morgan, 1997; Stewart & Shamdasani, 2015). Prolonged engagement requires that the researcher be involved in a site long enough to develop familiarity with the culture of the participants (Lincoln & Guba, 1985; Shenton, 2004). I had been involved with the REAAD! Program for over 2 years. I had worked closely with the tutors, students, and parents in providing speech and language supports to the children attending the program. As per Denzin (2009), I utilized methodological triangulation, as I previously discussed in this chapter. Also, I hope to present my findings at a state and/or national convention for speech language pathologists to obtain feedback from colleagues (Shenton, 2004). Finally, I utilized member checks, which Lincoln and Guba (1985) stated are the "most crucial technique for establishing credibility" (p. 314). During the focus group and individual interview sessions, clarifying questions were asked (e.g., "I heard you say . . . was that accurate?" or "Can you explain a little more what you mean by . . ?”). During individual interviews, member checks were conducted based on focus group data (Lincoln & Guba, 1985).

Transferability. In a strictly positivist sense, external validity establishes whether the findings of one study can be replicable within another study (Shenton, 2004). Lincoln and Guba (1985) argued that this is impossible within a qualitative research project. However, results of the study can be transferable to other studies if the researcher uses “thick description,” or the “*data base* that makes transferability judgements possible on the part of the potential appliers” (Lincoln & Guba, 1985, p. 316, emphasis in original). Shenton suggested that it is important to include information related to the participants, the location of the research, the methods employed, and timeframes for data collection. It is the hope of this researcher that I provided enough thick description of the methodological choices, the study environment, and the participants that this study can be transferred to other contexts as well, if other researchers wish to do so.

Dependability. In positivist research, reliability is attained by showing that if the research is repeated under the same conditions (i.e., same context, methods, and participants), then similar results would be obtained (Shenton, 2004). It is difficult to meet strict reliability standards in qualitative research, especially when focused on participants’ perspectives, because the experiences of the participants change over time. Lincoln and Guba (2004) suggested that if credibility is well established, then dependability would be more likely. In this study, “overlapping methods” were used to help ensure that results from the focus groups could be corroborated using individual interviews (Lincoln & Guba, 1985). Following the suggestion of Shenton (2004), this study also provided in-depth description of the research design, its implementation, the operational detail of data gathering, and the reflective appraisal of the project (p. 71-72). In this way, this study could be replicated, thus increasing its dependability, even if exact or similar results are not obtained (Shenton, 2004).

Confirmability. Objectivity within a positivist paradigm holds that the research is "value-free" and the researcher maintains an "adequate distance between observer and observed" (Lincoln & Guba, 1985, p. 300). This study is *not* objective or value-free in that sense because the experiences and perspectives of the participants and the researcher have been socially constructed (Conquergood, 1995; Denzin & Lincoln, 2011; Solórzano & Yosso, 2002). However, establishing confirmability helps to ensure that the "work's findings are the results of the experiences and ideas of the informants, rather than the characteristics and preferences of the researcher" (Shenton, 2004, p. 72). To establish confirmability, the researcher produced an "audit trail" that consisted of the raw data, field notes, development of themes, interpretations, methodological notes, and instrumentation (e.g., interview guides) (Lincoln & Guba, 1985, p. 320). While employing an auditor and engaging in the auditing process may be outside the scope of this study (see Lincoln & Guba, 1985), the documentation could still be used to establish confirmability. Also, through my own storytelling, I am disclosing my own beliefs and assumptions with full transparency related to the issue of parent participation.

Data Handling

Since confidentiality and anonymity of the participants was important to maintain, data were kept securely (Gibbs, 2008; Kaiser, 2009). The anonymity of participants was protected by giving an identifying number to each focus group. This number was used on all forms, notes, audio files, and electronic documentation. Each participant was assigned a number based on her or his seating arrangement in the group. This number was used to identify the participants on all forms, notes, and electronic documentation. However, as this is a qualitative project that values the individual participants' opinions, participants were asked to provide a pseudonym to be used within the written results of the study (E. Reilly, personal communication, February 20, 2017). All paper files and notes were securely maintained in a locked cabinet. All audio files and electronic documentation were maintained in a password-protected computer, stored in a secure place, to protect confidential information (Richards, 2014). Only the primary researcher had access to the paper files, audio files, and electronic documentation.

Transcription

Focus groups and individual interviews were voice recorded using a digital audio recorder. Initially, the audio recordings were transcribed, and the field notes were typed by the primary researcher. However, given the magnitude of transcriptions, a professional transcription service was utilized to complete initial transcriptions. Transcriptions were in the language of the participant (i.e., Spanish for Spanish-speakers and English for when they code-switched) and included all verbal interactions (including the questions and comments from the researcher) and "indicators of meaning" (i.e., punctuation marks, pauses, interruptions, etc.) (Magnusson & Marecek, 2015, p. 74). Within the transcripts, all identifying information was removed, including participants' names and all names of people or places that were mentioned. These people and places were replaced with either pseudonyms or bracketed descriptions (i.e., [mi hijo] my son) (Magnusson & Marecek, 2015). Transcripts and audio files were stored securely in two separate locations (i.e., paper file and computer file).

Translation

Since all interviews were conducted in Spanish, transcription and analysis was also conducted in Spanish. However, for the purposes of publication, excerpts from the transcript were translated into English as well. Per Bogusia Temple and Alys Young (2004), translation can be used to discuss points in the text where meaning should be interpreted. A translation should accurately reproduce the source text, use the natural form of English, and express the meaning of the original text in an understandable way (Lopez, Figueroa, Connor, & Maliski, 2008). Consistent with the literature, a literal translation from Spanish to English was not always possible; therefore, a contextual translation, which conveyed the meaning of the text, was often necessary and acceptable to use. Lopez (2008) and colleagues suggested back-translating to check that the "true meaning" of the participants' experiences are conveyed in English (p. 1736).

Richard Brislin's (1970) seven-step translation process is held as ideal for ensuring accuracy and understanding of the item being translated (Lopez et al., 2008). The seven-step method includes writing an English form that is translatable, instructing one bilingual translator to initially translate into the target language, and utilizing several "competent" translators to check for translation "adequacy" (Brislin, 1970, p. 214–215). The translation should then be given to several bilingual individuals who see the original text only, the English only, or both (Brislin, 1970). Since this level of back-translation was outside the scope of this study, as it can be a formal and time-consuming process, Brislin (1970) suggested that for some research projects, a simplified version of back translation could be used. This research project utilized a modified version of Brislin's translation method, including: (a) making sure items were free of colloquialisms; (b) using a bilingual editor to back-translate key passages to check for accuracy;

(c) if there were inconsistencies in the translation, the translated text and original text were reviewed and revised as needed; and (d) translation was proofread again to make sure it was understandable and conveyed the original meaning of the Spanish text.

Analysis

Methodologically, this study aimed to interpret the perspectives and experiences of Spanish-speaking parents. According to Jane Ritchie and Liz Spencer (2002), data analysis in qualitative research is used to define concepts, map the range of phenomena, categorize attitudes and motivations, find associations between experiences and attitudes, seek explications, and develop new ideas. The analysis of group and individual interviews was rooted within Yosso's (2005) six forms of capital (i.e., aspirational, navigational, social, linguistic, familial, and resistance). By utilizing the community cultural wealth model, the parents' reflections, points of view, and emotions were initially coded in a way that honored their experiences. When analyzing interviews, Magnusson and Marecek (2015) suggested focusing initially on repeating ideas that are analytically useful while keeping the participants' talk at the center of attention. They emphasized the importance of focusing on the depiction of events and how the participants tell their stories. When selecting text to analyze, therefore, Magnusson and Marecek suggested picking excepts that are pertinent to the research question, representative of several participants, contrast with the talk of most of the participants, and/or contain contradictions and inconsistencies that exhibit conflicts between implicit cultural meanings. These types of excerpts created the basis from which I analyzed the responses of the participants.

Method of Analysis

As this project focused on eliciting Spanish-speaking parents' perspectives, data were analyzed to highlight the parents' experiences, reflections, points of view, and emotions related to their experiences obtaining speech and language services. The framework method of analysis, as originally developed by Jane Ritchie and Liz Spencer in the 1980s, has been used to thematically analyze textual data using a matrix format (Gale, Heath, Cameron, Rashid & Redwood, 2013; Ritchie, Spencer, & O'Connor, 2003). According to Ritchie et al. (2003), "the thematic framework [method] is used to classify and organize data according to key themes, concepts and emergent categories" (p. 220). Within the literature, this method of analysis is useful in analyzing in-depth interviews (Glogowska & Campbell, 2000). The framework analysis is heavily grounded in the original stories of the participants, while being able to be modified within the analytical process (Glogowska & Campbell, 2000). By using this method of analysis, the researcher can make within- and between-case comparisons and associations, which makes the data easily accessible to other researchers (Glogowska & Campbell, 2000).

Data were initially indexed utilizing Yosso's (2005) six forms of capital (i.e., aspirational, navigational, social, linguistic, familial, and resistant capital). This type of *pre-set* indexing allowed the data to be chunked within the larger conceptual framework. Ritchie et al. (2003) differentiated between *coding* and *indexing.* According to Ritchie et al. (2003), at the initial stage of the framework analysis, indexing is used to "show which theme or concept is being mentioned within a particular section of the data" (p. 224). After the initial indexing, the data were sorted and ordered within the theoretical framework so that "detail[s] and distinctions that lie within" the data could be "unpacked" (Ritchie et al., 2003, p. 229).

Thematic charts based on the six forms of capital were created in Microsoft Excel (see Appendix D; tables 3, 4, and 5 for templates). Table 3 shows the initial indexing of the raw data. Key quotes from the interview transcripts were recorded along with preliminary thoughts and categories (Smith & Firth, 2011). At this initial stage, each transcript was coded individually (e.g., from each individual focus group and in-depth interview). Table 4 shows an example of a coding index. The initial categories that were assigned were collected within the initial themes (i.e., the six forms of capital). These charts were refined to summarize the "key points of each piece of data" (Ritchie et al., 2003, p. 231). Table 5 shows an example of how core concepts were developed. The initial categories were refined, and final themes began to emerge, (i.e., language, gender, dis/ability, race, family and community supports, professional supports, parent self-advocacy, resistance). Once core concepts were established for each focus group and interview, then the data were reviewed in the aggregate to develop overall themes and core concepts (i.e., conceptualization of dis/ability, professional resources and supports, family and community supports, language use and status, parent advocacy, and systematic resistance). By utilizing a matrix, general themes began to emerge from the data that went

> beyond description of particular cases to explanation of, for example, reasons for the emergence of a phenomena, predicting how an organization or other social actor is likely to instigate or respond to a situation, or identifying areas that are not functioning well within an organization or system. (Gale, et al., 2013)

Conclusion

The purpose of this chapter is to review the research design and methodology used to investigate Spanish-speaking parents' perspectives on obtaining speech and language services.

Because this research project was grounded within Dis/ability and Latino critical race theory and emphasized the social and cultural capital that parents innately possess, a qualitative research design was chosen. Qualitative research attempts to capture the socially constructed meaning that individuals ascribe to their experiences (Conquergood, 1995; Denzin & Lincoln, 2011; Magnusson & Marecek, 2015; Solórzano & Yosso, 2002). The educational and speech-language pathology literature on parent perspectives emphasizes the use of focus groups and in-depth interviews as effective methods for eliciting the experiences of parents. These methods, when used together, establish triangulation (see Denzin, 2009), and increase the trustworthiness of the study (see Lincoln and Guba, 1985). By engaging in counter-storytelling, my hope was that the participants would be better able to work towards challenging the deficit views of their families that are prevalent within the field (Delgado, 1989; Solórzano & Yosso, 2005).

Chapter 4 and 5 discuss more in-depth narratives that emerged from the data and connect the parents' experiences within the theoretical construct of Tara Yosso's community cultural wealth. Discussions about the findings relate to the wider literature surrounding parent involvement and advocacy, special education supports and services, speech and language services with culturally and linguistically diverse families, critical dis/ability studies, and Latino critical race theory. Suggestions and recommendations based on the parents' experiences and perspectives are discussed in Chapter 5 as well.

CHAPTER 4

FINDINGS

On a sunny afternoon in October, I had the privilege to visit Cristina and her family at their home. When I arrived, Cristina had lunch prepared for us. Cristina, her husband, her two youngest sons, and I ate together, sharing stories about our families. After lunch, her husband took the boys to get ice cream, so Cristina and I could talk more intimately about her experiences obtaining speech and language services for her sons. Cristina shared that when her eldest daughter started preschool in a Head Start program, she often volunteered in the classroom. The teacher called her "*mi mano derecho*" (my right hand). When she was in the classroom, Cristina brought her eldest son with her, since he was only 2 years old at the time. The teacher noticed that her son was having difficulty pronouncing words and approached Cristina stating that when he turned 3 years old, she was going to make sure he was enrolled in speech therapy. When he turned three, the teacher was true to her word; Cristina's son was enrolled and began receiving speech services. For Cristina, this process was "*bien fácil*" (very easy). Her son continued speech therapy through kindergarten. By the end of kindergarten, his speech improved, and he had made substantial academic progress to the point that he was classified as an "English-only" student, although he came from a Spanish-speaking home. Cristina credited his success in school to the early intervention that he received from his preschool teacher, his kindergarten teacher, and his speech-language pathologist.

A few years later, Cristina noticed that her second son was also having difficulty pronouncing words clearly. She was proactive in seeking speech therapy supports for him, knowing how well it had helped her eldest son. Cristina recalled that it was the time of the Great

Recession in the United States. Funding for supports in schools that had previously been in place had been significantly reduced. She attempted to enroll her son in Head Start, like with her two eldest children. However, due to budget cuts, Head Start limited its enrollment to only the most economically challenged families; therefore, Cristina and her husband did not qualify. As she put it, "*aunque el cheque no era grande, pero había un cheque*" (even though the check wasn't very much, at least there was a check). Her son was put on a waitlist, and she was told that the school would call when there was an opening. Days, weeks, and months passed, but she never received a call.

With the next school year approaching, Cristina attempted to enroll her son in the preschool class at her local public school. The class was at capacity and her son could not attend. She started to investigate what programs and schools were available around her neighborhood. After a few months, she finally was able to enroll him in preschool at a public school close to her house. Almost immediately, she met with the teacher to explain her concerns regarding his speech. Unlike her eldest child's teacher who advocated for her son to receive therapy, this teacher evaded responsibility by sending Cristina to the office to voice her concerns. Cristina followed up with the office staff, but she did not know at the time that "*si hablas solamente no te van a hacer caso, debes de escribirlo y firmarlo*" (if you only talk, they aren't going to listen to you, you must write it and sign it). She did not know then that there was a protocol in public elementary schools for obtaining services, starting with clearly and explicitly documenting parental concerns in writing.

"*Y pues se pasó el tiempo*" (And well the time passed by) until it was almost time for her son to transition to kindergarten. At that time, a new charter school opened in the area. The school felt different to her, "*hablaban muy bonito, cosas buenas*" (they spoke very pretty, all good things) about how they would support their students. Cristina and her husband decided to enroll their son in the charter school. Again, she told the teacher about her concerns regarding his speech, but unlike his last teacher, her son's kindergarten teacher helped her. The teacher filled out paperwork and started the process for Cristina's son to receive speech therapy. Through tears, Cristina spoke of *la herida,* the wound of trying to obtain services for her son, highlighting the importance of finding schools and staff that validate parents' concerns. Cristina waited for over 3 years to obtain speech and language services for her son at a time in his development during which he could have benefited from the supports.

Cristina's experiences are representative of many of the parents in this study. Often, parents understood the needs of their children and attempted to find the services to support them. They were either met with teachers and school professionals who advocated for their children to get supports or those who did nothing or worse, worked against them. Parents' access to services and supports were highly dependent, they felt, on the level of *corazón* (*heart*) of the school professionals working with the families.

This chapter presents key findings obtained from focus groups and individual interviews conducted with parents in the REAAD! Program. The theoretical framework that guided this study is also reviewed as is the background and context of the participants. Initially, this research was conducted to answer the primary research question, *RQ1: What are Spanish-speaking Latino/a parents' perspectives regarding their prior and current experiences obtaining school-based speech and language services for their children?* However, in collecting the experiences of the parents and engaging in dialogue, a secondary research question emerged, *RQ2: How can* *speech-language pathologists foster collaboration with Spanish-speaking parents that validates parents' concerns and experiences?*

In this chapter, the study's results are organized around five major themes (i.e., conceptualization of dis/ability, resources and supports for parents of children with dis/abilities, speech and language therapy, parent language use and status, and parent advocacy).

Theoretical Framework

This qualitative study focused on Spanish-speaking parents' experiences and perspectives related to school-based speech and language services. Through the theoretic lens of dis/ability critical race theory (DisCrit), Latino critical race theory (LatCrit), and Yosso's community cultural wealth model, I explored the parents' stories related to their successes in obtaining services for their children and the obstacles they encountered. Creating collaborative spaces in which culturally and linguistically diverse parents' experiences, beliefs, and perspectives are valued and respected is incorporated as a basic tenet in the professional standards of the American Speech-Language and Hearing Association (ASHA, 2014). However, in practice, parents report that speech-language pathologists do not consistently create these collaborative spaces.

Through the critical tradition, DisCrit and LatCrit provide a theoretical lens that honors and brings to light the lived experiences of the Spanish-speaking Latino/a parents of children with dis/ability in this study. Within the historical and legal history of the United States, there continues to exist a deficit view of these families based on their race and their children's ability levels (see Artiles & Trent, 1994; Blanchett et al., 2009; Chhuon & Sullivan, 2013; Ferri & Connor, 2005; and Olivos et al., 2011). Often, these deficit views are maintained through asymmetrical power relationships between school professionals and parents based on the socially constructed categories of ability, race, and social class (Annamma et al., 2016b; Giroux, 1981; Kincheloe & McLaren, 2005). Incorporating counter-storytelling into this study aids in "exposing, analyzing, and challenging" notions of "normalcy," while providing a space to build community and *confianza* into the parent/speech-language pathologist relationship (Annamma et al., 2016b; Solórzano & Yosso; 2002).

Utilizing Yosso's community cultural wealth model provided a structure for focus group and individual interview topic guides. Yosso (2005) emphasized six forms of cultural capital for Latino/a families (i.e., aspirational, navigational, social, linguistic, familial, and resistance). The parents' experiences documented here were grounded in their hopes and dreams for their children. When discussing their experiences navigating the school system, parents emphasized the social, linguistics, and familial resources that supported their quest for a more equitable education for their children. Through problem-posing dialogue, parents in this research study named issues that affect them and challenged inequalities that affect their children's education (see Solórzano, 2013; Yosso, 2005). In the next section, I review demographic information related to the parents who participated in this study.

Focus Group and Interview Participants

For this study, nine focus groups were conducted with 31 Spanish-speaking parents of children enrolled in the REAAD! Program between May and October 2017. Focus groups ranged in size from three to 12 participants. Seven individual follow-up interviews were conducted with participants in their homes. Participants ranged in age from 27 to 47 years old, with most participants in their late thirties or early forties. For focus group sessions, the majority of participants were mothers, with one to two fathers participating per focus group. For four out of seven of the individual interviews, both parents were present. Parents were from Mexico, El Salvador, Honduras, Guatemala, and the United States. For those who reported their educational level, they were equally distributed with similar numbers of parents who completed some elementary school (n = 6), some middle school (n = 6), some high school (n = 6), and some college (n = 7). All parents self-identified as Spanish-speakers; however, they differed in their use of Spanish and English in their day-to-day lives. The majority of parents spoke Spanish exclusively and reported limited to no understanding of English. Some of the parents were bilingual in English and Spanish and felt comfortable switching between the two languages. For three parents, English was their dominant language, although they continued to use Spanish with family members and in the community. Eleven parents reported that their children currently receive special education services in the schools, including speech and language therapy. Ten parents reported concerns about their children's academic progress and/or speech and language skills, but at the time of this study had not received services through their children's schools. Ten parents reported no concerns regarding their children's academic or speech and language skills. Through the sharing of their perspectives and experiences, parents in the study epitomized the struggle Spanish-speaking parents face in obtaining services to support the education of their children.

Honoring the Parents' Voices

Through group discussion and individual interviews, parents shared their experiences and perspectives regarding the education of their children. Parents consistently expressed their hope for their children to have a better life than the one they had, one that was attainable through education. Unfortunately, in their quest for educational supports, parents were often met with systematic roadblocks that often denied their children the help that they needed. Parents in this study were keenly aware of the struggle to support their children in the face of deficit views of their family based on the intersection of their language, race, and ability levels. More often than not, parents utilized the assistance of sympathetic teachers and speech-language pathologists to obtain services for their children. For parents in the study, having a school professional who they believed demonstrated *corazón* (heart) made all the difference in their ability to advocate for their children.

This chapter is organized into five major themes: conceptualization of dis/ability, resources and supports for parents of children with dis/abilities, speech and language therapy, parent language use and status, and parent advocacy. As much as possible, I seek to honor parent voices by including direct quotes that highlight salient points made by the participants.

Conceptualizations of Dis/ability

Views of dis/ability, as expressed by parents within the study, were influenced by their cultural world view, regardless of whether or not their children were labeled as having a dis/ability. The language that parents used to describe ability levels exemplified a deficit view of dis/abilities, utilizing a clear distinction between abled and *dis*abled. Parents of children with dis/ability labels expressed a range of feelings about the words used in relation to their children. Most often, parents expressed fear of having their children labeled as *dis*abled and being viewed as being less capable. When grappling with the issue of dis/ability, parents often relied on the expertise of professionals in the community to help make decisions about services and supports.

Many parents showed resilience in working toward overcoming the negative views of their children due to their dis/abilities.

Duality of dis/ability. Within the language the parents used to discuss the educational needs of their children was a duality of terminology with clear distinctions between what is considered *normal* and what is considered *disordered*. Consistent with the tenets of DisCrit theory, the parents expressed "societal interpretations of and responses to specific differences from the normed body" in what they labeled as a "dis/ability" (Annamma et al., 2016b, p. 10). Parents whose children had not been labeled as having a dis/ability often talked about children with educational needs as being "*esos niños*" (*those* children) or "*un niño así*" (a child like *that*). These parents consistently distanced themselves and their children, whom they perceived as being *normal*, from other children, who were clearly considered *not normal*. Children were categorized as "*discapacitados*" (disabled), "*incapacitados*" (incapacitated), "*no normal*" (not normal), or "*con defectos*" (with defects). Each label used reinforced the prevailing view that there was a clear distinction between those children with a functional level of capacity and those without.

Connected to the views of the ability of the children were views of the educational system that supported them. When discussing services and supports in schools, Allison stated, "*pero por eso se hicieron las clases especiales, para tener a esos niños*" (but that is why special education classes were made, to tend to those children). She continued by explaining that because "*estos niños*" (those children) behave differently and learn differently, it was doing a disservice to them to be "*mezclados con los niños que supuestamente son normales*" (mixed with children who are supposedly normal). Allison described some basic assumptions that create the "social construction of dis/ability" and how those assumptions lead to the marginalization and segregation of children based on their perceived *dis*abilities (Annamma et al., 2016b, p. 13). When discussing the rules for qualifying for services in the schools, Giselle stated that a child "*automáticamente pasa a otro status, vamos a ponerle así, para no llamar de otra manera, porque se hace un poquito feo*" (automatically passes to another *status*, let's say, so as to not call it something else, because it sounds a little ugly). While she used a politer term, the meaning behind her statement was clear, children who require special education supports in schools are fundamentally different, both in status and ability levels.

Parents whose children had labels of dis/ability, while still using the prevailing terminology to describe their children, also offered views that valued their children's abilities and potential to be successful. Kimberly distinguished between how "*la sociedad*" (society) viewed her son and her aspirations for him. Speaking of her son, "*gente tonta*" (ignorant people) often said: "*ay, ese niño, es autista, es un niño que no sabe, que no aprende, que es un burro*" (Oh, that boy, he's autistic, he's a boy that doesn't know, that doesn't learn, that he is dumb). Kimberly did not view her son as *discapacitado* (disabled), but rather that "*solo lo hace algo diferente*" (he just does something different). She never wanted him to feel "*retrasado mental*" (mentally retarded) or "*sentir menos*" (feel less than) for having autism. Her "*reto*" (challenge) was to help him develop so that he could "*participar en la comunidad*" (participate in the community). Kimberly felt strongly that her son should not be limited by his dis/ability and while she could not stop others from commenting about him, she was conscientious about the ways that she talked to her son about his abilities and offered continual support so that he felt capable, intelligent, and could achieve anything he wanted.

