MOTHERS’ EXPERIENCES: 
PARTICIPATING IN THE FEEDBACK CONFERENCE OF THEIR CHILD’S 
PSYCHOEDUCATIONAL ASSESSMENT 

by 

Carla Merkel 

B.A. University of Victoria, 2001 
M.A., University of British Columbia, 2005 

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF 
THE REQUIREMENTS FOR THE DEGREE OF 

DOCTOR OF PHILOSOPHY 

in 

The Faculty of Graduate Studies 

(School Psychology) 

THE UNIVERSITY OF BRITISH COLUMBIA 
(Vancouver) 

June 2010 

© Carla Merkel, 2010
Abstract

A comprehensive psychoeducational assessment for a child who is having learning or behavioural difficulties is a significant event for parents. It helps them understand their child’s cognitive and learning needs, and support the ongoing development of their children by determining the educational support given at home, and additional services that need to be provided. How parents view the overall assessment and the psychologist’s recommendations can have a great impact on what decisions they make for the child following the assessment; it forms the basis for how they approach their child’s difficulties and meet his/her needs. However, there are few studies that examine parents’ experience with this assessment process. The purpose of this study was to understand mothers’ experiences with participating in the feedback conference for their child’s psychoeducational assessment and to explore the experiences that influenced their ability to follow through with the recommendations made by the psychologist.

Interpretative Phenomenological Analysis methodology was used to analyze the interview data from eight mothers of elementary school-age children who had a psychoeducational assessment within the past year. The emphasis of this study was on the meaning of this experience for mothers. Three broad themes and 11 subthemes emerged from the analysis of mothers’ experiences with the feedback conference, which included: Experiences of Finding Out, Emotional Experiences, and Experiences of Satisfaction. With respect to follow through with recommendations, eight subthemes were identified, which were grouped into three broad themes: Experiences Facilitating Follow Through, Experiences Inhibiting Follow Through, and Experiences Facilitating or Inhibiting Follow Through. These themes are presented and discussed in relation to the existing literature. Implications of the study, strengths and limitations and suggestions for future research are also addressed.
# Table of Contents

Abstract ........................................................................................................................................... ii  
Table of Contents ........................................................................................................................... iii  
List of Tables ................................................................................................................................... v  
Acknowledgements ........................................................................................................................ vi  
Chapter I: Introduction ....................................................................................................................1  
  Purpose..........................................................................................................................................2  
  Research Questions .....................................................................................................................3  
  Definition of Key Terms ..............................................................................................................3  
  Significance of Study ....................................................................................................................4  
Chapter II: Review of the Literature ................................................................................................7  
  Psychoeducational Assessment Process ..............................................................................7  
  Parent Involvement in Psychoeducational Assessment .........................................................9  
  Parental Comprehension/understanding of Psychoeducational Assessments .....................13  
  Parental Satisfaction with Psychoeducational Assessments ...............................................17  
  Parents’ Reactions with Discovering Their Child’s Diagnosis .............................................20  
  Parental Adherence with Recommendations ...................................................................24  
  Summary and Need for the Proposed Study .......................................................................28  
Chapter III: Methodology ..............................................................................................................31  
  Research Questions ..................................................................................................................31  
  Interpretative Phenomenological Analysis ........................................................................31  
  Participants ...............................................................................................................................34  
  Data Collection .......................................................................................................................41  
  Ethical Considerations ...........................................................................................................45
Data Analysis .....................................................................................................................46
Ensuring Scientific Rigour ................................................................................................50
Summary ............................................................................................................................53
Chapter IV: Findings ........................................................................................................54
  Mothers’ Experiences of Participating in the Feedback Conference .........................56
  Mothers’ Experiences of Adherence with Recommendations ...................................82
  Summary ........................................................................................................................96
Chapter V: Discussion ......................................................................................................97
  Discussion of Themes in Relation to Previous Literature ..........................................97
  Implications for Psychologists, Educators and Policy Makers ................................106
  Limitations and Strengths of the Present Study .......................................................112
  Recommendations for Future Research ................................................................116
  Conclusions ..................................................................................................................118
References .......................................................................................................................121
Appendices .....................................................................................................................133
  A. Behavioural Research Ethics Board Certificate of Approval .............................133
  B. Recruitment Advertisement ................................................................................134
  C. Screening Questionnaire .......................................................................................135
  D. Interview Schedules ............................................................................................136
  E. Background Information Form ............................................................................138
  F. Consent Form ........................................................................................................140
  G. Resource Form ....................................................................................................143
List of Tables

Table 1  Demographic characteristics of participants .................................................................37
Table 2  Research Question 1: Broad Themes and Subthemes ....................................................55
Table 3  Research Question 2: Broad Themes and Subthemes ....................................................56
Acknowledgements

I would like to express my profound appreciation for my supervisor and mentor, Dr. Laurie Ford, for all the guidance, effort and support she has provided throughout my entire graduate school experience. You have encouraged me every step of the way, and have always found ways to provide both challenging and rewarding opportunities for both personal and professional growth. Your enthusiasm and dedication to your work and your students is relentless and an inspiration to us all.

I also wish to express my gratitude to my committee members, Dr. Connie Canam and Dr. Richard Young, for patiently and generously providing feedback and advice, and for guiding me through the completion of this study.

I would like to especially thank the parents who participated in this research project. They graciously shared their personal experiences and their precious time, for which I am forever grateful. Without their generosity and openness, this study could not have been possible.

Thank you to all my friends both within and outside of the School Psychology program for their continual support and assistance - you have always been there to listen, acknowledge, ask questions and provide perspective. I would like to extend a special thanks for the lifelong support of my parents Rene and Ian and my brother, Robin, for their love, advice, guidance and encouragement throughout my life, but especially during the highs and lows throughout my graduate studies.

Finally, I would like to acknowledge my partner in life and crime, Darrell, who has loved and unquestionably supported me in every way imaginable. Without you, I could not have made it through this journey.
Chapter I: Introduction

A comprehensive psychoeducational assessment for a child who is having learning or behavioural difficulties is a significant event for parents, because it helps them understand their child’s cognitive and learning needs and thereby support their education. Parents use the assessment as a guide when deciding how to support the education of their child, often having to make difficult decisions regarding their child’s school placement, assignment to particular programs or services (e.g., learning assistance) and modifications to the family/home environment. How parents view the overall assessment and the psychologist’s recommendations can have a great impact on what decisions they make for the child following the assessment; it forms the basis for how they approach their child’s difficulties and meet his/her needs.

The culmination of the psychoeducational assessment process for psychologists is generally the presentation of the assessment results and recommendations to parents during the feedback conference. According to Teglasi (1985), this conference has three major goals: (a) it “promotes a clear understanding of the child’s problem and eliminates uncertainty,” (b) “it is necessary to assist the parent in the emotional adjustment to the assessment information,” and (c) it allows psychologists to provide information that “is interpreted and communicated so that it facilitates decision making” (p. 416). These goals, which move responsibility from psychologist to parent, highlight the importance of parental understanding and adjustment for the appropriate support of the child’s education.

The experience of learning that a child has a disability (even a higher incidence one such as a learning disability or attention difficulty) can be an emotional occurrence for parents, and often leads to adjustments within the family. Parental understanding of and satisfaction with the results of their child’s psychoeducational assessment is also important, as it influences their
adherence with recommendations and the extent to which they follow through with referrals and services (see Review of the Literature section of this document). However, there are few data about the experiences of parents participating in the feedback conference for their child’s psychoeducational assessment, beyond their understanding of the information that was presented. To ensure that psychologists are adequately approaching parental feedback conferences and presenting assessment results and recommendations in a manner designed to increase understanding, acceptance and appropriate follow through, it is essential to have a more thorough knowledge of parents’ perceptions about the feedback conference experience.

**Purpose**

The purpose of the present study was to understand the lived experience of mothers who participated in the feedback conference or meeting regarding their child’s psychoeducational assessment. Interpretative Phenomenological Analysis was used to help understand this experience from a maternal viewpoint, in order to help psychologists and other professionals better meet the needs of parents during the psychoeducational assessment process. An additional purpose of the study was to gain information regarding mothers’ satisfaction with recommendations resulting from the assessment, as well as their experiences that facilitated and inhibited adherence with recommended programs and services. While the current study initially attempted to understand the experiences from a larger parental perspective by including both mothers and fathers, there was a difficulty in recruiting fathers who were interested in participating and also met the study criteria. Previous research has shown that mothers of children with disabilities demonstrate higher levels of stress, depression, and maladaptive coping strategies, and greater use of treatments such as anti-depressant medication or professional help than fathers (e.g., Little, 2002; Margalit, Raviv, & Ankonina, 1992; Olsson & Hwang, 2001). It
has been suggested that this may be due to different caretaking roles between mothers and fathers and that mothers’ levels of self-competence may be more closely tied to their parental role, leading to greater negative feelings about themselves when difficulties arise with their children (Olsson & Hwang). A recent study focusing specifically on fathers of children with different disabilities suggests that their reaction to hearing that their child has a diagnosis also differs from that of mothers, with fathers wanting to “get on with it” (Carpenter & Towers, 2008, p. 120) and move on with support.

Research Questions

In this study, the following research questions were examined:

(1) What are mothers’ experiences of participating in the feedback conference for their child’s psychoeducational assessment?

(2) What are mothers’ experiences of following through with the recommendations made during their child’s psychoeducational assessment?

Definition of Key Terms

Mother. The British Columbia (BC) Ministry of Education defines a parent as “a) the guardian of the person of the student or child; b) the person legally entitled to custody of the student or child; or c) the person who usually has the care and control of the student or child” (BC Ministry of Education, 2001). The participants in this study were all women who fit this definition provided by the BC Ministry of Education, and were the primary caregivers who were most involved in the psychoeducational assessment process for their child. Therefore, the term mother will be used in this study to refer to the participants.

Psychoeducational assessment. A psychoeducational assessment is a process of collecting information about a student in order to provide greater understanding of his or her
cognitive, learning, behavioural or social-emotional difficulties and to make informed educational and life decisions.

Feedback conference. For the purpose of this study, the terms feedback conference and feedback meeting with be used interchangeably to refer to the culmination of the psychoeducational assessment process where parents are provided with the results for their children.

Elementary school. In British Columbia, an elementary school refers to an educational institution designed for students in Kindergarten to Grade 7.

Compliance/adherence. In the medical literature, the term compliance has historically been used to refer to the extent to which patients correctly follow the medical advice given to them by physicians or nurses. In the psychological and educational literature (especially as it relates to psychological evaluations or assessments), adherence has more recently been used in addition to compliance to refer to parental follow through with recommendations made by psychologists, mental health clinicians, and other professionals (e.g., Geffken, Keeley, Kellison, Storch, & Rodrigue, 2006; MacNaughton & Rodrigue, 2001). The more common term follow through was used during the interviews conducted with participants in order to ensure clarity of the questions asked. For the purpose of this study, the terms adherence and follow through will be used interchangeably to refer to the extent to which mothers followed through on the recommendations made by the psychologist (either during the conference to review results or in the written report).

Significance of Study

Understanding the experience of participating in the process of a psychoeducational assessment from a maternal viewpoint was important for several reasons. First, abundant
research and literature are available highlighting best practices for psychologists conducting effective psychoeducational assessments, including the necessity of collecting information from multiple sources and basing conclusions and interpretations on multiple methods of assessment (e.g., McConaughy & Ritter, 2002; Reschly & Grimes, 2002; Sattler, 2001; Sattler & Hoge, 2006). However, there is little literature that examines the experience of the mothers who are a part of this assessment process.

Second, often a lot of jargon and complex terminology are used during the presentation of results to families, especially when a diagnosis or Ministry designation of a learning or behavioural difficulty is given. Even though the psychologist is communicating important information to the parents, use of such language may limit parents’ ability to comprehend or remember this information following the feedback conference (Williams & Hartlage, 1988a). The impact of the results themselves may also exacerbate the barrier posed by the use of jargon and complex terminology while communicating assessment results. As explained by Jensen and Potter (1990), parents who have just been informed that their child has a particular disability may have to deal with the emotional effect of having a child with a disability, while processing the factual information being presented. This is true even if the parents were anticipating a diagnosis for their child. It is critical to examine whether parents understand the results of the assessment, and what the experience of being presented with assessment results is like for these parents.

