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Intervening When Parents of Children with Disabilities are in Denial

**Abstract**

Research concerning parents of children who are in denial of their child's disability is scarce. However, delving into the attitudes and reactions of parents when told of their child's disability can help to explain why some parents refuse to acknowledge their child's disability. Fear, negative experiences and lack of knowledge all play a role in a parent's attitude toward a disability diagnosis. Intervening with parents who are in denial is crucial to helping the child develop both academically and socially. Research shows that creating a positive environment and establishing a trusting relationship between professionals and parents can go a long way in helping to persuade parents to take necessary interventions for the benefit of their child. The following case study focuses on a male student in second grade whose parents seem to be in denial concerning a perceived learning disability. An intervention was conducted to help motivate the child's parents to follow the recommendations of teaching professionals, who believe the child would benefit from Special Education services. Through working closely with the child's parents, they have agreed to have their child re-evaluated to determine which services would help the child reach his full potential.

## Intervening When Parents of Children with Disabilities are in Denial

Parents of children with disabilities suffer through a wide range of emotions. Denial, fear, a sense of losing control and stigmatization are feelings identified by parents when told of their child's diagnosis. Burden (as cited in Watson, 2008) found that mothers who do not have a disability diagnosis for their child have more difficulty working through their feelings than those parents who have obtained a definite diagnosis. The positive growth of a child depends on how the family reacts to the diagnosis of a disability in their child. Parents need to reimagine the expectations they had for their children and adapt to a new set of norms. They often withdraw from the child and tend to focus on the disability instead of the child that they have always loved. Parents often believe that their child will "grow out of it" (Ziolko, 1991) and search for multiple opinions until they receive one that is satisfactory or one that fits into the expectations they have for their child (Watson, 2008). Neyhus and Neyhus (1979) state that when a disability goes untreated, negative coping mechanisms can intensify and be that much harder to treat. Given this, school-based professionals should help parents accept their child's diagnosis and create a positive environment of hope and partnership.

Unfortunately, literature referencing why parents choose not to have a child diagnosed with a disability is scarce. Most research deals with how parents feel when told of a diagnosis and ways to help parents adjust to their new situation while putting the best interest of the child first. Despite a lack of literature directly linked to our study of parents who are in denial of their

child's disability, a closer look allowed us to make connections to our study by: examining parents reactions to a disability diagnosis, how parent reaction to the disability affects the child, ways to communicate with parents so they will be more motivated to seek a diagnosis, as well as, suggestions on how to create a positive parent/teacher relationship which supports the needs of the child.

Throughout pregnancy, parents are filled with both hope and fear for the future of their child. They look ahead to the social and professional achievements of the child and fantasize about their future (Ziolko, 1991). When told that their child suffers from a disability, parents must adapt to their new situation. Ziolko (1991) suggests that when parents are told of a child's disability, they go through a multi-stage adaption period, which includes: withdrawal or rejection, denial, fear and frustration, and adjustment. These stages are derived from Elizabeth Kubler-Ross' (as cited in Ziolko, 1991) five stages of grieving. Drotar et al., (as cited in Case, 2000) supports the stage model for adaption and acceptance, while also comparing it to reactions commonly associated with the grieving period. These stages do not necessarily happen in any particular order and parents may experience more than one stage at a time (Case, 2000). The parent we are working with throughout this case study seems to be going through some of these stages. At first, the child's mother was in complete denial about the child's disability, even withdrawing him from public school as a way to avoid administrative pressure to sign an Individualized Education Plan (IEP). Recently, the child's mother has seemed "sad" about her child's situation and has taken the small step of acknowledging that her child is lagging behind

his peers. Unfortunately, the parent still denies a disability and places blame of his delay on medical reasons, such as allergies.