Parents' feelings about dis/ability. Parents in the study discussed a range of feelings and emotions related to having a child with a dis/ability. They often exhibited feelings of anger or sadness when first approached by school staff to discuss their child's dis/ability. When Kimberly's son was diagnosed with autism, she stated, "*Primero sentí como que me hubieran echado un balde de agua en el momento y me sentí así como que triste y enojado, y dije: '¿Qué voy a hacer?'*" (At first, I felt like they had thrown a bucket of water on me at that moment and I felt so sad and angry, and I said, 'What am I going to do?'). When Talia's daughter's teacher approached her initially to discuss her "*problemas*" (problems), Talia stated, "*yo me saqué de onda*" (it pissed me off). Ángel reacted strongly to the manner in which the teacher told her that "*este niño es <u>muy</u> inquieto*" (this boy is *very* hyper). As the mother, Ángel felt she could talk about her son using words like "*<u>muy</u> inquieto*" (*very* hyper), but that the teacher did not have a right to label her son so directly. Kimberly also discussed the need for discretion on the part of school staff. While she stated "*a mí no me da pena, yo me siento orgullosa*" (I don't feel embarrassed, I feel proud) that her son has autism, she also stated that "*yo no traigo un letrero que diga 'Mi hijo es especial y tiene autismo'*" (I don't wear a sign that says, 'my son is special and has autism'). Fighting through tears, Ely also discussed feelings of despair because she wanted so much more for her son. The feelings that the parents reported were consistent with findings in previous studies, in which parents expressed overall worry, frustration, sadness and at times, helplessness in dealing with their children's unique needs (Hughes et al., 2008).

While their initial feelings were often those of sadness or anger, parents also discussed their continued hope, pride, and encouragement of their children. Kimberly stated that:

> *Yo lo he motivado a que él tenga confianza en sí mismo, que él pueda lograr las cosas, aunque nos cueste, lo va a lograr. Cuando él me decía: "Yo no puedo leer, no puedo," [yo lo decía] "Tú lo puedes hacer y lo vamos a hacer"*
>
> I have motivated him to have more self-confidence and to believe that he can accomplish things even if it may be hard for us, we are going to accomplish them. When he would tell me, "I can't read, I can't." I would tell him, "You can do it, and we are going to do it.

Importantly, Kimberly's language use (e.g., *nos* cuesta and *vamos* a hacer) reflected her commitment to take upon herself both her son's struggle and the work required to help him achieve. Lucy emphasized that her son should always say, "*sí puedo*" (yes, I can) because even if he could only achieve half of what he wanted to achieve, he would still be achieving. For Ely, it was important to support her sons "*hasta donde puedan llegar*" (how far will they go). Parents' continued support and encouragement was consistent with the literature that recognized that families and communities can be developed that "transcend differences of health and disability status" (Asch, 2001, p. 217). Often, parents reflected on the process of their changing feelings regarding their child's dis/ability, from that of disbelief, frustration, and anger to one of acceptance and advocacy. For some parents, the initial fear of having their child labeled as having a dis/ability was devastating.

Parents' fear of dis/ability. Due to the societal view that to have a dis/ability made their children "*menos*" (less than), parents discussed the overwhelming fear of having their children classified as needing special education supports or services. For example, Allison discussed participating in a special education meeting as a translator for a child who had received a diagnosis of autism from his doctor. The school was trying to provide special education services, but "*la mamá se negó porque ella quería que el niño fuera tratado como un niño sin ningún problema…decía, 'no, mi niño es normal, mi niño es normal*'" (the mother refused [services] because she wanted her son to be treated like any other child without problems . . . she said, 'no, my son is normal, my son is normal'). Sofia's husband spent 3 years refusing to obtain supports for his son because "*él no quería que clasificaran a su hijo o le quedara en su récord como si su hijo ocupó eso o está mal, o loco*" (he did not want his son classified [as special education] or that it would stay in his permanent record that his son needed the support, or something was wrong, or he was crazy). Lucy discussed advising her friend to seek out supports because her son often kept to himself and threw tantrums. Her friend responded by saying, "*no, no solamente es berrinchudo*" (no, no he's just temperamental). Often, within the literature, if a child is identified as having a language learning *disorder*, it is attributed to a problem that is inherent in the child (Ruiz, 1995). When discussing their friends' and family's experiences, the parents overwhelmingly stated that most often parents did not seek out support because they were afraid to have their children labeled or viewed as deficient in some way.

In addition to the fear of having their children labeled, parents stated that they did not seek out supports for fear of the professionals who worked with the families. Chamai discussed the difficulties she faced in trying to get her son assessed by the regional center. The assessor had to complete the assessment in Chamai's home, but as Chamai lived with her parents, her parents were cautious about who they allowed in their house. Chamai explained that often parents are afraid to have professionals at their house for fear that they are social worker "*y te los van a quitar los hijos*" (and they are going to take away your children). In the same way, Kimberly discussed the first time she filed a due process complaint against the school district and the fear she felt when she was told she would have to go in front of a judge.

> *Y yo dije: "¡Ir con un juez!" Como que - ¡uy! – oyes la palabra juez y se horroriza…para muchos papás, el miedo que tiene es que les dicen, "un juez, me van a quitar a mis hijos. Voy a perder sus derechos." No, porque el juez del distrito escolar es totalmente diferente. Y muchos papás no estamos informados de esto.*
>
> And I said, "Go with a judge?!" How? – uy! – When you hear the word judge, you are horrified . . . for many parents, the fear they have is that they say, "A judge? They are going to take my children away. I will lose my rights to them." No, because the school district's judge is completely different. And many parents are not informed about that.

By not being informed about the process to obtain services/supports and by the professionals not establishing trust with the parents, out of fear, parents often refused to seek out educational services/supports for their children. Also, for Latino parents specifically, if they are undocumented immigrants, they are hesitant to engage in any activity that might expose their legal status. While school professionals might view parents' fear as a "lack of interest," their level of involvement in obtaining special education services for their children often depends on other factors beyond what is immediately visible to school professionals (Lian & Fontánez-Phelan, 2001, p. 194). For parents in this study, issues related to dis/ability were intricately connected to issues of race, language, and access to resources.

Cultural views of dis/ability in the community. Within the Latino community, there are commonly-held beliefs about dis/ability, which parents in the study expressed. Parents stated that they expected their children to be well-behaved in school, exhibit independence, and show respect for the teacher. Often, they viewed children with dis/abilities as being the product of "*casas que están rotas*" (broken homes), as Allison stated. She continued:

> *Yo pienso que el problema de estos niños que se convierten en un problema en el futuro hasta para la sociedad puede ser, es porque desde chiquitos, no tienen la base, los padres no tiene control de ese comportamiento de los niños.*
>
> I think that the problem with those children is that from a young age, they do not have a strong base that they need, and the parents do not take control of the children's behaviors. Which turns into a problem in the future, maybe even, for society as a whole.

This view of students, according to Allison, was shared by teachers in the classroom. When a child exhibits behaviors that go against expectations, teachers feel that "*solamente es un malcriado, un niño mal comportado, y que está llamando la atención*" (he's just a disrespectful, badly behaved boy and he is just trying to get attention). When teachers then talk with parents, as with Ángel and Talia, parents felt wary, like they were being judged as bad parents who are not doing their part to support their children's learning in school. Parents expressed the ideological property of "goodness," which according to the literature is a "central facet of our cultural values that is rarely remarked or examined" (Broderick & Leonardo, 2016, p. 55). When children exhibit behaviors that are outside of what is expected of them, it often translates into viewing that child as *dis*abled in some capacity.

Most of the parents in the study expressed feeling uncomfortable when the teachers approached them to discuss their children's needs (i.e., speech therapy, academic intervention, etc.). The interplay between the parent and the school professional often exhibits compliance with the authority, power, and cultural capital assigned to the classroom (Broderick & Leonardo, 2016). Ángel's son's teacher approached her to discuss his difficulties in reading and petition her to do more to support his reading in the home. Exasperated, Ángel responded, "*la gente no sabe lo que yo batallo con él*" (people just don't know how I struggle with him) because she felt that she consistently engaged in activities at home to support her son's reading. The teacher never asked her what she was already doing or is she had begun a dialogue about how they could work together to better support her son. Often, parents express trepidation in these types of exchanges with school professionals because they feel their capacity to support their children's education is in question.

For some of the parents in the study, the first time they were aware of any difficulties that their children had in school was from the initial conversation with the teacher or speech-pathologist. When talking about the speech and language supports at the REAAD! Program, Candy stated, "*Este es la primera vez que participo en terapia de lenguaje porque no sabía que mi hijo necesitaba este terapia*" (this is the first time I am participating in language therapy because I did not know that my son needed this therapy). Ángel, reflecting on the struggle attempting to obtain supports for her third son, stated:

> *Yo no me voy a dejar esta vez, tal vez yo el primero me había dejado porque no sabía. Del segundo no necesité, gracias a Dios, pero este de tercero, no, no aprende, y de este, no, no me voy a dejar.*
>
> I'm not going to leave it alone this time, maybe with my first son, I left it alone because I did not know. My second son didn't need support, thank God, but my third son, no, he doesn't learn, and with him, no, I am not going to leave it alone.

Ángel expressed two key concepts that were prevalent among the parents. Parents could not advocate for their children because they did not know that their children were having difficulties in school and parents did not pursue additional supports if they were not initially offered by the school. The literature indicates a need for school professionals to provide continuing support and collaboration to parents (Lian & Fontánez-Phelan, 2001). The prevailing view of the parents in this study was that there was a lack of information being disseminated to them in order to make informed decisions about how to obtain supports for their children.

For those parents who knew, from a young age, that their child had a dis/ability, they discussed the difficulties in providing their child access to the community, the same access that a child without a dis/ability would have. For Latinos, the prevailing view is that a child with a dis/ability should be kept at home and not taken out in public, nor should they be in classrooms with students who are not considered dis/abled. Giselle, who did not have a son with a dis/ability label, stated the predominant view among the Latino community when she complained about a mother who wanted her son to be in the general education classroom. Giselle stated, "*si ya nos dijeron [que el niño tiene un discapacidad], por favor, hay que ser considerados con el resto de los niño, el resto de la población*" (if they have already said [that the child has a disability] please, you have to be considerate of the other children, the rest of the population) and not have the child in a general education classroom. From the classroom to the grocery store to the playground, the mothers consistently described moments of frustration in having their child be denied the opportunity to exist like their *normal* peers. Ely, through tears, recounted an experience she had at the grocery store:

Cuando hemos ido a la tienda . . . una vez, una señora llamó a la policía porque [mi hijo] le jaló su pelo, la señora tenía el pelo largo, y en lo que yo agarré la verdura, él le jaló el pelo y llevaba bien peluca, y oh my God, fue algo bien horrible. Y yo le pedí disculpas a la señora, le traté de explicar, era un niño especial y todo, la señora no entendió y me dolió tanto porque a la que llevaron fue a la señora, llegó la policía y yo le dije al policía: "no, déjala, no fue su culpa" y me dice: "tampoco es la tuya, pero ella debe entender que es un niño especial y no se puede meter. Ella no tiene que faltar al respeto a él" ...Y así me han pasado muchas, muchas cosas, pero conozco otras mamás que tenemos grupos así de mamás que tienen niños especiales y tenemos unas mamás que no sacan a los niños, y yo les digo: "no, porque ellos, así como nosotros tienen derecho a andar en la calle."

When we were at the store . . . one time, a lady called the police because my son had pulled her hair while I was getting the produce. The lady had long hair, and it was a wig, and oh my God, it was a horrible experience. I tried to apologize and explain that my child had special needs, but she didn't understand. It hurt me so much because when the police arrived, they took her instead. I told the police officer, "No, leave her alone, it wasn't her fault," but he said, "neither is it your fault, but she has to understand that your child has special needs and she couldn't get involved, she does not need to be disrespectful to him" . . . Many, many things like this have happened to me. I know groups of moms who also have children with special needs and some moms don't take their children out, and I tell them, "No, because they have just as much rights as us to be in public."

Although Ely expressed how challenging it was to go out in public with her son, nevertheless, she continued to advocate for his right to be in public spaces and be out in the community like all other children. Kimberly also shared how she had to advocate for her son at the park:

> *Porque muchos padres con niños, así como yo tengo, con autismo, los encierran, no los sacan a los parques, no los llevan a las fiestas. Los aíslan de su familia y de nadie. Yo voy a los parques con mi hijo. Cuando él no hablaba, pues no más me hacía así, me hacía señas y me llegué a pelear con una señora que me dijo "¿Qué hace este niño aquí? Llévatelo a tu casa y enciérralo, él no tiene derecho a estar en el parque." Y yo le dije, "¿Qué? Eso no es cierto. Este es un parque público, si a ti no te gusta que tus hijos estén alrededor de los demás niños, entonces, tú llévatelo a tu casa y que juegue en tu yarda porque ese es el derecho de mi hijo de estar aquí y aquí va a estar. Si él no puede hablar ni modo, tiene a su madre que va a hablar por él."*
>
> Many parents who have children with autism keep them indoors, they don't take them out to parks or parties. They isolate their children from their families as well as other people. I go to the park with my son. When he couldn't speak, and he could only make signs, one time, I got into an argument with a lady because she told me, "What is that kid doing here? Take him home and lock him up inside. He doesn't have the right to be at this park." I told her, "What? That isn't true, this is a public park. If you don't like your child to be around other children, then you can take him home to play in your yard because my child has a right to be here and here is where he is going to stay. If he cannot speak for himself, oh well, he has his mother to speak for him."

Kimberly consistently showed advocacy for her son and those like him. While others in the community exhibited feelings of shame related to their children with dis/abilities, parents in the study reported continued love, support, and advocacy for their children to have the same opportunities as any others. Many parents expressed a deep faith in a divine power that both provided solitude and gave a reason for the challenges they faced.

Religion and dis/ability. Parents in the study expressed a culturally based belief that their children's abilities and disabilities were a direct consequence of God. Often the parents questioned what they had done wrong in life to have a child with a disability. Through tears, Lucy stated: “*Pero yo noté de mi hijo que al hablar él, no podía pronunciar, ya tenía tres años y él no podía hablar. Se sentía una impotencia que uno dice: ‘¿por qué mi hijo?, ¿hice algo malo?’”* (But I noticed that my son couldn't pronounce words. He was already three years old and he couldn't talk. I felt so helpless, I would say to myself, “Why my son? Did I do something wrong?”). She expressed a feeling of helplessness in not being able to help her son speak better. Ely related to Lucy's feelings, stating, “*como dijo ella, al principio decía: ‘ay, yo no voy a poder’ o ‘¿por qué Dios hizo eso, qué hice yo ma?’*” (Like she said, at first, I said, “ay, I'm not going to be able to” or “Why did God do this, what did I do wrong?”). Ely's eldest son had significant medial, cognitive, and social needs. Initially she was told he would only live nine days, but the month before the focus group meeting, Ely celebrated her son's tenth birthday. She maintained a belief that her son would continue to grow and develop. Although she expressed concern that her son's needs were a consequence from God, she also expressed a firm belief that “*Dios tiene cosas que uno no se explica…Uno no sabe los designios de Dios, por qué Dios permite cosas así, ¿no?”* (God brings things that one cannot explain . . . one does not know

God's intentions, or why he allows things like this to happen, right?). Despite everything, Ely maintained faith that her son could do anything that he wanted to do and be anything that he wanted, be it astronaut, doctor, or president of the United States. Dalia Melissa also expressed a deep faith that God would help her son speak clearer. She shared that every night when her son prayed, "*él pide mucho a Dios que le ayude a hablar bien, porque él no quiere hablar así. Uh-huh, entonces, primero Dios, yo tengo fe de que él va a salir de eso, que va a llegar a hablar bien, primero Dios*" (He asks God a lot to help him speak well, because he doesn't want to talk the way that he does. Uh-huh, so, God willing, I have faith that he'll overcome this, that he'll speak well, God willing).

Although often a struggle, parents also viewed their children's abilities as blessings and expressed a gratitude to God. Chamai was as grateful that her son did not need occupational therapy as she was that he would be getting speech therapy. Ely shared: "*Pero yo le doy gracias a Dios porque veo otras personas a mi alrededor con otros tipos de problemas a veces, más grandes que los míos, y siempre me enfoco allá y digo yo: 'estoy bien así'*" (But I thank God because I see other people around me, with other types of problems, sometimes bigger than mine, and I always focus on that and say, "I'm fine like this"). Ely's belief that she was okay with her life as it was stemmed from persevering through every struggle that she had to face. Ely's sentiments resonated with the other parents who shared their experiences in this study. Even for those parents who faced many challenges in raising their children, they continued to maintain hope in their children's futures.

Struggle of dis/ability. Many of the parents described the struggle that they faced, not in having a child with a dis/ability per se, but in confronting friends, family, and people in the community who only saw a *disability* and not a child. Lucy stated that while others viewed her son as having a problem, she viewed it as "*algo especial que él tiene*" (something special that he has). Kimberly chastised parents and teachers who often complained about the struggles that they faced, because "*tampoco buscan una solución*" (they do not look for a solution). She was often told that people did not believe that her son had autism because he did not behave how they expected and she told them, "*No, mi hijo tiene eso, pero también tiene reglas, tiene que tener buen comportamiento, y tiene que saber cómo llevarse con los demás niños*" (No, my son has that, but he also has rules, he has to behave well, and he has to know how to get along with other children). From expecting the worse of behaviors, to not having enough expectations for their children, parents in the study consistently advocated for their children in the face of naysayers. Ely stated, through tears, that because her son "*es un niño especial*" (a child with special needs), "*la mayoría de las personas piensa que no va a lograr nada y no se preocupan*" (the majority of people think that he is not going to accomplish anything, and they don't worry about him). Based on her experiences dealing with the school district, she believed that professionals within the district did not care about children with special needs, stating, "*oh, para qué vamos a invertir en ellos en su futuro, you know, pues qué futuro van a tener o qué van a llegar a ser*" (Oh, why would we invest in them, in their future, you know, well, what future will they have or what will they become).

Lucy and Ángel faced their children's struggles with hope and optimism. Lucy's son had difficulty walking because he had a curvature of his feet that caused his toes to point inward. When they would go to the park, Lucy shared:

> *Todos se burlaban de él, me decían: "tu hijo no puede" y yo le digo: "no te preocupes," le digo, "mi hijo no puede brincar, pero sí se sabe el abecedario y es una cosa que sus hijos no saben." Y entonces yo buscaba a él, decía yo: "déjenlo, se cayó, déjenlo que se levante." Y ellos se caían que estaban bien sus niños, bien con sus piecitos, se caían y corrían a levantarlo y digo "no, tienen que aprender a caerse, a levantarse solos."*
>
> Everyone laughed at him, they told me, "your son can't" and I said: "don't worry," I said, "my son can't jump, but he knows his alphabet and that's something your children don't know." And so, I looked for him, I said, "Leave him, he fell, let him get up by himself." And their children who were fine, with good feet, when they fell, the parents would run to pick them up, and I said, "No, they need to learn to fall down and get up by themselves."

Lucy's philosophy, which applied literally to her son falling down, was applicable to how she approached supporting him in all aspects of his life as well. Lucy wanted her son to have the independence to fall down and figure out how to get himself back up, building his own self-reliance and resilience. Ángel reflected on the amount of progress her son had made in being able to express himself, specifically because of the effort and patience that she provided to him.

> *A los dos años, ha tenido muchos berrinches, y yo pienso porque no se puede expresar bien. Y le tuve mucha paciencia, no le levanté la mano, porque él lloraba mucho, hacía mucho berrinche, hasta en kínder, todos los días, todo el día, y ahorita ya veo que ya mejoró, ya hace menos berrinches. Dice mi esposo: "a lo mejor porque está creciendo", no, es porque <u>está expresando</u>.*

> At two years old, he had many tantrums, and I think it was because he couldn't express himself. I had a lot of patience with him, I haven't spanked him because he cried a lot and had a lot of tantrums, even in kinder, all day, every day. Now I see that he is getting better, he's throwing fewer tantrums. My husband said, "Maybe it's because he is growing," no, it's because *he is expressing himself.*

Ángel emphasized the importance of her son's ability to express himself and the effect that it had in his overall behavior.

All the parents expressed the struggles they faced in supporting their children to be successful in school and in life. According to Allison,

> *Pues es que a nadie le enseñan a ser papá o mama…Lo vamos aprendiendo y lo que tú quieres es lo mejor para tu niño, que crezca bien y que a donde quiera que él vaya, que sea educado, que sea bien comportado y todo eso, pero no es algo que se aprende de la, de la noche a la mañana, obviamente y en el haciéndolo, es cuando uno [aprende].*
>
> No one is taught how to be a dad or mom…We learn as we go, and you always want the best for your child, that he grows up well, and wherever he goes, that he's educated and well-mannered, but that isn't something that is learned overnight, obviously, and it is in doing it that one [learns].

Parents have to learn to be parents. In order to do this, parents require support from their families, friends, community members, teachers, and other professionals. Through these collaborations, often it is difficult for parents to know exactly how to help their children or who to trust to help them. Allison stated, "*es muy difícil para un padre poder abrirse y tener la mente abierta y saber cómo ayudar al niño, porque al final, lo que todos andan buscando, la meta es,* *cómo ayudo a mi hijo, ¿no?*" (It's very hard for a parent to open up and have an open mind, and know how to help their child, because in the end, what we are all looking for is how to help our child. That's the goal, right?). There was a fear among the parents that within the school setting, there would not be "*confidencialidad*" (confidentiality) about the struggles that families faced.

Developing collaborative relationships between school personnel and parents is critical to providing the supports that students require to be successful in school. In the next section, I discuss the resources and supports that parents in the study reportedly utilized. Most often, school personnel, including teachers and speech-language pathologists acted as gate keepers to access to additional services in schools. Often the deficit view of the families become apparent through parents' thwarted attempts at being active and collaborative decision-makers in the education of their children.

Resources and Supports for Parents of Children with Dis/abilities

Resources and supports vary from parent to parent as well as by situation to situation. When discussing professional supports, the majority of parents reported strong, positive relationships with teachers and speech-language pathologists. For parents seeking additional services and supports, oftentimes advocacy by their children's teachers was instrumental in obtaining services. However, some parents in the study reported systematic roadblocks to obtaining services and supports. They reported having difficulty gaining access to school personnel, including speech-language pathologists. When trying to obtain support from professionals outside the school system, some parents were also met with roadblocks. Often the same parent of the same child had vastly different experiences based on the teacher/professional that they encountered. The difference often was based on the beliefs and advocacy level of the professional and not an innate difference in the parent or her or his child. When parents are unable to obtain school-based services for their children, they often turn toward community organizations, friends, and family to provide the needed resources for their children.

Positive experiences obtaining services. Overwhelmingly, parents who tried to get services/supports for their children reported that their child's teacher was instrumental in obtaining those services. Chamai spent almost 2 years waiting to get special education supports for her son through an Individualized Education Plan (IEP); however, his kindergarten teacher ensured that he had access to speech therapy prior to having the IEP by advocating for him to be enrolled in a speech intervention class. When Lucy had concerns regarding her son's pronunciation, she consulted with the teacher, who told her, "*cada vez que lo ponga con su grupo voy a tener más cuidado con lo que él diga*" (Every time that I put him with his group, I will be more careful to listen to what he says). She followed up with Lucy and accompanied her to the office to make a formal request for speech and language services.

Candy consistently communicated with her son's teachers, but ever since he was little, she felt that he had struggled to learn new concepts in school. Finally, in seventh grade, his teacher told her, "*El niño no avanza, el niño tiene otra cosa*" (The boy isn't advancing; he has something else). She discussed how conflicted she had felt, feeling something was not quite right, while being told everything was fine by his teachers. When his seventh-grade teacher told her something different, Candy stated: "*Hasta que ya la maestra, como me dijo, me dio ánimo ella. Vamos a inscribirlo, búsquele apoyos, lo inscribí, me lo pasaron a hacerle la evaluación todo en la escuela*" (Until finally when the teacher told me [he needed help], she encouraged me. [She said] we will enroll him, find supports. I signed him up, they ended up doing all the evaluation at the school). Even still, Candy remained vigilant about what supports were being provided and what modifications needed to be implemented. She maintained communication with the teachers, therapists, and principal to make sure that her son would be successful in school and receive the supports that they had agreed upon at the IEP meeting.

When Kimberly's son was in kindergarten, the school only offered speech and language services, but Kimberly felt like he needed more supports (i.e., resource services, occupational therapy, etc.). After the IEP meeting, Kimberly went to talk with her son's teacher. Kimberly stated,

> *Entonces yo fui a preguntarle a la maestra de mi hijo pues qué podía yo hacer porque no sabía yo qué hacer y yo no estaba de acuerdo en el lugar que querían poner a mi hijo. Y me dijo ella, "Pues usted puede llamar al distrito, es su derecho, averiguar o hablar con alguien más." Entonces yo hablé al distrito, hice una cita, y la que hizo el due process fui yo.*
>
> So, I went to ask my son's teacher what I could do, because I didn't know what to do and I didn't agree with the placement for my son. And she told me, "Well, you can call the district, it's your right, and speak with someone else." So, then I called the district, made an appointment, and the one who filed due process was me.

Through the advice of the classroom teacher, Kimberly advocated for the supports she felt were needed for her son. Whether the parents were just starting to question if their children needed extra supports or if they had been struggling to get supports for years, having the teachers advocate for the students validated the parents' concerns and initiated the process for obtaining services. Based on parents' experiences, classroom teachers appeared to be the gatekeepers for obtaining additional services and supports. When a teacher was supportive and responsive to the parents, the children tended to receive services.