Third, much of the research involving parental experience to date has focused on situations where children are diagnosed with a more severe disability at birth or in the early preschool years, such as Down’s syndrome, cerebral palsy, or severe intellectual disabilities (e.g., Dempsey & Dunst, 2004; Fewell & Vadas, 1986; Krahn, Hallum, & Kime, 1993; Trute, Hiebert-Murphy, & Levine, 2007). Far less is understood about parents’ experiences when
learning about higher incidence disabilities that are diagnosed during the childhood years. This raises the question of whether the parental experiences are different for these events, or if the emotional impact, understandability, coping/adjustment and family needs are similar. Having a better understanding of the meaning of this situation for a parent will allow psychologists to approach meetings with students’ families in a more supportive and informed fashion, and to present assessment results in a manner that is clear and easily understood.

Finally, because parents are the constant figures in their children’s lives as they develop and move through the school system, they play a very powerful role in determining what occurs after the assessment is over. Despite changes in traditional parental roles over the past few decades, it is often still mothers who take on a larger portion of the school and day-to-day responsibilities for their child (e.g., communication with teachers, attending appointments with professionals; Craig, 2006). The quality of the mothers’ experiences with the assessment process can have an enormous impact on the extent of their adherence with recommendations from the psychoeducational assessment, what additional services they may seek out, and how they explain results to their child (see Geffken et al., 2006, for example). Personal accounts of assessment feedback from parents of children with disabilities suggest that the tone of the feedback conference is important for the establishment of trust in professionals and for how families perceive their children’s unique strengths and needs (Rocco, Metzger, Zangerle, & Skouge, 2002). It is likely that if the overall experience is positive for parents, they will be much more likely to believe the results, feel that their child will have positive outcomes, and implement the recommendations contained within the report, resulting in a more effective assessment process.
Chapter II: Review of the Literature

The purpose of this chapter is to summarize the existing research relevant to parents’ experience of participating in the feedback conference for their child’s psychoeducational assessment. This includes a definition of the psychoeducational assessment process, a description of parental involvement with the assessment process, and a summary of the key literatures on parents’ experiences with learning that their child has a disability, their satisfaction with their children’s psychoeducational assessments, their comprehension of the information presented, and their adherence with recommendations provided. At the conclusion of the chapter, the significance of the proposed study and need for understanding parents’ perspectives from a qualitative viewpoint will be highlighted.

Psychoeducational Assessment Process

Psychoeducational assessments are designed to provide greater understanding of a child’s cognitive, learning, behavioural or social-emotional difficulties, in order to make informed treatment decisions. Psychoeducational assessments may also be used for differential diagnosis, to inform special education placement decisions or to re-evaluate children’s difficulties (Meyer et al., 2001). Sattler (2001) and Sattler and Hoge (2006) proposed that there are several steps in the psychoeducational assessment process: 1) Review referral information, 2) decide whether to accept the referral, 3) obtain relevant background information, 4) consider the influence of other relevant individuals, 5) observe the child in several settings, 6) select and administer appropriate test batteries, 7) interpret assessment results, 8) develop intervention strategies and recommendations, 9) write a report, 10) meet with parents and other concerned individuals, and 11) follow up on recommendations and reevaluation.
The focus of the present study was on the tenth and eleventh steps, and in particular, how they relate to the feedback conference with parents following the integration of assessment information into a written report, when parents are given the results for their children. As such, the existing literature with respect to those steps is summarized below. Pollack (1988) suggests that, during the feedback conference, parents should be treated as active participants who are encouraged to ask questions and express their feelings, and the psychologist should provide feedback in an empathetic and honest manner. Brenner (2003) also discusses the need for psychologists to provide concrete examples of the child’s behaviour as a way to facilitate dialogue regarding current difficulties, and suggests that psychologists use their therapeutic and social skills training (emphasis on strengths, listening and rephrasing, prevent blaming) during feedback sessions with parents. Brenner further recommends five responses that psychologists take to improve the relevance of their assessments and written reports: (a) eliminate jargon and write reports at a level that is accessible to clients; (b) focus assessments on specific referral questions, using measures and procedures that are relevant to this task; (c) individualize reports to be unique to the child being assessed; (d) emphasize and focus on the child’s strengths in the report; and (e) make specific and practical recommendations that address the needs of the child and the source of referral.

While it is helpful to provide parents with handouts and the written report generated from the assessment, the verbal information that is conveyed to parents during the feedback conference and the manner in which it is done have important implications for parents’ experiences, and thereby the larger impact on the family. In his interviews with parents of children with various learning and physical disabilities, Pain (1999) found that personal communication was seen as the most important medium for gaining information about their
children, with written communication (such as reports and printed resources) viewed as more of a back-up form of information. Pain also identified three major themes delineating parents’ need for information on their child with disabilities: (a) for emotionally coping with the diagnosis, (b) for management of the child’s behaviour and development, and (c) for increasing access to and knowledge about services and benefits for their child. In summary, the feedback conference is an essential opportunity for parents to gain valuable information about their child and help them cope emotionally with a potential diagnosis, as well as to better understand their child’s development and access additional services.

**Parent Involvement in Psychoeducational Assessment**

Ethical practice for psychologists during the assessment process is to include and involve parents and families during all stages of assessment, as they are a valuable source of information and play a large role in providing support for their child, and in determining what occurs after the assessment is over (Jensen & Potter, 1990; Knauss, 2001). The importance of communicating effectively with parents, especially during the feedback conference, is well documented in the literature (e.g., Elizalde-Utnick, 2002; Jensen & Potter, 1990; Teglasi, 1985; Wise, 1995) as it facilitates the sharing of information, building of alliances, and liaising between parents and professionals (Wise, 1995). Meyers et al. (2001) also maintain that when parents are given detailed feedback about assessment results, the therapeutic impact on children and their families, teachers and other professionals involved in their care is maximized. The necessity of good family-school partnerships for children’s positive educational outcomes is also strongly supported in the literature (e.g., Mawjee & Grieshop, 2002; Turnbull & Turnbull, 2001).

However, very little research exists regarding how often psychologists provide feedback to parents following a psychoeducational assessment. Of the published studies that do exist, the
focus is generally on communication of any type with parents during the entire assessment process, and reveals that school psychologists actually spend very little time in direct contact and communication with parents throughout. For example, in a national survey of 335 school psychologists across the United States (U.S.), Lacayo, Sherwood and Morris (1981) found that although school psychologists engaged in assessment activities for approximately 40% of their work day, only 7% of their time was spent in consultation with parents. While this study is dated, it is one of the few national studies that directly examined the amount of time school psychologists spent in consultation specifically with parents. More recent examinations of the daily activities of school psychologists in the U.S. (Hosp & Reschly, 2002; Reschly, 2000; Reschly & Wilson, 1995) have demonstrated that at least half of each week is spent in assessment-related activities, while on average only approximately 6-7 hours per week are spent in problem-solving consultation, only a portion of which includes direct consultation with parents. Even a smaller portion of this is directly related to providing feedback to parents about their child’s assessment. In another study, which focused on the average amount of time required to conduct psychoeducational assessments, school psychologists from 5 different districts spent only approximately 17% of total evaluation time in contact with parents, which included the planning and placement meeting, parent interview prior to assessment, and parent conference to present the results (Lichenstein & Fischetti, 1998).

While it cannot be assumed that roles in the United States are comparable to those in Canada, there are currently no published articles in the literature that examine the roles of Canadian psychologists and the psychoeducational assessment process. However, in an unpublished study of the role of 42 school psychologists across the province of British Columbia, Merx (2003) found very similar results to the U.S. studies conducted by Reschly and
Results demonstrated that school psychologists spent 57% of their week involved in assessment activities, with only 21% of the time dedicated to consultation with both school personnel and parents. In a recent study of 27 school psychologists in Nova Scotia, Corkum, French, and Dorey (2007) also found similar results. Specifically, psychologists spent 50% of their work week involved in psychoeducational assessment activities, with only approximately 20% of their time devoted to consultation with both school personnel and parents. In addition, this study examined the specific components that were included in psychoeducational assessments. Results demonstrated that, at least for school psychologists in Nova Scotia, 70% of psychologists always conducted parent interviews as part of the assessment process, with an even higher percentage (89%) conducting feedback conferences. While the percentages of this particular study are promising, given that parental involvement in education leads to more positive outcomes for children, including greater achievement, improved behaviour, self-esteem, attitude towards school, participation, attendance and lower rates of school dropout, and for families and schools (see Christenson & Buerkle, 1999, or Henderson & Mapp, 2002 for a review), communicating with parents should be given a more prominent role, especially during the presentation of assessment results, when parents often experience a change in thinking about their child.

Specifically related to parent involvement in the psychoeducational assessment process, Christenson and Buerkle (1999) suggest that psychologists take responsibility for treating parents as partners in their child’s educational success by seeking their beliefs and expertise during the psychoeducational assessment process, and using joint problem solving approaches to tackling children’s difficulties within and outside of school. Brenner (2003) highlights the need for a collaborative approach to feedback sessions with parents, in order to enhance relationships and
improve the utility and understandability of these psychological assessments. Tharinger et al. (2008) also recommend the use of a collaborative approach, in which parents take a more active role during the assessment process and the feedback conference provided by psychologists. These authors suggest that psychologists remain flexible during the feedback session “in order to accept and respond to parents’ comments, additions, and disagreements with the findings” (p. 606). Tharinger et al. further outline a number of steps to be followed during the feedback conference with parents, which are consistent with this collaborative approach: checking in with the family (i.e., asking how they are feeling and addressing any concerns or anxieties that they express), reviewing the feedback session plan, sharing appreciation for participation from the family, reviewing assessment results (paying attention throughout to parental reactions to the information being presented), going over recommendations, and closing the session by checking for parental understanding and asking parents for their feedback and reactions.

Hanson, Claiborn, and Kerr (1997) investigated the impact of providing counseling clients with feedback using an interactive, collaborative approach versus a delivered approach (in which the counselor merely provided the feedback to the client, without asking for his or her input). The findings were consistent with those discussed above, in that the interactive style of interpretation was found to have greater impact on clients, and resulted in increased client satisfaction with their counselors. It should be noted, however, that the clients in this study were adults that were hearing about their own test results, were not parents hearing the results of the assessment with their own children, and that the focus of the test interpretation was on career interests. Hearing about career interests, in all likelihood, has much less emotional and cognitive impact than results presented following a psychoeducational assessment. Nevertheless, the studies above seem to indicate that the level at which parents feel they are partners in their
child’s educational success can have a great impact on their perceptions about the psychoeducational assessment process, including the information that is presented in the feedback conference and the recommendations that are made for their children. The present study attempted to gain information about mothers’ level of involvement with their children’s psychoeducational assessment, and how this may have impacted their perceptions of the feedback conference and assessment process.

**Parental Comprehension/Understanding of Psychoeducational Assessments**

Parental understanding of what is presented during the results conference for their child’s psychoeducational assessment is important, as levels of comprehension can impact not only parents’ perceptions of their children’s experiences and the nature of the children’s difficulties, but also the family and school adjustments that occur following the feedback conference, and the services parents seek to assist with their children’s needs. In her research, Switzer (1985) concluded that “if parents had a low level of understanding of the [child’s] diagnosis, irrespective of family dynamics, there was likely to be a poor fit between parental expectations and the child’s potential and low acceptance of the treatment plan” (p. 151).

Previous research examining parents’ understanding of the assessment results has yielded conflicting results. For example, in a study examining 30 parents’ level of understanding following their children’s psychological evaluations using a questionnaire constructed by the author, Hagborg (1993) found that parents had an excellent understanding of the evaluation results presented by the psychologist during the post-assessment conference, as measured by parent-psychologist agreement. However, in a study examining the effects of parental characteristics on their understanding of information communicated during the feedback conference for their child’s psychological evaluation, Zake and Wendt (1991) discovered that
overall, parents could only accurately answer 56% of questions about their child’s assessment results, with better language skills and higher socio-economic status of the parents leading to greater accuracy in response to questions. According to a review by Jensen and Potter (1990), factors such as the child’s grade level, level of parental anxiety, and parental assertiveness did not impact the amount of information parents recalled about the evaluation conference, contrary to previous findings that emotional states can play an important role during the feedback conference.