People bring what they know to different situations. Reaction to those situations is based on the meaning they have constructed through experience (Watson, 2008). When parents have attached a negative meaning to a disability diagnosis, either personally or through interaction with family and friends, they will react negatively to a disability diagnosis for their child (Case, 2000). Since there is a high rate of stigmatization associated with the disability label, de Boer, Pijl & Minnaert (2010) found that parents fear their child will be bullied, isolated and rejected by peers, as well as other adults. In their study of the attitudes of parents toward inclusion, de Boer et al. (2010) found support for this fear. “A large group of parents was not willing to invite a child with special needs to spend a night at their house (68.3%). Furthermore, 38.3% of parents would not invite a child with special educational needs to their home” (de Boer et al, 2010, p171). Neyhus and Neyhus (1979) found that parents of children with disabilities were often the first ones to notice that there was something wrong with their child. There was often a delay in seeking an evaluation and many parents waited for their child to begin school before agreeing to an evaluation. Negative experiences and fear of stigmas may be one cause of Neyhus and Neyhus (1979) findings.

Parents often feel powerless when told of their child’s disability (Watson, 2008). They don’t have a lot of knowledge about the topic and feel as if they are not in charge of their own child. The literature reviewed for the purposes of this case study overwhelmingly placed the blame of this feeling of powerlessness on the professionals that communicate the diagnosis to the

parent. The use of medical jargon when explaining a diagnosis of disability leaves parents feeling confused and inferior. The parent/professional relationship is often strained by the parent's lack of knowledge to influence decisions about their child. Even in cases where a parent advocate is involved, parents feel that these people are often contradicted since, often, their allegiance is to the agency that they work for (Case, 2000). Parents also expressed that their feelings were related to the negative orientation in which the diagnosis was communicated (Case, 2000; Harnett & Tierney, 2009). Parents are not handled in a sympathetic manner and doctors often emphasize all of the negative aspects of the child's disability. Professionals are blunt and rarely accentuate the positive by providing a hopeful outcome for the child (Case, 2000). In Harnett and Tierney's (2009) study concerning communicating positively with parents of children with disabilities, they found that while parents wanted positive information during the disclosure process, they also wanted honesty. Doctors responded by saying that they hesitate to communicate positive expectations for fear of giving false hope and being held liable if the child does not progress positively. Parents love their children unconditionally and most are willing to do whatever is necessary to help the child reach their full potential. When they receive negative news from professionals who they perceive to be in a higher position, they may shut down. Professionals need to be clear about a child's diagnosis but they also need to explain all possible outcomes, positive and negative (Harnett and Tierney, 2009).

Parents of children with mild learning disabilities often suffer from more confusing emotions than those parents of children with more severe disabilities. Since the disability is not visible, these parents have more of a tendency to make excuses for the child's academic and

social behavior. Moos and Moos (as cited in Hargalit and Heiman, 1986) found that parents of children with disabilities were more strict and focused on keeping the family structure in place. They also found that most parents, regardless of the severity of the disability, were concerned with behavior and social aspects of their child's life. Parents of children with learning disabilities have described their children as unpredictable and inconsistent. The child acts "normal" in some situations and unpredictable in others (Hargalit and Heiman, 1986). This unpredictability causes anxiety in both the parent, and can create a strained relationship. Hargalit and Heiman (1986) found that boys with learning disabilities had high levels of anxiety as it related to their diagnosis. These children's anxiety also positively correlated with their mothers' anxiety. They also found that the boys experienced high anxiety levels as a result of parental pressure. Morvitz and Motta (1992) studied predictors of self-esteem and how it relates parent-child perceptions and class placement. The authors found that children who were in self-contained classrooms and those without disabilities in the general education classroom had about the same amount of self-esteem. Children who were pulled out of class for resource room suffered from low self-esteem due to being different than the rest of the class. Resource room and self-contained children also craved parental acceptance more than the general education students. Both Margalit and Heiman (1986) and Morvitz and Motta (1992) look at how the behavior of the parent affects the child. Since children with disabilities seek the approval of their parents, it is necessary for parents to have a positive attitude toward their education so they can succeed. When parents deny the needs of the child, the child will not strive to reach their full potential. They continue to receive negative attention, and, therefore, their self-esteem is

lowered. The effect of parental acceptance as perceived by the child is an important factor as it relates to the child's self-esteem. It is the opinion of Margalit and Heiman 1986), that if parental acceptance is lacking and unrealistic pressures are placed on the child, both parent and child suffer anxiety.

