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Parents of Black Children and Their Perspectives on School Psychology and Mental Health Services in Schools

Brandon E. Gamble

Abstract

Black youth are overrepresented in special education and school psychologists are the personnel who evaluate if students are eligible for services. Although the involvement of parents of Black youth has been considered important to school success, parents voices and views have had limited treatment in empirical literature related school psychology and/or mental health services for youth. The current study shares parents' self-reported experiences and views of school psychologists as well as professionals who respond to mental health challenges in schools. The method for the study was in-person interviews with parents (N = 36), the majority of which are from California (N = 33). Most interactions with school based mental health providers were negative, while the few interactions parents had with school psychologists were positive. Parents of Black youth do not readily trust school psychologists or other mental health providers, yet the study demonstrated that parents are open to deeper understandings and collaborations. Parents suggested workshop topics they would like to see provided by school psychologists and/or other school-based mental health providers. This study has implications for educators, school psychologists, and other mental health providers to envision genuine partnerships with parents and cultivate success, achievement, and liberation with Black youth.

Keywords: African American, Black Families, Parents, Mental-Health, School Psychology

Introduction

For scholars of Black American life, W.E.B. Dubois' (1903) book, *The Souls of Black Folk*, is a seminal work that still has resonance today. He begins the

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chapter with questions that challenge researchers to view life from the lens of the Black American.

Between me and the other world there is ever an unasked question: unasked by some through feelings of delicacy; by others through the difficulty of rightly framing it. All, nevertheless, flutter round it. They approach me in a half-hesitant sort of way, eye me curiously or compassionately, and then, instead of saying directly, How does it feel to be a problem? they say, I know an excellent colored man in my town; or, I fought at Mechanicsville; or, Do not these Southern outrages make your blood boil? At these I smile, or am interested, or reduce the boiling to a simmer, as the occasion may require. To the real question, How does it feel to be a problem? I answer seldom a word. (p. 1)

California legal precedent and state mandates have created an interesting circumstance that implicitly ask Black students and their parents, “How does it feel to be a problem?” California’s school psychologists are not allowed to give Black students cognitive or intellectual ability tests because Black American students were found by the court to be discriminated against with the use and interpretation of the tests over 40 years ago (*Larry P. v. Riles*, 1979). The mandates to ban over 28 cognition and ability tests by the state have not changed for over 21 years (Sandoval, 1997). Despite these efforts, Black students remain overrepresented in special education (Frisby & Henry, 2016; Gamble, 2013a/2013b; Powers, Hagens, & Restori, 2004). Consequently, many educators wonder if all these efforts to address test bias and overrepresentation were worth it while they endure ever-stringent state mandates?

For many parents, school counselors and school psychologists are the initial and primary mental health service providers (Zambrano, Castro-Villarreal, & Sullivan, 2012). This can be especially true for Black parents. Due to overrepresentation of Black students in special education, school psychologists are often the first or most consistent School Based Mental Health Provider (SBMHP) Black parents interact with, especially if insurance or other issues limit access (Gamble, 2013a/2013b; Gamble & Lambros, 2018). If we look at the numbers of Black school psychologists and other mental health providers, in many areas in the country less than three percent are Black (Graves & Wright, 2009). Couple this with the shortage of Black teachers in the United States, especially Black male teachers (Lynn, 2006; Rezai-Rasthi & Martino, 2010), the level of access to people with the potential of culturally specific knowledge and investment in the betterment of Black students is limited at best and at worst non-existent.

That said, the California Association of School Psychologists (CASP) and the Association of Black Psychologists (ABPsi) towards the end of the 1960s and early 1970s were largely on opposite sides of the court cases involving the issues surrounding the testing of Black American youth. The ABPsi was supportive of the parents who originally brought about the court case. Recently the ABPsi, the CASP, and the National Association of School Psychologists (NASP) have begun

to work together to address challenges Black American youth face in schools and in the community (Cordington & Fairchild, 2012; Gamble, 2013c). Moreover, Hiramoto and Gamble (2018) encourage the state to revisit the test ban, but more specifically to this topic of the current study, they recommend that school psychologists and other educators:

Connect and collaborate with African American community-based agencies and parent organizations that seek to support positive outcomes of academic progress and excellence in achievement for African American youth. (p. 6)

Black student enrollment has dropped significantly in California over the last decade (CA Department of Education, 2016). From 1995 until 2001, Black student enrollment in public schools was just shy of nine percent of the total population. However, in 2005 a steady decline in population of Black students began, and Black student enrollment as of the 2017-2018 school year is at just over five percent. This creates a challenge for Black student achievement if students are concentrated in schools, segregated by poverty, and have limited access to social supports (Rothstein, 2014). The challenges in California are instructive for those in other parts of the country, which adds more reason for school psychologists and other SBMHPs to connect with Black families.

Although the efforts of psychological organizations to collaborate are a move forward in the overall professional development of school psychologists and SBMHPs, there has been little to no efforts via empirical study to ask Black parents what their perspectives were on the services provided by schools, specifically mental health services that are often delivered by school psychologists.

Purpose

The purpose of this study is to learn more about parents' self-reported views of school psychologists as well as experiences in schools with educators and/or mental health providers in schools. Stevenson's (2003) commentary regarding Black American parents suggests that researchers of mental health services in the Black American community learn from the experiences of Black parents. There are few studies of this kind and none ask Black parents about their views of school psychologists. This is important because Black youth are overrepresented in special education classes (California Department of Education, 2018) in the most subjective categories where school psychologists are the ones who find the students eligible (Cook-Morales, 1992; Frisby & Henry, 2016; Powers, Hagan, Restori, 2004). As Sullivan (2010) has also indicated in addressing national challenges of disproportionality, there has been much concern regarding the influence of cultural dissonance in referral and assessments practices on disparities in special education placements. Empirically-based practices of school psychologists and other mental health professionals should help to alleviate these challenges. However, in California and states across the nation, educators and mental health

professionals have wrestled with issues of disproportional placements of Black students in special education (Artiles, 2015; Tefera & Vougarides, 2016).