Williams and Hartlage (1988b) conducted a study that examined the accuracy with which diagnosticians conveyed their interpretations from psychoeducational evaluations to parents. Twenty children having academic or behavioural difficulties were given psychoeducational evaluations. Following the evaluation, their parents were given the feedback information through verbal communication and they were given a graph of their child’s results to view while the diagnostician was providing feedback. Following the feedback conference, parents were asked to fill out one form, while the diagnostician filled out another, each to summarize the information they perceived to have been relayed to the parents. One week later, parents were again asked to fill out the same form. The results showed that, despite very high satisfaction rates (discussed in the next section), agreement between parents and the diagnostian of the information conveyed was only 47%. Results also showed that parents had difficulty understanding many of the terms the diagnostian was using (especially auditory processing, visual processing and language skills) even though parents were told they could interrupt or ask questions of the diagnostian at any time. Despite satisfaction and comfort with the feedback sessions, many parents who participated in this study came away without an accurate understanding of the information that was provided to them.
Similarly, in her interviews with parents following their child’s psychoeducational assessment, which included a diagnosis of learning disabilities, Pentyliuk (2002) discovered that parents had great difficulty with understanding the terms and scores that were presented during the feedback conference. These parents explained that while the assessment provided some additional information for them regarding their child, they were still unclear as to why their children were having difficulties and the meaning of the term *learning disability*, which likely contributed to their stated beliefs that the assessment did not significantly improve their understanding of their child. The level of involvement in their child’s psychoeducational assessment process likely also impacted parents’ understanding in this study, as the assessments were all conducted through the school district, and the majority of parents did not meet with the psychologist at all prior to the feedback session.

Difficulties also seem to exist with parents’ comprehension of the written reports provided by psychologists, likely due to the complexity and sophistication of the reports that is suggested in the literature. For example, Harvey (1997) examined and coded 40 psychological assessment reports written by practicing psychologists (both within school districts and in private practice), and found that most reports were written at a 15th to 16th-Grade Flesch reading level, well beyond the average reading level of many parents whose children are referred for psychological evaluations. Cornwall (1990) demonstrated that psychoeducational reports about children referred to a pediatric hospital for learning difficulties were rated favorably overall in terms of usefulness, understandability, and explanatory value by parents and professionals. However, this study also showed that parents tended to rate the reports as less comprehensible than did school professionals, suggesting that additional follow-up and feedback may be needed in order for parents to fully understand and interpret the information presented within a report.
Weddig (1984) has also demonstrated that parental education levels and report writing style impacts overall comprehension of psychoeducational reports. Specifically, college educated parents were better able to understand psychoeducational reports than high school graduates, and reports written at a lower reading level and which conveyed information in behavioural terms facilitated comprehension for parents. Weiner and Kohler (1986) have also demonstrated that the way in which reports are written can have an impact on parental understanding. In their study, 45 parents were given one of three report formats and were asked multiple-choice questions assessing their level of comprehension of the information contained within these reports. Parents were also asked 10 questions designed to understand their feelings about the report (i.e., whether the reports were helpful). The report formats were: (a) short form, in which reports were very brief, and included information written in point form and jargon; (b) psychoeducational report, in which reports included subject or domain headings, behavioural observations and examples, and clearly explained recommendations; and (c) question-and-answer, which was similar to the psychoeducational report, but did not include subject headings, and instead was organized to respond to itemized questions in the reason for referral section. Results showed that comprehension levels were greater for the psychoeducational and question-and-answer reports than for the short form, and that for all styles of reports, college or university educated parents had greater comprehension than those with lower education levels. Overall, it appears that reports are more easily understood by parents when they are organized by topic, use behavioural terms to describe strengths and weaknesses, and discuss and elaborate on program recommendations. It should be noted, however, that the parent participants were not reading reports about their own child’s difficulties, meaning that this particular study ignores any barriers
to understanding resulting from parents’ negative emotional reactions to learning that their child has a diagnosis.

Overall, the existing literature suggests that parents may not have a good understanding of the results presented to them by the psychologist following their children’s psychological evaluation either within the feedback session or the written report that is provided, especially those parents with lower levels of education. This is likely due to the complex terminology used when providing feedback to parents and the sophisticated reading level inherent within psychological reports. The present study attempted to gain further information about parental understanding of psychoeducational assessment results as presented both in the feedback session and the written report.

**Parental Satisfaction with Psychoeducational Assessments**

Although there is a clear link between parental satisfaction with the psychoeducational process, and the steps taken following the psychoeducational assessment (e.g., compliance with recommendations and follow-up with referral agencies), there are only a handful of studies investigating what impacts parents’ satisfaction during the assessment process. The results of these studies have generally been positive. For example, in an evaluation of school psychological services in two elementary schools, Fairchild and Seeley (1996) distributed evaluation questionnaires to students, teachers, and parents of children who had undergone psychoeducational assessments, regarding the services provided by the school psychologists assigned to those schools. The feedback from parents about school psychologists during the assessment process was very favorable, with parents rating all items on the questionnaire very positively, including “thoroughly addressed referral questions,” “presented information in an understandable manner,” and “provided helpful recommendations” (p. 54). Similarly, using the
Parent Satisfaction Survey, Jarosewich (2001) found satisfaction rates of 77% for parents whose children received assessment evaluations to determine eligibility for special education. In this study, parental satisfaction was based on the relationship they had with the school psychologist, the psychologist’s perceived competence, and parents’ ability to access evaluation services. Further, in a study of parental satisfaction with psychiatric (instead of psychoeducational) evaluations, Jellinek (1986) found that overall parental satisfaction with a brief psychiatric evaluation of their children was high (83%), and that satisfaction was closely related to the parents feeling that they, and/or their children, were well-understood by the psychiatrists.

In a recent study conducted in Ireland examining 32 parents’ perceptions of the process of having their child assessed for Dyslexia at a private centre, Long and McPolin (2009) demonstrated that the majority of parents were satisfied with the communication of assessment results and the promptness with which they were given the final report. Most of the parents in this study also reported that the assessment process was positive for their child’s level of motivation, self-esteem and contentedness. In addition, in the Williams and Hartlage (1988b) study described in the previous section, parental satisfaction with the feedback information presented from their child’s psychoeducational evaluation was 100%. However, this high rate of satisfaction is likely inflated from what would be expected in practice due to the controlled method of assuring what information was given to parents using a checklist, that any terminology or jargon was carefully explained to parents, and that the amount of time given to parents for feedback was unlimited.

In a qualitative study of parental satisfaction, Krahn et al. (1993) interviewed 24 parents about their experiences hearing the news of their infants’ medical diagnosis (infants were diagnosed with Down Syndrome, cleft palate, etc.). The study concluded that parents were more
satisfied with the conference if the physician or other informing professional was a familiar
person who knows the infant, if they were caring and compassionate, if the information
presented was clear, direct, understandable and detailed, and was presented gradually, at a pace
the family was comfortable with, if support persons and the infant were present, and if the
doctors were optimistic. The authors concluded that parental dissatisfaction is not inevitable, and
that professionals should consider these factors when giving important and potentially negative
news to parents. While it is recognized that hearing information about elementary school-aged
children’s diagnoses may be quite different than receiving a medical diagnosis during infancy,
due to age of the child and parental expectations, the results of this study nevertheless serve as an
important background for the current study.

A more recent study involved 23 parents of children aged birth to 12 years with various
developmental disabilities (e.g., autism spectrum disorders, intellectual disabilities) who were
interviewed about their satisfaction with the disclosure of their child’s disability (Hasnat &
Graves, 2000). Results demonstrated that overall satisfaction levels were high (83% satisfaction
rate) with 96% of parents being satisfied with the manner of the professional and 83% of parents
being satisfied with the level of information presented during the disclosure session. Parents also
explained that they were more satisfied when they received a greater amount of information
(even if that information was described as ‘overwhelming’), and when the professional was
direct in their manner, appeared to understand parental concerns, and was perceived as a “good”
communicator. While these results are consistent with the other research studies described above,
a significant limitation of this study involves the length of time between when parents received
their child’s diagnosis and when they participated in the study – times ranged between 3 months
and 16 years, with an average of 3.8 years. As the time between disclosure and participation
increases, it becomes more likely that parents may not have an accurate memory or representation of what occurred during the meeting, leading to inaccurate assessments of the level of their initial satisfaction. In addition, as time increases, parents may have had more of an opportunity to cope with their emotional reactions to learning their child has a disability (much like in the bereavement literature; see Seligman and Darling, 2007, for example), and any changes in future expectations for their child, and therefore, may have difficulty recalling what they felt during the disclosure meeting. In the current study, time since the feedback conference and the interview with parents was restricted to a maximum of 12 months, in order to better control that these limitations were not a factor.

Overall, it seems that parents’ satisfaction levels for their children’s evaluations tend to be quite high, with satisfaction being related to the psychologist’s competence or level of compassion, the presence of a positive relationship between the parents and the professional, and the amount and type of information presented to parents. Parental evaluations of their satisfaction or dissatisfaction with their children’s psychoeducational assessment was explored in the current study by asking parents to reflect on their experiences about the feedback conference for their child’s assessment and to make suggestions for improvement.

**Parents’ Reactions with Discovering their Child’s Diagnosis**

The feedback conference to review results for their child’s psychoeducational assessment is often the first time that parents receive an official diagnosis for their child, and this initial discovery can be a very emotional time for parents. The majority of the literature to date on parents of children with disabilities has emphasized negative emotional responses such as shock, denial, helplessness, sorrow, anger/hostility, a desire to be rid of the child (e.g., Faerstein, 1981;
Heiman, 2002; Seligman & Darling, 2007), and the physiological responses that accompany these emotions, such as cold sweats, trembling, crying and physical pain (Heiman, 2002).

Some researchers have also discussed the relevance of Kubler-Ross’ (1969) five stages of grief for parents who have found out their children have disabilities: denial, bargaining, anger, depression and acceptance. Seligman and Darling (2007) explain that when parents discover their child has a disability, they often go through these sequential stages in much the same way as occurs during the bereavement process. Denial usually occurs as an unconscious reaction designed to ward off anxiety, and the authors suggest that after parents receive a diagnosis for their child, they “may not be in an emotional state that allows them to hear the details or implications and prognosis” (p. 187). During the bargaining phase, parents often turn to religion or make “deals” with a higher spiritual power that their child will recover if they work really hard. Anger comes next when parents realize that their child is not going to get better, and questions such as “why me?” surface, with blame directed at God, professionals or spouses. Sometimes this anger is turned inwards as guilt, with parents blaming themselves. Depression can set in when parents realize that their anger will not change their child’s disability, and they begin to consider the implications for the family and the nature of the disability. Acceptance is the final stage and is when parents are able to discuss the disability, discipline their child properly, set realistic goals and work with professionals, and participate in their own activities (Seligman & Darling).

However, stage theories of grief and loss have been criticized in the literature for assuming that individuals will react in a specified manner and considering a lack of these reactions to indicate a problem or pathology (e.g., Wortman & Silver, 1989). In addition, despite the prevalence of literature on negative reactions experienced by parents of children with
disabilities, positive emotional reactions have also been discussed. There is often a great deal of
time between when parents suspect that their child is having difficulty and when a formal
diagnosis is made, and this can lead to emotional reactions other than those described above. In
her research on maternal coping following their child’s diagnosis, Faerstein (1986) interviewed
24 mothers of children with various motor, cognitive and learning difficulties. She found that
many of the mothers in this study believed that the diagnosis was better than they expected,
leading to feelings of relief rather than denial. In addition, earlier research by Faerstein (1979)
found that there was an average of 3.5 years that passed between when mothers suspected their
child had difficulty and a formal diagnosis of a learning disability was made. Because of this,
Faerstein did not find the negative reaction commonly discussed in the literature (including
denial, extreme guilt and other defense mechanisms), but, rather, mothers experienced feelings of
relief and decreased isolation. She explains, “because these mothers’ concerns and suspicions
were finally confirmed and they found that the problem was not as severe as they had feared,
they were relieved and grateful for the diagnosis” (Faerstein, 1981, p. 423). Although this
research is dated, it appears that discovering their child’s diagnosis may be related to more
positive emotions for parents, if there has been a struggle to discover the reason for their child’s
difficulties.