This case study and proposed intervention looks to find ways to help motivate the parents of a child with a disability that seem to be in denial of their child's situation. Throughout this case study it will be important for us to take special care on how we speak to the parents. It will be important to find out the circumstances surrounding her child's original diagnosis. As Harnett and Tierney suggest, if that initial conversation about a possibility of disability was perceived negatively in any way by the parent, it could help to explain the parent's apprehension to having her child diagnosed. When parents are faced with a disability diagnosis they are going through a wide range of emotions and need to be reminded that the child is still the same child they were before they were diagnosed. Parents often put unnecessary pressure on their children in an effort to give the perception that they are "normal". This is a great disservice to the child since they are not learning to deal with their disability in a positive manner. Bryan, Burstein & Bryan (2001) note that negative coping mechanisms can be formed by the child and parent, creating a frustrating, anxiety filled relationship. Professionals need to work with parents to develop good habits, both academically and socially. Parents and professionals need good communication so that there is consistency between school and home life so positive behaviors are reinforced. Having a diagnosis for the child is beneficial in many ways, including providing valuable information for parents so they know what steps to take in helping their child reach their full

potential. When a diagnosis is not present parents do not have a plan of action, leading to frustration and anxiety. Parents must know that despite the diagnosis, their child has rights and their dignity is of utmost importance (Harnett and Tierney, 2009).

Bryan, Burstein, and Bryan (2001) conducted a study of students with learning disabilities who have trouble completing homework. They found that students with learning disabilities are likely to fail as more homework is assigned and standards are raised. Parents helping their children with homework expressed frustration and confirmed feelings of anxiety when helping their children. Parents cite lack of knowledge about the school work and constant refocusing as sources of stress as it relates to helping their child complete homework. The authors conducted homework intervention studies that involved (a) training students to self-monitor through daily goal completion, (b) training parents in basic pedagogical and content knowledge to better help the student complete homework, and (c) using homework to improve student academic performance. The study found that students succeeded in homework completion when others were involved, such as peers and parents. Students were also more receptive to homework that made connections to the real world. This was particularly beneficial to getting parents involved. Parents are able to participate in an interesting way while benefiting the child academically.

In their study of professional/parental communication trends, Harnett and Tierney (2009) found that parents had mostly negative experiences when being told of their child's diagnosis. Parents express a desire for honest, realistic, positive, hopeful messages. The authors suggest that positive communication can be as simple as referring to a child by name and not diagnosis.

They also suggest showing positive examples of other children with the same disability who are succeeding. This idea relates to combating stigmas placed on people with disabilities. One of the most important suggestions is to assure parents that they are not alone. Parents need to know that there is help available to them and that working as a team for the benefit of their child will go a long way in helping them to reach their potential. We will use Harnett and Tierney's (2009) suggestions to help build a positive relationship with the parents as a tool for our intervention. We hope that through open communication we can provide the parents with a hopeful outlook of their child's academic future, as well as, guide them through the process of evaluation so they do not feel hopeless and alone.