School psychology organizations in California have advocated for greater outreach and awareness of mental health issues (Beam, Brady, & Sopp, 2011). National estimates indicate that nearly 70% of youth are not receiving the mental health services they should receive (CDC, 2012). A polemic around the way disproportionality is measured was raised by policy specialists Morgan and Farkas, et al. (2015) who asked if minority children, Black children included, were underrepresented in special education classes? They were met with direct challenges to their claims by school psychologists (Cohen, Burns, Rile-Tillman, & Hosp, 2015) and Black American education scholars (Ford & Toldson, 2015). Both of the responses pointed out limitations with Morgan and Farkas' study. The school psychologists pointed back to the present challenges related to poor educational outcomes for youth, which must be addressed. The Black American education scholars spoke directly to the complexity of issues not fully addressed in the study by Morgan and Farkas, "including implicit and explicit racial and gender bias, false positive and false negative labels, diagnostic bias, and mental and physical health stigma" (Ford & Toldson, 2015). A look at these issues, still points readers to an important fact, that whether there is an under-representation or overrepresentation of Black students in special education courses, parents and school psychologists will need to interact to ensure authentic and accurate assessment and placements for Black children.

Literature Review

I examine previous research with parents of Black youth to provide a foundation for my study. I organize the areas of scholarship into the following four sections: (1) Social capital and parent empowerment, (2) Perceptions of schooling, protective carework, and experience with mental health, (3) Parental racial socialization and involvement, and (4) Parent voice and suspending damage.

Social Capital and Parent Empowerment

For Stanton-Salazar (2001), "Social capital is a set of properties existing within socially patterned associations that, when activated, enable them to accomplish their goals or to empower themselves in some meaningful way. Such associations occur between individuals..., between individuals in a group..., and between groups within a community" (p. 265). Lareau and Hovart (1999) and Orr (1999) endeavored to capture parents' efforts at the school and district level respectively. Although these two studies were conducted in different parts of the country, they both looked at the phenomena of parents utilizing their social capital to challenge seemingly authoritarian decisions made at the school and district level. Yet, they did so by connecting their social networks and mobilizing those networks in ways that the school personnel had not been able to do in order to

demand larger reforms of their school systems. What they found is that educators had often framed their interactions with parents as a problem rather than as an opportunity. Additionally, when parents framed their situation as an opportunity, such as greater access to quality instruction and service, the emphasis was not placed on the deficit of the child and families, but on the need for systemic and data-based changes. This led to the parents in their studies being empowered. Sadan (2005) defines empowerment as a process by which people struggle for control of their lives and their environments. Some programs empower and some people are empowered themselves and these are two separate processes. In the schools and districts where Lareau and Hovart (1999) and Orr (1999) were observing, the district or school wide educational reforms did not work but the people did work towards their own empowerment rather than waiting for school officials to change things. The parents in the *Larry P v. Riles* court case demonstrated this type of empowerment and their efforts have held sway over the practice of school psychology in California and America for over 40 years (Frisby & Henry, 2016; Romney, 2019). This remains a strong and lasting demonstration of power by a small group of parents of that has impacted large numbers of Black children.

Perceptions of Schooling, Protective Carework, and Experience with Mental Health

Reynolds (2010) indicated that when discussing parental involvement, there is often a focus on deficits in parenting as well as school personnel's perceptions of Black students' motivation for academic success. Reynolds wanted to look at the impact on parent involvement for the educational outcomes of Black American males. She surveyed a sample of nine parents of children in elementary and middle school who cited diverse types of discrimination, but racism was at the root causes of unpleasant experiences they had within schools. Most damaging were the implied negative messages Black parents received from their sons as they explained their life at school. A limitation of this study was that it was restricted to a small location, which limited diversity. Nonetheless, struggles with identity and stressors due to micro-aggressions were two main themes of the parents' responses. Reynolds also found that *parent role construction* and school invitations have a positive and significant relationship among Black American parents for increased involvement.

Elliott and Aseltine (2013) drew from Black feminism and critical race theory to demonstrate how the intersections of race, class, and gender shape mother's perceptions of dangers their children face in "hostile environments." As it is that challenges remain for Black youth and adults to being perceived as a problem as well as being imagined as a surplus risk, in environments where dangers and threats—real and perceived make "protective carework" all the more challenging. Building upon on other authors (Best, 2006; Kurz, 2020, Nelson, 2010) Elliott

and Aseltine say, “Protective carework includes gauging potential threats to children’s well-being, determining how much autonomy to allow them, and employing strategies to monitor children’s activities peers, and surroundings” (p. 720). Forty Latina, White, and Black mothers of teenagers were interviewed. The findings revealed that regarding their sons, mothers were concerned with criminality and for their daughters’ sexuality vulnerability. Proximity to and the degree to which images were within the environment or neighborhood contexts. In affluent neighborhoods mothers saw threats as less proximate than those in less affluent communities, except Black and Latina mothers of sons. Middle-class Black and Latina mothers worried more about their sons being misidentified as criminals. Family discussions about worries and fears could be a way to challenge and resist inequality or reproduce them. These mother’s in less affluent areas worry about whether they could shield their children from negative influences and bad choices. Organizing child-rearing and protective carework activities around access to resources and information for their children was a preoccupation for more affluent parents about their children via monitoring devices (e.g., smartphones, cars with tracking devices, and money via electronic transactions). In contrast, working class mothers, unpartnered tended to be more restrictive in their parenting due to limited means of monitoring while away for their child. Trust is hard to come by and worry is in abundant supply in this situation for working class mothers.

Richardson (2001) conducted a study with a structured interview of over 235 parents and 57% of the parents were African American and near 40% identified as White. This study allowed for some comparisons regarding perceptions and experiences of parents via racial identification. Both groups indicated doubts about the trustworthiness of mental health professionals. Black parents indicated significantly more negative experiences with mental health providers than White parents. Also, Black parents were slightly more likely than White parents to have been told about the possibility of a mental health problem within their child, yet Black parents were less concerned about the problem than White parents. Stigma, culturally competent service provision, and parents’ limited knowledge about what it is mental health providers do, were important results in the study. Richardson (2001) recommended further study regarding attitudes towards mental health professionals to explore cultural beliefs on the use of mental health services.