A key quality that the parents admired in the teachers that were advocates for their children was that they had *corazón* (heart). Ely described her son's previous teacher as going above and beyond for his students.

> *Él es muy, muy buen maestro. Mi niño no caminaba y él me ayudó, él era el que puchaba para las terapias, él era el que me decía cómo yo tenía que hacer, pelear con todo. Ah, y él siempre me mandaba una nota, "Hoy [su hijo], guau, movió un dedo." Algo tan tal vez insignificante, pero para mí es mucho y él lo entendía, you know. A pesar de que no tiene ningún familiar con una necesidad especial, pero entiende lo que uno siente.*
>
> He is a very, very good teacher. My child did not walk, and he helped me, he was the one who pushed for therapies, he was the one that told me what I had to do, how I had to fight for everything. Oh, and he always sent me a note, "Today [your son], wow, he moved a finger." Something, perhaps, so insignificant, but for me, it's everything, and he understood that, you know. Even though he never had a family member with special needs, he understood how one feels.

Kimberly recalled her son's kindergarten teacher fondly. After her son moved on, Kimberly became friends with the kindergarten teacher on Facebook and had standing coffee dates with her to give her son the opportunity to keep in contact with her. At school, even though he was no longer in her class, the kindergarten teacher would collaborate with his current teacher and provide emotional support for Kimberly's son. Kimberly stated:

> *Él esa maestra es su adoración. Él esa maestra dice, "Mami, es mi maestra." Él no dice, "Fue mi maestra." Él sigue diciendo, "Es mi maestra. Ella me enseñó. Ella me enseñó – . . . Entonces esa maestra me ayudó mucho y lo ayudó a él. Y lo que me gustó de esa maestra, que cuando él iba a pasar al siguiente grado, ella averiguó cuál iba a ser su nueva maestra y platicó con esa maestra. O sea, esa maestra siguió, sigue en contacto con sus otros maestros. Y motiva a mi hijo a ser mejor.*
>
> He adores that teacher. He says, "That *is* my teacher" he doesn't say, "That *was* my teacher," He continues to say, "That *is* my teacher. She taught me, she taught me" . . . Well, that teacher helped me a lot and helped him. And what I liked about that teacher, that when he was going to the next grade, she found out who his new teacher was going to be and talked with that teacher. I mean, that teacher followed him, she kept in touch with his other teachers. And she motivates my son to be better.

Having a supportive teacher was often the first step in receiving additional supports and services for their children in school. Beyond just having supportive teachers, parents benefited from having the school professionals who were collaborative with them and other professionals in the school as well.

Professional collaborations. Having a supportive teacher was one piece of the puzzle that parents in the study needed to obtain services for their children. They also needed to collaborate with various school professionals. In working with school staff, parents delineated what their role was and what the roles of the school professionals were in the education of their children. Parents in the study felt strongly that they had an important role to play in helping their children be successful in school. As Giselle stated, "*Si nosotros no ayudamos, tampoco, los* *maestros, menos. Desafortunadamente*" (If we do not help, neither will the teachers, unfortunately). Ángel recounted that her son "*improved a lot*" because his kindergarten teacher was "very patient with him, she never complained." Even when she was talking about her son being active or distracted, she expressed it in a positive manner, "*but he's okay . . . But we're working on it. We're working on it, don't worry. I am working with him*." What made the difference for Ángel was that her son's kindergarten teacher took a collaborative approach; she informed Ángel about what was happening in the classroom but phrased it positively and with reassurance that she was working with her son. When Talia shared a similar experience of her daughter's teacher telling her about all the "*problemas*" (problems) that her daughter was having, Allison offered advice for her:

> *Entonces, poniéndome un poco de tu lado y un poco del lado del docente, tiene que ver mucho eso, yo pienso, pero sí, a lo mejor estar un poquito más abierta de tu mente y aunque no te lo planteen de una manera bonita, explicarle al maestro, "Mira, yo voy a tratar de ayudar por mi cuenta y ver cómo ayudo a mi hija también en la casa para que trabajemos en grupo."*
>
> So, putting myself on your side a little and on the teacher's side a little, it has to do a lot with that, I think, but yes, maybe be a little more open minded and even if you do not say it in a nice way, explain to the teacher, "Look, I am going to try to do my part and see how to help my daughter at home as well, so that we work together as a team."

For Allison, it was important to make sure the teacher knew that Talia was also helping at home and willing to work as a team with the teacher.

The parents discussed the need for teachers to understand that parents were consistently supporting their child's education at home. Often, the parents felt that if their child had difficulties in school, the school staff would immediately blame the parents and their home life for those difficulties. The parents believed that "*La educación se mama en casa*" (education starts at home), as Giselle said, and that they had to find a way to work collaboratively with school professionals. Ramona discussed a balance between school professionals and parents:

> *Sí. Yo digo que es el balance. Vamos a ver 50/50, ¿verdad? 50/50 y ya este, parte de tu casa, parte de los maestros… Entonces, se hace el equipo.*
>
> Yes, I say it's the balance. Let's see, 50/50, right? 50/50 and there we are, a part from your home, a part from the teachers . . . so then, you form a team.

Collaboration among parents and school professionals was considered a fine balance. Parents in the study believed that it was their responsibility to begin the collaborative process with their children's teachers. Gemma reported: "*Well, en mi caso, uhm yo noté que mi hijo no estaba leyendo muy rápido, so entonces uhm yo fui uhm a la escuela y hablé con la maestra uhm y así fue como empezamos a comunicarnos, so cada mes tenemos un sit down*" (Well, in my case, I noticed that my son was not reading very fast, so then, I went to the school and I spoke with his teacher, and that is how we began communicating, so every month we have a sit down). The parents had to initiate communication with school professionals, they had to follow-up, and they had to make efforts to keep communication going over time. Within this fine balance, parents also reported that they felt the need to defend themselves against a system that devalued their role in the education of their children.

Systematic deficit views of parents. While the parents in the study believed they played a pivotal role in the education of their children, they also expressed concern over the predominant view in the school that they did not matter or were not important. The parents believed that the school professionals did not value them specifically because they were Latino parents, because they spoke Spanish, and because they were not *professional*. Allison shared an encounter with a school principal. She had asked for her son to be promoted to the next grade because he was working above grade level when he transferred from his old school and was beginning to act out because he was bored in class. The principal told her she would not move him. Allison shared:

> *A mí me pareció una situación muy complicada, de que una principal, era, en este lugar donde hay mucho latino, ella era blanca, y me dijera que los niños que son así, que terminan en la cárcel y yo me molesté mucho y le dije, "Tú no estás criando mi hijo, así es que tú no puedes decidir que mi hijo va a terminar muerto o en la cárcel."*
>
> It seemed like a very complicated situation to me, that a principal, who was in a predominantly Latino school, she was White, and she told me that children who are like him, that they end up in jail, and I got very upset and said, "You're not raising my son, so you can't decide that my son is going to end up dead or in jail."

Allison emphasized that in a school that was predominantly Latino, in her opinion, it was a problem that the principal was White. The principal looked only at her son's inattention and disruptive behaviors, not that he was bored and could achieve more if he was challenged. At six years old, the principal already expected her son to be dead or in jail when he was grown.

While Allison stood up for her son, other parents expressed a type of helplessness in the face of school professionals' deficit views of them and their children. Cristina shared, "*hay cosas* *que yo sé que no lo están haciendo bien pero no te queda de otra a veces. Porque no lo sabes o porque no lo entiendes bien*" (There are things I know that they are doing wrong, but you don't have any other choice, because you don't know or because you don't understand it well). Even though Cristina knew there were things not being done well, she did not know how to stand up for her son or her own rights as his mother in the IEP meeting. She stated that parents needed to be better informed about how to advocate for themselves and their children in the meetings. Lucy's cousins tried to get services for their children who had autism, but in encountering difficulties, said, "*No es que ya fui a varios lados y no me dan la ayuda*" (No, it's just that I've already gone to several places and they are not helping me). Lucy responded by saying,

> *Pues no te va a caer del cielo y te va a decir aquí estoy, ¿te puedo ayudar en algo? No, tienes que luchar para obtener. Si en un lado no te hacen caso, tienes que buscar otros lados, en algún lugar te han de escuchar.*
>
> Well, they are not going to fall out of the sky and say, "here I am, can I help you with something?" No, you have to fight to get it. If they don't listen to you in one place, you need to look for other places, somewhere they have to listen to you.

At the time of the focus group meetings, her nephews, 12 and eight years old, were just starting to receive school-based services through the school district. However, the family had to move out of the State of California in order to receive services.

Kimberly discussed the give-and-take struggle of trying to be an involved parent. On one hand, the school district told parents that they were important and needed to be involved, but on the other hand, they limited the amount of access parents could have at a school site.

> *Sí. Yo pienso que así hay papás que se motivan. Y hay papás que no van por falta de la información. Porque a uno le dicen, "No puedes ir. No puedes estar en el salón. No puedes ayudar en el salón de tu hijo." Son trabas. Entonces es como yo le dije un día a la directora, "¿Por qué el distrito escolar dice involúcrense, ayuden y no sé qué? Si cuando venimos nos cierran la puerta en la cara. Nos dicen no puedes estar en – puedes ayudar, pero no en el salón de tu hijo. ¿Entonces cómo quieres que me involucre? Dame una solución. Y yo digo, hay papás que dicen, "Es que mi hijo no avanzado, no le sirve la terapia del habla."*
>
> Yes, I think there are parents who are motivated. And there are parents who don't go for lack of information. Because they tell them, "You can't go. You can't be in the classroom. You can't be in your son's classroom." There are obstacles. So, it's like I told the principal one day: "Why does the school district tell parents, get involved, help, and all that? If when we come, they close the door in our face. They tell us, you cannot be in – you can help – but not in your son's classroom. So, how do you want me to get involved? Give me a solution. And I say, there are parents who say, "It's just that my son hasn't made progress, speech therapy isn't working for him."

Kimberly's statement exemplifies the delicate balance parents faced between being involved and being excluded within the school setting. Consistent with findings in the literature, often Latino parents face the choice to either battle within the education system for services and supports, or to remove themselves from the adversarial education system and look elsewhere for supports (Cooper-Duffy & Eaker, 2017). Facing deficit views of themselves and their children, some parents in the study felt like the supports that their children required, such as speech and language therapy, were often not worth the struggle to obtain them and turned toward other community-based resources instead.

Negative experiences obtaining services. Parents in the study who had negative experiences trying to obtain more services and supports for their children overwhelmingly reported the need to defend themselves against systematic roadblocks that were in place to keep them from obtaining the supports they felt were needed. Often parents were told that their child was *fine* or that the school staff would take a *wait-and-see* approach, even if the parents continued to express concerns. Parents reported a lack of resources and staff available to provide services and supports in the schools. If their child qualified for services, the school personnel were often the ones who made the decisions about the type and level of support without input from the parents.

Denial of services based on a perceived lack of needs. One contributing factor to the delay in receiving services was that school professionals often told the parents that their child “*estaba bien*” (was fine). Candy shared, “*desde pequeño, como mamá, yo le detectaba que a él le faltaba y yo le preguntaba a los maestros, ‘No, él está bien’*” (As a mother, ever since my son was little, I could tell that something was wrong, and I would ask the teachers, and they would say, “No, he’s fine”). Lucy echoed Candy’s concerns, “Y*o me di cuenta de que él tenía problemas de speech y fui a la escuela – ‘soy su mamá’, le digo, ‘y me he dado cuenta de unas palabras,’ lo evaluaron y me dijeron que no*” (I noticed that he had problems with his speech and I went to the school – “I am his mom,” I told them, “and I have noticed a couple of words,” they tested him and told me nothing was wrong). The parents emphasized that their role as mothers qualified them to detect difficulties in their children that would impact them academically.

Instead of respecting the parents' authority in understanding their children's needs, the school personnel did not assess the children's current level of functioning nor did they offer any additional services or supports to the families.

Coupled with being informed that their children were fine, parents were told that the school would take a *wait-and-see* approach. Often the parents were told "*que tal vez estaba tarde y necesitaba tiempo*" (that maybe he was delayed and needed time) like Sofia, or that "*todavía era demasiado temprano para que lo detectaran*" (it was still too early to be detected), as Lucy was told. According to Sofia, adopting the *wait-and-see* approach in kindergarten contributed to her son having a "*problema para pronunciar, está bajo en lectura, escritura, y matemáticas*" (problem pronouncing words, he's low in reading, writing, and math). According to Reynolds and Shaywitz (2009), adopting a *wait-and-see* approach becomes a "wait to fail" or "watch them fail" model because by the time the students are given supports in the schools, they are "substantially behind academically or have developed obvious emotional and behavioral disorders that could have been prevented" (pp. 141–142). Most parents in the study were told that they needed to wait until their children were at least in second grade to get evaluated for services. Amanda responded to school staff by saying, "*ya va a segundo y no va a saber leer, o ¿te vas a dejarlo en primero otra vez?*" (He's already going to second grade, and he won't know how to read, or are you going to hold him back in first grade?). For Ángel, waiting until second grade was unacceptable. She stated:

> *Le digo, "Esta vez sí voy a estar escuchando para que ellos me escuchen y me ayuden, porque sí mi niño necesita ayuda, ellos tienen el deber de ayudarnos. No que es para el*

> *segundo grado, no. Él tiene el problema y ellos tienen que dar ayuda en cuanto tú lo necesites, no cuando ellos quieren." Y eso siempre pienso yo.*
>
> I said, "This time, I am going to be heard so that they listen to me and help me, because of course my son needs help, they have a duty to help us. None of this waiting until second grade, no. He has a problem and they have to help as soon as you need it, not when they want to." And that's always what I've thought.

Out of the 10 parents in this study who initially reported speech and language concerns, within the past year, only one had received school-based speech and language services for her son.

Even when the school professionals acknowledged parents' concerns, parents faced issues related to lack of staff, services, and funding. Parents reported shortages of teachers, school psychologists, and therapists including speech-language pathologists. Chamai expressed her frustration, saying:

> *También yo no soy el principal – si ellos en escuelas saben que necesitan tal persona para algo o para ayudar a los niños, ellos deben de ponerse, okay, necesitamos esta persona, vamos buscándola para que la tengamos para la ayuda de los niños. No es uno como padre que tiene que decir eso, ¿me entiendes?*
>
> Also, I am not the principal – if the school knows that they need such and such person for something or to help the children, they should say, okay, we need this person, let's look for them so that we can help the kids. It's not a parent who has to say that, you know?

She felt that it was the principal's job to secure the appropriate staff to serve the needs of the students and families at the school. She did not feel that it was up to the parents to tell the principal how to run the school and what staff to hire. Kimberly echoed Chamai's frustrations in criticizing the principals because "*no lo ven como el bienestar de los niños*" (they don't see it as the well-being of the children). The parents felt that principals, as leaders of the schools, should hire staff and allocate funds to support the needs of the students. Kimberly shared an experience at her son's school where the IEP team refused to provide a one-to-one assistant for her friend's child with limited mobility; instead they had other students in the class help the child (i.e., carrying her backpack). Kimberly asked, *"¿Por qué tiene que haber niños si están los recursos que el distrito da para los niños?*" (Why does there have to be children if the district has the resources to provide for the children?)

Many of the parents echoed similar sentiments, that the school district had a significant amount of money to spend to support the needs of the students, but that they, as parents, did not understand how the money was spent. Ramona stated that it made her angry and sad that families "*esperan mucho, pero no los apoyan y el apoyo está ahí, el dinero está ahí*" (wait a lot, but they don't support them, and the support is there, the money is there). While the local school district budgeted over $1.5 million to support special education services for the 2016–2017 school year, the parents reportedly did not see the benefit of that money at the school level. They felt that since the money was allocated to support students' needs, it should be easier to access services and supports in the school.

Parents also reported limited access to services and supports, not just due to funding or staffing shortages. Ely struggled to maintain services for her son, feeling that the school district was quick to take away services due in part to the sheer number of students who required supports. As soon as Ely's son began to walk, the school-based physical therapist told her that "*ya no se podía hacer más*" (No more could be done). She responded by saying:

> *¿Cómo si él está caminando, está empezando a caminar, tú vas a –? Es como cuando alguien ya está empezando a volar y ya tú le quieres cortar las alas, o sea, ¿por qué? ...Yo sé que a ti no te interesa, pero yo sí quiero que mi hijo sea, you know, que se pueda valer por sí mismo.*
>
> How? If he is walking, if he is starting to walk, you're going to –? It's like when someone is just starting to fly, and you want to cut their wings, but why . . . I know that you don't care, but I do want my son to be, you know, able to take care of himself.

Ely interpreted the therapists taking away services from her son to mean that they did not care, and more specifically, that they did not share her same commitment to her son one day becoming independent. Kimberly summed up her frustrations by saying, "*So, esos son básicamente de las experiencias que he tenido, y me, me ha tocado ver a otros padres frustrados con igual, con servicios que no les ofrecen*" (So, those are basically the experiences I have had, and I have had to see other parents frustrated in the same way, with services that they don't offer them). Often parents' frustrations in trying to obtain services that were not made available stemmed from a lack of transparency and communication on the part of school professionals. Parents needed to acquire a level of familiarity with legal mandates and available services that were not often readily available to them (Lian & Fontánez-Phelan, 2001). More often than not, parents were rendered ineffectual in advocating for school-based services because the level of service and support was often predetermined by school professionals.

Predetermination of services by school staff. More than any other barrier faced by parents, the most challenging to overcome was having the type and extent of services and supports for their children predetermined by the school professionals without incorporating parental concerns. Ely had experienced multiple IEP meetings over the past seven years. After her most recent IEP meeting, she requested independent assessments to document her son's current needs. Ely felt that if the district had completed the assessment "*pues iban a decir que no lo necesita, viendo que sí lo necesita claro, porque eso es un problema que le he tenido siempre y pues ya me cansé, ya me cansé*" (Well, they were going to say that he doesn't need it, seeing that he needs it, clearly, because this is the problem that I have always had, and I'm just tired of it, I'm just tired of it). Cristina had struggled to keep speech services for her son for the past five years. In discussing the IEP meeting, Cristina stated, "*de todos modos ya tiene uno preparado su reunión*" (anyway, they already have the meeting planned). She reported that she consistently had to be "*preparada*" (prepared) for the IEP meetings because the school professionals already knew how much they were going to offer and whether or not they were going to take services away.

Adding to the confusion for parents, IEP meetings were most often held in English, and while there was usually a translator present, the parents reported that they were not very clear about what evaluations had been completed, what services were being offered, or even who was responsible for providing the services. Ely echoed Cristina's frustrations with the IEP process, stating, "*Oh my God. Pero sí, es difícil, pero – digo, no entiendo por qué ponen tanta cosa en el IEP, si es más palabrería que otra cosa*" (Oh my God. But yes, it's hard, but – I mean, I don't understand why they put so much into the IEP, it's more hot air than anything else). Ely blamed part of the confusion on the fact that they put so much unnecessary content in the IEP documents, that it was nearly impossible for parents to understand what they were or were not agreeing to. Added to that, Chamai reported that often information was repeated from IEP to

IEP, including the goals that were supposed to be established yearly based on the students' current needs. Ely described this process:

> *Todo es lo mismo . . . Y, ah, yo me puse a comparar los IEP desde que entró él a esta escuela y solo es como que, you know, vas a la computadora y agarras este pedazo y solo le pones otro poquito y así exactamente. Solo le cambias la fecha y la agregas un poquito, es lo mismo, exactamente lo mismo . . . Y yo le dije a la, a la señora que – porque es una nueva persona que hay ahorita ayudando también para lo del IEP. Y yo le dije porque me dijo, "¿Si entiende usted?" Y le digo, yo solo me sonreí, y le dije yo, "Pues no le entiendo, pero pues ya qué, si ni siquiera usted lo ha leído, menos yo." Le dije. Y dice, "¿Usted no lo ha leído?" Pues leí los, los servicios, la última hoja – le dije – donde están los – que sé que es donde están los, lo que le van a dar de terapia porque lo demás es puro blah, blah que ni siquiera ustedes lo leen. Entonces dice, se sonrió ella, y le digo, "Se ríe porque es la verdad."*
>
> It's all the same . . . And, I started to compare all the IEPs since he started at that school and it's just like, you know, they go to the computer and just take a piece of this and a little bit of that and so on, exactly. All they do is change the date and add a little bit, but it's the same, it's exactly the same . . . And I told the lady that – because she's a new person helping with the IEPs as well. And I said to her because she asked me, "Do you understand?" And I said, I smiled, and I said, "Well, I don't understand, but, so what," and she said, "you haven't read it?" Well, I read about the services, the last page – and I said – where they have the – because I know that's where they say what therapies they

> are going to give because the rest is just pure blah blah, that not even you have read. So, she smiled, and I told her, "you laugh because you know it's the truth."

Parents reported that the *individualized* supports that their children were supposed to receive were neither individual nor based on their children's current strengths and needs.

No two children learn in the exact same way, so to have a contract between parents and schools that outlines an individualized plan for their specific child to *access the curriculum* was really important to parents. While the IEP documentation was implemented as a way to safeguard students and families' rights to a "free and appropriate public education" according to the IDEA (2004), the amount of legalese (or "blah blah," as Ely called it) became overwhelming for parents in the study. Findings of this study were consistent with other studies that looked specifically at parents' perspectives about the IEP process (see Sousa, 2015; Cooper-Duffy & Eaker, 2017). In those studies, parents viewed the IEP as overwhelmingly "meaningless," and they were so frustrated by the process that "they could not process information or make decisions on the spot without emotionally reacting" (Cooper-Duffy & Eaker, 2017, p. 182). In the current study, parents reported that the information presented in the IEP documents was more perfunctory than descriptive of their child's *individualized* strengths and needs. In this way, their children exhibited a lack of progress as goals were continued year after year.

If parents did not agree to the type and level of supports offered, they were at times met with hostility and threats of their children losing access to all their services and supports. When her son was in kindergarten, Kimberly attended a reevaluation IEP meeting. The professionals on the team recommended that her son attend an all-day special education class with speech and language support. She was unsure about putting her son in a special education classroom. She left the IEP meeting feeling "*frustrada, enojada, casi llorando porque no supe ni qué iba a pasar*" (frustrated, angry, almost crying because I didn't know what was going to happen). After the meeting, Kimberly was approached by the assistant principal on the school yard. The assistant principal reportedly said, "*Señora, usted no ha firmado el IEP, su hijo va a entrar a primer año, va a entrar aquí a clase regular pero no va a tener ni servicios del habla*" (Ma'am, you haven't signed the IEP, your son is going to enter first grade, he is going to go to a general education class without any services, not even speech therapy). Kimberly explained that she felt threatened that her son would lose his services if she did not agree to what the professionals wanted. She emphasized that many parents did not understand the IEP process and that often they feel intimidated and ended up agreeing to services (or the lack of services) because they did not know what else to do.

Professional resources in the community. When the children's needs were not being met at school, parents often turned toward professionals in the community including doctors and regional center therapists. While two mothers reported that their children's pediatrician offered support and encouragement for school-based issues (i.e., bullying and requesting school-based services), the majority of parents reported that their pediatrician did not validate their concerns. Most often, the pediatrician and regional center therapists echoed the school district in saying that the child was *fine* or to *wait and see*.

Consistently, parents reported that when they took their child to the pediatrician due to concerns about their development, the pediatrician often said the child was *fine*. Candy reported the doctor told her, "*No, el niño va a crecer y va a ser independiente y todo eso*" (No, the boy will grow up and be independent and all that). Dalia Melissa reported that her son's pediatrician said he "*estaba bien, pero nunca le hizo nada en especial para determinar si necesitaba ayuda; pero él sí necesitaba ayuda*" (was fine, but he never did anything special to see if he needed help; but he does need help). Ely was searching for supports for her younger son because she suspected that he had autism. She described her frustration and resignation upon hearing that her son "*estaba bien*" (was fine). During the focus group meeting, she stated, "*Oh my God! Y digo, o sea, yo estoy demasiado llena de cosas y digo, okay, está bien*" (Oh my God! And I say, I mean, I'm fed up, and I say, okay, he's fine). Ángel was concerned that her son was not talking and in response to the doctor telling her that he was fine, Ángel asked "*¿está seguro? es que no me dice más palabras*" (Are you sure? It's just because he isn't saying any more words) and the doctor responded, "*no te preocupes, va a mejorar, va a mejorar*" (don't worry, he will get better, he will get better). The parents did not feel satisfied by the doctors' responses, but rather, frustrated that their concerns were not being validated.

Overall, parents felt frustration that no matter which professional they sought advice from, their concerns were not being validated. Being experienced trying to obtain services in the schools, in the medical setting, through insurance, and through private practices, Ely articulately summed up her frustration stating, "*mi niño no es una pelota de béisbol que se la está tirando*" (my son is not a baseball that they can toss around). She felt that each professional simply denied services, sending her to another agency to try to obtain services. When searching for supports, parents felt like they went from professional to professional without receiving the supports they felt their children needed.