In a review of their research on cognitive coping in a national survey of over 1200
parents of children with various types of disabilities, Behr and Murphy (1993) found that parents
reported their children with disabilities “made contributions to their families as sources of
learning through experiences with disabilities, happiness and fulfillment, and strength and family
closeness (p. 156). More recent research focusing on the positive impact for parents of having a
child with disabilities found that parents’ sensitivity and tolerance improved, that it allowed them
to appreciate and value their lives more (Taunt & Hastings, 2002), and that parents “gained a greater understanding of themselves through the experience of raising a child with a disability” (King et al., 2006, p. 361). Sometimes following their child’s diagnosis, parents will come to believe that having a child with a disability is even blessing (Seligman & Darling, 2007).

A major drawback of the above-mentioned research and much of the literature to date as it relates to the present study, is that the examination of parental reactions to learning their child’s diagnosis has focused almost exclusively on children with more severe intellectual disabilities (e.g., Down Syndrome, mental retardation, autism) or physical disabilities such as cerebral palsy. These conditions and disabilities are typically diagnosed at birth or during infancy, and often include physical characteristics that signal to others that the child is visibly “different.” Even when the term learning disability is used in empirical studies, the sample often includes children with intellectual disabilities or other developmental disorders who are in special educational placements separate from the mainstream classroom (e.g., Faerstein, 1986; Heiman, 2002; Taanila, Jarvelin, & Kokkonen, 1998). Far less research is available on parental reactions to discovering their child has less severe learning or behavioural difficulties, such as learning disabilities or Attention Deficit-Hyperactivity Disorder (ADHD), also termed “invisible” disabilities (Federation of Invisible Disabilities, 2005), in that they are not visibly different from their peers. These higher incidence difficulties are usually also diagnosed much later than more severe intellectual or physical disabilities, often during the elementary school years, following a potential period of typical development during the infancy and preschool stages. The question then becomes, are parental reactions to discovering that their child has these less apparent learning or behavioural difficulties similar to those experienced by parents of more severe difficulties?
Focusing specifically on higher incidence learning and behavioural difficulties, Osman (1997) posits that these parents go through similar emotional responses when hearing about their child’s difficulty as those experienced after a loss or separation, such as denial, anger, and acceptance. These parents may also need time to adjust to the new situation and realization that their children are different from what the parents were expecting them to be, especially in light of the fact that the difficulties have surfaced later on, after the children have entered school, rather than at birth or early infancy. These parents often experience disappointment and anxiety, as the diagnosis brings up concerns for their children completing high school or attending college, following what they perceived to be typical development. In a study examining parental stress and family functioning in families with children with learning disabilities, Dyson (1996) found the level of parental stress as higher for parents of children with learning disabilities than without, and that parents of children with learning disabilities continued to have difficulties accepting their children’s diagnoses. It appears that responses of parents to hearing that their children have difficulties are similar, regardless of the type or severity of the disability or diagnosis. However, the scarcity of research specifically examining parents of children with higher incidence learning and behavioural disabilities prevents strong conclusions from being made. It is possible that parents will experience different emotional reactions based on the timing of the diagnosis and the expected prognosis, and more research is clearly needed. The present study attempted to further shed light on this issue by examining parental reactions to learning that their children have these less severe learning or behavioural difficulties.

**Parental Adherence with Assessment Recommendations**

During the feedback conference, psychologists usually present parents with a written report of the assessment results, including recommendations for ways to support their child’s
individual cognitive, academic, social-emotional, and behavioural needs. Because parents, especially those of children more reliant upon their parents for fulfilling those needs, such as elementary-age students, are responsible for ensuring that these recommendations are adhered to, and to what extent follow-up services are sought, it is important to understand some of the experiences facilitating or inhibiting levels of adherence with these recommendations. In one study that attempted to investigate these experiences, as well as the possible interaction between satisfaction and compliance, Human and Teglasi (1993) gave parents several questionnaires that assessed the severity of their child’s problems, both initial and follow-up satisfaction with the recommendations, and perceived vulnerability of their child. Parents also participated in a telephone interview four months after the interpretation conference, in which they were asked to quantify their level of compliance with recommendations (on a scale from 1 = no compliance to 5 = complete compliance). Results showed that initial satisfaction with the assessment was highly correlated with follow-up satisfaction, parents’ perceptions of problem improvement predicted follow-up satisfaction, that compliance was independent from initial parental satisfaction and perceived child improvement, and “if parents saw many barriers to tutoring, did not believe it would be useful, and felt skeptical about the findings of the assessment, they were not as likely to comply with the recommendation” (p. 456-457).

Other studies have shown that variables other than satisfaction also impact parental adherence with recommendations made by psychologists. For example, Williams and Coleman (1982) conducted telephone interviews with both teachers and parents of students who had received psychoeducational evaluations by a university centre to examine the level of adherence with recommendations made and identify potential barriers to follow through with these recommendations. Results demonstrated that referrals to private tutors or doctors were more
often adhered to than recommendations for therapy/counseling or particular teaching materials and methods, and that the greatest barrier to adherence was a recommendation for a service that would require a time commitment of the parents.

Conti (1975) investigated compliance with recommendations by psychologists for counseling services outside of a school setting. The study involved an analysis of 132 referrals, and found the following factors to be related to compliance: confidence of the school psychologist in their recommendations, parental motivation to follow through with the referral during the feedback conference, the number of school professionals involved in the referral decision, the number of referral conferences the parents participated in, socioeconomic status, and referral to a specific agency. These studies should be considered cautiously, however, as both are dated, and both the type of psychological services for children and the method by which psychological information is conveyed to parents, have changed significantly with the passage and revisions of U.S. special education laws since their publishing.

In a more recent study, MacNaughton and Rodrigue (2001) investigated predictors of parents’ adherence to recommendations made by psychologists after their children were evaluated in a psychology outpatient setting. Parents participated in telephone interviews approximately four weeks after the psychological evaluation in order to assess adherence. Two important findings were demonstrated. The first was that the probability of adherence depended on the type of recommendation that was made, with professional non-psychological recommendations (e.g., pediatrician referrals) having the highest level of adherence (81%), followed by school-based recommendations (69% adherence), self-help activities (e.g., support groups; 59% adherence), and psychological services such as psychotherapy and behaviour management (47% adherence). The second finding was that the most important predictor of
compliance was the number of perceived barriers by parents, rather than the specific type of barrier. For example, even if parents faced the extreme barrier of not having initial access to the recommended services, they were not less likely to adhere to the recommendations unless other barriers were also present. Interestingly, in this study, parents’ ability to recall specific recommendations, their satisfaction with their child’s evaluation, and the severity of the child’s problem were not significantly associated with the implementation of recommendations.

A recent review of studies relating to parental adherence highlights a number of additional characteristics that may impact initiation of, and follow-through with recommended services. These include parental attitudes and beliefs, parental self-efficacy, socio-demographic variables, mental and physical health, available resources and time, as well as the parents’ perceptions of their children’s problems, expectations of their children, and satisfaction with the psychological services. Other significant aspects included the type of interactions between parents and their children, how the family had adjusted to the identified needs of the children and the children’s development (Geffken et al., 2006). Teglasi (1985) suggested several additional experiences affecting compliance with recommendations, particularly as they relate to the feedback conference: congruence between parents’ and professionals’ views of the children’s problem, attendance of both parents at the feedback conference, clear communication and interpretation of assessment information, caring attitudes on the part of the school psychologists, and issues relating to a particular referral (e.g., the number of professionals involved in making the referral, whether a specific phone number was provided). It appears that there are a multitude of factors or experiences that may potentially impact a parent or family’s decision to follow through with recommendations made during psychoeducational assessments. In the current study
attempts were made to better understand the nature of these experiences using a qualitative approach.

**Summary and Need for the Proposed Study**

While the studies reviewed in this chapter provide valuable information regarding the variables that impact parents’ involvement in the assessment process, their decisions to comply with recommendations provided in psychoeducational reports and their satisfaction with the assessment process, the majority of studies approach this topic from a quantitative perspective (e.g., Fairchild & Seeley, 1996; Human & Teglasi, 1993; Jarosewich, 2001; Weddig, 1984; Weiner & Kohler, 1986; Williams & Hartlage, 1988b). This does not allow researchers to fully capture parents’ perceptions of the psychoeducational assessment process. Using a quantitative approach and likert-type questionnaires to study parents’ experiences with the psychoeducational assessment process also limits the information gathered and its potential use, and several important questions have gone unanswered in the above-summarized studies. Particularly lacking has been identification of what makes the evaluation explanation or report provided challenging for parents to comprehend, as well as an understanding of how parents make decisions with respect to their adherence with the recommendations made by the psychologist and other professionals following their children’s evaluations. A quantitative approach also precludes the researcher from fully understanding some of the dynamic and complex relationships between variables in some of the studies, such as between compliance and satisfaction, and between parent-perceived problem improvement and compliance in Human and Teglasi’s (1993) study. Indeed, even Human and Teglasi stated that parental noncompliance with recommendations despite their feelings that their child’s problems had improved, could be better understood from a qualitative analysis. Questionnaires, rating scales, and other quantitative
methods aid the researcher in gaining access to information from a larger number of parent participants, but a qualitative approach allows an in-depth study of the meaning of these issues and their intricate relationships.

In addition to the need for a qualitative approach to investigating parents’ experiences with participating in the feedback conference for their child’s psychoeducational assessment, there is also a need to focus on the parents of children with less severe developmental delays and disabilities. While several studies have targeted the parents of children with autism spectrum disorders, Down Syndrome and severe physical disabilities (e.g., Heiman, 2002; Pain, 1999; Taanila et al., 1998; Tuong, 1994), there is less focus on children with higher incidence learning, behavioural and/or social-emotional difficulties in the professional literature, which is a population more frequently seen by psychologists conducting psychoeducational assessments. Although these higher incidence difficulties are less severe than other developmental disabilities, which are usually diagnosed during infancy or preschool, the existing research has shown that when parents discover their child has academic or behavioural difficulties during elementary school, this discovery is likely also associated with strong emotional reactions and a period of family adjustment. As a result, it is important for psychologists and other professionals to fully understand parents’ experience of discovering their children have these higher incidence difficulties. Therefore, the purpose of the present study was intended to examine mothers’ experiences of participating in the feedback conference or meeting to review results of their child’s psychoeducational assessment, and to gain further information regarding the experiences that impact adherence with recommended programs and services. Qualitative methods were used to help fill in the gaps noted above in the existing literature, and better understand some of the complex interrelationships identified in those studies. In addition, the focus is on parents of
children with higher incidence or “invisible” learning and behavioural disabilities, as maternal experiences with this population of children has not been well represented in the research literature. The goal of this study is to help psychologists and other professionals better meet the needs of parents of children with learning and behavioural difficulties during the psychoeducational assessment process.
Chapter III: Methodology

The purpose of the present study was to understand the lived experience of mothers who participated in the feedback conference regarding their child’s psychoeducational assessment. An additional purpose of the study was to gain information regarding mothers’ experiences that impacted their ability to follow through with the recommendations made either during the feedback meeting or within the psychoeducational report. In this chapter, the philosophical and theoretical underpinnings of the methodology are presented. Details of the research design, processes for data analysis, ethical considerations, and strategies for ensuring scientific rigor of the study are discussed.

Research Questions

In this study, the following research questions were examined:

1. What are mothers’ experiences of participating in the feedback conference for their child’s psychoeducational assessment?

2. What are mothers’ experiences of adherence with the recommendations made during their child’s psychoeducational assessment?

Interpretative Phenomenological Analysis

In order to answer the research problem outlined above, the lived experiences of these mothers and the meaning they make of them needed to be explored in an in-depth, comprehensive, and flexible manner. The qualitative approach of Interpretative Phenomenological Analysis (IPA) was used in the present study. The goal of IPA is to understand and explore how participants make sense of, and give meaning to, their experiences (Chapman & Smith, 2002; Larkin, Watts, & Clifton, 2006). IPA takes a personal perspective on understanding the experience or phenomenon in question, and is concerned with the diversity
and variability of this human experience (Eatough & Smith, 2008). As explained by Eatough and Smith, “IPA attends to all aspects of this lived experience, from the individual’s wishes, desires, feelings, motivations, belief systems through to how these manifest themselves or not in behaviour and action” (p. 181). The participants’ individual experiences are what are considered important, rather than to produce an objective account of the event itself (Smith, Jarman, & Osborn, 1999). Smith (2004) posits that IPA is: 1) idiographic, starting with a case-by-case examination of each participant and only then moving on to cross-case analysis, 2) inductive, in that it is flexible to allow themes and topics to emerge from the data (a bottom-up approach), and 3) interrogative, in that it is intended to make a contribution to psychology through questioning and informing existing psychological research.