Parental Racial Socialization and Involvement

Thomas, Blackmon, Speight, Hewitt, Witherspoon, and Selders (2014) examined the psychometric properties of the *Parent Experience of Racial Socialization Scale* (PERS), a 40-item scale that assesses racial socialization messages given by parents. There were 474 participants, 316 women and 152 men and the age ranged between 18 to 74 years from parents, grandparents, and legal guardians. Most had middle class incomes but there was at least 31% who reported incomes be-

low the median range. Over 75% had attended college or earned college degrees. The study yielded four main factors; (1) religion and spirituality, (2) alertness to discrimination, (3) mainstream ideas on the benefits or cultural endorsement of the mainstream culture, and (4) cultural pride and coping regarding positive affirmations of African Americans. Thomas et al. (2014) indicated that their findings, “Suggest there is more work to be done with racial socialization about measures among African American parents...thus, the measurement of racial socialization messages sent by parents must be nuanced” (pg. 272).

Trotman (2014) speaks to some of the challenges educators and other service providers have involving the Black American parent as a tactic to improve the school performance of Black American children. According to Trotman, a parent’s involvement may mean specific duties such as volunteering as a teacher’s aide, fundraising, or as a chaperone on a field trip, while other parents may see provisions and help with supplies, homework, and setting discipline routines as the extent of the involvement. Trotman provides varied definitions of parental involvement and encourages the reader to consider that, “The child benefits by having both the school and home place and emphasis on education while the school benefits from a partnership with parents who are supportive of their educational program” (p. 274). Barriers to family involvement have been indicated as a change in the perception of a family at the latter half of the 20th century. A belief by educators that Black families do not value education, even though studies have shown that not to be true, is an observable phenomenon to researchers and likely to parents. As such, parents are often alienated from schools by these attitudes from educators. Other factors such as parents’ work schedules, educational attainment and overall educators’ expectations towards Black parents are issues that should be considered when addressing parent and school interactions.

Crozier (2001) argues that parent involvement policies are flawed because they too often fail to recognize ethnic diversity among parents, nor do they acknowledge institutional racism. For Crozier, this type of deracialized parent involvement may contribute to short and long-term challenges for youth by widening the gap between the “involved and the uninvolved” as well as the widening achievements gaps as indicated via ethnicity, socio-economic stats, etc.

Parent Voice and Suspending Damage

For Stevenson (2003), highlighting the voice of the people is a way to support them working for their own betterment. It is also important in his critique of school based mental health services and schools in general. Too often parents are taken for granted by researchers and seen as those to learn about, but not to learn with or from. He suggests that readers and researchers rethink the ways in which they engage parents as partners in evaluation of programs that serve their children. He also admonishes authors to be ready for change when the voices of

parents inform our work because our prior notions about what or how they think will impact our understanding and hopefully change us for the better as professionals who serve them and their children.

DuBois (1903) at the beginning of the 1900s shared that most well-intentioned Americans would ask him about his status as both “Negro and American... How does it feel to be a problem”? Tuck (2009), beginning where DuBois left off, attempts to suspend the discussion about being a problem or being damaged and invite readers to consider life beyond “damage-centered research.” Tuck says,

I invite you to join me in re-visioning research in our communities not only to recognize the need to document the effects of oppression on our communities but also to consider the long-term repercussions of thinking of ourselves as broken... (p. 409)

She continues,

The danger in damage-centered research is that it is a pathologizing approach in which the oppression singularly defines a community. (p. 413)

This begs the question, so if there are challenges with a community, then are there other ways for researchers to see a community or a people? Tuck suggests that, “One alternative to damage-centered research is to craft our research to capture desire instead of damage... a desire-based framework is an antidote to damage-centered research” (p. 416). Other research examples are Hilliard’s (2003) and Ladson-Billings’ (1994) review of outstanding Black educators, Harper’s study of college educated Black men (2010), and Ta-Nehisi Coates (2015) discussion of his homecoming at Howard University, a Historically Black College or University (HBCU). All provide examples of overcoming, joy, and the academic brilliance of Black people.

Stevenson (2003), in a commentary directed at school psychologists, admonished readers to consider the following when conducting research with Black communities:

When we know more about the technology of the scientific collaboration and ‘partnership’ and less about the humanity of the people who make up these ‘partnerships’... we are contributing to a technology of missing data creation. (p. 523)

The Current Study

Following Stevenson’s admonition, this study is interested in parents’ perceptions of access to school services, especially those provided by school psychologists and/or other school-based mental health providers (SBMHP). We sought to learn from parents’ perspectives and self-reports about their lived experiences with school psychologists and/or SBMHPs. Our questions seek answers that will better inform, and direct SBMHPs in their efforts to provide high quality and response services to parents of Black students in America. These answers are based on desire framed responses by parents of Black children (Tuck, 2009).

Methods

Research Questions

1. What do Black parents think of as help for their child via social/emotional, or family supports?
2. How do Black parents perceive the role of the school psychologists and/or other SBMHPs? If they do have experience with a school psychologist or other SBMHPs, what was the quality of that experience
3. What do Black parents expect of school psychologists and SBMHPs in individual conferences or group workshops?

This study employed a qualitative survey and in-person interviews to examine parent perceptions and experiences with school psychologists and SBMHP (School Based Mental Health Providers). I used Tuck (2009) and Stevensons (2003) calls for more just research approaches with Communities of Color as a philosophical and methodological guide in data collection. I collected demographic and social data related to parent ethnicity, marital status, type of schooling for their child(ren), parents' career field for 36 parent participants, and explored their experiences with SBMHP in depth.

Interviews

A structured qualitative questionnaire with nine open ended questions was developed by members of the CASP Culturally Linguistic Diversity Committee, Cal State University faculty at three different campuses, and ABPsi members residing in California. Each interview began with a sample section to discuss ethnicity of the parents, although it was assumed that the parent identified their child as "Black or African American" or from the African Diaspora. This was followed by more demographics related to age, gender, the amount of children in the home, marital status, time in career, general occupational information, and civic engagement. This information allowed for comparisons with prior studies (Center for Disease Control, 2012; Lareau & Hovart, 1999; Richardson, 2001). A total of 36 respondents were surveyed, which included one couple who consented to face-to-face or phone interviews. Interviews were conducted after contacting a convenience sample drawn from traditionally Black churches, Historically Black Colleges and Universities, social networks in K-12 and higher education, historically Black fraternity members, social media, blogs, and word of mouth (i.e., snowball). The interviews were conducted in person or over the phone and recorded digitally. The recordings were transcribed by the author and two Institutional Review Board approved undergraduate student research assistants per the University Research Opportunity Program. This snowball method led to a higher than expected response rate of nearly 80% compared to a Nation Survey

of Children's Health (CDC, 2012). Like the CDC study, phone calls or in-person interviews were near or just over 30 minutes with each parent.