Family and community resources. Parents who participated in this study utilized family and community-based resources to help support their children's academic progress, especially when they were not successful in getting support through the school system. Family members' opinions and experiences were often the first ones solicited by parents. Close friends offered suggestions for additional supports as well, including various community programs. In response to institutionalized deficit views of the parents and their children, parents utilized community organizations, such as religious groups, to provide a place of solace and acceptance.

Family support. Parents reported that extended family (i.e., aunts, nieces, sisters, grandparents) helped with home therapy practice as well as provided advice and consolation. Kimberly recruited her sisters to help with her son's speech therapy because they spoke more English than she did. Although Lucy did not receive speech and language supports for her son from the school, her niece, an elementary school teacher, gave her "*muchos tips*" for how to work on her son's pronunciation. Ángel's two older sons helped her with her youngest son. She "*siempre*" (always) told them, "*corríjanlo, ayúdenlo, no se burlen de él*" (correct him, help him, don't make fun of him). Parents in the study utilized family ties to maintain connections and minimalize isolation for family members (Yosso, 2005). As Yosso highlighted, through investing in familial capital, families were able to realize that they were not alone in dealing with their problems.

In supporting their children, mothers and fathers in the study often expressed differing views about therapy and supports. Fathers expressed concerns about the labeling of their children as being *discapacitados* (disabled), which mothers felt slowed down the process of receiving supports and services in the schools. Parents discussed the fear that the fathers felt in requesting special education services from the school because they were afraid that their sons would be stigmatized. Sofia shared that her husband was afraid of pursuing special education supports for her son because he felt that it reflected on his son's overall worth, that somehow, he would be viewed as *less than* for having a special education eligibility. Candy, Lucy, and Cristina echoed similar concerns about their husbands initially. Candy counseled Sofia saying, "*Uno así piensa. Mi esposo también así era. Pero yo le digo, 'No, vamos a las clases de IEP para que vea usted cómo va su hijo, cómo, qué necesita su hijo, más apoyo'*" (One thinks like that. My husband was like that too. But I said to him, "No, let's go to the IEP classes so that you can see how your son is doing, like, what your son needs, more supports"). Findings from this study were consistent with the literature, in which fathers reported "significant pain when school personnel talked about their children as a list of deficits" (Cooper-Duffy & Eaker, 2017, p. 182). By finding out more information about the type of services, the reason for the labels, and the children's strengths and needs, mothers in this study reported that their husbands eventually showed support for obtaining special education services.

Often, mothers in the study reported the need to show unity between father and mother when working with the school to obtain services. They also discussed the ways in which the fathers contributed to the education of their children. Lucy's husband came to one focus group meeting and was present for the individual interview as well. He reported back to Lucy, complaining that he was the only father at the focus group meeting, but Lucy responded to him saying:

> *No eres el único. Hay muchos, que a veces, ahora sí, como pareja, es como tú, ese día yo tenía trabajo, tú no tenías, tú fuiste. Y a veces así, se tienen que ir turnando, porque si tú no te informas, a veces uno está con una venda en los ojos y habiendo clases y a veces tú*

> *miras a tu hijo con un problema y a veces uno no se da cuenta o a veces nos ciega el amor de padres.*
>
> You're not the only one. There are many, that sometimes, now, yes, as a couple, just like, you, that day I had to work, you didn't have to, you went. And sometimes it goes like that, you have to take turns, because if you do not inform yourself, sometimes we can turn a blind eye, and even though there are classes, and you look at your child with a problem, and sometimes you do not realize it or sometimes our love as parents blinds us.

She stressed the need for parents to work together as a pair. For mothers in the study, it was important for the father to have as much information about the children's progress as they had.

Ángel expressed gratitude for the support of her husband, stating, "*cuando el esposo lo apoya a uno, uno puede estar uno ahí, cuando tiene uno que trabajar ya no se puede*" (when your husband supports you, you can be there, when you have to work, you can't). In their relationship, Ángel's husband worked fulltime outside of the home with the understanding that Ángel's job was to take care of the needs of their sons. Ángel reported that her husband supported her not only financially, but also emotionally and physically. Although he worked during the day, when he came home, he helped the boys with projects and made himself available for meetings at the boys' schools. Ángel reported that when the school staff sees fathers attending meetings, they pay more attention to the family because "*saben que el papá está involucrado*" (they know that the father is involved). When Ely's son was denied physical therapy or assistive devices (i.e., a walker), her husband created them from wood and plastic tubes. He helped to do therapy tasks at home with Ely so that her son would learn to walk. Cristina's husband was also involved in making decisions related to his son's educational needs.

Cristina reported, "*Porque los dos unidos va a ser mejor*" (because the two of you united is going to be better). By uniting within the family, parents often felt that they were better equipped to support their children's needs. Parents in the study also utilized various sports, religious, and academic supports within their community.

Community support. Community resources ranged from religious organizations to tutoring programs. The parents most often reported finding out about resources in the community through word of mouth from friends and family members. Many of the children were involved in afterschool programs like art, theater, tutoring, and sports. On the weekends, they engaged in religious activities including attending church, attending catechism classes, and being involved in social youth groups through church. When Talia shared a difficult situation that her daughter had experienced, the other mothers consoled and counseled her to "*también acércate a una iglesia. A veces, muchas veces el temor de Dios ayuda mucho a los niños*" (try also to go to church, sometimes, a lot of times, the fear of God helps kids a lot). Many of the mothers had their children in so many different activities that they reported feeling like they were always running from one place to the next.

The REAAD! Program, specifically, was well respected and appreciated by the parents, both by those who were involved in numerous activities, and those whose only extracurricular activity was the REAAD! Program. Marta commented, "*a veces no, no, este, no sabemos cómo guiar a nuestros hijos, cómo ayudarlos. Y estos programas son muy buenos para su aprendizaje de ellos y uno como padre también*" (sometimes, no, no, we don't know how to guide our children, how to help them, and these programs are very good for their learning and for us as parents too). Some parents, like Blanca, specifically chose the elementary school her son attended based on the fact that it was associated with the university and therefore, he would have the opportunity to attend the REAAD! Program and eventually the university when he was older. Other students were nominated by their classroom teachers. Diana recalled discussing the REAAD! Program with her son's teacher.

> *El maestro eligió a mi niño y ya cuando me mandaron la carta el maestro me dijo, pero yo no sabía nada de estos programas, no sabía, como es el único no estoy muy involucrada en las cosas que pueden haber. Y ya el maestro me habló y me dijo de que sería una buena oportunidad que yo trajera mi niño. Dice, "no espere que su niño esté grande para aprovechar las oportunidades. Desde ahorita, desde Kínder debe de aprovechar las oportunidades para el niño". Me dice, "se ve que el niño tiene de dónde sacar", entonces dice, "debería de llevarle".*
>
> The teacher chose my son, and when they sent me the letter, the teacher told me, but I didn't know anything about these programs, I didn't know, as he is an only child, I am not very involved in the things you can do. And the teacher called me and told me that this was a good opportunity, that I should take my son. She said, "don't wait for your son to grow up to take advantage of opportunities. Starting now, starting in kinder, you need to take advantage of the opportunities for your son." She said, "It looks like your son is smart," she said, "You should take him."

All the parents reported how proud they were that their children were attending classes at the university. They valued the information they received from the program as parents and felt that the program was important enough to invest their Saturdays. By engaging in community activities, parents demonstrated both "individual agency within institutional constraints" as well as the facility to "navigate through places and spaces" to support their children (Yosso, 2005, p. 80). Parents in the study utilized their navigational skills when attempting to obtain speech and language services through the schools. In the next section, I discuss the parents' successes and challenges in obtain speech and language therapy for their children.

Speech and Language Therapy

Parents' experiences obtaining school-based speech and language therapy were often affected by factors beyond their control. However, once parents obtained speech and language services, they reported that their children were most successful when parents had the opportunity to collaborate in the therapeutic process with the speech-language pathologist. A key means to foster collaboration was to have consistent positive communication. Parents reported concerns related to frequent changes in speech-language pathologists, SLPs not providing services, and a perceived lack of *corazón* (heart) on the part of the therapists. When there was a lack of collaboration and communication, parents reported feeling left out of the therapy process and lost faith in the effectiveness of the therapy overall.

Collaboration. Collaboration in the therapeutic process between speech-language pathologists and parents was stated as having the most impact on the children's speech and language development by the parents in the study. Kimberly stated "*acuérdese que la terapia es equipo de dos*" (remember that therapy is a team of two). When discussing her son's early speech therapy sessions, Kimberly recalled working with the school-based therapist for an hour a week. What she worked on with the therapist and her son during that hour, she also incorporated into her weekly routine with him at home. Even though parents were highly encouraged to participate in the therapy sessions at school, some parents did not participate. Kimberly recalled another boy who was her son's age. When the boys were little, they had similar vocabulary and ways of expressing themselves, as well as the same school-based eligibility, autism. Now in fourth grade, her son was more expressive and exhibited a bigger vocabulary than his peer. Kimberly attributed the difference in their abilities to the fact that the other boy's parents did not participate in speech therapy sessions. She stated, "*Y a veces uno dice: 'Es que la culpa es de la terapista,' pero no necesariamente. También a veces es la culpa de uno de padre, que uno no sigue la terapia en la casa*" (And sometimes one says, "It's the therapist's fault," but not necessarily. Also, sometimes it's the parents' fault, because they don't continue the therapy in the home). As an advocate for other parents, Kimberly advised them to be part of the therapy sessions with their children. Even if parents were unable to be part of the therapy session, she advised them to take the initiative to make an appointment with the speech-language pathologist to discuss how they could support the therapy in the home because "*es necesario*" (it's necessary).

Even for those parents who did not collaborate in the therapy sessions in school, feeling connected to the therapy of their children was important. Javier recalled receiving a homework packet one time that went over the sounds his son was working on in therapy, "*They gave me a package to help him out with the S's, how to roll the R's, and all what.*" Even though he did not receive homework packets consistently, he believed they were helpful for himself and his wife to practice with his sons at home. Ángel described how she wanted to be asked to visit the therapy session, "*que me dijeran: "quiere venir a ver cómo le enseñamos, si quiere puede estar afuerita del cuarto o si quiere estar adentro, nada más escuchando*" (That they would tell me: would you like to come to see how we teach him, if you want, you can be outside of the room, or if you want to be inside, just listening). Ángel emphasized the desire to see how the therapy was conducted and what strategies the therapist used because "*no es lo mismo no más yo lo estoy haciendo como yo crea, a que ellas me dijeran porque ella estudió esto, ellas saben cómo hacerlo, que me dijeran algo así, sí lo hiciera algo mejor, mucho mejor*" (It's not the same, I'm just doing it how I think it's right, she should tell me how because she studied this, she knows how to do it, if they told me something like this, yes, I would do it better, much better). Ángel echoed Kimberly's concern that the therapist needed to take time to show the parents how they were conducting therapy to maximize the benefits of therapy and not confuse their children. Overall, parents in the study felt that it was important to be involved in the therapy process. To foster this collaboration, parents needed to have good communication with the speech-language pathologist.

Communication. Developing an open line of communication and fostering relationships between parents and speech-language pathologists was very important to the parents in the study. While the level of communication varied from speech-language pathologist to speech-language pathologist, the parents recalled at least one speech-language pathologist who exhibited good communication with them. Cristina recalled the therapist from the previous year, when her son was in third grade, "*La terapista, me gustaba mucho que ella me envió notas, me hablaba por el teléfono*" (The therapist, I really liked that she sent me notes, she called me on the phone). She continued by saying,

> *Ella cada vez que trabajaba con [mi hijo], ella siempre me mandaba una nota. Aunque ya no lo veía, pero me gustó mucho porque había contacto. Cada vez me mandaba una nota, me saludaba y me decía que día ha trabajado con [mi hijo]. "Trabajé con estas*

> *palabras o estos sonidos y [su hijo] lo logró." Notas así donde estaba contacto. Eso me gustó mucho porque, claro ella no estaba en la escuela, pero ella lo hacía.*
>
> Every time she worked with [my son], she always sent me a note. Even though I did not see her, I liked it a lot because there was contact. Every time she would send me a note, she greeted me, and she told me what day she worked with [my son]. "I worked on these words or these sounds, and your son did it." Notes like that where there is contact. I liked that very much because, of course, I was not in the school, but she would do it.

Cristina understood that often a speech-language pathologist was only at a school site for a few hours a week, limiting her ability to engage in face-to-face discussions with the parents. Given the SLP's time constraints, the SLP made time to ensure that Cristina knew how her son was progressing, what he was working on, and something positive about his therapy session.

Ángel initiated communication with her son's therapist at the beginning of the school year, and the SLP responded by saying, *"qué bueno que nos conozcamos, está bien que usted venga y se presente," dice, "así me gusta*" (It's good that we know each other, it's good that you came and presented yourself, she said, that's how I like it). From their brief encounter, Ángel said the therapist was "*muy amable*" (very kind), and she felt like the SLP listened to her concerns about her son's speech. Amanda shared a similar story about when her son received speech therapy:

> *Bueno, yo cuando al niño le daban terapia, todo estaba bien, sí, yo platicaba, me mandaba a llamar o una cita teníamos para hablar con mi niño . . . Y a mí me gustó todo eso porque estábamos en contacto, pues, y había más comunicación con ella y todo, y cada paso que él me daba ya me lo decía. Iban a la escuela y "Ya hizo todo esto bien,"*

> *que seguía mejorando, va superando en esto, así decía las cosas y empezaba a hablar y, pero sí, eso es bien bonito cuando que con las terapistas, que haya comunicación pues, que también colabore uno en las reuniones, en las charlas que dan o que le comuniquen a uno cómo el niño va mejorando y también uno en la casa tratar de que el niño mejore, pues, en el área que le falta al que necesita ayuda.*
>
> Well, when they gave therapy to my son, everything was fine, yes, I talked with the therapist, she called me, or we had a meeting to talk about my son . . . and I liked all that because she was in contact with me, well, and there was more communication with her, and all that, and every step that he took, she would tell me about. When I went to the school, she would say, "he's already doing this well," that he kept improving, he's overcoming this, he said the words like this, and he started to talk, and but yes, it is very nice when there is communication with the therapists, well, that they also collaborate with you at the meetings, in the talks that you have and that they communicate to you how the child is improving and also, at home, you try to help the child get better, well, in the areas that he needs help.

Candy shared that having frequent communication with the speech-language pathologist made her feel supported.

> *Ahí es una – es una motivar, para mí, yo me siento que el niño está avanzando. "Ah, okay, gracias por su ayuda. Sí, el niño está avanzando." Y cada vez cuando uno escucha eso, se alegra pues, uno de mamá.*

> There is – it's a motivator for me, I feel that my son is making progress. "Oh, okay, thanks for our help. Yes, your son is making progress." And every time, when you hear that, you're glad, well, as a mother.

The mothers in the study demonstrated strong supports for their children's speech therapy and expected the SLPs to maintain the same level of commitment.

More than anything, the way that a speech-language pathologist communicated with the parents and with the students demonstrated their *corazón* (heart). Ángel shared an experience she had with a student speech-language pathologist, Miguel, who worked with her son at the university as part of the REAAD! Program.

> *But like I said, Miguel, the way he talk to him, it was special, it was like a father, son thing, I loved it. I was like, oh my God, why can't I have Miguel for his therapist? Pero Miguel fue distinto, Miguel no sé, Miguel es especial, en la forma en que hace y él va a ser muy buen terapista . . . porque él lo vivió, entonces él sabe cómo se siente, no es lo mismo que una persona como yo que no tuve ni un problema, que yo le enseñe, digo, porque le va a enseñar, porque lo estudió, pero no es lo mismo que tú lo vivas a que tú lo vivas y le enseñes de tu experiencia a tú hijo, o a otras personas o a otro estudiante, no lo es lo mismo.*
>
> But like I said, Miguel, the way he talk to him, it was special, it was like a father, son thing, I loved it. I was like, oh my God, why can't I have Miguel for his therapist? But Miguel was different, Miguel, I don't know, Miguel is special, in the way that he does [therapy], and he's going to be a very good therapist . . . because he lived it, so he knows how it feels, it's not the same as a person who, like me, who never had any problems, that

> I taught him, because he is going to teach him, because he studied it, but it's not the same as if you lived it, it's not the same as if you lived it and taught from your experiences to your son, or another person, or another student, it's not the same.

What mattered to Ángel was that Miguel developed a relationship with her son that was more like a familial relationship. He encouraged and motivated her son by showing compassion for the challenges he faced. Ángel differentiated between learning about dis/abilities and really having an understanding about how it felt to live with a dis/ability and how a speech-language pathologist should develop that level understanding when working with children in schools.

Negative experiences in speech-language therapy. Despite the parents sharing some positive experiences collaborating and communicating with speech-language pathologists, the majority of parents discussed challenges receiving speech and language services for their children. Difficulties centered around not allocating an adequate amount of speech therapy services, inconsistencies in providing therapy, frequent changes in treating speech-language pathologists, lack of communication and collaboration with parents, and lack of what they referred to as *corazón.*

Often, children were either not given enough therapy time in their Individualized Education Plan or the therapy time they were given was not being provided. Ely struggled with the fact that her son was only receiving 20 minutes of collaborative speech-language therapy per month. Ely felt frustrated that the school did not provide any individualized services to the students, instead, "*el terapista llega al salón y él le da la terapia o la información nada más al maestro y el maestro trabaja con el grupo de alumnos, pero no se la dan individual a cada niño. Es en el salón. A pesar de que no todos los niños tienen la misma necesidad, pero ellos así lo* *hacen*" (the therapist arrives to the classroom and he gives the therapy or the information only to the teacher and the teacher works with the group of students, but they do not give individual therapy to each child. It's in the classroom. Even though not all the children have the same needs, but that's how they do it). Candy shared a similar frustration, although she had her son evaluated and had received an IEP that documented the services and supports that her son required, he was not making progress. She attributed his lack of progress to the therapists and teachers not working with him. Candy wrote to the principal and said, "*Yo estoy viendo esto, que le vayan a chequear. Hablen con las maestras. Si no puedes hablar con las maestras, yo puedo hablar con ellas. Yo no estoy viendo esto. Necesita el niño esto*" (I'm seeing this, can you please go check it out. Talk with the teachers. If you cannot talk with the teachers, I can talk with them. I'm not seeing this happening. My son needs this.). Instead of investigating what her son's needs were and whether or not the therapists were providing services, the principal sent Candy the application for the REAAD! Program. Although Chamai's younger son's IEP was signed at the end of his kindergarten year, Chamai had to wait until her son was in first grade for him to finally receive therapy. When she asked her son if he went to speech therapy, he said, "*No, no lo tengo." "¿Por qué no?" "No lo sé, pero no me lo están dando*" ("No, I don't have speech." "And why not?" "I don't know, but they are not giving it to me"). Although she had a legally binding IEP document that stated that he required speech services for 30 minutes per week, the speech-language pathologist did not begin providing services until over two months into his first-grade year. The lack of services provided to the children often had an impact on the amount of progress they could make during the school year, both in their speech as well as their academics.

Parents also reported inconsistencies in the provision of services due to frequent changes of staff. Although some parents reported positive communication with the speech-language pathologist at a school, when that SLP left the school, the new SLP often did not initiate communication with the parents. Most often, this occurred at the beginning of the school year, but for some parents, it happened multiple times within a school year. Lola stated, "*I'm not even sure if it's the same therapist that had started since the first time I met her. Who knows what is she?"* Her husband, Javier, continued, "*Yeah, cause we don't know who the therapist – right? Well, I don't – I don't know.*" Neither parent knew who the speech-language pathologist was after a couple months of school. When Lucy was concerned about her child's speech abilities, given the fact that her son's teacher was supportive of her concerns, she waited for over three months just to talk to the speech-language pathologist at the school. At first, the therapist was on a medical leave for a month and then Lucy's paperwork was lost. When the speech-language pathologist finally contacted her, the SLP dismissed Lucy's concerns stating that they do not assess children until third grade. Samantha did not know who her son's speech-language pathologist was because, since the beginning of the year, they had had three different speech-language pathologists at the school. Although Kimberly was a volunteer at the school and reported having a strong collaborative relationship with the previous year's speech-language pathologist, she had not yet met the new therapist after three months of school.

More than anything, the parents wanted to have communication with the school-based speech-language pathologist. Often, the parents reported a lack of communication from the speech-language pathologist. This finding is consistent with the literature. For example, Tambyraja and colleagues (2017) found that the majority of families within their study did not receive contact from the SLPs for almost two-thirds of the school year. Within the study, SLPs utilized email and phone calls infrequently and never conducted home visits with families. In the current study, the parents had to initiate communication with the speech-language pathologists.

More often than not, there was no communication from the speech-language pathologist about when they were providing services, what skills they were working on, how their children were progressing, or how the parents could support their children's progress at home. For years, Candy was not informed about when IEP meetings were held or what the school staff (including the speech-language pathologist) thought that her son needed. She initiated and maintained the communication between the school and herself: "*No discutíamos, sino que yo decía que necesitaba que lo miraba al niño hasta que el niño se graduó del ocho grado, pasó al high school*" (We did not discuss it, but I decided what my son needed until he graduated from eighth grade and went to high school). Kimberly criticized that her son's current speech-language pathologists did not send home homework for her to do. Dalia Melissa did not know who the speech-language pathologist was at the school, and stated, "*sola sé que va un día pero no sé ni qué día y también no la conozco porque como que es un ratito no más que nos dan*" (I only know that she goes one day, but I don't even know which day, and also I don't know her because it's only a little bit of therapy that they give us). Due to the fact that the therapist was only at the school for a short period of time, it was difficult for parents like Dalia Melissa to have access to her to ask questions and engage in discussion. Also, if paperwork was sent home to Dalia Melissa, it was sent in English, which she could not read.

The parents did not speak with malice or anger against the therapists, but rather wistfulness, longing for collaborative communication with the SLPs. Kimberly lamented the change over the years between when her son was in preschool and now that he was in fifth grade. She stated, "*ahorita no sé por qué ya no pasa. Porque estas nuevas terapistas no tienen ese contacto con los padres aquí en la escuela*" (Now, I don't know why it doesn't happen anymore. These new therapists don't have the same type of contact with the parents here at school). She believed that the speech-language pathologists should make time for the parents "*para que nosotros podamos ayudar a hacer el trabajo de ellos más fácil*" (so that we can help make their job easier).

Cristina also noted the change in communication from when her eldest son was in preschool until now that her younger son was in fourth grade.

> *Como este año, eso es lo que yo estoy notando. Tardan demasiado. En una escuela, voy a hablar en este caso en la que él está del distrito. Tardan demasiado. Si los estudiantes entran a clase en agosto yo pienso que ellos ya deberían estar preparados para por lo menos dos o tres semanas de que entraron al curso regular que me envíen una carta donde me digan que saben que [mi hijo] está en esa terapia del habla. Que sean más rápidos. A mí me gustaría que sea más rápido el contacto. Porque a veces se pasan más tiempo. Como ahorita entraron en agosto y ahorita ya estamos en octubre y apenas me dijo que ella tuvo creo que dos clases, apenas en este año. Entonces debió de empezar cuando empiezan . . . Voy a tener que hacer un contacto, yo con ellos. Porque debe ser más rápido. No esperar mucho así. [Mi hijo] ya va en cuarto año de la escuela. Tiene que ser más rápido.*
>
> Like this year, that's what I am noticing. It takes too long. In a school, I'm going to talk in this case about the district school that my son attends. It takes too long. If students

> enter class in August, I think they should already be prepared after two or three weeks after they started school to send me a letter where they tell me that they know that my son receives speech therapy. It needs to be faster. I'd like to have contact quicker. Because sometimes too much time passes. Like for example now, they started school in August, and now we are in October, and [the SLP] just told me that she had, I think, two classes with him. So, it should have started when school started . . . I am going to have to contact her, because it must be faster. They shouldn't wait this long. [My son] is already in fourth grade, it has to be faster.

Ely expressed that she consistently told her son's therapists that "*yo quiero que me digan todos los días, qué dijo mi hijo, qué dijo él. Dijo una palabra, hizo una rayita o dijo algo. O sea, dígamelo, para yo, you know, hacerlo en la casa o si él hace algo en la casa yo también decirle a ustedes*" (I want to be told every day, what my son said, what he said. Did he say a word, made a line, or said something? I mean, tell me, so that, you know, I can do it at home or if he does something at home, I also can tell you). Although she wanted better contact, she felt like she was the one who had to initiate and request updates about her son.

Other parents reported that they did not know that they could ask for better communication and collaboration from the speech-language pathologist. Javier and Lola, while they had attended the IEP meetings, reported that they did not know their sons' speech goals, they had never had contact with the speech-language pathologist outside of the IEP meeting, and they had not received speech homework this year. Lola commented that she "*never thought to ask.*" Lola and Javier were less aware of what level of communication they could ask for from the school speech-language pathologist. Nevertheless, they expressed a desire to know what their sons were working on in speech therapy and how they could better support their progress at home. After their initial meeting (the one that Ángel had initiated), the speech-language pathologist did not provide her contact information, nor did she follow up about Ángel's son's progress. Overall, the parents expressed disappointment and frustration about the lack of information that they received from the speech-language pathologist.