IPA was developed as a specific approach to qualitative empirical research in psychology in the mid 1990s. It has been most widely used to study topics in the area of health psychology, but has recently gained popularity as an appropriate methodology within other areas such as counselling psychology, special education and mental health (e.g., Bostrom, Broberg, & Hwang, 2009; Huws, & Jones, 2008; Kellett, Greenhalgh, Beail, & Ridgway, 2010; Young, Bramham, Gray, & Rose, 2008). While it is connected to a much larger history in phenomenology, hermeneutics, and symbolic interactionism (Chapman & Smith, 2002; Smith, 1996; Smith, Flowers & Osborn, 1997), it is important to recognize that IPA is a distinct approach. According to Smith and Osborn (2003), this approach is phenomenological in that “it involves detailed examination of the participant’s lifeworld” (p. 51). Similarly to a hermeneutic approach, IPA is concerned with interpretation and understanding, and acknowledges that an individual’s understanding of any event is always impacted by an existing knowledge accumulated from experience with the world. This world is socially, historically, and contextually constructed
Participants are considered to be the experts on their own experiences and “can offer researchers an understanding of their thoughts, commitments and feelings through telling their own stories, in their own words, and in as much detail as possible” (Reid, Flowers, & Larkin, 2005, p. 20). Within IPA, cognition is considered to be inherent within an individual’s *being-in-the-world* (as described originally by Heidegger), rather than being considered as an isolated function. The primary concern in IPA is how reality appears to the individual participants (Eatough & Smith, 2008). The participant is considered a person-in-context, in that he or she cannot be removed from his or her subjective experience of the world within a particular context (Larkin et al., 2006). From an epistemological framework, the assumption in IPA is that our “data can tell something about people’s involvement in and orientation towards the world, and/or about how they make sense of this” (Smith, Flowers, & Larkin, 2009, p. 47). IPA also shares a generally realist ontology, and Larkin, Watts, and Clifton argue it is consistent with Dreyfus’ (1995) description of Heidegger as a ‘minimal hermeneutic realist’. They explain,

> The minimal hermeneutic realist duly recognizes that certain ‘things’ exist and would have existed even if humans had not (and that these ‘things’ are real), but that the very question of this separate existence (and hence questions about the nature of their reality) can only arise because we are here to ask the questions. (p. 107)

Larkin et al. (2006) use the term ‘contextualism’ to describe the integration of IPA’s epistemological and ontological positions, and suggest when undertaking a research project using IPA, the researcher must commit to “exploring, describing, interpreting and situating” (p. 110) how participants derive meaning from their experiences.

An additional advantage of the IPA approach is that it enables researchers in applied areas to integrate their research and practice (Reid et al., 2005). This is in harmony with one of
the main goals of this research study, which is to inform psychologists, educators and other professionals about what the psychoeducational assessment process experience is like for mothers, in order to improve best practice in both assessment and intervention efforts.

**Participants**

Participants for this study were eight mothers who had been through the process of a psychoeducational assessment for their child in the 12 months prior to the initial interview date, and who participated in a conference after the assessment was complete, during which time they received the results of the assessment. One father was initially included in the study; however, this participant was eliminated after attempts to recruit additional fathers were unsuccessful, as it was the researcher’s belief that one father’s perspective was not sufficient to be considered a study of parents’ experiences, given the differences reported in the literature (see Introduction section for a discussion of differences between mothers and fathers experiences). This sample size is consistent with the recommended sizes for studies using IPA (see, for example, Brocki & Wearden, 2006; Eatough & Smith, 2008, Smith et al., 1999, and Smith & Osborn, 2003) as it allows for an in-depth understanding of participants’ experience. As explained by Smith et al. (2009), IPA is interested in gaining an in-depth depiction of individual experience. These authors posit that “the issue is quality, not quantity, and given the complexity of most human phenomena, IPA studies usually benefit from a concentrated focus on a small number of cases” (p. 51). Thus, the goal of IPA research is to thoroughly understand a particular group, rather than make more general claims about large populations (Chapman & Smith, 2002; Smith & Osborn, 2003), justifying a smaller sample size.

Participants were recruited through posters (see Appendix B) that were placed in community centres, tutoring centres, parental associations for children with learning and/or
behavioural difficulties, and online through community websites. In addition, psychologists in
private practice were contacted and asked to share the recruitment poster with any parents they
believed to be eligible for participation for the study.

An initial screening questionnaire ensured that participants in the study met criteria for
inclusion (see Appendix C). Participants were required to have had no prior experience with the
psychoeducational assessment process for any of their children, and the children of focus for the
present study were required to be in elementary school during the time of the assessment.
Volunteers for the study who had previously had experience with the assessment process were
not accepted for the study. By restricting the criteria in this way, the study was designed to help
ensure that all psychoeducational assessments were an unfamiliar experience for parents and that
participants comprised a homogeneous sample. The use of purposive sampling procedures, in
order to seek out fairly homogeneous samples of participants is commonly used in IPA studies,
as the goal is not to make claims about the general population, for which random or
representative sampling would be the norm (Chapman & Smith, 2002). In addition, by restricting
the sample to parents of elementary school-age children, the research goal was to increase the
likelihood that the type of difficulties discussed during the feedback conference would be less
severe academic/learning difficulties and/or social-emotional or behavioural difficulties, rather
than more severe developmental or physical disabilities that are more typically diagnosed in
infancy or preschool, such as pervasive developmental disorders or cerebral palsy. As
highlighted in the literature review section, very few research studies have attempted to
understand parents’ experience with these higher incidence difficulties, and this study is intended
to address the scarcity of such research.
The eight participants in this study ranged from 37 to 56 years of age, and had children of focus who were between the ages of 7 years and 12 years, and who were in Grades 1 to 7 at the time the psychoeducational assessment took place. Four sons and four daughters are represented in the study. All children were attending school in the public system during the time of the assessment. Two of the children had psychoeducational assessments that were conducted within the school system by the district psychologist; the remaining children were assessed by private psychologists or psychologists working in university clinics. Participants were asked about whether a diagnosis or BC Ministry of Education designation was given for their children as a result of the assessment (see Instruments and Procedures section in this chapter). Participants indicated that diagnoses or Ministry of Education designations were given for seven of the children during the feedback conference, and included Attention Deficit-Hyperactivity Disorder, Learning Disability, Gifted, or some combination of these categories. Table 1 presents details regarding the participants’ characteristics.

In addition, a brief description of the participants follows, in the order that they were interviewed. Pseudonyms were assigned to all participants and their children to protect their anonymity.

**Patricia.** Patricia is a 37-year-old woman of Aboriginal descent who works full time outside of the home and is a single parent of two children. Julia, her eldest child, had a psychoeducational assessment through the school district at the end of Grade 3 (8 years old), following several years of learning assistance and private tutoring for reading difficulties.
Table 1

Demographic Characteristics of Participants (N = 8)

<table>
<thead>
<tr>
<th>Descriptor</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Child relationship</td>
<td></td>
</tr>
<tr>
<td>Mother/Daughter</td>
<td>4</td>
</tr>
<tr>
<td>Mother/Son</td>
<td>4</td>
</tr>
<tr>
<td>Family configuration</td>
<td></td>
</tr>
<tr>
<td>Single-parent family</td>
<td>4</td>
</tr>
<tr>
<td>Two-parent family</td>
<td>4</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Diploma/Certificate</td>
<td>4</td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>3</td>
</tr>
<tr>
<td>Graduate Degree</td>
<td>1</td>
</tr>
<tr>
<td>Employment</td>
<td></td>
</tr>
<tr>
<td>Working Full-Time</td>
<td>6</td>
</tr>
<tr>
<td>Full-Time Student</td>
<td>1</td>
</tr>
<tr>
<td>Not Employed Outside of the Home</td>
<td>1</td>
</tr>
<tr>
<td>Assessment type</td>
<td></td>
</tr>
<tr>
<td>Private</td>
<td>6</td>
</tr>
<tr>
<td>School district</td>
<td>2</td>
</tr>
<tr>
<td>Diagnosis or Designation</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>Attention Deficit-Hyperactivity Disorder</td>
<td>1</td>
</tr>
<tr>
<td>Gifted</td>
<td>1</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>2</td>
</tr>
<tr>
<td>Multiple Diagnoses</td>
<td>3</td>
</tr>
</tbody>
</table>

Patricia’s involvement with the assessment process prior to the feedback conference consisted of filling out a rating scale for the psychologist to incorporate into her findings. Patricia reported
that her daughter was diagnosed with a learning disability, although the psychologist did not specify which type of learning disability. Julia was in Grade 4 at the time the study was conducted at the same school where the assessment took place.

**Lucy.** Lucy is a 38-year-old woman who identifies herself as Caucasian. She is divorced and works full time. Her only child, Shawn, participated in a psychoeducational assessment through a private psychologist when he was 11 years old (mid-way through Grade 6), following a recommendation by the principal of his school and the occupational therapist he was seeing. Lucy reported that her church was able to support the financial cost of the assessment, due to the wait list of two to three years through the school district. Lucy’s involvement with the assessment process included an initial meeting with the psychologist without Shawn, filling out a parent rating scale that was incorporated into the report, and driving Shawn to the two assessment sessions. Shawn was diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) by the psychologist who conducted the psychoeducational assessment.

**Linda.** Linda is a 37-year-old woman who identifies herself as Caucasian. She lives with her husband and only child, Ivan, and is a full-time student. Ivan’s psychoeducational assessment was conducted by a private psychologist in the summer between Grade 1 and 2, when he was 6 years old. Linda and her husband had an initial meeting with the psychologist prior to the assessment sessions with Ivan, and she sat behind a one-way mirror and observed the entire assessment process (three sessions with Ivan and the psychologist). Linda reported that the assessment resulted in a diagnosis of Giftedness and a Learning Disability for Ivan. Ivan was in Grade 2 when the study was conducted, at the same public school he attended at the time of the initial assessment, although his parents are considering private school options for future years.
Veronica. Veronica is a 56-year-old woman who identifies herself as Caucasian, is divorced and works full time outside the home. Veronica currently lives with her daughter Alison, who she adopted when she was three years old, and identifies Alison as Mexican/Caucasian. Veronica has two older daughters who have graduated from high school and live on their own. Alison’s psychoeducational assessment was conducted through the school district at the end of Grade 4 when Alison was 9 years old. She was referred for the assessment due to difficulties with reading and distractible behaviour. Veronica reported that she believed she had to push for the assessment to be conducted, and described Alison’s school year as progressively deteriorating prior to the assessment taking place. Alison was diagnosed as having a mild learning disability by the psychologist conducting the assessment. Alison was in Grade 5 at a private school for children who have learning disabilities at the time the study was conducted.

Amy. Amy is a 39-year-old woman who identified herself as Caucasian. She is divorced, works full time outside of the home, and lives with her two children. Kirk, her youngest child, was seen for a psychoeducational assessment at a university clinic, following a suggestion by his psychiatrist that he may have Aspergers Syndrome. Kirk was 8 years old and at the end of Grade 3 at the time of the assessment. Amy’s involvement with the assessment process consisted of an initial meeting with the psychologist, and transporting Kirk to the assessment sessions prior to the feedback conference with the psychologist. Amy also participated in a second feedback conference at Kirk’s school, which she reported was attended by the principal, the learning assistant teacher, the speech pathologist, the school counselor, the school district psychiatrist and the psychologist who completed the assessment. No formal diagnosis was made as a result of the psychoeducational assessment, and further assessment of Kirk’s difficulties was recommended.
Kirk was between Grade 3 and Grade 4 and was going to attend the same public school he was attending when the assessment took place at the time the study was conducted.