Attention to the flow of the survey was undergirded by the process of motivational interviewing (Miller & Rollnick, 2013) to optimize rapport and to elicit thinking that would help the respondents provide potential solutions or recommendations based on their perceptions and experiences with mental health and schools. For Miller and Rollnick (2013), motivational interviewing, "Involves attention to natural language about change, with implications for how to have more effective conversations about it, particularly where one person is acting as a helping professional for another" (p. 4). Although, the effort is to conduct objective empirical research, I (the author) saw parents as agents of their own empowerment to voice their concerns and speak of a reality where SBMHPs listened and responded to the expressed needs of parents. Thus, the final questions were about a path forward after priming key ideas about perceptions and experiences with the prior or current situations. I also sought to expand methodological survey boundaries by viewing parents as empowered experts in telling their own story and providing their own recommendations in light of that story (Tuck, 2009; Stevenson 2003).

Survey Protocols and Data Analysis

According to Jansen (2010), a qualitative survey has been defined as an application of grounded theory with theoretical sampling and constant comparisons, involving all studies of diversity in a population, without restrictions as to the number of empirical cycles or the way of generating codes. These codes can be data-driven, prior-research-driven, or theory driven. For Jansen, "A qualitative survey is a simple research design that has often been reported under the labels of grounded theory or unspecified qualitative research" (p. 13).

As a result of this qualitative survey, each answer the respondents provided were grouped together in one document then reviewed for similar themes and coded according to procedures associated with content analysis (Hsieh & Shannon, 2005). As part of the coding process, similarly coded sections were referenced in a master listing, and the analysis organized based on the consistency of the themes related to the current literature. Members of our research team (e.g. members of CASP, ABPsi, and CSU students and faculty) compared answers per respondent and per item, in order to evaluate the consistency of responses across the data sources. This was done via Patton's (2002) example of a utilization-focused evaluation also to find convergence via recurring regularities in the data such as internal homogeneity and external homogeneity. Divergence was considered as well to ensure first that respondents provided consistent answers but also that our codes were consistently applied across the various answers to each of the questions.

Participants

Participant ages ranged from 26 to 60 years old. Most of the respondents were between 38 to 48 years old. They reported their gender as either men (N=16) or women (N=20). Half of the respondents had two children—one boy and one girl. Eight parents had two boys. Four families had more than three girls. The ethnicity of the responders is reported in Table 1:

Most of the respondents reported they were African American, followed by Caribbean, and Black, and fewer still as First or Second-Generation immigrants from African-origin countries, all of whom wrote in their ethnicity. Some respondents reported more than one ethnicity for themselves and one couple of mixed ancestry chose to be interviewed together. In all, a diverse mix of ethnicities, reflecting the diversity within the Black American community.

Regarding marital status, just over half of the respondents were married or re-married (see Table 2). Just over two thirds of the children represented in the study attend public school, while the rest attended private school, with one family who had a child in private school and another was home schooled (see Table 3). At 97% college-educated, this is a highly educated sample compared to the national average. According to the U.S. Census (2017), one third of the adult population has a college degree, and 17% of African Americans have a college degree (see Table 4). According to U.S. Census (2017) data for African Americans, our

Table 1
Parent Respondents' Ethnicity

<i>Response Code</i>	<i>Number of Responses per Code</i>
African American	(N = 14)
Caribbean	(N = 8.5)
Black	(N = 7)
First or second-generation African immigrants (e.g., Ethiopian, Ghanaian, Nigerian)	(N = 3)
White	(N = 2)
Filipino	(N = 1)
Latino	(N = .5)

Table 2
Parent Respondents' Marital Status

<i>Response Code</i>	<i>Number of Responses per Code</i>
Married	(N = 18)
Divorced/Separated	(N = 6)
Single	(N = 5)
Remarried	(N = 4)
Other	(N = 2)

sample was reflective of the industries in which Black Americans typically work (see Table 5). This sample represented a stable work force with over 91% of the respondents working more than 15 years (see Table 6).

Results

Parent's perceptions of School Psychology in general or interactions with school psychologists were specifically emphasized in the questions, yet parents

Table 3
Schooling of Children

<i>Response Code</i>	<i>Number of Responses per Code</i>
Public	(N = 24)
Private	(N = 11.5)
Home Schooled	(N = .5)

Table 4
Education of Respondents

<i>Response Code</i>	<i>Number of Responses per Code</i>
Masters	(N = 17)
Bachelors	(N = 10)
Some College	(N = 5)
Doctorate	(N = 4)
High School	(N = 1)

Table 5
Respondent's Career Fields

<i>Response Code</i>	<i>Number of Responses per Code</i>
Education	(N = 10.5)
Business	(N = 9.5)
Medical &/or Mental Health	(N = 7)
Government/Military	(N = 3)
Other	(N = 1)

Table 6
Respondent's Estimated Years Worked in Their Industries

<i>Response Code</i>	<i>Number of Responses per Code</i>
20 or more years	(N = 15)
10 to 15 years	(N = 12)
15-19 years	(N = 5)
Less than 10	(N = 3)

talked about a range of School Based Mental Health Providers (SBMHP) such as school counselors, therapists who work at school sites or who are referred to families by school professionals. For some respondents, they did not distinguish between a school psychologist or a school counselor. However, for our results, we accepted all answers regarding general SBMHPs, unless specifically indicated by the respondent. As indicated toward the beginning of this manuscript, for many parents, especially Black parents due to over-representation of Black students in special education a school psychologist is the most consistent SBMHP Black parents know (Gamble, 2013a/2013b; Zambrano et al., 2012). As mentioned in the methods, the author worked with other professionals and researchers to develop the survey, most of whom are school psychologists. All are aware that SBMHP is a broad term and even when asked specifically about school psychology, respondents may not see a solid professional distinction between school psychology vs. school counseling, for example. Even some providers do not make a strong distinction when the emphasis is on access to high quality mental health services (Gamble & Lambros, 2014).