Another barrier to communication was the language that the speech-language pathologists used when talking with parents, in the IEP documents, and during the IEP meetings. Consistent with the literature, parents often did not understand the jargon, unspoken rules, and expectations of the professionals (Cooper-Duffy & Eaker, 2017). Even though Chamai was bilingual in English and Spanish, she reported that sometimes the speech-language pathologist and IEP team members used "*palabras que no entiendo*" (words I don't understand). Kimberly shared the same concern,

> *Sí, porque al principio no, me hablaban muy – conversaciones muy, este, técnicas de ellos. Y yo decía, "No, no estoy entendiendo. ¿Me explican más con calma? Necesito entender bien lo que es." Y yo siempre trato de que en los IEPs esté todo el grupo, si no está todo el grupo yo no hago el IEP. No acepto. Porque no acepto que la terapista del habla me mande su resumen en un papel. Porque no me puedo comunicar con ella, como yo digo, tal vez ella me puede decir, "[Su hijo] no está trabajando en esta área." Y tal vez yo le puedo decir, "¿Pero por qué no lo ayudas de esta manera?"*
>
> Yes, because at first no, they talked to me very – conversations very, um, technical. And I said, "No, I'm not understanding. Can you explain to me calmly? I need to understand well what it is." And I always try to have the whole group present for the IEP meeting, if

> the whole group isn't present, I do not do the IEP meeting. I don't accept it. Because I don't accept that the speech therapist sends me her summary on a piece of paper. Because I cannot communicate with her, like I say, maybe she can tell me, "[Your son] isn't working in this area." And maybe I could tell her, "Well, why don't you help him this way?"

Chamai and Kimberly expressed concerns regarding the technical language that the speech-language pathologists used, but also the manner in which IEP meetings were run. Kimberly wanted all IEP team members to be present for the meeting so that, together, they could discuss her son's progress and his current needs. She felt that her knowledge as her son's mother would be valuable to the therapists, but they would not be able to engage in those conversations unless they were physically in the same room together.

The parents felt very strongly that someone who decided to have a career as a speech-language pathologist should be doing it for more than just a paycheck, that they needed to show *corazón* (heart) for the students and families. For parents in the study, working with children was not just a job but "*una vocación*" (a vocation). While Mario generally did not share much during the focus group meetings, he was adamant about the need for teachers and speech-language pathologists to come from a place of *amor* (love) when working with children. Too often, Mario saw that people who worked with children (i.e., teachers and speech-language pathologists) viewed their job "*económicamente y por eso digo no les importa si los niños aprenden, ellos están ganando. Eso es mi punto de vista*" (economically, and that's why I say that they don't care if the kids learn. They are getting paid. That's my point of view). Gemma and Viviana also commented that teachers and speech-language pathologists were not just in schools to educate children, but "*a inspirarlos*" (inspire them) and "*motivarlos*" (motivate them).

Ely had numerous experiences in which the therapists did not appear to come from a place of love and concern about her son. She stated:

> *Porque yo he pasado por mucho con mis niños y oh my God, he visto tan – yo se los he dicho directamente a ellas, "Si lo haces por el dinero estás muy equivocada, porque no vas a llegar a ningún lado, porque . . . si piensas tú porque a mi compañera, you know, le está yendo bien y se ve nice el trabajo o lo que sea. Pero tú no sabes el estrés que esto lleva, el tiempo.*
>
> Because I've been through a lot with my kids and oh my God, I've seen so – and I've told this directly to them, "If you do it for the money, you are very wrong, because you will not get anywhere because . . . if you think that because your friend, you know, is doing well and the job looks nice, or whatever. But you don't know the stress that this has, the time commitment.

Ely recognized the amount of stress, time, and work involved in being a speech-language pathologist. She felt that for all that a SLP invests in working with children with dis/abilities, one needed to be emotionally and enthusiastically involved in the therapy. SLPs needed to come from a place of love and compassion for the children and not just look at the salary or vacation time. Cristina cautioned that it was the parents' job to speak up when a therapist was not acting compassionately toward their child, because "*él va seguir ganando su cheque, haga o no haga el trabajo*" (he's going to continue getting a paycheck, whether he does his job or not). When SLPs exhibited *corazón*, it was accompanied by a respect for parents' background and language.

However, parents in the study reported that their linguistic capital was often not respected within the school system. In the next section, I discuss the connection between parents' language use and their ability to navigate the school system.

Parental Language Use and Status

Parents' status in their children's schools was intimately tied to the language that they spoke. More specifically, if parents only spoke Spanish, they felt that they had less access to services and supports for their children. National survey data revealed that Spanish-speaking Latinos in the United States had less access to health care and less preventative care than their English-speaking counterparts, even taking into consideration socioeconomic status (DuBard & Gizlice, 2008). Given this educational environment, a majority of parents in the study expressed a desire for their children to be proficient in English, even at the cost of their Spanish-language skills. The parents discussed barriers they faced being Spanish-dominant when trying to interact in the school environments of their children. Overall though, the parents expressed a desire for their children to eventually be bilingual in English and Spanish. Most critically, parents in this study experienced the impact of being considered less valued contributors to the educational decision-making process for their children due to their Spanish language use.

Parents who knew more English felt that they received better access to school staff and services, while those who only spoke Spanish felt that they had less access in their children's school. Exclusively Spanish-speaking parents sought out staff that spoke Spanish. Often when school personnel could speak Spanish, parents felt more included in the school environment. When Spanish-speaking staff was limited at the school, parents used their friends, family, and community supports to translate for them. Many of the parents expressed the importance of learning English themselves to increase their ability to support their children's education. Parents also reported that they perceived that school staff had negative views of them as Spanish-speaking Latinos. Learning English not only helped them support their children's education, but also provided better access to school personnel and services.

For exclusively Spanish-speaking parents in the study, having access to school staff that spoke their language was important for providing access to the school, the curriculum, and any additional supports that the parents needed. At some schools, like Lucy's son's school, most of the staff was bilingual "*hasta la enfermera también*" (even the school nurse). For Diana, the merit of her son's principal was ascribed to the fact that she was "*sociable con los padres*" (sociable with the parents) and "*que habla bastante bien el español*" (she speaks Spanish quite well).

At other schools, access to staff who spoke Spanish was limited. At Marta's son's school, parents experienced difficulty finding office staff to help them in Spanish because the bilingual staff was only there from 8 a.m. until 10 a.m. Dalia Melissa expressed how difficult it was to find out how her son was doing or to ask questions about homework because his teacher only spoke English. Diana explained that while some teachers spoke Spanish, they were unable to write in Spanish, so they could not translate the directions on the homework. As a result, parents had difficulty understanding what was expected of them on homework assignments.

For parents whose children had special educations services, despite their level of understanding in English, they always asked for an interpreter to translate the IEP meetings into Spanish. As Cristina and Kimberly recounted, because of the very technical terminology and specialty-specific language, they felt that it was important to have the information translated to

Spanish to aid their understanding. Often, when parents had difficulty finding supportive Spanish-speaking staff at school, they turned to their family, friends, and community members for support. Dalia Melissa often asked her friends to translate for her, while Lucy asked the tutors at the REAAD! Program. Ely offered to translate for many of the mothers at her school and provided advice about the special education process. For most of the parents, they felt that they had to learn English if they wanted to continue to be involved in their children's educational lives.

The level of English knowledge and use varied for parents in the study. Some parents felt stronger in English, while others spoke Spanish exclusively. When Sara shared her story, she started by saying "*I'm sorry I have to do it in English*." After Allison translated for her, Sara told the focus group, "*It's just that I get stuck. Hablo español, pero me, me atoro mucho en el español*" (I speak Spanish, but I get very stuck in Spanish). Sara learned English as a child in the United States; however other parents came to the United States without knowing English. Chamai reported, "*vine aquí sin hablar inglés, so para mí, para mis hijos yo quiero que ellos tengan una oportunidad grande*" (I came here without speaking English, so for me, for my children, I want them to have a big opportunity). To obtain that opportunity, she felt that both her and her sons needed to learn English. Kimberly was also a strong advocate for learning English. As her son mainly spoke English, she forced herself to learn, even though it was challenging for her.

> *Yo hablo un poco de inglés, pero no lo pronuncio perfectamente o me avergüenzo con la gente que lo habla bien, me cohíbo, trato de mejor no lo hablo, me da pena. Últimamente, ya el hecho de pelear por mi hijo y estar luchando por él me ha hecho*

> *hablarlo más que ahora digo, aunque lo hablo mal, no me interesa, que es mucho el problema que tenemos los hispanos de decir "Y no le voy a leer bien, no le voy a hablar bien."*
>
> I speak a little English, but I do not pronounce it perfectly and I feel ashamed with the people who speak it well, I feel shy, sometimes it's better that I just don't speak, I feel embarrassed. Lately, the fact of fighting for my son and to be fighting for him, has made me speak more, so that now I say, even if I speak badly, I don't care, this is a big problem that we, as Hispanics have, to say, "I won't be able to read well, I'm not going to talk right."

Other parents expressed a desire to learn English but, like Marlene, felt, "*ya tengo la cabeza muy dura para que me entre el inglés aquí*" (my head is too old for me to learn English). Kimberly advocated for continuing to try to learn English, no matter if the parents felt embarrassed or if it was too difficult.

> *Porque hay veces que le dices al papá, "Es que yo no hablo inglés." "Okay. No hablas inglés. Pero créeme, de oír y oír la misma palabra se te queda. Tal vez no sabes qué dices, pero aprendes a leerla, aprendes a decirla. Estás aprendiendo y le estás ayudando tu hijo a decir una palabra."*
>
> Because sometimes a parent says, "It's because I don't speak English." "Okay, you don't speak English, but believe me, Hearing the same word over and over, it sticks. Maybe you don't know what it says, but you learn to read it, learn to say it. You're learning and you're helping your son to say a word."

Overall, for most of the parents in the study, they felt that learning English would help them support their children's education. English, as the dominant language of the United States, provided access to services and supports that were not often obtainable if the parents only spoke Spanish. The parents reported the value that they placed in utilizing English to support their children academically. Often the parents' linguistic experiences were intrinsically connected to their status as Latinos within the educational system.

Race and language. Parents in the study associated their status as *hispanos* with the deficit views of their use of Spanish in their children's schools. According to Yosso (2005), deficit approaches to schooling are based in overgeneralizations about Latino/a family background and linguistic experiences. Ramona and Marlene discussed how their children were placed in classes for English learners, even though their children did not speak Spanish. Ramona stated, "*A veces, I'm so sorry, pero las escuelas son tontas sus reglas*" (Sometimes, I'm so sorry, but the school have stupid rules). She continued by stating that it did not matter whether or not her son spoke Spanish, the school blindly followed the rule that if a child came from a home where Spanish was spoken, they automatically were judged to be in need of remediation in English. Marlene commented that "*más que todo es porque lo miran que uno es hispano*" (more than anything, they see that one is Hispanic). For parents in the study, being *hispano* and speaking Spanish were viewed negatively by school staff. Marta also commented on the connection between parents' language use and race when trying to talk to office staff at her son's school; "*hay problemas porque dicen que no hablan español o, o si miran a nosotros como hispanos no nos hacen caso*" (there are problems because they say they don't speak Spanish or, or if they look at us as Hispanics, they don't listen to us).

Parents in the study reported that if they spoke Spanish, their concerns were ignored by school professionals. Gillborn (2015) echoed the parents' concerns stating that "perceived group membership can make people vulnerable to various forms of bias" (p. 278). For Sara and Allison, facing discrimination based on their status as Latinos, made them "stronger." Allison stated:

> *Okay, para mí, en mi caso, he aprendido muchas lecciones en la vida. Uh, por ejemplo, yo me gradué de maestra de educación primaria en Guatemala. Cuando llegue acá, yo no podía aceptar que aquí mi educación no valía. Entonces, tuve que empezar de nuevo. Tuve que aprender por—empezar por aprender inglés y empezar a agotar muchas barreras, porque he encontrado muchas barreras en mi vida, pero uhm a mis hijos, yo lo que les digo es que todo está ahí y que solamente deben de tener ganas de hacer las cosas y que por más que hayan personas que se pongan en frente y te digan, "No, tú no puedes hacerlo. Tú nunca vas a ser nadie en la vida." Eso no es cierto. Simplemente, esas personas están negativas porque ven que tú estás subiendo un pendamio cada vez. Entonces, con mis hijos, les digo, "Hay que ser agresivos en una manera positiva para poder alcanzar las metas y si yo lo logré, que vine sin saber inglés, ustedes también lo van a lograr."*
>
> Okay, for me, in my case, I've learned a lot of lessons in life. Uh, for example, I graduated as a primary school teacher in Guatemala. When I got here, I couldn't accept that my education wasn't valid. So, I had to start over. I had to learn by- start by learning English and I began to overcome many obstacles, because I've encountered many obstacles in my life, but um, my children, what I tell them is that everything is there and

> that they just have to want to do the things and for all the people who stand in front of you and say, "No, you can't do it. You will never be anything in life." That's not true. Simply, these people are negative because they see that you are climbing up every time. So, with my kids, I say, "you have to be aggressive in a positive way so that you can reach your goals, and if I did it, me who came here without knowing English, you too will achieve."

In the face of institutionalized negative views of the parents and their children, often parents in the study, like Allison, advocated for their children to combat being reduced to their essentialized selves (i.e., Latino, Spanish-speaker, disabled) in order to achieve academic success. In the following section, I discuss the advocacy role that parents in the study assumed to support their children's educational success. For children with dis/abilities specifically, parents often had to advocate still more to prevent their children from being denied appropriate supports and services based on their perceived race, language, or ability level.

Parent Advocacy

Overwhelmingly, parents felt that they had a critical role to play in the education of their children: one of advocate. Most parents perceived themselves as their children's first educators and described ways in which they supported their children's education, including volunteering at school, participating in school committees, and completing homework. Parents clearly understood the systematic barriers to achieving an adequate education for their children and, when faced with challenges, persisted in advocating for a solution. Often when their children were identified as having dis/abilities, parents in the study were steadfast in their belief that their children could achieve anything that they wanted. Parents ensured that they were present in their child's school day and sought ways to navigate obtaining special education services and supports for their children. Parents were realistic about the factors that hindered their ability to advocate for their children as well. They discussed issues related to parent apathy, parents' feelings of fear and shame, and time and resource constraints that impacted them. Predominantly, the largest factor that hindered their ability to advocate for their children was school professionals not validating parental concerns.

Educational advocacy. Parents in the study vocalized their desire for their children to have better opportunities than they had had growing up. As parents who participated in the REAAD! Program, they held the hope that their children would one day attend the university. To help prepare them, parents discussed the ways that they supported their children's education. Parents educational advocacy aligned with Yosso's (2005) aspirational capital, in which parents showed resiliency in dreaming of "possibilities beyond their present circumstances" and their children's "future academic attainment" in the face of "real and perceived barriers" (p. 77–78). Marlene stated, "*Para mí es muy importante que ellos estudien lo que yo—la oportunidad que yo no pude tener desde chiquita*" (for me, it's very important that they study what I – the opportunity that I couldn't have ever since I was a little girl). Parents were looking for something better for their children, so that their children would not get *estancado* (stuck) in the same type of life that their parents had, as Maritza stated. Diana held hope that if they, as parents, did their parts, the teachers would also do their part.

Ultimately, parents understood the immense responsibility that they undertook and looked at their children's future success as the end-goal. Giselle stated:

> *Tengo la responsabilidad grande, moral en todo aspecto de que él tanto sea buen ciudadano como buen hijo, como buen esposo más adelante. Entonces ya después yo me libre. Hasta cierto punto, porque nunca te quitas de los hijos.*
>
> I have the great, moral responsibility in every aspect, that he will be as good a citizen as he is a son, and a good husband in the future. Then I can be free, to some extent, because you never leave your children.

In order to accomplish this, parents in the study were frequently involved in the school life of their children. They volunteered in the classroom, on the playground, and at lunchtime. They ran the car valet lines, attended school-wide meetings, and were involved in the parent centers. They tried to maintain communication with the teachers to support their children's overall academic progress. As Lucy stated, "*Y yo siempre he dicho si los maestros me dicen en qué pueda ayudar a mi hijo o en qué va atrasado mi hijo, no sabré mucho inglés pero trato de que mi hijo avance en ese programa o busco ayuda a quien me ayude para que avance*" (And I've always said that if teachers tell me how I can help my son or how my child is behind, I don't know a lot of English, but I try to make sure my son progresses in the program or I look for someone who can help me so he progresses).

Sometimes, teachers were surprised by the level of involvement that the parents in the study showed. Ángel consistently asked her sons' teachers what else she could do to support her sons. She said, "*yo hago esto, esto, esto y esto es lo que hago. [Y la maestra] sorprendía porque decía, 'No – no todas las mamás hacen eso.' Pero yo le digo, 'Yo sí me tomo mi tiempo pa' mis hijos'*" (I do this, this, this, and this is what I do, [and the teacher] was surprised because she said, "no – not all the moms do that." But I said, "I do take my time for my children"). The key factor that affected the parents' ability to advocate for the educational rights of their children was their ability to make their voices heard to school professionals. As Allison stated, "*si tú no, no te acercas y les preguntas, ellos no te refieren*" (if you don't come up to them and ask them, they won't refer you). Lucy advised that it was important to be involved in school activities because sometimes the parents had "*mala información*" (bad information), and if they were not involved in the school life of their children, they would continue to think that the school professionals "*no nos hacen caso*" (don't listen to us).

Although Lucy felt that being involved in school would be enough to obtain the educational supports that their children needed, as evidenced by the parents' responses in this study, many times, it was not. Parents' concerns were often ignored, no matter how involved they were in their children's schools. Kimberly stated, "*hay alertas que nos despiertan*" (there are alerts that wake us up); parents in the study realized that *good enough* was not acceptable when it came to the education of their children. Parents learned that they had to become "*más fuerte*" (stronger) and "*muy metiche*" (very meddling) and to insist that they be heard so that the school professionals would help their children. Confronted with a teacher who had low expectations for her elder son, Ángel stated:

> *No pa' mis hijos, no . . . yo le digo a mi hijo, '¿Sabes por qué yo peleo por tus derechos? Porque nadie más los va a hacer. Simplemente estoy peleando por tus derechos porque tú tienes el derecho de recibir una buena educación.'*
>
> No, for my sons, no . . . and I tell my son, "Do you know why I fight for your rights? Because nobody else is going to do it. I'm just fighting for your rights because you have the right to get a good education.

Giselle attributed her educational advocacy to her being "*necia*" (stubborn). When she saw that something was missing from the educational environment for her son, she called meetings with the teacher and assistant principal to talk about "*que yo veía que no estaba apto*" (the fact that I saw that it wasn't suitable). As a result, the school staff made changes within the curriculum and modified their approach to educating her son. When their children had dis/abilities (either perceived or labeled), parents had to advocate even harder for adequate educational supports from school professionals.

Advocacy and dis/ability. Beyond advocating for basic educational opportunities, parents of children with dis/abilities, had to be more vigilant to ensure their children received the supports that they needed to also be successful in school. Parents in the study were those that became volunteers in the school (like Kimberly), that dedicated themselves to their children (like Ángel), and that continued to ask for help for their children even in the face of obstacles (like Cristina). Lola stated, "*So we kinda push them towards getting him into getting some help, which obviously now he's getting. [Laughs] So yeah, we kinda had them push it a little bit.*" For the parents, it was not enough to wait for the school to determine whether or not their children needed extra supports, the parents had to insist, because, like Lucy said, "*es que a veces los que lo necesitan no les ayudan*" (sometimes the ones that need help, they don't help them).

By going through the process of attempting to receive special education supports for their children, parents became adept at navigating the system to better advocate for their children. Kimberly credited her son's progress to the fact that he had "*buenas raíces, tuvo ayuda*" (good roots, I had help) when he was younger. She consistently investigated what options she had, she collaborated with trusted teachers and therapists who guided her when she did not know what to do. Cristina understood that to "*curar esa herida, si, si hablas y todo no te van a hacer caso, debes de escribirlo y firmarlo*" (cure that wound, if, if you talk and they don't listen to you, you have to write it down and sign it). She returned to the idea of the immense hurt that accompanied being ignored by the school professionals. To heal the wound, Cristina advised: know the system and *play the game*, including putting all requests in writing. Chamai consistently reviewed the IEP documents to make sure that what they had talked about in the meeting was what was documented in the documents, if it was not accurate, she would have school staff fix it before she would sign the IEP documents. As Kimberly stated, "*Y soy la mamá y soy la que tiene la autoridad, el derecho de decir...pero como muchos papás se quedan callados, y yo no soy de esas. Yo soy de las que estoy ahí hasta lograr la solución*" (I am the mom and I'm the one who has the authority, the right to say…but because many parents stay quiet, but I'm not one of those. I'm one of the ones who's there to achieve a solution).

A mother who advocated for her child's educational rights was often seen as a "*troublemaker,*" as Ángel called herself, but ultimately, parents only had a limited amount of time to ensure that their hopes and dreams for their children would come to fruition. Ely's frustration was apparent when faced with denial of services for her son through the school district, regional center, California Children's Services, and Medi-Cal. She stated:

> *Yo siento que yo sola no puedo. Entonces por eso estoy pidiéndole ayuda. Si yo fuera millonaria no les pediría a ninguno de ustedes nada. Y yo no pido nada de ayuda y, o sea, pero sí yo ya no puedo." Les digo yo, "Por eso les estoy pidiendo. Pero mi niño no es una pelota de béisbol. Y si él no necesitara ayuda no la estuviera pidiendo. Pero sí la necesita.*

> I feel like I can’t do it alone. So that’s why I’m asking for your help. If I were a millionaire, I wouldn’t ask anything of you. And I wouldn’t even be asking for help now, except that I just can’t do it anymore. That’s why I’m asking you for help. But my son is not a baseball. And if he didn’t need the help, I wouldn’t be asking for it. But he does need the help.

Fighting through tears, Cristina recommended that parents be more prepared, more informed, and specifically trained to defend themselves and defend the rights of their children.

Factors that affect advocacy. While adamant that it was the parents’ responsibility to defend their children’s rights to a good education, parents were realistic about factors that often impeded their ability to be strong advocates. Dalia Melissa reported that sometimes parents “*no estamos haciendo nuestra parte*” (we are not doing our part). Parents faced many obstacles, including lack of information, apathy, fear, embarrassment, and time and resource constraints. According to Allison, parents needed to support their children’s education, not make the teacher solely responsible for educating their children, otherwise, “*el maestro tiene que ser papá, mamá y aparte psicólogo y tiene que tener todos los papeles y es complicado, porque no se va a tener tanto tiempo de enfocarse en lo académico*” (the teacher has to be the father, the mother, and eve the psychologist, and he has to take on all the roles, and it is complicated, because he won’t have so much time to focus on the academics).

When parents lacked information on how to advocate for their children, they did not seek it out because, like Kimberly said, “*hay personas que están en miedo*” (there are people that are afraid). Parents felt that sometimes, if they advocated for their children, then the school professionals would retaliate against their child and make it worse for them. Ángel expressed the view that school professionals felt that “*ellos están correctos, ellos están bien*” (they are right, they are good), so if the parents complained, they would be questioning the professionals’ authority in the school.

Parents' concerns were not unfounded, both Allison and Sara shared situations in which their children were either given failing grades or recommended for special education services immediately after they had complained about the teacher or the class their children were in. Allison recalled:

> *Entonces, como yo ya había hecho muchas quejas con el distrito y con la asistente del principal, con el principal, luego de eso me lo refirieron a que el niño tenía problemas. Entonces, cuando la asistente del principal me habla a mí, el niño tenía cuatro años en ese tiempo, pero estaba en kínder, le dije yo, “Dime en qué fecha el niño fue referido a que el niño necesita ayuda.” Y me dijo, “Fue en esta fecha.” “Ve y busca en el récord de las quejas que yo he puesto. Yo me quejé esta fecha y me quejé esta fecha y me quejé esta fecha. Llamé al distrito en esta fecha.” Y luego, ella pone esta queja contigo diciendo que yo tengo que venir, porque el niño necesita ayuda. Entonces le dije yo, “¿Qué parte a ti te parece que tiene sentido?” Y me dijo, “Ninguno.” “Inmediatamente me quitas al niño de esa lista que él necesita ayuda.” No porque yo no sepa que él la necesita, pero sé que ella lo está refiriendo porque ella está tomando venganza en contra mía y en contra del niño. Ahí murió. Y entonces, desde esa fecha la asistente del principal es una latina que todavía le tiene los ojos puestos.*
>
> So, since I had already made many complaints with the district and with the assistant principal, with the principal, after that I was told that my son had problems. Then, when

> the assistant principal spoke to me, my son was four years old at the time, but he was in kindergarten, I said, "Tell me on which date my son was referred because he needed help." And she said, "It was on this date." "Go and look at the records of the complaints I have made. I complained on this date and this date and this date. I called the district on this date." And then she made this complaint with you saying that I had to come, because the child needed help. So, I said to her, "What part of this makes sense to you?" And she said, "None." "Take my son off that list immediately." Not because I don't know that he needs help, but I know that she is referring him because she's taking revenge against me and against my child. And it died there. And then, from that day, the assistant principal, who is Latina, she continues to have her eyes open.