**Sandy.** Sandy is a 50-year-old woman who identifies herself as Caucasian, is married, living with her husband and two daughters, and works full time outside the home. Sandy identifies her daughters as mixed Chinese-Caucasian ethnicity. Aisha, the youngest of her two children, was seen for a psychoeducational assessment by a private psychologist at 7 years of age (Grade 1). Sandy reported that she pursued a private assessment due to observations that Aisha was ahead of her classmates, and suspicions that she might be gifted. Sandy participated in an initial interview with the psychologist at the beginning of the assessment process, and drove Aisha to the sessions with the psychologist prior to the feedback conference. Sandy reported that the psychologist told her Aisha was a gifted learner. Aisha was in between Grade 1 and Grade 2 and was going to attend the same public school that she attended at the time of the assessment. Her parents were discussing the possibility of her skipping a grade next school year at the time the study was conducted.

**Beth.** Beth is a 41-year-old woman who identifies herself as Caucasian and who is not employed outside of the home. She lives with her husband and three sons. Terry, her eldest child, received a psychoeducational assessment by a private psychologist at the end of Grade 4 (9 years old). Beth reported that she wanted Terry to have a psychoeducational assessment because he had been previously diagnosed as having Attention Deficit Hyperactivity Disorder (ADHD) by his pediatrician, and also because she believed that he was bright. Beth’s involvement with the assessment process included an initial consultation with the psychologist, completing several rating scales and taking Terry to the assessment sessions with the psychologist. Beth reported that, as a result of the assessment, the psychologist said that Terry was Highly Gifted with a
Learning Disability, and had ADHD Inattentive Type. Terry was between Grade 4 and Grade 5
and was going to attend the same public school he attended during the time of the assessment
when the research was conducted. Beth reported that she is considering private schools for his
high school years if it is financially feasible.

**Shelly.** Shelly is a 44-year-old woman who works full time and identifies herself as
Caucasian. She lives with her husband and two children, one son and one daughter. Her younger
child, Jane, had a psychoeducational assessment by a private psychologist at the end of Grade 2
(8 years old). Shelly pursued an assessment privately because Jane was struggling to learn to
read in her French Immersion class, and the school district was not willing to conduct an
assessment prior to Jane being in Grade 4. Shelly’s involvement with the assessment process
included having an initial meeting with the psychologist, filling out a rating scale for inclusion in
the assessment and taking Jane to and from evaluation sessions with the psychologist. As a result
of the psychoeducational assessment, Shelly was told that Jane was Gifted and had Dyslexia,
with a strong possibility of Attention Deficit Hyperactivity Disorder. Jane was about to start
Grade 3 at the time of the study, in the English stream at the same public school she attended
prior to the assessment.

**Data Collection**

Data for IPA studies are typically collected through in-depth semi-structured interviews.
However, participants are seen as story-tellers who guide the researcher during the interview, in
order to facilitate complete understanding of their experience (Eatough & Smith, 2008). In this
study, data collection proceeded by conducting two interviews with participants, at a location in
which they felt comfortable to share their experiences and that was convenient for them. The
interviews were audio-recorded and then transcribed verbatim, in order to conduct data analysis.
Initial interviews lasted from approximately 45 to 75 minutes and the second interviews lasted from approximately 35 to 60 minutes. Although questions for the interviews were developed in advance, the researcher moved away from these questions whenever necessary, in order to follow the direction that each participant was choosing to go in telling her story, as is recommended for IPA studies (Biggerstaff & Thompson, 2008; Chapman & Smith, 2002). Additional questions were also asked if necessary during the interview, so that events, issues or topics could be explored in more depth if they were relevant to understanding the meaning of the lived experience of mothers’ participation in the results conference of a psychoeducational assessment. As noted by Worthen and McNeill (2001), this type of interview procedure “offers the opportunity for immediate clarification and further elaboration and probing” (p. 120). For the present study, the semi-structured interview procedure allowed for subsequent questions to be pursued as new information emerged within the interview process. Prior to beginning the study, a pilot of three interviews were conducted to ensure that the initial interview schedule (see Appendix D) elicited an elaborate discussion necessary to capture the experience. One of the mothers who participated in a pilot interview was included in the participant pool for the final study, as she met all the eligibility criteria and was interested in participating in a second interview.

During the initial interview, participants were asked to complete the Background Information Form (see Appendix E), which included demographic information about the participants (age and gender of the parent; age, grade, and gender of the child; parental educational and income levels; etc.), as well as background information about their child’s psychoeducational assessment, including when the assessment took place, whether it was
conducted privately or through the school district, how long the process lasted, and what diagnosis or BC Ministry of Education designation (if any) was given.

Following completion of the Background Information Form, participants were asked to respond to questions from the initial interview schedule (see Appendix D). The first question in the initial interview was designed to gain some background information regarding each participant’s experience with their child’s psychoeducational assessment, including any events that may have occurred leading up to the assessment. This question was also designed to aid in cuing the participants to talk about a very specific time point, which was helpful for those participants who were unsure of how to begin their description. The questions that followed were used to guide the interview and to elicit specific information from participants regarding their experience in the feedback conference for their children’s psychoeducational assessment. Participants were encouraged to elaborate on their experience, and/or to clarify any information that was ambiguous or difficult to understand. An attempt was made to ensure that questions did not lead the participants toward specific conclusions or were evaluative in any way, but rather led them to clarify and elaborate on their experiences and feelings. This was accomplished by ensuring that questions were open-ended, neutrally worded, and followed the direction the participants chose to take within the interview.

Following the initial interview, a second interview was scheduled at a time that was convenient for both the participants and the interviewer. At the beginning of this second interview, participants were provided with a summary of the information gained from the first interview, in order to conduct member checks (see Issues of Credibility, Quality and Verification section of this chapter for more detail on member checks). Consistent with the method utilized in this study, the questions in the second interview were highly dependent on what was discussed
during the initial interview, and were designed to clarify any information that was inaccurate or misunderstood from the initial interview (participants were directly asked about inaccuracies), as well as elaborate on any themes or topics that were not fully explored during the initial interview (see second interview schedule in Appendix D).

Throughout all interviews, it was crucial to ensure that the participants’ experiences guided the process. While it is recognized that the researcher has preconceptions regarding personal knowledge, beliefs or expectations about the phenomenon that are influenced by prior experiences, Smith et al. (2009) discuss the importance of acknowledging or bracketing these preconceptions during the interview process, so that the participant is given the experiential expertise. In this study, the researcher had personal knowledge of, and professional experience with conducting psychoeducational assessments and presenting results to parents. Relevant preconceptions and experiences included that parents generally find the assessment process overall to be quite helpful, but may find the presentation of results within the psychoeducational report confusing and difficult to comprehend, and that the recommendations suggested too time consuming to implement. Identifying those pre-existing beliefs and recognizing that the researcher’s experiences and practices may have been very different than what the mothers experienced during their involvement in the assessment process, aided the researcher in focusing on, and attending to, the participants’ experiences. During the interviews, the participants’ words were closely attended to and the researcher attempted to act as a naïve listener to ensure that she was not being influenced by these preconceptions. In other words, by suspending the researchers’ preconceived notions and experiences prior to conducting the interviews with participants and by focusing closely on the participants’ specific experiences, the researcher
attempted to avoid influencing the types of questions asked during interviews with participants (Boyd, 1993).

**Ethical Considerations**

A number of ethical considerations were addressed in the present study. First, ethical approval was obtained prior to conducting the current study through the Behavioural Research Ethics Board at the University of British Columbia (see Appendix A). As outlined above, participants were recruited through advertisement posters displayed in community centres, tutoring centres, parental associations, and online through community websites, and psychologists in private practice were asked to share the recruitment poster with any parent they believed to be an eligible participant for the study. The identity of possible participants was unknown to the researcher unless they chose to respond to the recruitment advertisement by contacting the researcher directly via telephone or electronic mail. Access to any identifying information beyond potential participants’ names was only given with informed consent after parents chose to participate in the study.

During the initial interview with participants, the research project was explained and written informed consent was obtained (see Appendix F). Participants were told that the purpose of the study was to learn about their experience with the psychoeducational assessment for their children, with a particular interest in learning about the feedback conference in which they were given the results of the assessment. Participants were informed that their participation was voluntary and that they could withdraw at any point during the study or choose not to answer any questions asked during the interview. Prior to beginning the interview, participants were also informed about the potential for discussing their child’s psychoeducational assessment to be a sensitive experience for some parents. A list of appropriate and affordable resources/services was
provided to all participants before the completion of the first interview, in case they needed to discuss any sensitive or emotional issues that arose from discussing the process of their child's psychoeducational assessment (see Appendix G).

Participants were informed that every effort would be made to ensure their confidentiality, which involves both concealing participants’ identities and protecting the storage of data collected. As discussed previously, pseudonyms were assigned to all participants and their children throughout the document to protect their anonymity. Participants were informed that all documents pertaining to the study would be identified by a code number and kept in a locked filing cabinet in order to ensure confidentiality. Participant names and contact information (for the purpose of scheduling interviews) were kept separate from interview transcripts, which could only be identified by code number. During data collection, a transcriptionist was hired to transcribe the audio-taped interviews verbatim. However, this individual only had access to the audio-taped material, which was identified by a code number (no names were given to the transcriptionist or with the files forwarded for transcription). In addition, confidentiality procedures consistent with those outlined by the Office of Research Services at the University of British Columbia were reviewed with the transcriptionist and she was asked to sign a waiver of confidentiality.

**Data Analysis**

In the IPA method, the researcher takes an active role in the data analysis process. Data analysis is dynamic, as the researcher is never able to be fully within the participant’s personal experience, though he or she attempts to be, to the extent possible. Smith (1996) explains that “access [to the participants’ experience] is both dependent on, and complicated by, the researcher’s own conceptions which are required in order to make sense of that other personal
world through a process of interpretative activity” (p. 264). Thus, in this double hermeneutic, or
dual interpretation process, IPA analysis is the combination of the researcher’s *insider’s perspective* (phenomenological; the stories that participants are telling) and an interpretative,
outsider approach, which attempts to make sense of these experiences and convey them in a way
to answer the particular research questions of the study. An additional unique feature of IPA is
that data analysis attempts to balance the distinctness of participants’ stories, which is an
ideographic approach, with an account of the shared commonalities across the group of
participants (Reid et al., 2005).

Data analysis for this study proceeded in a three-stage process, as outlined by Smith et al.
(1999) and Smith and Osborn (2003).

**Stage 1: Looking for themes in the first case.** In this initial stage, according to Smith
and Osborn (2003), the first participant’s transcript was read and re-read in its entirety until the
researcher was familiar with the account. After reading it several times, the researcher made
notes in the left-hand margin about any comments made by the participant that appeared to be
significant when considering the research questions for this study. These notes referred to the
participant’s initial impressions, summaries, associations and connections. The researcher then
started at the beginning of the transcript once more, and changed these initial notes into concise
phrases that attempted to capture the key meaning of what the participant said. These emerging
themes were documented in the right-hand margin, and as suggested by Smith and Osborn
(2003), an attempt was made to find expressions that were abstract enough to bring about
theoretical connections within a case and across cases, while still maintaining the specific
meaning of the participant. When similar themes emerged later within the same transcript, the
same theme title was used.
Stage 2: Connecting the themes. Following the completion of the identification of the initial themes in the first transcript, each emergent theme was listed on a sheet of paper in the sequential order with which the themes emerged during the analysis. Then, themes were grouped together and reordered in a more theoretical manner as connections were made between them. As connections were made and themes clustered together, they were checked against the original transcript to ensure that the researcher’s arrangement of the themes continued to fit with the participant’s transcript and the meaning of the experience. The clusters of themes, which most strongly depicted the participant’s concerns and experiences, were then named, and those identifications became the broad themes. Smith and colleagues use the term superordinate themes to refer to these broad themes, and subordinate themes to refer to the themes that comprise these broad themes. For the purpose of readability, and to be consistent with more prominent terms used in qualitative research studies, the term broad theme and subtheme will be used throughout the current study to refer to superordinate and subordinate themes, respectively. A table of all broad themes and subthemes was developed and ordered in a coherent manner. In each subtheme, line identifiers were listed, corresponding with the location of the quotation corresponding to the theme within the transcript. This was to aid in organization and to assist in efficiently finding the quotes corresponding with each subtheme. At this point, certain subthemes that did not match well with the emerging structure or did not have sufficient evidence within the transcript were eliminated. This is an accepted part of the process and reflects the goal of exploring the key meaning of the experience for participants (Smith et al., 1999; Smith & Osborn, 2003).