Much of the literature (Bryan, Burstein & Bryan, 2001; Case, 2000; Harnett and Tierney, 2009; Watson, 2008; Ziolko, 1991) mentioned parents' fear of losing control because of a lack of knowledge about their child's disability and their sense of powerlessness to make choices about their child's situation. Staples and Dilberto (2010) developed guidelines for successful parent involvement. Since research shows that parental involvement leads to increased achievement, the authors suggest getting parents involved in more activities to help build a sense of team and feel more comfortable within the academic setting. Based on the literature reviewed, we feel that both parents and children should have opportunities to have a positive experience at school. Teachers should initiate contact with the parents and set clear expectations so the parent is not left in the dark. Open communication is essential to help parents feel that they can approach a teacher if they need help. Staples and Dilberto (2010) contend that home visits can help bridge the gap between school and home. It also gives the parent a chance to meet on their home base

and regain a sense of control. Staples and Diliberto (2010) also suggest that IEP meetings can be a scary place for a parent. They are alone in a room with professionals who have worked together and know more about their child's disability than they do. Getting parents involved in the IEP process can be essential to gaining parental support for the child. The authors recommend making the process personal for the parent, such as making personal contact to get available dates for the meeting, instead of just sending home a date without any input from the parent. Providing parents with a draft of the IEP before the meeting so they are prepared for discussion can go a long way to easing anxiety. Finally, parents must be given a chance to speak at the meeting. Social workers and other service providers should not be permitted to dominate the meeting.

As the child's teacher it is essential to build a positive relationship with parents of children with disabilities. If parents believe that their child's teacher shares their concerns, they may be more likely to trust the teacher's opinions and recommendations for the child. When working with a child whose parents are in denial about their disability, this relationship of trust is essential. Differentiation of instruction is often used by teachers to meet the needs of the child even though there is no IEP in place. It is suggested, then, that teachers differentiate their interactions with the parents of these students. No parent is the same and their backgrounds and beliefs should be taken into account when approaching the subject of their child. As a teacher, it may be helpful to take any negative experiences parents may have had in the past concerning their child's disability and create positive, hopeful interactions they can associate with their child academically.

## **Intervention**

### **Objectives**

- To enable parents of children with disabilities to recognize the significant benefits of special education services for their child
- To approach parent denial in a way that helps parents understand, cope with, and accept their child's learning disability

### **Outcomes**

The purpose of this intervention is to provide beneficial outcomes for both the parents and student.

For parents of students with disabilities, the goal of this intervention is to help them surpass the denial phase and accept their child's learning disability. The parents will see the vitality of additional services needed for their child's development, by seeing the differences between their child's struggle without help, and their progress with the help that they require. The intervention will help parents understand that a child with an IEP is not socially unacceptable, that they too have an important place in the school and classroom environment. Parents will finally understand what their child needs to succeed and will agree to the specialized

services that can be provided for them. They will work to place their child in a classroom environment that is specified to their child's needs.

Students will benefit academically by finally receiving the assistance needed for them to learn the way that they were meant to learn. The student will no longer be forced to achieve impractical goals set for them in the general education classroom. They will finally be given a program that sets attainable goals and provides them with the tools they need to achieve them.

## **Participants**

This intervention will be implemented as a case study on a student with learning disabilities, whose parents removed him from a special education program in a public school and placed the student in a general education classroom in a private elementary school. The student is a 7 year old male, in the second grade. He exhibits behaviors that require much additional attention throughout the course of a school day, including a lack of focus, inconsistent performance, hyperactivity, repetitive behaviors, a lack of comprehension skills, and an inability to carry out independent tasks.

Parents are also important participants in this intervention. The subject's parents are very active and involved in the child's life. They are a male and female married couple in their mid-thirties, with two children, a 7 year old son and a 3 year old daughter. The subject of our intervention is their first child. The parents exhibit behaviors characteristic of the denial phase. They often attribute the student's lack of progress from the past to struggles with allergies. They

put responsibility on the previous public school attended on not picking up on the students presumed allergies early enough, and therefore making him fall behind. They do not see their child's lack of progress as a learning disability, yet as a direct result of past hardship due to his allergies.

The students' teacher, school aides, and tutor are also participants in the intervention plan. The teacher has a bachelor's degree and certification in childhood education. The teacher is not certified in special education, but has a basic knowledge of what it entails through previous experience and coursework. Teacher's aides and students from the private school, have some background in education. They will be providing the additional help and assistance the student needs during class work and assessments in order to provide parents with a comparison of student progress with and without their help.