After Sara complained about her son being placed in a classroom for English Learners, she received a "pink slip saying that my son is pretty much failing every subject. It's the first time ever, so now I feel it's some sort of retaliation, which I have to go to a meeting with her next week and find out what's going on, because it's the first time." Initially, when Sara complained, she was told that her son needed to "slow down his reading" to be at the level of the other students in his class, but after Sara complained, she was told he was failing at school.

Parents also reported feeling shame and embarrassment for their own limited educational experiences, which caused them to not ask for help from the school professionals. Lucy stated that often "*es más por pena*" (It's more because of feeling ashamed) that parents did not ask for services. Marlene said, "*a mí me da vergüenza*" (I'm embarrassed) to speak up. When confronted with the special education eligibility process, Dalia Melissa noted, "*en todo eso me siento analfabeta*" (I feel illiterate in all this). Many of the parents faced time and resource constraints that limited their abilities to advocate for their children as well. Most parents worked, sometimes two or three jobs each. Ángel reflected on how grateful she was for the REAAD! Program and that it was free because "*el dinero no lo tenemos*" (we don't have money). Ultimately, parents had difficulty advocating for their children, as Maritza stated, not for lack of effort, but because "*uno a veces no lo sabe aprovechar*" (one sometimes doesn't know how to take advantage) of services and supports that their children needed.

Adding to the lack of information available to parents, often the school professionals did not validate the parents' concerns. Maritza and Dalia Melissa asked for help for their children, but the schools did not send any information home. For Maritza, that meant that "*ahorita prácticamente [mi hijo] ahorita definitivamente está en el aire. No está avanzando nada en la escuela*" (right now, practically [my son] is now definitely up in the air. He has not progressed at all in school). For parents like Maritza and Dalia Melissa, it was difficult to advocate for their children because they knew they needed help but were not sure exactly what that help would be, and once told no, did not know how to continue to advocate. Ángel stated, "*Si tú vas y te tú haces un complaint, una queja, ya los demás te van a mirar feo, y no te ayudan, tratan de siempre dejarte abajo*" (if you go and you make a complaint, a grievance, others are going to look at your badly, and not help you, they always try to leave you down). The difference for Ángel was that she felt that she had a right to get help for her son when she was asking for it, not when the school professionals wanted to help.

Lola recounted trying to get speech services for her youngest son. Her oldest son had received speech services, occupational therapy, and resource supports from the school, so she felt that she knew a little bit about the process. However, when she asked for services for her younger son, the school "*put her on the side*" and "*closed the door*" on her, figuratively speaking, because, according to the school, he was just "*too lazy*" and "*didn't want to do things*." Lola advocated for him to receive speech services because, "*I mean, I know my kid*." Lola's story exemplifies the school professional's inability to validate parental concerns. If parents like Lola, who had been through the special education eligibility process before, or Cristina, who was the teacher's *right-hand man*, were unable to receive supports, how much harder would it be for parents like Dalia Melissa, who felt *analfabeta* (illiterate) with the whole process?

Certainly, parents required more supports, training, and understanding of how to advocate for their children. To achieve this, often parents benefited from sharing stories with each other and engaging in conversation together. Parents like Ely, Cristina, and Kimberly often helped other parents translate documents, request special education services, and navigate the system. However, in the face of a system that oftentimes reflected deficit views of Spanish-speaking parents and their children, parents needed a more systematic way of engaging in advocacy on a larger scale. While many parents in the study were strong advocates for their own children's education, as evidenced by their stories, they reported a lack of systematic resistance. Based on the parents' experiences and perspectives, recommendations to engaging in collaborative resistance activities will be discussed in Chapter 5.

Conclusion

Overall, the findings indicate that Spanish-speaking parents frequently met obstacles and barriers when attempting to obtain school-based speech and language services for their children. More often than not, teachers acted as gatekeepers to services, either supporting and validating parents' concerns or limiting access to speech-language pathologists. Once parents obtained speech and language services for their children, the effectiveness of those services depended on the level of communication, collaboration, and care that the speech-language pathologist provided to the family. Parents' access to services and supports were often limited by deficit views of them as Spanish-speaking Latinos and deficit views of their children as *dis*abled. The intersectionality of the families' multiple forms of identity (such as race, class, gender, and ability) contributed to the inequitable access to services and supports in schools (Annamma et al., 2016a, p. 2). Despite these barriers, many of the parents in the study continued to advocate for their children while maintaining their hopes and dreams for their futures. By sharing these counter-stories, parents in the study had begun the process of *curando la herida* (healing the wound) as Cristina stated.

A curar la herida (to heal the wound), parents needed to become aware of the systematic barriers set up to hinder their efforts to achieve an equitable education for their children. Beyond advocacy, Spanish-speaking parents need to actively resist, on a systematic level, the deficit views of their families. In the next chapter, I discuss how parents and speech-language pathologists together can change the dominant narrative that has been in place about Latino/a parents of children with dis/abilities and develop collaborative spaces in schools based on love, respect, and *confianza*.

CHAPTER 5

DISCUSSION

When I was born, my parents envisioned raising me bilingually with my father speaking Spanish and my mother speaking English. This arrangement appeared to work well until I was expected to speak. I said my first words like *dada* and *agua* appropriately, but I was not saying much more than that. By 3 years old, I exhibited a limited vocabulary and difficulty producing sounds. My maternal grandmother insisted that it was due to the fact that I was being exposed to two languages (even though she herself was raised bilingually and raised her children in a bilingual home). My parents made the decision to switch exclusively to English with me. By the age of four, my speech had not improved. My mother, as a public-school teacher, asked the speech pathologist at her school to assess me.

When I started kindergarten, I attended a private school because, at the time, it was the only school that provided day care before and after school, since both my parents worked. My mother feared that because they were using a reading program with a strong phonetic base, I would have difficulties learning to read. During reading lessons, the kindergarteners were separated into groups by ability levels. I was initially placed in the group for low readers. I believe that my delayed speech contributed to this placement; however, my mother also felt that there were lower expectations for me because I was Latina (my school was predominantly Caucasian). My mother had a meeting with the teacher early in the school year, she worked with me at home to help develop my reading skills, and she found a private speech-language pathologist who could come to my school to provide speech therapy. Since I attended a private school, any additional supports or services for the students had to be financed by the parents. By the end of the year, I was placed in the highest reading group.

While these skills have been remediated for me and I have excelled at school, I wonder what would have happened if my parents had not advocated for me or if I had not had the educational privileges that I was afforded. As a parent now myself, I have a deeper understanding of the struggle to try to attain the best educational opportunities possible for my daughter. Like my parents, I am also privileged in that I can choose where to send my daughter to school. I can afford enrichment programs and services that will support her overall education. For parents whose only option is their local public school and the services and supports provided there, their decision-making abilities are significantly limited. Parents often are forced to rely on their school district to provide supports and services for their children. More often than not, the process to obtain services for children causes pain, frustration, and discontentment for parents. *La herida*, as Cristina called it, was evident in a number of the stories parents shared. In this chapter, I offer a summative review of major themes from this study and discuss implications for how speech-language pathologists can create more collaborative relationships with parents.

Study Background

The purpose of this study was to examine the experiences of Spanish-speaking Latino/a parents in their attempts to obtain school-based speech and language services for their children. At the heart of this study was the desire to better understand the impact of these experiences on parents and their perspectives on how school-based speech-language pathologists can create collaborative relationships. By using Tara Yosso's Community Cultural Wealth model, parent perspectives and experiences were viewed through a strengths-based model. Through a detailed analysis of the focus group and individual interviews of Spanish-speaking parents of children in the REAAD! (Reaching Educational Achievement and Development) Literacy Enrichment Program, this study provided a space for parents to engage in counter-storytelling by sharing their experiences and offering insights regarding how their experiences were shaped. Nine focus groups were conducted over a period of six months, with participants sharing their stories together. Additionally, seven individual interviews were conducted with parents in their homes. The first section of this chapter analyzes the research questions that informed the development and implementation of this study. It is followed by a discussion of the major themes that surfaced from the parents' experiences. Finally, this chapter addresses the implications and a few brief recommendations for the practice of school-based speech-language pathology.

Revisiting the Research Questions

To begin the process of changing power dynamics and challenging deficit views of Spanish-speaking Latino/a parents in schools, it is important to understand and validate parents' experiences, perspectives, and opinions. The following discussion directly addresses the research questions that informed this study. Initially, the research centered on the question of the parents' experiences; however, in engaging in discourse with parents, a secondary question emerged, specifically: What can be done to change current practices?

RQ1: What are Spanish-speaking Latino/a parents' perspectives regarding their prior and current experiences obtaining school-based speech and language services for their children?

Parents in the study discussed a range of experiences related to obtaining school-based speech and language services. Parents who had never had to ask for additional services and supports in the schools generally provided positive feedback about their experiences with school professionals and an overall satisfaction in the educational experiences of their children. However, there was a larger degree of variation in responses from parents who attempted to obtain special education supports, including speech and language services, for their children. Often this variation had less to do with the individual parent or child than it did with the school and school professionals with whom they interacted. For parents in the study, what made the most impact was having school professionals exhibit *confianza* in their interactions with parents and *corazón* toward their children.

This brings us to the second research question, which emerged during the process of conducting the literature review and interacting with the parents.

RQ2: How can speech-language pathologists foster collaboration with Spanish-speaking parents that validates parents' concerns and experiences?

Through examining the parents' experiences, one conclusion became readily apparent: speech-language pathologists should do more to foster collaborative relationships, especially with culturally and linguistically diverse parents. Within the study, there were examples of speech-language pathologists who epitomized care, concern, and trustworthiness as evidenced by how highly regarded they were among the parents. However, more often than not, parents in the study discussed feeling that their concerns were not being validated, they lacked access to support staff (like SLPs), and that their children could have benefited from the language supports at a much younger age if only their concerns had been acknowledged. During focus group and individual interviews, a question was added to the topic guide that asked parents *how* they would want SLPs to collaborate with them. Resoundingly, parents reported that they wanted SLPs to come from a place of love and concern for their child (*corazón*) and interact with them in a way that was built on trust and mutual respect (*confianza*). For many of the parents of children with dis/abilities, developing collaborative relationships between SLPs and parents fostered a type of *compadrazgo* (symbolic co-parenting relationship) in which parents and SLPs worked together to help the child be successful. Recommendations for how to implement this type of collaborative relationship are discussed in the implications section below.

Major Themes from Focus Groups and Individual Interviews

Thirty-one Spanish-speaking Latino/a parents shared stories about their experiences engaging in the school learning of their children. While not all parents attempted to obtain special education supports for their children, the majority of parents discussed their successes and the obstacles they faced in securing the educational supports that their children needed to be successful in school. Parents' stories revealed several recurring themes that had implications for the practice of school-based speech-language pathology. Three overarching themes were identified from their stories: (a) systematic barriers to accessing school-based speech and language therapy; (b) the intersections of dis/ability, race, and language; and (c) parent advocacy and transformative resistance.

Systematic Barriers to Accessing School-Based Speech and Language Therapy

Despite parents in this study being highly involved in the school lives of their children, they experienced systematic barriers in obtaining school-based speech and language services. Within the literature, parent involvement is defined as those activities that parents engage in that support the education of children (see Ascher, 1988; Marschall, 2006; Scribner, Young, & Pedroza, 1999). These activities include attending parent-teacher conferences and school-wide decision-making committees, volunteering in the classroom, and working on homework with their children. Within the professional literature, *parent involvement* becomes “diluted” to a “laundry list” of activities that the “experts” feel *good* parents do to support the school’s agenda (Olivos, 2006, p. 13). However, parents in this study overwhelmingly participated in these activities, and more. They were actively engaged in parent centers, volunteered in the classroom and on the yard, and participated in decision-making committees (i.e., English Learner Advisory Committee, ELAC). They supported their children’s education by completing homework, recruiting private tutors, attending the REAAD! Program, utilizing homework help from the local public library, and engaging in extracurricular activities (i.e., after-school art, theater, martial arts classes).

Despite exemplifying model *involved* parents, parents in the study consistently reported obstacles to obtaining extra services and supports in the schools. While traditional forms of parent involvement “keep [parents] busy and contained,” it does not provide a space for parents to develop “meaningful partnership[s] based on mutual respect and responsibility” (Olivos, 2006, p. 83). This lack of partnership leads to parents feeling distrust of the school professionals because they are not authentically valued within the school system (Olivos, 2006). According to the Individuals with Disabilities Act of 2004 (IDEA),

> almost 30 years of research and experience has demonstrated that the education of children with disabilities can be made more effective by . . . strengthening the role and responsibility of parents and ensuring that families . . . have meaningful opportunities to participate in the education of their children at school and at home.

Although clearly delineated in the law, oftentimes in practice, parents, especially Spanish-speaking Latino/a parents, are denied *meaningful opportunities* to participate in their children's education.

Parents in the study also reported that their concerns regarding their children's speech and language skills were disregarded by school staff. Many parents reported that the speech-language pathologists adopted a *wait-and-see* approach in which children were denied even assessment until they were in second grade. If their children were provided with speech and language services, the time, frequency, and duration of services was often predetermined by the speech-language pathologist and administrators. Also, parents were not viewed as fully integrated members of the IEP team. These findings were consistent with the literature on Latino/a parents with children with special education supports (see Kalyanpur et al., 2000; Olivos, et al., 2010; Pappas et al., 2008; Sousa, 2015). Therefore, while these highly involved parents felt like their concerns were not being heard, parents who did not fit the school's model of *involvement* felt even more excluded from the educational experiences of their children. As Dalia Melissa stated, she felt "analfabeta" (illiterate) and "tarada" (an idiot) when she tried to obtain speech and language services for her son.

Speech-language pathologists need to be cognizant of the barriers that hinder parents to successfully obtaining speech and language services for their children. Frequently, parents are treated disrespectfully, and their input is minimalized (Olivos, 2006). Instead speech-language pathologists need to actively work to support Spanish-speaking Latino/a parents by validating their concerns related to their children's speech and language skills. Although there is a cultural and linguistic disconnect between practicing speech-language pathologists and the predominantly Latino student population within our public schools in California, this disconnect does not need to be inhibitory of authentic collaboration. According to Kalyanpur and Harry (1999),

> the issue is not that we must have had the same experiences in terms of culture, ethnic background, race, socioeconomic status, or gender as the families we serve -- because we cannot -- but that we have the willingness to learn about and understand their experience, that we are willing to understand how our own experiences have shaped us, and that we respect and accept these differences in our various experiences. (p. 131)

In this study, the intersection of race, language, and dis/ability was critical to the parents' perspectives of their ability to gain access to speech and language services in the schools.

Intersection of Dis/ability, Race, and Language

At the intersections of dis/ability, race, and language lie the heart of the issues affecting Spanish-speaking Latinos parents obtaining speech and language services for their children. While I use the term *race* to apply to Latino/as, I recognize, like Falicov (2016) stated, that Latino/as in the United States are a "varied, heterogeneous population of immigrants from diverse countries in terms of geography, landscape, history, politics, and cultural heritages, both indigenous and European influenced" (pp. 52–53). However, what ties them together is their shared history of Spanish colonization, which created a shared language (i.e., Spanish) and cultural practices (Falicov, 2016).

For parents in this study, the interplay of their perceived status by school professionals coupled with deficit views of their families contributed to the challenges in obtaining school-based speech-language services. Within the dominant ideology, Latino/a students are blamed for their own poor academic performance because they "enter school without the normative cultural knowledge and skills" and their "parents neither value nor support their children's education" (Yosso, 2005, p. 75). This deficit view of families was prevalent in the current study. Parents reported being told that their children would end up flipping burgers, like Sara, or dead or in jail, like Allison, therefore the school professionals would not accommodate their requests.

At the intersection of race and dis/ability, Ely consistently fought to make sure her son received appropriate care in the face of professionals who did not feel he was worth investing more time and supports into. According to Gillborn (2015),

> the terms "race" and "disability" have a lot in common: Both are usually assumed to be relatively obvious and fixed but are actually socially constructed categories that are constantly contested and redefined. Historically both have operated to define, segregate, and oppress. (p. 280)

Coupled with the issues of race and dis/ability, parents' language use and status contributed to the ease with which they accessed the educational environment of their children.

Parents in the study acknowledged that the more assimilated they were, especially in relation to language, the better access to educational resources their children received. The schools did not listen to parents when they voiced concerns in Spanish as consistently as when they voiced concerns in English. Coming from a Spanish-speaking home, children were placed in classes for English learners, which, according to the parents in the study, also limited the children's ability to access a rigorous academic curriculum. According to the literature, children carry a *maleta* (briefcase) to school with all their life knowledge based on the language, values, customs, traditions, and worldview inherited from their family (Núñez, 1994, as cited in Olivos, 2006). Once they arrive at school, they are told to symbolically empty their *maletas,* so they can be filled with the language (English) and cultural values that are promoted by the school system (Olivos, 2006). This devaluing of the rich knowledge and cultural capital of children extends to the parents as well. Often if a child had a dis/ability label, the families were counseled by school staff to only speak in English with them, so as not to confuse them. Parents discussed how difficult it was to communicate with their children if they did not learn English as well.

Spanish-speaking Latino/a parents are viewed as lacking the knowledge and skills that are needed to educate children. This knowledge is frequently ascribed to school professionals, including speech-language pathologists (Olivos, 2006). Ángel echoed this sentiment when she requested to be involved in her son's speech therapy at school because the SLP had studied speech therapy and knew how to support her son's speech skills better than she did. Spanish-speaking Latino/a parents' access to making *informed* decisions is also limited by their ability to understand professional jargon and unspoken expectations, that are culturally-based in a White middle-class, English context (Cooper-Duffy & Eaker, 2017). Within the study, parents reported limited experiences in which they were provided with information and choices, by school professionals "ensuring that they comprehend the meaning behind those options and understand their rights regarding services" (Crais et al., p. 366). As such, parents in the study frequently took on the role of advocate for their children's education rights.

Parent Advocacy and Transformative Resistance

Advocacy for their children's educational rights was an essential part of parents' roles, according to parents in the study. As Ángel said, no one else was going to advocate for her son, so she had to be the one to do it. According to the literature, advocacy for Latino/a parents of children with dis/abilities takes on many forms. Key among these, (a) parents take on a "warrior-hero" role, batting against the bureaucracy; (b) they obtain "surrogate advocates" to make educational decisions and be their presence in their children's schools; and (c) they disengage from the "adversarial educational system" and look outside the schools for support for their children (Sousa, 2015, para. 4). Examples of each of these types of advocacy roles were present among the parents in the study. Kimberly, Cristina, and Ángel were strong *warrior-heroes*, learning how to navigate the system and illuminating instances in which their children's educational needs were not being held paramount by school professionals. Sofia and Candy used *surrogate advocates* to help them navigate the educational system. They relied on the expertise of their advocates and trusted in the advocates' ability to help get the services that their children needed. Dalia Melissa initially disengaged from the *adversarial school system* and sought speech and language supports through the REAAD! Program as well as through her health insurance.

Several parents in this study developed a level of competency in navigating the education system in which they advocated for their own children as well as helped other parents advocate for their children as well. According to Olivos (2006), effective parent involvement frequently "centered on individual student academic achievement, as in parents helping their *own* children succeed academically" (p. 19). However, parent advocacy requires parents to "understand and promote their personal process of empowerment and efficacy as well as their children's educational rights" (Olivos, 2006, p. 19). In becoming more vocal advocates, parents encountered barriers that silenced their voices, including being labeled as "troublemakers," as Ángel stated. Overall, parents in the study exemplified strong individual advocacy in supporting the educational needs of their children but struggled to form a more collective level of resistance.

Many of the parents in the study recognized their power as change agents in the educational environments of their children. Ely stated, "*la voz del papá es mucho más fuerte*" (the parent's voice is much stronger) than the obstacles and barriers imposed by the school district. Chamai seconded Ely's opinion, stating that the parent's opinion, "*es lo que cuenta*" (is what counts). Chavela stated, "*el poder está en los padres*" (parents have the power) and Ely continued, "*tú sabes que la voz de un papá vale mucho, pero cinco voces valen más*" (you know that one parent's voice counts a lot, but five voices count more).

These views are supported in the literature regarding transformative resistance. Antonia Darder, in the forward for Edward Olivos' (2006) book, *The Power of Parents*, stated,

> What is often lost or forgotten . . . is the incredible power and force that is held in the hands of parents, if they were only to receive the opportunity and support to participate and contribute in meaningful ways. Parent participation is critical to the education of bicultural children and the liberation of culturally and economically subordinated communities from policies and practices that perpetuate their marginalization and exploitation. (p. ix)

Although parents in the study recognized and vocalized their belief in their power to make systematic changes in the educational environment, they only discussed two examples of that belief turning into action. Chavela recounted,

> *Porque en la escuela donde va mi niño, este, nos juntamos todos los padres porque la, la directora era morena y no escuchaba a los padres. Todos nos juntamos. Hicimos marchas en la calle y todo y este, y sacaron a la directora.*

> Because at the school that my son attends, the parents gathered together because the principal, she was black, she did not listen to the parents. We all got together. We marked in the streets and all that and they got rid of the principal.

Based on the fact that their voices were not being heard, Chavela and other Latino/a parents in the school ousted the principal, demanding that they be heard.

Ely's son attended a special education school that was slated to be closed. Ely struggled to have her concerns be heard at the school and shared stories of similar struggles of other parents at the school. Nevertheless, the parents fought together to keep the school open. Ely shared:

> *Y nunca, nunca nos, nos, nos hacen caso en nada. Ya fuimos hasta allá en downtown, you know. La escuela la iban a cerrar, tuvimos que hacer huelgas y peleamos y hasta ahorita conseguimos que la escuela la dejaran para el doce.*
>
> And they never, never listen to us, not for anything. We already went you know, downtown. They were going to close the school, we had to strike and fight and we succeeded in keeping the school open. They will let students attend until twelfth grade.

Through parents coming together and demanding changes at the school level, they were able to be successful. These examples solidify what is stated in the literature, that in "breaking the longstanding traditional molds and mindsets of what we believe parents, especially low-income, ethnically diverse parents are capable of understanding or entitled to do," we can work together to make systematic changes for our students (Olivos, 2006, p. 19).

Parents in the study were at the threshold of engaging in transformative resistance activities. Months after our focus groups ended, Cristina approached me stating that she had been reflecting on our discussions. She had participated in another IEP meeting at her son's school and again felt like her concerns were not being heard. She asked me what *we* could do to change things, not just for her son, but for other students and families who were struggling to get appropriate services. I told her we could start meeting again. We could gather as parents together and continue the discussions we had started. She seemed impassioned and eager to turn our discussions into action. Cristina was motivated by a sense that "individual and social change [was] possible" (Solórzano & Bernal, 2001, p. 320). According to the literature, transformative resistance "illustrates a critique of oppression and a desire for social justice. . . . with a deeper level of understanding and a social justice orientation, transformational resistance offers the greatest possibliity for social change" (Solórzano & Bernal, 2001, p. 319). To transform the school system suggests that parents must "critically engage ideologies and practices that impede a collaborative and authentic relationship between the public-school system and bicultural communities" (Olivos, 2006, p. 104). For parents in this study to create social change, they needed to continue to engage in problem-posing dialogue. This dialogue can lead to action and further reflection, which then leads to further questions for inquiry and further action (Olivos, 2006).

Limitations

As with all empirical research utilizing qualitative interviews, the findings are limited by the study's design. While the study's findings shed light on Spanish-speaking Latino/a parents' perspectives and experiences, some limitations to the research design should be considered. Specifically, in utilizing focus groups, group effects may have led to some parents vocalizing agreement or being intimidated to voice their opinions in the group context. For both focus group and individual interviews, my involvement, topic selection, and interview structure may have had an impact on the generalizability of the participants' responses.

This study is limited in its scope as it looked specifically at the perspectives of a finite number of participants in one context. The parents in this study were self-selected and often highly involved in the educational lives of their children, which might have been disproportional to the population as a whole. While themes emerged, overall generalizability was not expected. The information gathered was used to reflect on current practices and policies of speech-language pathologists in their interactions with parents and families. It also was used to generate recommendations others might consider in similar contexts. Further research will be required to expand on the themes among a larger or more specific population of participants.

Future Research

In light of the findings, future research should attempt to expand on ways to foster *confianza* in the collaborative relationships between Spanish-speaking Latino/a parents and speech-language pathologists. School-based speech-language pathologists currently deal with large caseloads across multiple school sites. Many would argue that they do not have time to engage in authentic collaboration with parents, especially with parents who do not speak English. Taking the current setting into consideration, the following two expansion studies should be considered:

1. A study that explores speech-language pathologists' experiences and perspectives on collaboration with Spanish-speaking Latino/a parents.
2. A study that explores ways of utilizing technology to increase collaboration and communication between speech-language pathologists and parents.

In addition, the current literature on parent empowerment suggests that creating spaces for true transformative resistance often occurs outside of the school environment. I would like to continue my work with the parents in the REAAD! Program and document the creation and implementation of a parent-to-parent support group that develops a space for collaborative discussion that encourages problem-posing dialogue leading to transformative resistance.