Stage 3: Continuing the analysis with other cases. The previous stages were repeated with the remaining transcripts one at a time, using the broad themes and subthemes from the first
case to orient later analysis. During this stage, transcripts were examined for repeating patterns, while still remaining aware of new issues or topics that were important to understanding participants’ experiences. As explained by Smith and Osborn (2003), it was important during data analysis to “respect convergences and divergences in the data – recognizing ways in which accounts from participants are similar but also different” (p. 73). After the completion of each transcript, broad themes and subthemes were adjusted as necessary and the lines in the transcript corresponding to each subtheme were added to the table developed during the first two stages. Identification of which subthemes to focus on and which to reduce depended on the richness or importance of particular subthemes with respect to the research questions to be answered, and how well each subtheme helped to illuminate other aspects of participant’s accounts, in addition to the subtheme’s prevalence within the data. To be included in the final analysis, broad themes were discussed by all eight of the participants at some point during the interviews, and subthemes appeared in at least four interviews with participants. This is consistent with what has been suggested for development of themes within an IPA approach (Smith et al., 2009; J. Smith, personal communication, October 21, 2009).

In addition to the three-stage process described above, brief field notes were written following each interview with participants, reflecting the researcher’s initial impressions and understanding of key aspects of the interview. In addition, throughout data collection and analysis, memos were written to include any thoughts, feelings, interpretations and ideas that emerged, as well as to track analytical and methodological decisions that were made as the research study progressed. These documents were referred to throughout data analysis, and helped to inform the interpretations made. As explained by Morse and Richards (2002), keeping a record of memos and journals not only allows researchers to document their ideas and
reflections for later analysis, but also is a form of accountability for how particular themes and categories were developed.

**Ensuring Scientific Rigour**

Prominent researchers have used different terms to describe the notions of validity and creditability as they apply to qualitative research. Creswell (2007) views validation as a more appropriate term than verification, and defines it as a process and as “an attempt to assess the ‘accuracy’ of the findings, as best described by the researcher and the participants” (p. 207). Validation within a qualitative study can be considered to be inherent in both methodology, which discusses rigor in the application of the method of a study, and interpretation, which considers rigor in community consent (Creswell, 1998). In the proposed study, methodological validation was gained by ensuring that: (a) there were an appropriate number of participants and that they were selected from purposeful, rather than random, sampling, (b) saturation was reached when deciding to discontinue data collection (i.e., no new constructs emerged during the last two interviews with participants), (c) interviews were conducted appropriately, including attention to participants’ nonverbal cues (d) verbatim transcription was accurate, and, (e) there was an audit trail so that conclusions and descriptions were made clear along the way. Worthen (2001) expresses it in this way, “if others can see the integrity of the process and the ability to explain competing findings you have demonstrated validity” (p. 141).

Interpretive validation involves the nature of evidence and ensuring that findings are presented with a good balance between direct quotes from participants and the interpretations made from the information gathered. In the findings section of the present study (see Chapter Four), direct quotations from participants were used to highlight and illustrate interpretations generated from the data when appropriate and applicable. It is also important to consider
transferability, or the extent to which the information in this particular study can be used in real life or practical settings. As documented in the introductory chapter, one of the goals of this research project was to gain more knowledge and better understanding about mothers’ experiences of hearing the results of their children’s psychoeducational assessments. The intention is for this information to be used by psychologists and other professionals to improve their practice, especially as it relates to sharing sensitive information with parents. Therefore, implications of the findings for professional practice and suggestions for psychologists to improve their communication with parents are included in the discussion chapter of this document (see Chapter Five).

Furthermore, Creswell (2007) outlines eight validation procedures that are often discussed in the literature, and recommends that qualitative researchers use at least two of these procedures in any study. Four of these procedures were used in the present study in order to ensure quality, and are described below:

**Peer review or debriefing.** According to Creswell (2007), it is important for researchers to have an individual with whom they are able to discuss the project, ask difficult questions, and share their feelings, and who may act as a “devil’s advocate” for helping researchers determine if they have missed or overlooked anything. During data collection and data analysis, the researcher met with several graduate student peers on a regular basis, in addition to members of the dissertation committee, all of whom were familiar with qualitative research methodology and in some instances parent involvement research and/or the psychoeducational assessment process. The purpose of these meetings was to discuss methodology and interpretations that arose from the data. Written notes of what transpired during these sessions and decisions made were kept in
theoretical and methodological memos, and were referred to throughout the process of data analysis.

**Member checks.** Member checking involves giving interpretations and conclusions to participants for their views on the accuracy and credibility of the findings (Creswell, 2007). In order to ensure that the analyses and interpretations gleaned from the interview data were credible and accurate, written summaries of the participants’ initial interviews were given back to participants to read over, review, and check for accuracy during the second interview. In addition, during the second interview, initial interpretations and development of subthemes that were made during the analysis of the first interview were checked with participants, and further discussion and clarification took place to ensure accuracy.

**Rich, thick, description.** According to Creswell (2007), this type of description involves describing the participants or situations under study in sufficient detail, which “allows readers to make decisions regarding transferability” (p. 209). As was seen earlier in this chapter, a description of each participant was presented. In the following chapter, which highlights the findings of the study, a detailed description of the broad themes and subthemes discovered is presented, including quotations directly from participants illustrating these findings. By using this type of rich description and elaboration of the findings for the present study, future researchers wishing to conduct a similar study with different groups of participants will be able to determine how likely it is that findings will transfer to different contexts or participant groups.

**External audit.** For the current study, an academic colleague who was not directly involved in the research project, but who was familiar with the research topic and qualitative methodology served as an external peer auditor. The auditor reviewed all the data, including interview transcripts, list of broad themes and subthemes, field notes and memos, and confirmed
that interpretations and conclusions were consistent with the data provided. Different
interpretations or organization of themes were discussed, adjustments were made when
necessary, and the final table of broad themes and subthemes was developed. As explained by
Smith (2003), the “independent auditor is attempting to ensure that the account produced is
credible and justified in terms of the data collected, but not necessarily the only or definitive
account which could be produced” (p. 235).

Summary

In this chapter, the IPA methodology for qualitative research was described and support
for its use in answering the research questions posed in this study was provided. Participants in
the current study were eight mothers who had participated in the feedback conference for their
children’s psychoeducational assessment within 12 months of the interview. Selection criteria
and methods for recruitment of participants, along with procedures for data collection were
described. Ethical considerations were outlined, details of the data analysis procedure were
presented, and issues of scientific rigour were discussed. Findings from the data analysis are
presented in the following chapter.
Chapter IV: Findings

The purpose of this study was to understand mothers’ experiences with participating in the feedback conference for their child’s psychoeducational assessment and to explore the experiences that impacted their ability to follow through with the recommendations made by the psychologist. Interpretative Phenomenological Analysis was used to analyze the interview data from eight mothers of elementary school-age children who had a psychoeducational assessment within the past year. The emphasis of this study was on how mothers perceive and describe the meaning of this experience.

This chapter presents the broad themes and subthemes that emerged from the analysis of participants’ descriptions of their experience. For the first research question, which relates to understanding mothers’ experiences with the psychoeducational assessment, three broad themes and 11 subthemes were identified (see Table 2). These broad themes reflected participants’ experiences of finding out about their children’s learning needs, emotional experiences, and experiences of satisfaction with the feedback meeting. For the second research question regarding mothers’ experiences of follow through with the recommendations made during the psychoeducational assessment, three broad themes and eight subthemes were identified (see Table 3). These subthemes were organized according to whether they facilitated adherence with recommendations, inhibited adherence, or could either facilitate or inhibit adherence, depending on their positive or negative presence.

The broad themes and subthemes that emerged for each of the research questions are discussed in turn. In the presentation of each subtheme, direct quotations from the participants are used where appropriate to support the illustration of subthemes. For the sake of readability,
space fillers (e.g., “um”, “like”, “right”), repeated words, false starts, and stuttering have been omitted. Ellipsis points (…) are used to designate omitted material.

Table 2

*Research Question 1: Broad Themes and Subthemes*

<table>
<thead>
<tr>
<th>Broad themes and subthemes</th>
<th>Number of participants who discussed subtheme&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experiences of finding out</td>
<td></td>
</tr>
<tr>
<td>Getting a diagnosis</td>
<td>8</td>
</tr>
<tr>
<td>Gaining a better understanding</td>
<td>8</td>
</tr>
<tr>
<td>Acquiring information and resources</td>
<td>8</td>
</tr>
<tr>
<td>Emotional experiences</td>
<td></td>
</tr>
<tr>
<td>Shocked/overwhelmed</td>
<td>6</td>
</tr>
<tr>
<td>Upset/sad</td>
<td>4</td>
</tr>
<tr>
<td>Guilt</td>
<td>4</td>
</tr>
<tr>
<td>Uncertainty/worry</td>
<td>8</td>
</tr>
<tr>
<td>Validation/pride</td>
<td>4</td>
</tr>
<tr>
<td>Experiences of satisfaction</td>
<td></td>
</tr>
<tr>
<td>Focus on strengths</td>
<td>5</td>
</tr>
<tr>
<td>Psychologist engagement</td>
<td>6</td>
</tr>
<tr>
<td>Desire for second meeting</td>
<td>4</td>
</tr>
</tbody>
</table>

<sup>a</sup>Subthemes were not included in the final analysis unless they were discussed by at least four participants. This is consistent with what has been suggested for development of themes within an IPA approach (Smith, Flowers & Larkin, 2009; J. Smith, personal communication, October 21, 2009).
Table 3

**Research Question 2: Broad Themes and Subthemes**

<table>
<thead>
<tr>
<th>Broad themes and subthemes</th>
<th>Number of participants who discussed subtheme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experiences facilitating or inhibiting follow through</td>
<td></td>
</tr>
<tr>
<td>Support systems</td>
<td>6</td>
</tr>
<tr>
<td>Goodness of fit</td>
<td>4</td>
</tr>
<tr>
<td>Understanding/agreement with purpose</td>
<td>4</td>
</tr>
<tr>
<td>Experiences facilitating follow through</td>
<td></td>
</tr>
<tr>
<td>Future consideration of child</td>
<td>4</td>
</tr>
<tr>
<td>Accessibility of recommendations</td>
<td>4</td>
</tr>
<tr>
<td>Experiences inhibiting follow through</td>
<td></td>
</tr>
<tr>
<td>Financial</td>
<td>4</td>
</tr>
<tr>
<td>Child/parent difficulties</td>
<td>4</td>
</tr>
<tr>
<td>Time</td>
<td>5</td>
</tr>
</tbody>
</table>

**Mothers’ Experiences of Participating in the Feedback Conference**

In discussing the broad themes and subthemes, it is important to understand how participants’ prior expectations, which were discussed prominently during the interviews, provide a context for their experiences of participating in the feedback conference. All of the participants discussed having prior expectations going into the feedback meeting for their children’s psychoeducational assessments, which influenced and impacted their experience and their thoughts, feelings and actions both during the meeting and after the assessment was complete. For the participants in this study, these expectations were not general in terms of openness (e.g., thinking “I’m going to learn about my child”), but were very specifically related to anticipating what the psychologist was going to tell them about their children’s difficulties, what the diagnosis would be, and what types of information they would receive to help meet
their children’s individual needs. These expectations are highlighted throughout the discussion of the first broad theme in helping to elucidate the understanding of these mothers’ experiences with the feedback conference.

**Theme 1: Experiences of finding out.** This broad theme relates to participants’ experiences of finding out the results of their children’s psychoeducational assessments, and learning about the children’s particular strengths and weaknesses. This Experience of Finding Out reflected the purpose of the feedback meeting for parents. Within this theme, participants described three main expectations they brought to the feedback conference: that they would get a diagnosis for their child, that they would gain a better understanding of their children and the difficulties that they face, and that they would acquire information and resources to better assist their children and meet their children’s individual needs.

**Getting a diagnosis.** All of the participants discussed their expectation that their children’s psychoeducational assessment (and more specifically, the feedback meeting) would be a means of learning the reason for their children’s difficulties and provide an answer to why their children were struggling, including a diagnosis. Lucy expressed that she was anxious to find out “what’s wrong” with her son during the feedback meeting with the psychologist, and Amy recalled wanting to know “what’s going on” and “what’s happening” with her son Kirk. Linda recalled that she “did a lot of trying to figure out what she [the psychologist] was going to say before I got there.” Patricia remembered that she was feeling anxious while waiting for the meeting to begin, and wondered, “what are they going to tell me that I don’t know about my kid?” For Beth and Sandy, their expectations of the diagnosis their child would be given matched the results that were actually presented by the psychologist, so they were not surprised during the
meeting. Beth explained that she felt the assessment was “pretty bang on” and that “it clarified it [the diagnosis] and it put it into its formal language and it was what we had expected.”