That said, research questions addressed four general themes: (1) Types of Support or help, (2) Perception of and/or experiences with school psychologists, and (3) Expectations of school psychologists as well as SBMHP 4) Workshops topics parents would like to see offered by school psychologists. Each of the themes were addressed by responses to the survey questions. The results are broken down by these themes along with tables to outline examples of responses related to these themes. The top four to five answers that were reported by parents at least five times are listed by number from greatest to least. If they were mentioned less than five times, they are given mention but not included in the overall theme as numbers reported or as a part of the general theme. There is an appendix that provides examples of qualitative answers from the transcripts. Appendix I offers examples of bad interactions that parents had with mental health professionals. Appendix II offers examples of good interactions that parents had with mental health professionals. Finally, Appendix III gives examples of the types of topics respondents would like to see addressed if given an opportunity for interaction with school psychologists and/or other parents of Black children.

Types of Support or Help

Academic or general trouble were the top two reasons parents might contact a school psychologist, however, parents in this survey are aware of a range of psycho-social issues that may prompt a referral to a school psychologist or similar professional (see Table 7).

The top answers are as follows: Academics, GATE, S/L (13), General struggle or trouble in school (10), Social Issues (5) and IEP, testing, or a handicapping condition (e.g., Autism, Learning Disabilities, Emotional Disturbance, Attention

Deficit Disorder). Other challenges listed were Mental Health, Bullying, Life Transition of parents (e.g. divorce, death, loss of job), and Declined to state or did not know.

Twenty six out of the 36 of the parents surveyed had experiences with mental health providers and most of the parents had bad or mixed experiences with the mental health providers. When parents did have good interactions, school psychologists and psychologists had the most mentions with parents of Black children at eight out of 26 (see Table 8).

Tallies included 26 parents who had experiences with a school psychologist or some mental health provider and 10 parents who had no experience with a school psychologist or mental health issues with their child. The types of mental health providers were listed as school psychologist (8), school staff that were not exactly specified but who addressed a child’s mental health issue (8), school counselor (5), psychologist or therapist (3), psychiatrist (2), and hospital or physician (2). Professionals such as psychiatrists or physicians were not asked for nor prompted by the interviewer, yet parents still spoke of their interactions with these professionals when asked about their experiences with mental health and their children.

Regarding parents’ rating of their experiences with mental health issues, those who had bad experiences were 10. Parents who had good experiences were 10. Parents with mixed experiences were six. The three interactions with a hospital or psychiatrist were all indicated as bad. All three interactions with school

Table 7
Reasons for Seeking the Help of a School Psychologist or SBMHP

<i>Response Code</i>	<i>Number of Responses per Code</i>
Academics, Gifted, Speech/Language	13
General trouble or struggle in school	10
Social Issues	5
Other issues (e.g., Special Ed Eligibility)	Listed one time

Table 8
Experiences with School Psychologists and/or other SBMHPs

<i>Response Code</i>	<i>Number of Responses per Code</i>
Experience with School Psychologists or other SBMHP	(N = 26)
School psychologists	8
School Staff in general	8
School Counselor	5
Psychologist or Therapist	3
Psychiatrist	2
Hospital or Physician	2

counselors were bad or mixed. Five of the seven interactions with school staff in general were listed as bad. Six of the nine interactions with school psychologists were good while two are bad and two were mixed. Three of four interactions with psychologists or therapists were good and one was bad.

The teacher is most frequently the first contact for most of the parents followed by the principal. School counselors or school psychologists are of lesser consideration when a child is in trouble (see Table 9).

The most frequently occurring answers were the teacher (20), principal or vice principal (15), school counselor (9), or school psychologist (8). Other mental health providers, other parents, office staff or custodial staff, ASB sponsor, coach, district, lawyer, student leader, and state representative were all mentioned as well. In follow-up questions with the respondents, some of these answers depended on the day or the severity of the issue with their child.

When it comes to being overwhelmed by a family issue at home parents will likely contact the teacher even before the school psychologist or school counselor. At times, parents even prefer contacting no one rather than the school (see Table 10). The most frequently occurring answers were the teacher (17), school psychologist (13), school counselor (12), principal or assistant principal (7), and (6) no one. Other people considered were "Black staff members," family staff members, teacher's aide, superintendent, and outside therapist. Trust and confidentiality were also important issues stated by parents.

Parents see other educators or themselves as a greater advocate for their child than a school psychologist (see Table 11).

Table 9
Respondents' First Contact if Their Child Is in Trouble

<i>Response Code</i>	<i>Number of Responses per Code</i>
Teacher	20
Principal of Vice Principal	15
School Counselor	9
School Psychologist	8

Table 10
Respondents' First Contact Regarding a Family Issue That Impacted Schooling

<i>Response Code</i>	<i>Number of Responses per Code</i>
Teacher	17
School Psychologist	13
School Counselor	12
Principal of Vice Principal	7
No one	6

The most frequently occurring answers were the teacher (15), principal (6), school counselor (6), and parent/nobody (5). Other people considered as advocates but with few mentions include: teacher’s aide, Black staff, coach, other parents, office staff, school psychologist, and a student by himself. Of note, parents had hardly any mentions of school psychologists as an advocate and some parents demonstrated little or no trust in school staff or anyone else to advocate for their child.

Indicative of the most frequent answers, one parent suggested that the school psychologist should “Help with group dynamics. Build me up without tearing me down.” Parents wanted school psychologists to encourage students and teachers as well as connect with Black people cross-culturally so they can be a voice for Black children.

Parents suggested that school psychologists could advocate for their child in the following ways (and frequencies):

- (12) Encourage children to love school (e.g., high expectations, explain a unique affect, learning style, or ability etc.).
- (8) Help Teacher attitudes towards children (i.e., regarding expectations, homework, Emotional Quotient (EQ) or emotional intelligence, and interactions).
- (6) Ensure Black voices as well as unique cultural voices of all students are heard (e.g., curriculum, mental health indicators, etc.).
- (6) Get to know my child before you make judgements and help teachers understand.