Implications and Recommendations

In addition to future research, there are several implications from the current study. Within the education and speech-language pathology fields, social justice issues related to the social structure of the school system often render culturally and linguistically diverse parents and students powerless and/or marginalized (Gewirtz, 1998). This study counters the deficit view of Spanish-speaking Latino/a parents by validating and honoring the opinions, perspectives, and lived experiences of the parents who engaged in this research. The following speaks to the theoretical, practice, and policy implications of this study.

Theoretical implications

The practice of speech-language pathology is based strongly in a medical model of disability in which the child's *dis*ability is viewed as innately deficient, requiring remediation from the speech-language pathologist. By incorporating dis/ability critical race theory and Latino critical race theory into the practice of speech-language pathologists, this study offers a new way to view the speech and language needs of Latino/a children and families. DisCrit counters the emphasis on what a child *cannot do* and disrupts notions of the "fixity and permanency of the concept of disability" (Annamma et al., 2016a, p. 1). Creating counter-narratives utilizing DisCrit and LatCrit, the dis/ability of Latino/a students is viewed through a lens that incorporates their multiple contexts, including their race, gender, class, and language. By focusing on their strengths, including the cultural wealth that they possess, students and families are better equipped to be co-collaborators in their own speech and language therapy instead of passive recipients of information from the SLPs (Yosso, 2005). This, then, provides the theoretical foundation for developing the space and language necessary for parents and SLPs to engage in a more democratic collaboration, which has the potential to change educational practices within our public schools (Olivos, 2006, p. 120).

Implications for Practice

This study illuminates the need for school-based speech-language pathologists to become more culturally sensitive and inclusive in their daily practice with culturally and linguistically diverse parents and families. Speech-language pathologists need to develop stronger collaborative relationships with teachers. They also need to find ways to engage in more authentic collaboration with parents. Finally, school-based SLPs should help facilitate parent-to-parent support groups.

More often than not, parents in the study reported that if their child's classroom teacher was supportive and in agreement with the parents' concerns, the process to obtain services and supports was easier because teachers worked as advocates for the students to receive speech and language services. Teachers often assumed the role of gatekeeper; therefore, in developing collaborative relationships with speech-language pathologists, teachers would be better equipped to refer for additional supports, understand the role of school-based SLPs, and provide a continuum of support within their classrooms as well. There is already support within the literature for developing effective teamwork and collaboration among teachers and school-based speech-language pathologists (see Hartas, 2004; Peña & Quinn, 2003). According to ASHA's 2016 school survey report, more than 70% of SLPs in the survey reported engaging in interprofessional collaborative practices in the past 12 months. However, often these practices revolved around scheduling therapy sessions or preparing for assessments. There is limited time and resources for speech-language pathologists to engage in authentic collaboration with teachers. Developing a framework for collaboration between SLPs and teachers based in a community cultural wealth model would aid parents in receiving better speech and language supports in school (see Yosso, 2005).

Almost unanimously, parents in the study believed that speech-language pathologists needed to establish *confianza* and collaboration in their interactions with Latino/a students and their families. Kummerer (2012) offered a framework for speech-language pathologists working with Latino/a families that includes establishing a trusting relationship, identifying parents as experts of their children, developing a mutually constructed view of the child's needs, accommodating parents' schedules and support role, using parent-implemented interventions and allowing for variation, expanding on the family's existing activities, facilitating home language use, encouraging questions, assessing parents' understanding, and promoting parent interactions and advocacy. While this framework exists, it is often not utilized within the daily practice of speech-language pathology in schools. SLPs need to approach the practice of speech-language pathology from a lens that views culturally and linguistically diverse students and families as fully capable and equal partners in the therapy process.

To have *corazón* means to have love, care, concern, and compassion for the students and families that we serve as speech-language pathologists. This cannot be explicitly taught, but it is learned over time by engaging in dialogue with families to deepen our understanding of the historical, political, social, and cultural context in which they live. We cannot continue to hide behind the letter of the law when it comes to engaging parents in the assessment and treatment of speech and language issues. To become culturally competent speech-language pathologists, the time has come to engage with Latino/a parents in more authentic ways and facilitate parent-to-parent dialogues centered around issues of acculturation, depression, immigration, poverty, and dis/ability. In developing parent-to-parent support groups and collaborating with parents, speech-language pathologists become advocates for parents to engage in their own growth and advocacy (Olivos, 2006).

Policy Implications

The need for policy changes related to working with culturally and linguistically diverse families within the field of speech-language pathology is evident. Based on a national survey of 213 school-based speech-language pathologists, one-third had never received training in multicultural issues, approximately one-fifth of the sample could not recall if they had received training, and up to one-fourth of the sample received training through lectures imbedded in their coursework (Hammer, Detwiler, Detwiler, Blood, & Qualls, 2004). The American Speech-Language and Hearing Association, which is the national professional, scientific, and credentialing association for all speech-language pathologists working in the United States, includes cultural competency as a major tenet of the professional standards for speech language pathologists. However, in practice, there is no standard for cultural competency training in graduate programs for speech-language pathology.

More often than not, graduate programs adopt an "integrated" model for teaching cultural competency in which issues related to differences among cultures and languages are included in the coursework related to articulation, voice, fluency, and language (Hammer et al., 2004). This *integrated* model offers little time for graduate students to engage in dialogue about the lived experiences of culturally and linguistically diverse families, instead limiting their knowledge to generalizations, such as some cultures avoid eye contact as a sign of respect. Without proper training, speech-language pathologists will continue to "buy into, support, and participate in oppressive practices" that maintain deficit views of Latino/a parents and families (Olivos, 2006, p 11). ASHA needs to create a national policy that requires speech-language pathology students to engage in authentic dialogue, literature review, and inquiry related to working with culturally and linguistically diverse populations as part of their graduate programs.

Coupled with better training for speech-language pathologists, educational policy changes should be implemented so that culturally and linguistically diverse parents are afforded better access to services and supports within their local public school. While IDEA (2004) states that parents' roles should be *strengthened* so that parents have *meaningful opportunities* to participate in the education of their children, these roles are often relegated to the versions of *involvement* that are deemed acceptable by the school district to meet the minimum requirements in the law. In implementing policy changes at the state and local level that clearly delineate school districts' responsibilities in proving *meaningful opportunities* for culturally and linguistically diverse parents to participate in the education of their children, the structure and function of the IEP meeting would change.

Some suggestions from the literature include: making sure parents comprehend their options and understand their rights regarding services (Crais et al., 2006); provide information ahead of time so families can prepare themselves to participate in meetings (Kroth & Edge, 2007), use every day language to reduce unfamiliar educational jargon (Mueller & Buckley, 2014), and encourage families to disagree, ask questions, state what they are thinking, share ideas, and provide feedback (Cooper-Duffy & Eaker, 2017). In addition to changes in the IEP meeting, specialists, such as speech-language pathologists, should be given time within their work day to engage in collaborative activities. To accomplish this, state and local agencies should adopt a workload model of providing speech and language services in the schools, one in which activities, such as collaboration, are factored into the speech-language pathologist's daily duties at the school site.

Recommendations

The following recommendations are based on the study's findings and the implications they have on the practice of speech-language pathology with culturally and linguistically diverse families. First and foremost, speech-language pathologists need more specific training in developing sympathy, compassion, understanding, and respect for Latino/a parents. In this sense, they will be better equipped to create collaborate spaces that foster *confianza* with parents. Graduate education programs for speech-language pathology need to incorporate more explicit education in the areas of assessment, treatment, and counseling working with culturally and linguistically diverse families. For SLPs already in the field, more continuing education courses need to be created to challenge deficit views and mindsets related to Latino/a families. ASHA should create a clinical specialty certification in the area of cultural and linguistically diverse populations to recognize the knowledge, skills, and experience of the speech-language pathologists who create collaborative spaces to engage with culturally and linguistically diverse families. Finally, our universities need to provide better access for culturally and linguistically diverse students to enter the field of speech-language pathology. These systematic changes will help to change the policies and practices in the field to better meet the needs of our culturally and linguistically diverse families.

Conclusion

In my career as an educator and speech-language pathologist, I have always known that our Latino/a students and families were treated differently and faced different challenges in obtaining an equitable education. In my reflections preparing to create this dissertation project, I recalled students like José, who struggled in school, and parents like Maria, who evolved in her ability to engage in literacy activities with her daughter. Through a social justice curriculum at Loyola Marymount University, I developed the language, based on the literature, to talk about the issues that I had known to be true, but could not articulate. I ruminated on the experiences, especially with educators, that shaped my own understanding and development as well. I have come to one very clear conclusion: we need to do more to support the families that we serve. As Paulo Freire (1993) stated, “It’s impossible to democratize schools without opening them to the real participation of parents and the community in determining the school’s destiny” (p. 24). The parents in the study exemplified what is possible when parents are allowed to advocate for their children. They were articulate, poetic, funny, and engaging. Through our short time together in discussion, we formed a type of bond. After the focus groups were over, several parents exchanged numbers with other group members and started “*texteando*” (texting) each other.

When parents come together to support each other and share their stories, they become a formidable force.

As this dissertation project comes to a close, I feel that my work is just beginning. I hope to continue to encourage discussion among the parents with whom I have the honor to work. In the words of Gloria Anzaldúa (2002):

> We are ready for change.
> Let us link hands and hearts
> together find a path through the dark woods
>   step through the doorways between worlds
>   leaving huellas for others to follow,
>   build bridges, cross them with grace, and claim these puentes our "home"
>   si se puede, que así sea, so be it, estamos listas, vámonos. (p. 576)

APPENDIX A
Informed Consent Form

Hablando de la herida: Honoring Spanish-speaking parents' experiences obtaining school-based speech and language services for their children

1) I hereby authorize Amalia W. Hernandez, M.Ed., M.S., CCC-SLP to include me in the following research study: parents' perspectives on collaborating with school-based speech-language pathologists.

2) I have been asked to participate on a research project which is designed to understand parents' perspectives about the special education eligibility process, implementation of service delivery for my child, and interaction with school-based speech-language pathologists and which will consist of participating in two focus groups sessions for approximately one hour each over two consecutive Saturdays. I might be asked to participate in a one-hour individual interview on the next Saturday after the focus groups conclude.

3) It has been explained to me that the reason for my inclusion in this project is that I am a parent of a student who might have speech and language assessments and/or services in his/her elementary school.

4) I understand that if I am a subject, I will be participating in two focus group sessions with other REAAD! Program parents for approximately ninety minutes each. I also might be selected to participate in an individual interview for approximately one hour. The investigator(s) will engage in conversation with us, the parents, regarding our experiences. She will also be audio recording the sessions. These procedures have been explained to me by Amalia W. Hernandez, doctoral student at Loyola Marymount University.

5) I understand that I will be audiotaped in the process of these research procedures. It has been explained to me that these tapes will be used for research purposes only and that my identity will not be disclosed. I have been assured that the tapes will be destroyed after their use in this research project is completed. I understand that I have the right to review the tapes made as part of the study to determine whether they should be edited or erased in whole or in part.

6) I understand that the study described above may involve the following risks and/or discomforts: Since we will be discussing issues related to having a child with special needs, potential risks to participants include possible embarrassment, and/or nervousness. Confidentiality among group members cannot be guaranteed since we will be having this discussion within a group.

7) I also understand that the possible benefits of the study are: By participating in this research, we, the parents, might gain a better understanding of how to advocate for our children at their school sites. Also, the experiences and stories of the participants could potentially have a positive impact on the experiences of other parents of children with speech and language needs.

8) I understand that the following alternative procedures are available: individual interviews are available as an alternative for focus group interviews. The reason these are not being used is: focus groups provide the opportunity for us, as parents, to build on each other's responses and experiences, fostering a sense of community, which is part of the theoretical framework on which this project is based.

9) I understand that Amalia W. Hernandez who can be reached at 818-653-1442 or amalia.hernandez@csun.edu will answer any questions I may have at any time concerning details of the procedures performed as part of this study.

10) If the study design or the use of the information is to be changed, I will be so informed and my consent reobtained.

11) I understand that I have the right to refuse to participate in, or to withdraw from this research at any time without prejudice.

12) I understand that circumstances may arise which might cause the investigator to terminate my participation before the completion of the study.

13) I understand that no information that identifies me will be released without my separate consent except as specifically required by law.

14) I understand that I have the right to refuse to answer any question that I may not wish to answer.

15) I understand that in the event of research related injury, compensation and medical treatment are not provided by Loyola Marymount University.

16) I understand that if I have any further questions, comments, or concerns about the study or the informed consent process, I may contact David Moffet, Ph.D. Chair, Institutional Review Board, 1 LMU Drive, Suite 3000, Loyola Marymount University, Los Angeles CA 90045-2659 at david.moffet@lmu.edu.

17) In signing this consent form, I acknowledge receipt of a copy of the form, and a copy of the "Subject's Bill of Rights".

Subject's Signature ____ Date ____________

Witness ____ Date ____________

Consentimiento informado

Promoviendo compadrazgo: Respectando las perspectivas de los padres hispanohablantes acerca de sus experiencias obteniendo los servicios del habla basando en la escuela para sus hijos

1) Por la presente, autorizo a Amalia W. Hernández, M.Ed., M.S., CCC-SLP que me incluya en el estudio de investigación acerca de las experiencias y perspectivas de los padres hispanohablantes colaborando con las terapeutas del habla y lenguaje en las escuelas.

2) Me ha pedido que participe en un estudio de investigación diseñado para comprender las perspectivas de los padres hispanohablantes acerca del proceso de elegibilidad para la educación especial, la implementación de los servicios del habla para mi hijo/a, y mi interacción con la terapeuta del habla y lenguaje en la escuela. Mi participación consistirá en participar en dos discusiones en grupo. Estos grupos se van a reunir por aproximadamente una hora por grupo durante dos sábados consecutivos. Tal vez podría ser necesario participar en una entrevista individual de una hora después de concluyen las discusiones en grupo.

3) Se me ha explicado que he sido incluido en este estudio porque soy padre hispanohablante de un/a hijo/a que recibe (o ha recibido) los servicios del habla y leguaje o ha recibido una evaluación de una terapeuta del habla en las escuelas.

4) Entiendo que, si yo soy elegido como participante, participará en dos sesiones de discusiones en grupo con otros padres del programa REAAD! Estas discusiones se van a tardar aproximadamente una hora cada uno. Yo también podría ser seleccionado para participar en una entrevista individual que se va a tardar aproximadamente una hora. La investigadora participará en conversación con nosotros como padres, con respecto a nuestras experiencias. También entiendo que las sesiones serán grabados por grabadora. Estos procedimientos han sido explicados por Amalia W. Hernández, estudiante de doctorado en la Universidad de Loyola Marymount.

5) Entiendo que habré grabado como parte de los procedimientos de este estudio. Ha sido explicado a mí que estas grabaciones se utilizarán sólo para esta investigación y que mi identidad no será revelada. Me ha asegurado que las grabaciones serán destruidas al final de esta investigación. Entiendo que tengo el derecho a revisar las grabaciones para determinar si deben ser modificados o borrados en su totalidad o en parte.

6) Entiendo que al participar en este estudio podría haber los siguientes riesgos o molestias: en la discusión acerca de tener un niño con servicios de educación especial, tal vez podría suceder nerviosismo o vergüenza. Porque las discusiones sucederían en un grupo, la confidencialidad entre los miembros del grupo no puede ser garantizada.

7) También entiendo que al participar en este estudio podría haber los siguientes beneficios. Nosotros como padres, podríamos obtener un mejor entendimiento a como abogar por

nuestros hijos en sus escuelas. También, nuestras experiencias e historias potencialmente podrían tener un impacto positivo en las experiencias de otros padres de niños con dificultades del habla y lenguaje.

8) Entiendo que hay los siguientes procedimientos alternativos: entrevistas individuales están disponibles como una alternativa para las discusiones en grupo. La razón de que estos no están utilizado es: discusiones en grupo proporcionan la oportunidad para nosotros como padres a escuchar las experiencias de otros padres. En esta manera, se refuercen las experiencias de los padres y nos podemos apoyar uno al otro que es parte de la teoría en que se basa este estudio.

9) Entiendo que puedo hablar con Amalia W. Hernández a 818-653-1442 o amalia.hernandez@csun.edu paraqué ella contestará cualquier pregunta que tengo sobre los detalles de los procedimientos realizado como parte de este estudio.

10) Si cambia el diseño del estudio o el uso de la información, será informado y mi consentimiento se obtendrá de nuevo.

11) Entiendo que tengo el derecho a negar a participar en, o a retirarme de esta investigación en cualquier momento sin perjuicio.

12) Entiendo que podría haber circunstancias que pueden causar la investigadora a terminar mi participación antes de la finalización del estudio.

13) Entiendo que no puede revelar información que me identifica a ninguna otra persona sin mi consentimiento de nuevo excepto por lo requerido por la ley.

14) Entiendo que tengo el derecho a negar a responder cualquier pregunta que no quiero contestar.

15) Entiendo que si sufra una lesión durante el estudio de investigación, compensación y tratamiento médico no son proporcionados por la Universidad de Loyola Marymount.

16) Entiendo que, si tengo más preguntas, comentarios, o preocupaciones sobre el estudio o el proceso de consentimiento informado, puedo hablar con David Moffet, Chair, Institutional Review Board, 1 LMU Drive, Suite 3000, Loyola Marymount University, Los Angeles, CA 90045-2659 a david.moffet@lmu.edu.

17) Al firmar este consentimiento, acuso que he recibido una copia de este consentimiento y una copia del "Declaración de derechos de los sujetos experimentales."

Firma del participante ____ Fecha ____________

Testigo ____ Fecha ____________

APPENDIX B
Topic Guide – Focus Groups
Session One

Description of Research Project and Informed Consent Paperwork

Thank you for joining me today and agreeing to be a part of this focus group session. I really appreciate your time and insight. Your experiences are invaluable to this study.

As I mentioned at the last Parent Academy meeting, I am trying to collect stories about Spanish speaking parents' experiences engaging in the school learning of their children. I hope that by documenting parents' experiences, we can work towards co-creating an educational environment that lends itself to collaboration and respect.

The objective of today's session is to hear from all of you about your relationships with the professionals at your child's school, the supports and services your child receives, and any possible challenges that you might have experienced.

Do you have any questions or concerns so far?

I am passing around an informed consent form. Please do not sign it yet, we will review a few important details about your participation in this focus group today first.

First, you have graciously volunteered your time to be part of this focus group and are not obligated to be a part of this session; therefore, if at any time, you do not want to continue participating in this focus group, you are allowed, without prejudice of any kind, to withdraw your consent and discontinue your participation.

Second, this session should take no more than 60 minutes to complete. We will meet again next week as well. I may request to conduct a follow-up interview with you later or contact you to clarify some responses, please indicate if you are okay with that on the form.

Third, we may discuss some issues related to some struggles your child may have faced or possible negative feelings you have felt, which may make you feel embarrassed or uncomfortable. If at any time you feel uncomfortable, you do not have to participate in the discussion. Also, counseling services through the program are available.

It is my hope that by sharing our experiences together, we can build community and support one another. As we will be having this discussion within a group, I cannot guarantee the confidentiality of what is shared with each other. I request that everything that is shared within this group be kept confidential and not discussed outside this room. I will remind you periodically throughout the session about the importance of respecting each other's privacy.

Lastly, I will be audio recording the session and Kelly Ibanez will be helping me take notes. The audio recordings and notes will be used for research purposes only and no identifying information (e.g., your name, your child's name, etc.) will be disclosed. You have a right to review the audiotapes made to determine whether they should be edited or erased in whole or in part.

Is everyone comfortable with audio recording the session?

Do you have any questions about your rights related to participating in this group?

Please take a minute and read through the informed consent form. If you have any questions, please let me know.

Any last comments or questions before we begin?

Introduction and Ice Breaker Activity

I will introduce myself and tell my story, then parents will be asked to introduce themselves.

Before we begin our discussion, it will be helpful for us to get acquainted with one another. Let me begin by telling you a little more about myself….

Let's go around the table. ____ why don't you start. Tell us your first name and a little bit about yourself and your family.

Discussion-Starter

Now, I would like you to take a few minutes to think about the following question if you want to write down some notes, there is some paper and pencils for you. (For this opening question, my goal is to hear from everyone.)

As a parent, what would you like your child to achieve in life?

So, take two minutes and then we will go around the room and share.

Topic Guide

Now, I'd like to talk about your experiences growing up.

- What was school like for you?
- What values did your parents pass on to you that you want to pass on to your children?

Now I'd like to talk about your experiences with your child's school.

- In what ways do you feel welcomed into the school?
- In what ways do you feel connected to the school community?

- In what ways do you feel you support the schooling of your child?
- How would you like to be involved in your child's education?
    - In what ways has the school personnel supported you in this?
- How often do you talk with your child's teacher?
    - Special Education Teacher?
    - Speech-Language Pathologist?
    - Do you initiate the conversation, or do they?
    - What is the topic of conversation usually?
- What do you think is the role of the teacher in school?
    - Speech-language pathologist?
    - Parent?
    - How can each support the others?

Remind them about privacy.

Now I'd like to talk about Spanish.

- How important is it to you that your child is bilingual in Spanish?
    - Which language does your child speak better in, Spanish or English?
- What has been the opinion of the school staff about your child speaking Spanish?
- How do you communicate with school staff?
- What has the school done to ensure that Spanish translations are available for you?

Now I'd like to talk about the special supports and services that your child receives.

- When did your child first begin receiving special education services in the school?
- If you can remember, describe the process of initially receiving services in the school.
- How well do you understand the supports and services he/she is receiving in school?
- What has worked well in obtaining extra supports for your child in school?
    - What do you wish were different?
- Tell me about your experiences at the last IEP meeting for your child.

Remind them about privacy.

Now I would like to talk about any other services you and/or your family receive.

- Why have you brought your child to the REAAD! program?
    - What do you like about the program?
    - In what ways are you, the parent, supported?
- What other supports do you and/or your family receive outside of school?

Probes:

- One thing I've heard several people mention is____. I wonder what the rest of you have to say about that?
- One thing that I'm surprised no one has mentioned is ___. Does it matter or not?
- I recall that some of you mentioned something a little different earlier, and I wonder how things like ___ fit into the picture?

- What I heard you say was…
- Tell me more.
- I don’t quite understand. Can you explain what you mean?
- Can you give me an example of….?
- Does anyone have an example of that?
- Is this anyone else’s experience?
- Does anyone have a similar (different) perspective?
- You look puzzled. Why? What don’t you understand?

Final Thoughts

It’s time to start closing our discussion. I would like to go around the room one final time and ask you to share any final thoughts you have about the topics we have covered.

Before we leave, please take a minute and fill out the data sheet I have passed out to you. It will give me some background information. As I stated previously, all information you provide is for the research study ONLY and will be kept confidentially. Also, please indicate if you would be willing to participate in a follow-up interview and/or be contacted if I need any clarification.

Thank you again for your time. It has been an honor and a privilege to share in this discussion with you.

Guía de discusión - sesión uno

Descripción del estudio de investigación y el formulario de consentimiento informado

Gracias por estar aquí conmigo hoy y por su participación en estas discusiones. Les agradezco su tiempo y opiniones. Sus experiencias son muy importantes para este estudio.

Como mencioné en la última reunión de padres, quiero saber más sobre las experiencias de los padres latinos y cómo participan en la educación de sus hijos. Espero que, al documentar las experiencias de los padres latinos, podamos trabajar juntos para crear un ambiente educativo que promovería la colaboración y el respecto entre las terapeutas de habla y los padres.

El objetivo de nuestra sesión hoy es tener una discusión acerca de sus relaciones con las maestras y las terapeutas de la escuela de sus hijos, los apoyos y servicios que reciben sus hijos, y cualesquiera dificultades que ustedes han encontrado.

¿Hay alguna pregunta o preocupación en este momento?

Les estoy dando a ustedes un formulario de consentimiento informado. Por favor, no firmen todavía, vamos a revisar algunos detalles importantes acerca de su participación en este grupo.

En primer lugar, han ofrecido su tiempo para participar en este grupo y no están obligados a ser parte de esta sesión, por lo tanto, si en cualquier momento, no quieren seguir participando, ustedes pueden negarse a su consentimiento y descontinuar su participación.

En segundo lugar, esta discusión debe tomar aproximadamente 60 minutos para completar. Nos reuniremos nuevamente la próxima semana también. Tal vez, podrían ser seleccionados para una entrevista individual después de estas discusiones en grupo.

En tercer lugar, durante nuestras discusiones, hay la posibilidad que ustedes se sientan incómodos o avergonzados. Si en cualquier momento ustedes se sienten incómodos, tienen el derecho a no participar en la discusión. También, servicios de consejería están disponibles del programa.

Es mi deseo que, al compartir nuestras experiencias, podamos crear una comunidad y apoyarnos uno al otro. Porque las discusiones sucederían en grupo, la confidencialidad entre los miembros del grupo no puede ser garantizada. Por favor, pido que ustedes mantengan la confidencialidad de lo que oigan y no revelan nada fuera de este grupo. Yo les recordare periódicamente a lo largo de la sesión acerca de la importancia de respetar la privacidad de los demás.