Students from both private and public schools, ranging from second to eighth grade, will be participants as well. The students will be surveyed in order to provide parents with data and information on how students view other students with Individualized Education Plans.

## **Procedure**

The intervention will serve as a comparative analysis of student assessment for both teacher and parents. It will take place approximately over a two month period during the school year.

During the first month of our intervention the student will be provided with individual assistance during formal assessments, provided either by the teacher, teacher's aide, or tutor. The student will take tests outside of the general education classroom, in order to be provided with help and additional time when needed. The student will have tests read to him, as well as explained in terms that are easier for the student to understand. The student will also be provided with visual and tactile materials to use during the assessment. As the student takes each test during this period of the intervention, his answers will be closely monitored and a teacher, teacher's aide, or tutor will provide thorough explanations of each question the student seems to have trouble understanding. The student will be allowed to utilize materials and manipulatives that aid and increase their understanding. This part of the intervention is being implemented in order to show parents the benefit of the student being placed in a classroom environment that can provide him with consistent one-to-one attention and assistance. The student will be tested in each of the subject areas being taught in their classroom: math, ELA, science, and social studies. The student will complete at least two assessments per subject during this period of time.

During the second month of our intervention the student will return back to taking formal assessments in the general education classroom without any adult assistance or visual and tactile aids. Assessments will be given, and the responsibility of completing each question will be the student's alone. If the student should ask for help, he cannot be provided with any assistance that would not be given in a general education classroom. The assessments will be given in the same subject areas as in the first month of the intervention. The student will also complete at least two formal assessments per subject during this period of time in the intervention.

After these two months, the data of the student's progress on each assessment will be collected. The data will be interpreted and presented in a bar graph that can show a comparative progression or lack thereof in the two months, for each subject area. There should be a part of the graph that presents student's scores solely from the month where he was provided with one-to-one assistance during formal assessments, and another presenting scores from when the student completed formal assessments independently, for each subject.

Before the data are presented to the student's parents, a survey will be given and data will be collected from public and private schools in the area. The survey will be given to students ranging from second to eighth grade. Students will anonymously answer questions, in a written survey (see intervention materials), about how they feel about and view students with Individualized Education Plans. The survey will be collected. The answers given by the students will be read, recorded, and presented in statistical form. The statistics will show parents percentages of students that look at students with IEP's in a positive way versus a negative way. In the event that the data collected does not have a favorable outcome that shows parents a larger percentage of students that accept children with IEP's, a list of direct quotations from surveys of students who do accept student's with IEP's will be presented to the parents, the students will remain anonymous.

The presumed results of this intervention will serve as a comparative analysis to enable the parents to see that the success rate of their child is greater when he is provided with the services that he is in need of. The survey will then serve as a means to help parents understand

that their child will not be viewed as a socially unacceptable facet of a school community. The data will be presented to the parents during a parent teacher conference. The data on the student's progress during formal assessments will be presented and discussed first. The teacher will present and explain to the parents the bar graph and what each part of the graph means. The parents will be informed of the additional help provided for their child during the part of the intervention where their child was given one-on-one assistance for each assessment taken. The parents will then be informed about when the student took assessments independently. The data will be compared in order to show the parents how the student struggled during the period of time where he was left to work alone, and how the student excelled during the time where he was given assistance.

The teacher will then speak to parents about the many options that are available for their child. They will explain that a general education classroom cannot provide their child with what the student is in great need of. The teacher will speak to the parents about their wants, needs, fears, or feelings on the issue. The teacher will then present parents with the statistics provided by the survey given to different students in the area. The teacher will explain to the parents that this survey was done in order to show parents that a child with special needs is not always an outcast in a school community, that their child is socially accepted by students in both general and special education programs.

The teacher will then present the parents with additional information that they need in order to understand and accept their child's disability and get the services their child needs.