Summary Regarding “Types of Support or Help”

Academic or general trouble are the top two reasons parents might contact a school psychologist. However, parents in this survey are aware of a range of psycho-social issues that may prompt a referral to a school psychologist or similar professional. Seventy two percent of the parents surveyed had experiences with SBMHPs and most of the parents had bad or mixed experiences with the mental health providers. When parents did have these good interactions among SBMHPs, school psychologists and psychologists had the most mentions with parents of Black children. The teacher is most frequently the first contact for many of the

Table 11
Respondents’ Advocates

<i>Response Code</i>	<i>Responses per Code</i>
Teacher	N = 15
Principal	N = 6
School Counselor	N = 6
Parent or No-one but self	N = 5
Others (e.g., Staff)	Listed one time

parents followed by the principal. School counselors or school psychologists are lesser consideration when their child is in trouble. When it comes to being overwhelmed by a family issue at home parents will likely contact the teacher even before the school psychologist or school counselor. Parents see other educators or themselves as a greater advocate for their child than a school psychologist. If school psychologists were to be advocates, from the parent perspective, parents offered one more suggestion. Indicative of the most frequent answers, one parent stated that the school psychologist should “Help with group dynamics... Build me up without tearing me down.” Parents wanted school psychologists to encourage students and teachers as well as connect with Black people cross-culturally so they can be a voice for Black children.

Expectations of School Psychologists and Workshop Ideas

Parents wanted to discuss broad cultural issues that impacted their children as well as general psychological awareness when raising a child.

The most frequently occurring answers were to discuss:

(20) social and cultural development at school and with parents (e.g., leadership, self-esteem, peer pressure, social stress).

(10) teen culture with parents and teachers (e.g., bullying, media, social media sexuality, profanity and/or slang).

(8) general psychological awareness with teachers and parents (e.g., stigma of mental health, role of school psychologists, theories of learning etc.).

(8) Career and college readiness (i.e., academics to prepare for life after school).

Parents would want to discuss things with other parents that are not as personal but that are informative and that they have in common: problem solving, administrative information, academics and study habits, and opportunities to be involved or advocate for their children.

The most frequently occurring answers were to discuss:

(9) General problem solving (i.e., from year to year, goals, alumni parents etc.).

(6) General administrative issues (e.g., Class size, supplemental programs at the district and beyond, budgets, summer transition programs, etc.).

(5) Academics and study habits.

(5) Discussing what are kids doing these days (e.g., social media, sexuality, “the talk” about police interactions, etc.).

(5) Parent involvement, importance (i.e., Advocacy, Encouragement, Opportunities etc.).

Parents were interested in contemporary issues, parenting skills, and training their children with social skills as well as general academic concerns such as careers, disabilities, and psychological development.

(10) Contemporary social issues (e.g., human trafficking, social media, sexual harassment, religion, violence)

(10) Social skills (e.g., develop EQ, prevent depression/suicide, bullying, peer pressure).

(9) Parenting skills (e.g., parent/child communication, discipline).

Academics and career (7).

Special Education needs, gifted, psychological services, and rights (6).

Developmental milestones and gender differences (5).

Black or Culturally Relevant teaching and advocacy were also mentioned by the respondents, but only by a few.

Summary of Roles, Expectations, and Workshops Topics

Parents wanted to discuss broader societal issues that impacted their children as well as general psychological awareness when raising a child. Parents want to discuss things with other parents that are not as personal but that are informative and that they have in common, including: problem solving, administrative information, academics and study habits, and opportunities to be involved or advocate for their children. Parents were interested in contemporary issues or trends in the media (e.g. human trafficking, sexual harassment, and cyber-bullying), parenting skills, training their children with social skills, and general academic concerns such as career-development, disabilities, and psychological development.

Discussion

This study suggests that a sample of parents of Black American students see school psychologists and school-based mental health providers (SBMHPs) as potentially important advocates and educators of their children but in their lived experience are more likely to call on teachers, administrators, staff or themselves to advocate for their children.

Much of the findings are consistent with prior research on parent perceptions and experiences with mental health such as concerns over emotional or behavioral issues (van Vulpen, Habegar, & Simmons, 2018). However, the respondents for this study were more focused on academic problems as initial reasons for seeing a school psychologist or other SBMHP. Like a study by Richardson (2001), parent experiences and perceptions reported were mostly negative or parents thought of school psychologists as a last resort or not at all. Like the Thomas, Blackmon,

Speight, Hewitt, Witherspoon, and Selders' (2014) study, which emphasized an alertness to discrimination, the current study addressed issues such as trust of school staff and indicated that school psychologists were some of the last people parents would go to if there was a problem. Although, not explicitly about discrimination, the current study highlighted the challenges parents and mental health providers faced in connecting and collaborating to address mental health issues for Black students.

Types of Support or Help

School psychologists or SBMHPs were not the professionals parents think of when their children are in trouble and even when parents thought of trouble. It was most likely for academic issues or something more general than the types of issues school psychologists typically address in their work (i.e., behavior, special education assessments). These results were consistent with Richardson's (2001) findings with general doubts about the trustworthiness of mental health professionals. Stigma and questions of culturally competent service provision, and parents' limited knowledge about the role mental health providers play were key factors in this theme, and align with Richardson's study (2001).

Experiences with School Psychologists and/or Mental Health Providers

Nearly three out of four of the parents surveyed had experiences with mental health providers and most of the parents had bad or mixed experiences with the mental health providers. When parents did have these good interactions, school psychologists and psychologists had the most mentions with parents of Black children, while school staff and medical professionals at hospitals such as psychiatrists had nearly all 'bad interactions' with parents of Black students. If parents of Black children are to interact with school psychologists, they (parents) want to see them encourage students and teachers, and connect with Black people cross-culturally so they can be a voice for Black children. Although there were few mentions of a need for cultural pride and coping regarding positive affirmations of Black Americans as indicated by the Thomas et al. (2014) study, they were nonetheless consistent with a desire to solve problems with family or trusted advisors before bringing their child to a mental health professional.

These results were consistent with Richardson's study (2001) in that Black parents indicated significantly more negative experiences with mental health providers than White parents. Also, Black parents were slightly more likely than White parents to have been told about the possibility of mental health problem with their child, yet Black parents were less concerned about the problem than White parents. Considering the negative experiences, it may be that Black parents again do not trust the mental health system overall. As Reynolds (2010) wrote, struggles with identity and stressors due to micro-aggressions were two main

themes of parents' challenges with schools. In order to set up better interactions with school based mental health professionals, Reynolds reminds us that parent role construction and school invitations have a positive and significant relationship among Black American parents for increased involvement.