Por último, voy a grabar nuestra discusión y Kelly Ibáñez va a ayudarme a tomar notas. Las grabaciones y las notas se utilizarán sólo con fines de investigación y no se divulgará ninguna información de identificación (por ejemplo, su nombre, el nombre de su hijo). Ustedes tienen el derecho de revisar las grabaciones para determinar si deben ser editadas o borradas en su totalidad o en parte.

¿Todos están de acuerdo con la grabación?

¿Tienen alguna pregunta acerca de sus derechos relacionados a su participación en este grupo?

Ahora, tómense un minuto y lean el formulario de consentimiento informado. Si ustedes tienen alguna pregunta, por favor me avisan.

¿Hay cualquier otro comentario o pregunta antes de comenzar?

Introducción y actividad para conocerse

Presentarme y contar mi historia, y luego voy a pedir a los padres a presentarse.

Antes de comenzar nuestra discusión, será útil para nosotros conocernos mejor. Permítanme comenzar….

Vamos a seguir alrededor de la mesa. ____ puede empezar. Díganos su nombre y un poco sobre usted y su familia.

Iniciadores de discusión

Ahora, me gustaría que tomen unos minutos para pensar en la siguiente pregunta. Si desean escribir algunas notas, hay papel y lápices para ustedes. *(Con esta pregunta, la meta es para escuchar a todos.)*

Como padre, ¿Qué espera que logre su hijo en la vida?

Tomen dos minutos y luego vamos a compartir alrededor de la mesa.

Guía de discusión

Ahora, quiero hablar acerca do sus experiencias cuando eran niños.

- ¿Cómo fue la escuela para usted?
- ¿Qué valores recibió usted de sus padres que quiera pasárselos a sus hijos?

Ahora, quiero hablar acerca de sus experiencias en las escuelas de sus hijos.

- ¿En qué forma se siente bienvenido en su escuela?
- ¿En qué forma se siente usted como parte de la comunidad de su escuela?
- ¿En qué forma apoya los estudios de su hijo?
- ¿En qué forma le gustaría envolverse en la educación de sus hijos?

    - ¿Qué apoyo recibe de la escuela sobre esto?
- ¿Qué tan seguido habla con la maestra de su hijo?
    - ¿La maestra de educación especial?
    - ¿La terapeuta del habla?
    - ¿Usted inicia las conversaciones o la maestra lo hace?
    - ¿Normalmente de qué se trata las conversaciones?
- ¿Qué cree usted que sea el papel de la maestra en la escuela?
    - ¿La terapeuta del habla?
    - ¿Los padres?
    - ¿Cómo uno puede apoyar al otro?

Solo quiero repetir la importancia de la privacidad.

Ahora quiero hablar acerca del idioma español.

- ¿Qué tan importante es para usted que su niño sea bilingüe?
    - ¿Cuál idioma habla mejor, el español o el inglés?
- ¿Qué ha sido la opinión de la escuela acerca de su hijo que habla español?
- ¿Usted, cómo se comunica con el personal de la escuela?
- ¿Qué hace la escuela para que todas las traducciones en español están disponibles para usted?

Ahora quiero hablar acera de los programas y apoyos que su hijo recibe.

- ¿Cuándo empezó su hijo a recibir servicios de educación especial en la escuela?
- Si recuerda, describa el proceso inicial para recibir los servicios en la escuela.
- ¿Cuánto entiende usted de los servicios y apoyos que su hijo recibe en la escuela?
- ¿Cuál ha sido la mejor manera de obtener el apoyo para su hijo en la escuela?
    - ¿Y qué desearía que fuera diferente?
- Dígame acerca de sus experiencias en la última junta del IEP de su hijo.

Solo quiero repetir la importancia de la privacidad.

Ahora quiero hablar acera de cualquier otro servicio o apoyo que su familia recibe.

- ¿Por qué trajo a su hijo al programa REAAD!?
    - ¿Qué le gusta acerca del programa?
    - ¿En qué forma se siente apoyado en el programa?
- ¿Qué otros apoyos usted y su familiar reciben fuera de la escuela?

Otras preguntas

- Una cosa que he oído varias veces mencionar es ____. Quiero saber que piensan el resto de ustedes acerca de esto.
- Una cosa que me sorprende que nadie ha mencionado es ____. ¿Es importante o no?
- Me acuerdo de que algunos de ustedes mencionaron algo un poco diferente. Me interesa saber cómo _____ afectan a los demás.

- Lo que oí de usted es….
- Dígame más acerca de…
- No entiendo completamente. ¿Puede explicar lo que quiere decir?
- ¿Me puede dar un ejemplo?
- ¿Alguien tiene algún ejemplo de esto?
- ¿Es la experiencia de alguien más?
- ¿Alguien más tiene una perspectiva similar (diferente)?
- ¿Se mira perplejo, por qué? ¿Qué es lo que no entiende?

Discusión Final

Ahora es tiempo para cerrar nuestra discusión. Me gustaría ir alrededor de la mesa una vez más y pedirles que compartan su opinión final acerca de los temas que hemos discutidos.

Antes de salir, tómense un minuto para llenar la hoja de información que han recibido. Me va a dar mucha información de quien son ustedes. Como dije antes, toda la información que ustedes hagan proveído es solamente para el estudio y será mantenida confidencialmente. También, por favor indique si ustedes están dispuestos a participar en una siguiente entrevista o ser contactado para aclarar algunas respuestas.

Gracias otra vez por su tiempo. Ha sido un honor y un privilegio compartir con ustedes en esta discusión.

Topic Guide – Focus Group
Session Two

Description of Research Project and Informed Consent Paperwork

Thank you for joining me today and agreeing to be a part of this interview. I really appreciate your time and insight. Your experiences are invaluable to this study.

As I mentioned during our first focus group session, I am trying to collect stories about Spanish speaking parents' experiences engaging in the school learning of their children. I hope that by documenting parents' experiences, we can work towards co-creating an educational environment that lends itself to collaboration and respect.

The objective of today's session is to delve a little deeper into some of the topics we discussed in the first focus group session related to your relationships with the professionals at your child's school, the supports and services your child receives, and any possible challenges that you might have experienced.

Do you have any questions or concerns so far?

Let's review a few important details about your participation in this focus group session today.

First, you have graciously volunteered your time to be part of this focus group and are under no obligation to participate; therefore, if at any time, you do not want to continue participating, you are allowed, without prejudice of any kind, to withdraw your consent and discontinue your participation.

Second, this session should take no more than 60 minutes to complete. I may request to contact you later to clarify some responses.

Third, we may discuss some issues related to some struggles your child may have faced or possible negative feelings you have felt, which may make you feel embarrassed or uncomfortable. If at any time you feel uncomfortable, you do not have to answer the question. Also, counseling services through the program are available.

It is my hope that by sharing our experiences together, we can build community and support one another. As we will be having this discussion within a group, I cannot guarantee the confidentiality of what is shared with each other. I request that everything that is shared within this group be kept confidential and not discussed outside this room. I will remind you periodically throughout the session about the importance of respecting each other's privacy.

Lastly, I will be audio recording the session and Kelly Ibanez will be helping me take notes. The audio recordings and notes will be used for research purposes only and no identifying information (e.g., your name, your child's name, etc.) will be disclosed. You have a right to review the audiotapes made to determine whether they should be edited or erased in whole or in part.

Are you comfortable with audio recording the session?

Do you have any questions about your rights related to participating in this group?

Any last comments or questions before we begin?

Discussion-Starter

We had some good discussion at our last focus group meeting. Now, I would like you to take a few minutes to think about the following question if you want to write down some notes, there is some paper and pencils for you. (For this opening question, my goal is to hear from everyone.)

What does the word collaboration mean to you?

So, take two minutes and then we will go around the room and share.

Topic Guide

Now I would like to talk a little more about collaboration.
- In what ways have you felt that the school staff has collaborated with you?
- In what ways have you felt that the school staff has not collaborated with you?

Continue with topics from last session including:

Now I'd like to talk about the special supports and services that your child receives.
- When did your child first begin receiving special education services in the school?
- If you can remember, describe the process of initially receiving services in the school.
- How well do you understand the supports and services he/she is receiving in school?
- What has worked well in obtaining extra supports for your child in school?
    - What do you wish were different?
- Tell me about your experiences at the last IEP meeting for your child.

Remind them about privacy.

Now I would like to talk about any other services you and/or your family receive.
- Why have you brought your child to the REAAD! program?
    - What do you like about the program?
    - In what ways are you, the parent, supported?
- What other supports do you and/or your family receive outside of school?

Remind them about privacy.

Now I would like to talk specifically about the speech-language pathologists and special education teachers that are supporting your son.

- What qualities are important in the SLP who is providing services to your child?
- What is the cultural background of the SLP at your school site?
- What language/s do they speak?
- Does the cultural and/or linguistic background of your speech pathologist matter to you? Why or why not?
- How does it affect the quality of support provided?
- If your SLP is of a different cultural/linguistic background, what could they do to show that they value your culture and language?

Probes:

- One thing I've heard several people mention is____. I wonder what the rest of you have to say about that?
- One thing that I'm surprised no one has mentioned is ___. Does it matter or not?
- I recall that some of you mentioned something a little different earlier, and I wonder how things like ___ fit into the picture?
- What I heard you say was…
- Tell me more.
- I don't quite understand. Can you explain what you mean?
- Can you give me an example of….?
- Does anyone have an example of that?
- Is this anyone else's experience?
- Does anyone have a similar (different) perspective?
- You look puzzled. Why? What don't you understand?

Final Thoughts

It's time to start closing our discussion. I would like to go around the room one final time and ask you to share any final thoughts you have about the topics we have covered.

Thank you again for your time. It has been an honor and a privilege to share in this discussion with you.

Guía de discusión - sesión dos

Descripción del estudio de investigación y el formulario de consentimiento informado

Gracias por estar aquí conmigo hoy y por su participación en estas discusiones. Les agradezco su tiempo y opiniones. Sus experiencias son muy importantes para este estudio.

Como mencioné en la última discusión en grupo, quiero saber más sobre las experiencias de los padres latinos y cómo participan en la educación de sus hijos. Espero que, al documentar las experiencias de los padres latinos, podamos trabajar juntos a crear un ambiente educativo que promovería la colaboración y el respecto entre las terapeutas de habla y los padres.

El objetivo de nuestra sesión hoy es hablar un poco más a fondo acerca de sus relaciones con las maestras y las terapeutas de la escuela de sus hijos, los apoyos y servicios que reciben sus hijos, y cualesquiera dificultades que ustedes han encontrado.

¿Hay alguna pregunta o preocupación en este momento?

Vamos a revisar de nuevo algunos detalles importantes acerca de su participación en este grupo.

En primer lugar, han ofrecido su tiempo para participar en este grupo y no están obligados a ser parte de esta sesión, por lo tanto, si en cualquier momento, no quieren seguir participando, ustedes pueden negarse a su consentimiento y descontinuar su participación.

En segundo lugar, esta discusión debe tomar aproximadamente 60 minutos para completar. Tal vez, necesitaré a aclarar algunas respuestas más adelante.

En tercer lugar, durante nuestras discusiones, hay la posibilidad que ustedes se sientan incómodos o avergonzados. Si en cualquier momento ustedes se sienten incómodos, tienen el derecho a no participar en la discusión. También, servicios de consejería están disponibles del programa.

Es mi deseo que, al compartir nuestras experiencias, podamos crear una comunidad y apoyarnos uno al otro. Porque las discusiones sucederían en grupo, la confidencialidad entre los miembros del grupo no puede ser garantizada. Por favor, pido que ustedes mantengan la confidencialidad de lo que oigan y no revelan nada fuera de este grupo. Yo les recordare periódicamente a lo largo de la sesión acerca de la importancia de respetar la privacidad de los demás.

Por último, voy a grabar nuestra discusión y Kelly Ibáñez va a ayudarme a tomar notas. Las grabaciones y las notas se utilizarán sólo con fines de investigación y no se divulgará ninguna información de identificación (por ejemplo, su nombre, el nombre de su hijo). Ustedes tienen el derecho de revisar las grabaciones para determinar si deben ser editadas o borradas en su totalidad o en parte.

¿Todos están de acuerdo con la grabación?

¿Tienen alguna pregunta acerca de sus derechos relacionados a su participación en este grupo?

¿Hay cualquier otro comentario o pregunta antes de comenzar?

Iniciadores de discusión

Tuvimos una discusión buena en la última sesión del grupo. Ahora, me gustaría que tomen unos minutos para pensar en la siguiente pregunta. Si desean escribir algunas notas, hay papel y lápices para ustedes. *(Con esta pregunta, la meta es para escuchar a todos.)*

¿Qué significa el termino colaboración para usted?

Tomen dos minutos y luego vamos a compartir alrededor de la mesa.

Guía de discusión

Ahora me gustaría platicar más acera del tema de colaboración
- ¿En qué forma cree usted que el personal de la escuela ha colaborado con usted?
- ¿En qué forma cree usted que el personal de la escuela no ha colaborado con usted?

Continuar con los temas de la última sesión incluyendo:

Ahora quiero hablar acera de los programas y apoyos que su hijo recibe.
- ¿Cuándo empezó su hijo a recibir servicios de educación especial en la escuela?
- Si recuerda, describa el proceso inicial para recibir los servicios en la escuela.
- ¿Cuánto entiende usted de los servicios y apoyos que su hijo recibe en la escuela?
- ¿Cuál ha sido la mejor manera de obtener el apoyo para su hijo en la escuela?
    - ¿Y qué desearía que fuera diferente?
- Dígame acerca de sus experiencias en la última junta del IEP de su hijo.

Solo quiero repetir la importancia de la privacidad.

Ahora quiero hablar acera de cualquier otro servicio o apoyo que su familia recibe.
- ¿Por qué trajo a su hijo al programa REAAD!?
    - ¿Qué le gusta acerca del programa?
    - ¿En qué forma se siente apoyado en el programa?
- ¿Qué otros apoyos usted y su familiar reciben fuera de la escuela?

Ahora quiero hablar específicamente acerca de las terapeutas y las maestras de educación especial que ayudan a su hijo.

- ¿Cuáles cualidades son importantes en la terapeuta que está provenido servicios su hijo?
- ¿De qué raza o etnia es la terapeuta en su escuela?
- ¿Cuáles idiomas hablan?
- ¿A usted le importa que raza o que idioma ellos hablan? ¿Por qué o por qué no?
- ¿Cómo afecta la calidad del apoyo que ellos le dan?
- ¿Si la terapeuta tiene diferente cultura y habla diferente idioma, qué puede hacer para demostrarle que a ella le importa su cultura y su idioma?

Otras preguntas

- Una cosa que he oído varias veces mencionar es ____. Quiero saber que piensan el resto de ustedes acerca de esto.
- Una cosa que me sorprende que nadie ha mencionado es ____. ¿Es importante o no?
- Me acuerdo de que algunos de ustedes mencionaron algo un poco diferente. Me interesa saber cómo _____ afectan a los demás.
- Lo que oí de usted es….
- Dígame más acerca de…
- No entiendo completamente. ¿Puede explicar lo que quiere decir?
- ¿Me puede dar un ejemplo?
- ¿Alguien tiene algún ejemplo de esto?
- ¿Es la experiencia de alguien más?
- ¿Alguien más tiene una perspectiva similar (diferente)?
- ¿Se mira perplejo, por qué? ¿Qué es lo que no entiende?

Discusión Final

Ahora es tiempo para cerrar nuestra discusión. Me gustaría ir alrededor de la mesa una vez más y pedirles que compartan su opinión final acerca de los temas que hemos discutidos.

Gracias otra vez por su tiempo. Ha sido un honor y un privilegio compartir con ustedes en esta discusión.

APPENDIX C

Topic Guide – Individual Interviews

Description of Research Project and Informed Consent Paperwork

Thank you for joining me today and agreeing to be a part of this interview. I really appreciate your time and insight. Your experiences are invaluable to this study.

As I mentioned during our focus group sessions, I am trying to collect stories about Spanish speaking parents' experiences engaging in the school learning of their children. I hope that by documenting parents' experiences, we can work towards co-creating an educational environment that lends itself to collaboration and respect.

The objective of today's session is to delve a little deeper into some of the topics we discussed in the focus group session related to your relationships with the professionals at your child's school, the supports and services your child receives, and any possible challenges that you might have experienced.

Do you have any questions or concerns so far?

Let's review a few important details about your participation in this interview today.

First, you have graciously volunteered your time to be part of this interview and are under no obligation to participate, therefore, if at any time, you do not want to continue participating, you are allowed, without prejudice of any kind, to withdraw your consent and discontinue your participation.

Second, this session should take no more than 60 minutes to complete. I may request to contact you later to clarify some responses, please indicate if you are okay with that on the form.

Third, we may discuss some issues related to some struggles your child may have faced or possible negative feelings you have felt, which may make you feel embarrassed or uncomfortable. If at any time you feel uncomfortable, you do not have to answer the question. Also, counseling services through the program are available.

It is my hope that by sharing our experiences together, we can build community and support one another. Everything that you share with me today will be kept confidentially and your anonymity will be protected.

Lastly, I will be audio recording the session. The audio recordings and notes will be used for research purposes only and no identifying information (e.g., name, child's name, etc.) will be disclosed. You have a right to review the audiotapes made to determine whether they should be edited or erased in whole or in part.

Are you comfortable with audio recording the session?

Do you have any questions about your rights related to participating in this interview?

Any last comments or questions before we begin?

Topic Guide

(General topic guide only at this point, as the majority of the topics to be discussed will be disseminated from the focus group discussions.)

During our discussion in group, you said "____"
Can you tell me more about that?
Why do you think that happened?

In group, I noticed that when X said, "___" it looked like you had something to say about it but didn't get a chance.

More specific discussion of cultural disconnect between school professionals and parents.

Probes:

- What I heard you say was…
- Tell me more.
- I don't quite understand. Can you explain what you mean?
- Can you give me an example of….?
- You look puzzled. Why? What don't you understand?

Final Thoughts

It's time to start closing our discussion. Are there any final thoughts you have about anything we have discussed? Any questions for me at this time?

Thank you again for your time. It has been an honor and a privilege to share in this discussion with you.

Guía de discusión – entrevista individual

Descripción del estudio de investigación y el formulario de consentimiento informado

Gracias por estar aquí conmigo hoy y por su participación en esta entrevista. Le agradezco su tiempo y opinión. Sus experiencias son muy importantes para este estudio.

Como mencioné en la última discusión en grupo, quiero saber más sobre las experiencias de los padres latinos y cómo participan en la educación de sus hijos. Espero que, al documentar las experiencias de los padres latinos, podamos trabajar juntos para crear un ambiente educativo que promovería la colaboración y el respecto entre las terapeutas de habla y los padres.

El objetivo de nuestra sesión hoy es hablar un poco más a fondo acerca de sus relaciones con las maestras y las terapeutas de la escuela de sus hijos, los apoyos y servicios que reciben sus hijos, y cualesquiera dificultades que usted haiga encontrado.

¿Hay alguna pregunta o preocupación en este momento?

Vamos a revisar de nuevo algunos detalles importantes acerca de su participación en esta entrevista.

En primer lugar, ha ofrecido su tiempo para participar en esta entrevista y no está obligado a ser parte de esta sesión, por lo tanto, si en cualquier momento, no quiere seguir participando, usted puede negarse a su consentimiento y descontinuar su participación.

En segundo lugar, esta entrevista debe tomar aproximadamente 60 minutos para completar. Tal vez, le pediré aclarar algunas respuestas más adelante.

En tercer lugar, durante la entrevista, hay la posibilidad de que usted se sienta incómodo/a o avergonzado/a. Si en cualquier momento usted se siente incómodo/a, tiene el derecho a no participar en la discusión. También, servicios de consejería están disponibles del programa.

Es mi deseo que, al compartir nuestras experiencias, podamos crear una comunidad y apoyarnos uno al otro. Todo lo que comparta conmigo hoy se mantendrá confidencialmente y el anonimato será protegido.

Por último, voy a grabar nuestra discusión y tomar algunas notas. Las grabaciones y las notas se utilizarán sólo con fines de investigación y no se divulgará ninguna información de identificación (por ejemplo, su nombre, el nombre de su hijo). Usted tiene el derecho de revisar las grabaciones para determinar si deben ser editadas o borradas en su totalidad o en parte.

¿Usted está de acuerdo con la grabación?

¿Tiene alguna pregunta acerca de sus derechos relacionados a su participación en esta entrevista?

¿Hay cualquier otro comentario o pregunta antes de comenzar?

Guía de discusión

Durante nuestra discusión en grupo, usted dijo ___
¿Me puede decir algo más acerca de esto?
¿Por qué usted cree que esto paso?

En el grupo, yo note que cuando ___ dijo ____, me pareció que usted tenía algo que decir acera de esto, pero nunca tuvo oportunidad.

Más discusión específica acerca de la diferencia cultural del personal de la escuela y los padres.

Discusión Final

Ahora es tiempo para cerrar nuestra discusión. Me gustaría que comparta su opinión final acerca de los temas que hemos discutido. ¿Usted tiene cualquier pregunta en este momento?

Gracias otra vez por su tiempo. Ha sido un honor y un privilegio compartir con usted en esta entrevista.

APPENDIX D

Framework Templates for Analysis

Table 3

*Example of Initial Indexing Matrix Used yo Identify Codes and Categories**

Interview Transcript	Description	Preliminary Thoughts	Initial Categories

Table 4

*Example of coding index**

Initial Themes	Initial Categories
Aspirational Capital	
Familial Capital	
Social Capital	
Navigational Capital	
Linguistic Capital	
Resistance Capital	

Table 5

*Example of developing core concepts**

Initial Themes	Initial Categories	Refined Categories	Final Themes	Core Concept

*Adapted from Smith & Firth (2011)

APPENDIX E
School Based Speech Therapy

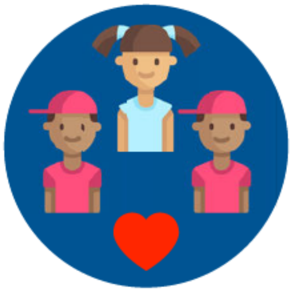
School-based Speech Therapy

Information for Parents

Spanish-speaking Parents' Perspectives

- 31 Spanish-speaking parents participated in focus group and individual interviews.
- Parents shared their experiences with respect to their attempt to obtain school-based speech and language services for their children.
- Parents expressed their hope for their children to have a better life than the one they had, one that was attainable through education.

Obstacles to Collaboration



- Teachers were often the gatekeepers to additional services and supports.
- Parents were told to *wait and see* if their children's speech got better on its own.
- Speech pathologists predetermined whether or not students would qualify for services prior to assessment.
- There was a lack of communication with parents.
- Parents felt their Spanish-language use tended to impede their ability to obtain services and collaborate with SLPs.

Parent Advocacy

- Parents were most successful obtaining services when speech pathologists were collaborative, demonstrated *corazón*, and valued parental concerns.
- Parents advocated for their children by:
  - initiating collaborative relationships with SLPs;
  - educating themselves about the IEP process and making all requests in writing;
  - creating parent-to-parent supports in which parents provided resources and information for each other; and
  - participating in community-based activities to support their children's education.

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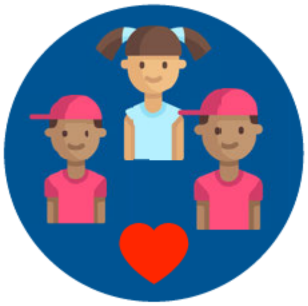
Terapia de habla de la escuela

Información para padres

Perspectivas de los padres de habla española

- 31 padres de habla española participaron en discusiones en grupo y en entrevistas individuales.
- Los padres compartieron sus experiencias con respecto a tratar de obtener los servicios de habla de la escuela para sus hijos.
- Los padres expresaron su esperanza que sus hijos tengan una vida mejor de la que ellos tuvieron, una que sea alcanzable a través la educación.

Obstáculos a la colaboración



- Los maestros a menudo interferían con el obtenimiento de los apoyos y servicios adicionales.
- Se les comunicaba a los padres que se esperen para ver si sus hijos mejoraban en su habla por si solos.
- Los terapistas predeterminaban si los niños calificaban para servicios sin ninguna evaluación.
- Había muy poca comunicación departe de los terapistas con los padres.
- Los padres sentían, que, por hablar español, eso impedía la comunicación efectiva con los terapistas y que también interfería en el obtenimiento de los servicios para sus hijos.

Padres abogando por sus hijos

- Los padres tenían más éxito obteniendo servicios cuando los terapistas colaboraban con ellos, demostraban buen corazón hacia los niños, y atendían a las preocupaciones de los padres.
- Los padres abogaban por sus hijos:
  - iniciando una colaboración con los terapistas;
  - educándose ellos acerca del proceso del IEP y haciendo todas las peticiones por escrito;
  - creando apoyos de padres-a-padres en que compartían recursos e información entre ellos mismos; y
  - participando en actividades basadas en la comunidad para apoyar la educación de sus hijos.

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