## Assessments

The success of the first part of our intervention was measured based on the student's progress in each subject area when provided with extra help during assessments. The students progress when given additional aid and assistance, allowed the teacher to meet our first objective and goal. It enabled the teacher to show parents the possibilities of success, if their child is provided with additional services. The teacher was able to present an accurate comparison of student success with and without help, which supported the idea that the student needs additional services in order to achieve goals.

The second part of our intervention was more complex. The objective to be met by our survey and meetings with the parents, was meant to approach their denial in a way that helps them understand, cope with, and accept their child's learning disability. The success of this objective was assessed on the parents' reactions to the teacher and what they said in conversation during meetings. It was also assessed based on the parents' actions for future modifications in their child's educational program.

## Materials

- Formal Assessments in Math, ELA, Science, and Social Studies (approximately 4 in each subject area)
- Manipulatives

- Bar Graph
- Student Surveys (please see attached)

## Results

The first results in our intervention were based on the child's performance on formal assessments with and without additional aid. The student's scores for formal assessments that were taken independently were lower than those where he was provided with additional help and assistance. Scores were based on a grading rubric with 100% being the highest and 69% and below being failing. In Math, without any additional help, the child scored a 59% and a 58% on formal assessments. In ELA, where formal assessments tested the students' abilities in phonics as well as comprehension, the student scored a 75% and a 70%. In Science, the student scored a 38% and a 42%. In Social Studies, the student scored a 42% and a 59%. Most of the students' grades for this portion of the intervention were below the failing mark.

In the next portion of our intervention, the student was provided with additional assistance during formal assessments, where his grades were often higher. In Math, the student scored a 72% and a 79%. Although, these grades were not significantly high above failing, they were much higher in comparison to the child's independent scores. In ELA the student scored an 80% and a 75%. In Science, the student scored a 62% and a 60%. And in Social Studies, the student scored a 70% and a 60%.

In addition to these results, we also collected data that was intended to show parents how other students feel about children with an IEP. In our results we found that majority of the students are unaware of what an IEP is. Many responded “No” when they were asked if they could explain what it is, some others referred to it as “receiving extra help.” For students who did understand what it meant or it entailed, they were able to provide results that can show parents that children with IEP’s are not social outcasts in a school community. A vast majority of the students that were surveyed said that they would never bully a student because they had an IEP, nor would they look at them in a different way. Half of the surveyed students knew what a paraprofessional was, some having one of their own, and others having family members or friends that have one. In their responses, students with paraprofessionals expressed how they liked having a paraprofessional because they help them. A student without one responded, “I wish I had a paraprofessional to help me.” The results of this survey varied greatly, therefore it was difficult to categorize and present data to parents in percentages. Direct quotations from the survey were found to be more effective to show them.

The results of our comparative test score analysis, as well as our student survey responses were shared with the students’ parents in a series of private meetings called by the students’ teacher. Due to the information found in research, the teacher was sure to conduct the meetings in ways that would not overwhelm the parents, and were sensitive to what the parents might be thinking or feeling. In the first meeting, the teacher first presented the parents with the comparative analysis of test scores for their child. The difference between the scores raised awareness for the parents. They began to ask questions about possible underlying issues that

could be existing with their child. In conversation, the parents did begin to express their concerns for putting their child in a possible special education setting, socialization being the main concern. At that time, the results of our surveys were presented in order to ease their minds and bring comfort to the thought of this transition. The parents were shown direct quotations from the survey where students said they would never bully a student with an IEP or a paraprofessional, and they would not look at them differently. The quotations brought some comfort to the parents. The teacher then explained the options for the parents and their child. A second meeting was set up for the parents, teacher, and school guidance counselor to discuss further options, and help the parents understand what to expect going forward.

The final result of our intervention has not yet resulted in a placement of the student in a special education program. However, the parents have taken the first step in this direction. The student in our case study has a scheduled evaluation with the Board of Education in order to find a suitable education program for him in the next school year.