Roles, Expectations, and Workshops Topics

The results regarding workshop ideas and connection with parents are what the literature suggested for—more proactive and supportive mental health services in general, and in schools specifically (Hiramoto & Gamble, 2018; Reynolds, 2010; Richardson, 2001). Parents wanted to discuss broad cultural issues that impacted their children as well as general psychological awareness when raising a child. Parents would want to discuss things with other parents that are not personal issues but that are informative, and which they have in common including: problem solving, administrative information, academics and study habits, and opportunities to be involved or advocate for their children. Parents were interested in contemporary issues or trends in the media (e.g. human trafficking, sexual harassment), parenting skills, and training their children with social skills as well as general academic concerns such as careers, disabilities, and psychological development. These results were consistent with the Thomas et al (2014) study that addressed issues with mainstream ideas on the benefits or cultural endorsement of the mainstream culture.

Key Findings and Limitations

- ◆ Parents of Black youth do not readily trust school psychologists or other mental health providers, based on previous negative interactions. Teachers and administrators garner more trust, thus school psychologists' and SBMHs' collaborative efforts with them are a must.
- ◆ Black parents want to engage more with school psychologists and other mental health providers to learn about ways to better support their children as well as how the school can keep their children safe.
- ◆ This study contributes to the literature in that parents made the recommendations to school psychologists and other mental health providers about the terms by which they want to engage with these professionals regarding their children.
- ◆ The study also provided a way (via motivational interviewing) to highlight parents' voices so professionals can provide workshops that are responsive to their needs. This can be done through research methods that can be replicated at the school-based level.

The respondents were a highly educated sample of primarily Black parents, with nearly a third of their children attending private schools. Although students who receive special education services are typically in public schools, the respondents in this survey were just as likely to have had interactions with mental health providers, regardless of their children attending public or private schools. A challenge of conducting the research as Richardson (2001) also found, was that many parents are unaware of exactly what it is mental health providers do in schools. The author of the study attempted to address this in the first question to spark a discussion about parents' general impressions of school reasons to contact a school psychologist. However, parents without prompting at times still referred to school counselors rather than school psychologists or used the term interchangeably. Similar studies or future research that may want to focus specifically on school psychologists may provide more direct information about what a school psychologist does in their consent forms or initial questions.

Implications and Recommendations

Educational leaders, school-based mental health leaders, and community leaders would do well to consider the results of this study. Educational leader and researcher, Pedro Noguera (2018), in an interview suggests that when looking beyond academics to challenges youth face that are social emotional as a result of trauma or anxiety, we are looking at issues of equity. Noguera goes on to point out that challenges with poverty and related issues go beyond just demanding individual improvement out of Black youth, but that we need to connect them with viable evidence-based resources.

As both a researcher and practicing school psychologist, the author of the current study confirmed prior experiences working with hundreds of Black families over a twenty-year career. School psychologists and other mental health colleagues in California and throughout the United States seem to demonstrate an approach-avoidance in working with parents of Black youth. This approach-avoidance too often led to greater barriers in working with Black families and youth, especially regarding polemic issues of the IQ test ban in California or responsibility related to broader issues of overrepresentation. Despite conflicting studies and responses regarding over- or underrepresentation of Black students in special education, too often school psychologists must overcome any hesitancy they may have in providing high quality services that would attract Black parents. Sullivan (2010) reminds us that given the increasing diversity of schools, SBMHPs must be ready to work cross-culturally.

Fortunately, Boyd-Franklin (2006) has documented the challenges that clinicians, school-based providers, and other professionals who seek to support Black families face. Also, there are several recommendations for high quality and empirically-based practices from professional organizations such as the ABPsi,

CASP, and NASP for mental health providers in the community and schools to take advantage of in their practice (Cordington & Fairchild, 2012, Hiramoto & Gamble, 2018; Sullivan, 2010). However, without data-informed outreach efforts, families of Black students may be objects of study rather than partners in finding solutions to the challenges that impact Black children. School psychologists, once connected with parents of Black youth, can make great strides towards giving voice and space for empowered parents, as seen with the current study. But, they have a long way to go to become a trusted source of advocacy and support when a family of a Black child is in need.

School psychologists and other mental health providers for youth should endeavor to have greater collaboration with teachers, administrators, and other trusted community members as they provide more comprehensive services to parents and students. Gutkin (2012) and more recently Herman et al (2021) suggest that SBMHPs should be focused on the well-being of all students in a public health model. While Stevenson (2003) recommends that community stakeholders, such as parents of Black children, be invited to partner with schools to give formative and summative feedback to improve service delivery as well as research efforts. These community stakeholders could also extend that feedback to provide information on overall awareness to the public regarding the benefits of high-quality mental health services to help increase accessibility and reduce stigma of mental health services. These are the type of suggestions made by proponents of the Comer Model in the 1980s and 1990s (Ramirez-Smith, 1995) but with more data-based accountability that is required for mental health programs (Beam, Brady, & Sopp, 2011; Hiramoto & Gamble, 2018; Sullivan, 2010).

For many school psychologists, the law prescribes much of their practice and worries about advocacy; and compliance with test mandates occupy their thoughts and actions, even when asked to imagine other possibilities (Gamble & Lambros, 2014). To proactively collect key data sets, review literature from organizations like the ABPsi, and actively listen to Black parents as well as respond to their needs, can be an act of resistance that should lead to more liberating practices and services for Black children. Educational leaders would do well to understand the challenges Black parents and students face, but they should also actively pursue overcoming those challenges in order to foster greater possibilities.

The importance of learning from Black parents' perspectives with school psychologists, is further needed in light of new demographic shifts. As the Southern US has become more segregated since the 1990s and many Black families from California have left the state to return to the South, there remain lingering problems related to integration and access (Siegel-Hawley & Frankeberg, 2012). Smith and Harper (2015) have documented one of these problems—racially disproportionate school suspensions. For example, Smith and Harper reported that, “In 132 Southern school districts Blacks were disproportionately suspended at rates five times or higher than their representation in the student population. In

84 of these districts, Blacks were 100% of the students suspended from public schools” (p. 1). School leaders should work with school psychologists and SBM-HPs to better train all educators on alternatives to suspension (Owen, Wettach, & Hoffman, 2015), address challenges related to trauma (Noguera, 2017), and promote innovative ways for parents and their children to access high quality mental health services in schools or in the community (Hiramoto & Gamble, 2018).

Conclusion

This study attempted to make visible and bring voice to the parents of Black students regarding their perceptions and experiences of SBMHP in schools. Black parents expressed mostly bad or mixed experiences with school based mental health providers, yet if they did interact with school psychologists or general psychologists, their experiences were positive. Parents of Black children want school psychologists to encourage their children and to inform parents of current trends, so they can make informed decisions about their own parenting. Parents of Black children want to be treated with respect and regarded as having agency and wherewithal to do what needs to be done to educate their children. Educators and mental health providers should be seeking to partner with parents in their efforts to support Black student achievement and provide quality mental health services.

Stevenson (2003), in his illustration on Black ways of being states, “All bodies of water are not the same if you track their currents, temperatures, salt content, or role in the lives of the continents and people they boundary. Yet these bodies of water constitute a common substance, and the same exists among African Americans in a cultural urban context” (p. 522). For Stevenson, “Black people are indeed not all alike but nonetheless share commonalities that can be observed and/or experienced.” He states further,

I am not suggesting that all Black ways of being are the same, or that all Black people or communities are alike, but these ways are identifiable, even as they are diverse... Finally, if this different but diverse orientation exists, its existence is important, and its invisibility is detrimental to successful intervention research endeavors. (p. 523)

As educators, mental health providers, and concerned citizens it behooves us to listen to parents of Black children and their concerns about trust and the ambiguity of the roles of the mental health providers, as well as the celebrations when school based mental health providers get things right. To raise a Black child amid national and local news cycles that feature Neo-Nazis, Confederate Flags, politicians in “black-face,” and the shooting of unarmed Black people all inflamed via social media is to be surrounded by fear and negativity. Yet, school psychologists and other mental health providers have an opportunity with parents of Black children to envision outcomes for Black youth that include collaborative partnerships that lead to success, achievement, and liberation for those youth, and all of us.

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Appendix I

Example Response of Bad and Mixed Interactions with Mental Health Professionals

<i>Response Category</i>	<i>Examples of Qualitative Response</i>
Bad Interactions	
School Psychologist	I'm trying to think if any of the YYYY (private School) people were school psychologists. I guess there was one person. She really didn't, know. She was kinda shooting from the hip with him (our son) over at XXXX High School (public school).
School Counselor	No school psychologists, although there was a school counselor, the counselor profiled my child, jumped the gun, and was very limited (didn't have answers for my questions), labeled my son as a 2nd grader when he was a 5th grader.
Hospital to School	I haven't had interactions with the psychologist at the school. I have had opportunities to take our son to the hospital that we go to and had him evaluated. I chose to have him evaluated to better help him at school and at home. Interviewer asked, "Was it helpful?" Parent stated, "NO!"\ Interviewer asked for an explanation. "I thought he had issues with focus or attention span. So he had issues with

striving in school. I spoke with some teachers and thought the same thing. I took him to (Name of Hospital)... From the things I said, the people were hesitant on making that call at (Hospital Name). At the school only half the teachers said the same thing he said. I would rather not make that call for him to be ADD, however and stuff. Look, I'm his mom, no mom wants their child to have an issue and stuff, but I am seeing he has an issue, than help me figure what is happening at school and home." The interviewer asked, "Did anyone at the school help with that?" The parent replied, "I spoke with the Principal and they said, they'd help them with the a developmental eval. Then things dropped.

Mixed Interaction

School Psychologist

Um Yes. The school psychologists comes not every day. I would say 2-3 days a week so it was hard getting in contact with her. When getting in contact I wanted to flush out whether or not the struggle he was having academically if some of it might have been emotional. Had trouble adjusting when his mother left the country and I wanted to make sure that was affecting him emotionally. It was a good experience she was really easy to talk to, she talked to the teacher herself. She wanted to do an assessment from my words and the teacher as well, then getting my permission to talk to him, when she finished talking to the teacher and making a better analysis after having all those 3 pieces... I was a little bit surprised there was not a lot of follow up from her. Busy... no time to do follow up.

Appendix II

Examples of Good Interactions with Parents and Mental Health Professionals

Response Category

Examples of Qualitative Response

Good Interactions

School Psychologists

Yes, when my son was in first grade, he was in dual immersion... The teacher kept saying he was very distracted. And the school psychologist met with us in the SST...It was formal, we had some good strategies, I felt it worked.

I have a HH profoundly deaf child. It was a special education... My interactions with the psychs were to help with the assessment... Has changed... On the high school we don't see them as much... Early on with the original diagnosis. Medical issues, what was going on. My daughter coming up with a plan of action. My relationship

has changed over the past few years... Actually, my experience with school psychologists has been more positive. Some of the other special educators had been problem...

Yes... My younger son has an IEP... We meet every year. I think... Sometimes he has social skills issues he's working on... She has been good at giving me information... She has referred us to community resources (e.g. therapist).

Psychologist & Psychiatrist I have had experiences with an outside-psychologists, not at the school. At the time he had severe behavioral issues. We did see a psychiatrist, not to necessarily talk to one but to help him with the behaviors. He was in special in special education. At 2 – 5 years old... (Clarifying by the researcher). You're right he did meet up with them. Met once a year to diagnose him... I would say that is was helpful with diagnosis, but that's as far as it went.

Appendix III

Examples of Roles Workshop Ideas for School Psychologists

Response Category *Examples of Qualitative Response*

School Psychologist Expertise Inclusivity, values and respect. Decrease bullying. Know their struggle. Humility.

Well I guess... my concern is how I could set her up for a good future. We try to advocate for them and be engaged. I would want to know the key to making something work for them(the kids). 'What's that thing we need to know for our kid(s) to be successful, well rounded, et cetera.

You kinda want the inside scoop with what's going on. The pressure kid's have. Who's who.

Probably, primarily social related issues. Group dynamics and that sort of stuff. We're trying to work through it on our own. Areas related to academics, we would approach the teacher, school psychologist we would talk to them about social issues and emotional ones as well I guess.

Discuss with Other Parents Hmm. Umm I don't really know if a school psychologis t would be helpful in this area however, umm now that the school districts are moving more towards a core curriculum... So, if I need a voice in that area it would in be trying to find a balance between helping the kids in terms of learning style and helping the kids work through the struggles with the core curriculum concepts because they get

frustrated especially kids who are um who have a high expectation of themselves...

I would want to discuss, understand what their kids are all about. Having people be more aware of what their kids are doing. Sometimes you think just by working with them that they will become better than them(the parent).

How well we understand our child's learning styles.
Teachers' variety of modalities.

I would want to get any tips or feedback that they had, talk to parents who have kids that are further along than mine.
Maybe alumni parents, people who have done it.