## **Discussion**

We assessed the efficacy of our intervention in three overall ways. First, a second grade student was given formal assessments with and without additional assistance (manipulatives, teacher's aide/tutor). The student was able to achieve passing scores on formal assessments when given assistance. Second, we employed a survey where students were randomly chosen to give their feelings about students with IEPs. Most students did not know what an IEP was and those that did, stated that they have not and/or would not bully a child with an IEP. Third,

regular and open parent/teacher communication was used to establish a positive and productive relationship between the school community and the student's parents. The teacher kept the student's parents apprised of all student progress, or lack thereof, on a regular basis.

A formal meeting was called with the teacher and the student's parents. The student's test scores, with and without assistance, were shown to the parents (*see "Table" below*). The parents acknowledged that their child was able to achieve passing grades with additional assistance. We interpreted the parents' acknowledgement as a sign towards acceptance that the child was able to achieve better grades with assistance. At this point, it was more comfortable to speak with the parents concerning the possibility of the child being put in a more suitable academic learning environment. Bryan and Sullivan-Burstein (as cited in Bryan, Burstein & Bryan, 2001) acknowledge that students who were diagnosed with a disability were able to achieve better scores and complete homework more often when they had the help of a peer, parent or teacher. Using their research as a tool, we were able to give the parents concrete examples of their child's potential with assistance.

To address the parents' concerns regarding the stigma attached to students with disabilities, the survey results were shown to the parents. According to Case (2000), many parents' reactions to a disability diagnosis is based on what they have been exposed to. When negative reactions to a disability diagnosis are all they know, they tend to deny or reject the diagnosis. It was important for us to dispel the stigma attached to children with learning disabilities in order to help the parents' move through the adjustment stages presented by Ziolko (1991). While the survey was flawed (*see the "Limitations" section below*), it did serve to help

the parents understand that in today's classrooms most children are not aware of which students have an IEP, including those who have an IEP.

Regular and open communication with the parents was the most successful tool used in the intervention. While the parents did not take advantage of numerous opportunities to observe the student in the classroom, which was encouraged by the teacher and suggested by Staples and Diliberto (2010), they did attend regular one-on-one meetings with the teacher. As the parent/teacher relationship progressed through regular meetings, the parents became more comfortable speaking with the teacher concerning the needs of the student. They confided their fears, such as bullying which took place in a previous school. The parents also acknowledged that they believe their child may have a disability. As of today, the child has an appointment to be re-evaluated by a school assessment team to see what services may be helpful to the child reaching his full potential. Through open, regular and realistic communication with the parents, we were able to observe the parents going through the stages of adjustment to their child's disability, as suggested in Ziolko (1991). At the start of this intervention, the parents were in denial of their child's disability. They were making excuses, such as allergies, for the child's behavior but eventually moved to expressing their fears. We believe that the parents are currently entering the adjustment phase of acceptance. However, as suggested by Watson (2008), without a definite diagnosis, the parents will not be able to fully accept the disability because they will still be lacking knowledge about their child.

We believe that our intervention was successful, though we are skeptical of the parents' motivation. As mentioned above, the parents have scheduled a re-evaluation of their child.

While this is a positive step toward getting the child the services he needs, the parents' motivation may not be for the benefit of the child. Though the parents have acknowledged that "there may be something wrong" with their child, we have reason to believe that the re-evaluation taking place is, in-part, to placate school administrators. Through conversation, as well as past behavior, such as removing the child from another school, we have reason to believe that the parents may also be seeking "a second opinion". While we give the parents the benefit of the doubt, only time will tell if our intervention was successful. There is a very real possibility that the parents will not like what they hear after the child's re-evaluation, and again move the child to another school. This behavior supports Ziolko's (1991) assertion that when parents are faced with a disability diagnosis, they may "shop around" for a diagnosis or professional that coincides with their beliefs.

When dealing with parents who are in denial of their child's disability, we found it helpful to know the stages of adjustment presented by Ziolko (1991). This knowledge helped us understand what to expect from the parents and anticipate ways to help them through the process of adjustment. In the future, professionals who attempt this intervention and/or are faced with parents in denial would be well served to familiarize themselves with these stages. Since the parent/teacher relationship was instrumental in our intervention, we recommend that future applications of this intervention begin with an informal meeting between parent/teacher that is based on positive aspects of the child. While you don't want to paint a false picture of the child's academic achievements, building the parent/teacher relationship on a positive note may help to bring the parents' guard down sooner, rather than later. While we were able to

effectively communicate with the parents concerning their child's disability, it will be important for future teachers/professionals to know what experience and knowledge the child's parents have had with a disability diagnosis. We were faced with overcoming past negative experiences the parents had with other professionals and perceived stigmas attached to their child.

Suggestions by Harnett and Tierney (2009) for overcoming negative experiences proved to be effective in their study. Simply referring to the child by his/her first name and showing positive examples of students with the same disability who are receiving help can go a long way to motivate parents to seek a diagnosis (Harnett and Tierney, 2009). Professionals should relay a wide range of possibilities for the child. The message should be hopeful and positive, but most importantly realistic. Finally, we recommend that professionals and parents keep in mind that the child is still an individual who has rights. Opinions of who the child is as an individual should not change based on a disability diagnosis. The diagnosis should only enhance the child's ability to reach his/her full potential.

### **Limitations**

Through the process of carrying out our intervention, we found several limitations that influenced our results, or could influence the results of any future case studies using this intervention.

The first limitation in our intervention was the fact that the persons providing additional aid to the student in our case study were not paraprofessionals, nor were they trained in special education. Although each person providing assistance to the child was given guidance and

direction from the classroom teacher, none had received the proper training from a special education program or facility. The student was also not receiving additional assistance from a consistent being. They received help from teacher's aides, their tutor, or the classroom teacher, depending on who was available at the time designated for testing. Therefore the student had to adjust to many different styles of teaching, as well as many different schedules. For a student with special needs, consistency and routine are very important. In future interventions, this particular limitation can cause inconsistency in a child's progress or testing abilities, and therefore an inconsistency in results.

Another limitation in our intervention was that many of the students that were surveyed about how they view students with IEP's, were from a private school. In a private school, special education programs are not a regular facet in the school system. In order to get the most accurate results from the survey, it would be better to have students who are more aware of special education programs answer the questions. Although many of the students stated that they would never bully a student who was different from them, it would be better to get more results from students in a public school where special education programs are a regular condition in the school. Their answers to the questions would be more accurate because it is something they encounter in their school on a daily basis, and have already formed opinions on based on personal experiences.

The final limitation in our study was the main focus question of our survey. In our survey, we focused most of our questions on a student with an IEP, and how they are viewed in

the classroom. However, not many students that were surveyed were able to define or identify what an IEP is. In order to accurately answer these questions, and get the most desirable results, students must have a thorough understanding of what an IEP is and what it entails. In order to improve the survey, any future interventions should focus questions on the paraprofessional. An IEP is not a physical being in the classroom, and is often not apparent, and never discussed with other students. A paraprofessional is a physical being that is an obvious difference in the room. A survey that allows students to express how they feel about students who have a paraprofessional and receive additional help throughout the school day, would provide more accurate results.

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## APPENDIX

## Student Survey

Age: \_\_\_\_\_

**Gender:** M F

Please answer the following questions honestly. Your answers will be used in a survey being conducted about students with Individualized Education Plans. All students being surveyed will remain anonymous.

1. Do you know what an IEP is? If so, can you explain it?

2. Do you have an IEP? If so, how does it make you feel?

3. If you have an IEP, have you ever been bullied or teased because of it?

If you do not have an IEP, have you ever bullied or teased someone that did?

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4. Do you know anyone with an IEP? If so, does it change your opinion of them?

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5. Do you know anyone with a paraprofessional? If so, does is change your opinion of them?

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**Figure**

Student's Academic Test Scores With and Without Additional Aid