Some of the mothers discussed how the assessment was essential in getting a specific diagnosis for their children and this led to their satisfaction with the results. Sandy explained,

And I guess what our purpose was, was to get the label, to get the funding or the special programs, the gifted programs that you get within the school district, that was our purpose. And so in the end I was happy because we got what we wanted.

Beth recalled how she pursued an assessment because her son had previously been diagnosed as having ADHD, but she wanted to learn more specifics regarding his intellectual ability. She stated, “we also suspected that he was bored in school and we knew that he was bright but I wanted to find out how bright.” Similarly, Shelly discussed her need to discover why her daughter “who was so bright wasn’t reading” and whether the French Immersion program she was enrolled in was hindering the process. She explained that “it felt good to have some answers” and that having a diagnosis of the problem was “kind of like looking at something and everything is blurry and now you look at it and it’s clear.” For Veronica, the overall assessment process was described as very negative, but she felt positive about learning the reason for her daughter’s difficulties. She explained,

Because she’d had the testing done I now knew conclusively what the problem was…. So it was a huge relief to know that this was not gonna be a permanent thing that there was something we could do about this because I didn’t know what to do.

For some of the participants, their prior expectations about the specific diagnosis their children would be given was inconsistent with that found as a result of the psychoeducational assessment, and this lead to their reports of feeling confused or unprepared. For example,
Patricia explained, “I always thought Julia was a visual learner and she’s not, she’s an oral learner and so that really surprised me,” and Veronica described being surprised that her daughter’s reading level was measured to be so low. Shelly recalled, “I hadn’t prepared myself for what the assessment was going to show us because I thought maybe she might be dyslexic or have ADHD. But I didn’t think that she would have both, right? So that was tough.” Similarly, Lucy and Linda both discussed being unprepared for the diagnosis given to them about their child during the final conference with the psychologist. Lucy recalled,

I had been not told but suggested by the teachers and the principal that Shawn probably had Aspergers or something like that. So I had gone in with preconceived notions of what might come out of that and it wasn’t anything like that at all.

Lucy explained that if she had had a better sense of what the diagnosis was going to be when she went into the final conference, she would have been better organized and “could have brought a lot more questions to the psych-ed assessment.” Linda also recalled how her prior expectations about what the diagnosis would be led to surprise during the meeting. She stated,

…by the time we went I had done the research and kind of thought to myself I don’t think she’s going to say that he’s gifted LD. I just, after all the stuff I’d read I just didn’t think that was going to be the result. So I was really surprised when she did say that in the end actually.

For Amy, her prior expectations that she would “hear everything” and that the assessment would “provide the answer,” lead to feelings of confusion and a desire for “more definite answers” when no diagnosis was made. She explained that she “was just very naively full of hope that these would be all the answers” prior to attending the feedback conference to receive the results from the psychologist, and discussed how she believed she was “expecting too much.”
Specifically, she explained that prior to the assessment, other professionals had suggested that her son might have Asperger syndrome, and that this impacted her expectations about the results. She recalled,

…so I was wondering if that would be evident in the observations taken during the whole testing and time period of the assessment. And so I didn’t want to read that into anything but I guess I was hoping for a definite yea or nay in that area.

For this mother, not receiving a specific diagnosis for her son during the feedback conference led her to feel that she did not have an answer to why he was having difficulties.

**Gaining a better understanding.** Five of the participants discussed how their experiences during the feedback conference with the psychologist lead to a better understanding of their children. Beth and Linda recalled how the assessment “clarified” what was occurring for their children, and Lucy, Amy and Shelly discussed having a better understanding of their children’s difficulties, perspectives and behaviour as a result of the conference. Lucy explained that the assessment “gave an explanation to some of his behaviours, some of his actions. Why he does the things he does.” Because of the feedback presented during the assessment conference, she felt that “a lot more things make sense on why he does things,” and she understood that her son’s behaviour was not a personal attack but rather reflects that “he’s just trying to figure things out and he might figure them out differently than I do or someone else does.”

Similarly, Amy discussed how the assessment allowed her to take her “head out of the sand” and fully understand her son and his differences. With respect to his behaviour, she realized, “it’s not disobedience or being rude it’s more he’s doing it but on his time.” Shelly explained that the information from the feedback conference and the psychoeducational assessment as a whole gave her a much greater understanding of her daughter’s day-to-day
difficulties. She stated, “those words don’t make any sense to her so no wonder she’s frustrated and resistant. And, the whole ADD thing, okay, so no wonder she has trouble focusing on this, it just makes a lot of sense now.” Shelly also described how this better understanding of her daughter’s behaviours is empowering in not only allowing her to change her parenting approach, but also in facilitating her learning about her daughter’s uniqueness. She explained,

Obviously it’s not the entire mystery of Jane opened up but it certainly has been helpful to let us be able to learn more. Like to learn about what dyslexia is and just to get an understanding of what ADD looks like. So this is empowering because it also gives you the opportunity to expand your knowledge about your child.

Linda discussed how she found the information, recommendations and the tools provided to be very helpful for her own understanding, as well as useful for when she needed to discuss her son’s difficulties with others. She stated, “getting the language from people so you know what you’re talking about with people has been helpful.”

Despite their better understanding about their children’s difficulties and the reason for some of their challenging behaviors, participants also discussed their difficulty fully understanding the information that was presented to them by the psychologist during the feedback conference. All eight participants described some difficulty with understanding either the diagnosis that was given or the terminology and scores presented. Patricia, Lucy and Shelly described having an incomplete understanding of their children’s diagnosis, with thoughts such as “What does that mean?” or “What does that look like?” coming up for them during the meeting. Lucy and Shelly were also struggling with their understanding of the characteristics of ADHD. Lucy explained that she only knew about the stereotypes, and said “I would have liked
more of an example, this is the definition but the variances on how it is,” and Shelly described her lack of knowledge about which of her daughter’s difficulties were “caused from” the ADHD.

For seven of the participants, this lack of understanding stemmed from the terminology, jargon and difficult language the psychologist used during the feedback meeting and in the report. Lucy recalled, “I don’t know if I got everything that he was saying,” Linda recalled that “a lot of the information doesn’t make any sense,” and Veronica explained that “some of the stuff that was written in the report was a bit scientific” for her and that she “wasn’t sure what it actually was all about.” Amy, Patricia and Beth all described their incomplete understanding with particular terminology the psychologist was using during the meeting. Lucy recalled thinking, “What does average mean?” and Amy explained that when the psychologist was telling her about her son’s “crystallized reactions or whichever,” she was “not totally familiar with that kind of terminology.” Similarly, Beth described her lack of understanding of the statistical terms used by the psychologist during the feedback meeting for her son’s assessment. She explained,

I mean some of the stuff was over my head when she was explaining all the results and statistics and all that, I have no brain for numbers. No, you’re ninety-nine point ninth percentile of the blah, it doesn’t mean much to me.

For Sandy, her incomplete understanding of the statistics and terminology was a consequence of her lack of interest and the fact that the meeting was at the end of a long day. She explained that she was “briefly interested but not to the technical point” in “the names of the tests and the scoring of it, the mathematical part of how they come up with their scores.”

**Acquiring information and resources.** Five of the participants discussed their expectations of the feedback conference and the assessment report as being able to provide them with information and resources with which they were able to move forward and which better
assisted them in meeting their children’s individual needs. Patricia discussed how she knew that her daughter was having difficulties, but “wanted to know a way to help her” and Lucy recalled feeling that, as a result of the assessment meeting, she had “a path now on how we can work with” her son’s difficulties. Similarly, Shelly explained that “it was important to get the information about what was going on for Jane so that we could make the decisions that we needed to make to figure out how to best support her and help her.” Shelly believed that having the information from the assessment was “kind of like getting a tool kit,” and described the psychoeducational assessment report as “just a really comprehensive sort of package of information to help us through the maze.” She explained further how having this information made the tasks ahead seem manageable: “here’s all the tools and here’s all the people in place that are going to be able to help you and it’s not going to probably be easy but it’s going to be doable.” Beth clearly expressed the importance of having a psychoeducational assessment for her son so that the family and school “could tailor his education to meet his needs.” For Amy and Patricia, acquiring this information during the feedback conference helped them to feel more positive about future educational outcomes. Amy was able to realize that “there’s help out there” and Patricia described this hopefulness as being due to the changes that would be made to her daughter’s classroom instruction and homework assignments as a result of the assessment report recommendations. She explained, “I’m just happy that she’s going to be not so frustrated.” For these mothers, the feedback meeting with the psychologist provided them with information and resources, which allowed them to better support their children.

The majority of participants also discussed the importance of the psychoeducational assessment and the report provided as a resource document for assisting their children at school and helping to ensure their future educational success. Patricia explained how she believed that
the assessment report would be used for her daughter as a “paper trail to help her succeed,” which will allow her to receive accommodations all the way through her schooling. Beth also felt that the information provided during the feedback conference and in the report was valuable for the school. She recalled, “I appreciated the feedback and the recommendations and I passed everything onto the school as soon as I got it.”

In reference to the assessment report, Shelly felt that it’s a “huge resource to have this information and to have it to refer back to,” and explained that it would be useful for her daughter’s education in the future because “from now on we can go forward.” Veronica explained how the psychoeducational assessment and report provided would be useful if her daughter wanted to transfer back into the public school system. She clarified, “because she’d had the testing done if when she does re-enter the state system she is diagnosed and therefore she won’t have to do a second language to graduate.”

Several mothers also described how the assessment report would act as documentation for accessing services within and outside of the school system. Linda, Amy, Sandy and Beth explained how the assessment report carried “weight” and was essential as objective “proof” for them as parents to take to the school so that their child would receive an Individualized Education Plan (IEP) and additional programs. Beth stated,

To have a formal assessment by a registered psychologist I think has some weight with, yeah, it obviously does have weight with the school people so that they’re more inclined to get him into programs that he might need for either his enrichment programs and the disability side.

Similarly, Amy explained that the assessment feedback “provided a lot of background information” that was specific and objective, in contrast to the more vague statements from the
school regarding her son’s work habits. She stressed that the assessment report was also very useful for offering “a lot of very good information for the school to develop ways to help Kirk” that included detailed strategies, and explained that the report “is going to be presented to the school and be used to formulate some sort of program for him that will be specific for what he needs help in.” Sandy described how the assessment “was worth it for sure” because with the report as documentation, her daughter is “given this designation [and] we now get special treatment through the school board.” For both Sandy and Beth, it was also important to have concrete evidence of how bright their children were so that the teachers would believe them, rather than thinking, as Beth expressed, “yeah, I guess he’s bright or whatever.” Linda also expressed how empowering the assessment report was for her as a parent in speaking with her son’s teacher. She explained that if her son had a teacher who was doubtful about making accommodations, she could go to the teacher and say, “this is what’s come of it. These are some things that have been suggested what to do. Let’s start trying to implement these.”

Despite feeling that they were able to get important information about their children’s difficulties and resources to better meet their children’s needs, six of the participants discussed their frustration with the lack of a clear direction that was presented to them, which was in contrast to their prior expectations that they would receive specific information about a solution for their child. Patricia described walking out of the meeting feeling directionless, thinking, “where do I go? What do I do?” Linda expressed her frustration with not being given one obvious solution by the psychologist, even though she realized that “there’s not the magic thing out there yet,” and that ultimately it is the parents’ decision. She mused, “you kind of want someone to tell you ‘you should do this’ and they don’t, obviously they can’t do that because we know him and we have to think about what works for him and us.” Similarly, Veronica
expressed her frustration with the psychologist’s lack of a direct plan for addressing her
daughter’s serious reading delay. She explained that she had difficulty getting even a “vague
framework” during the conference, and lamented,

They didn’t solve what I perceived to be the major problem. She’s going into Grade 5
and only reads at a Grade 2 level. That was the most immediate and pressing problem
for me and that was what we needed to solve. And there was no solution to that so the
rest of it sounded like it was almost things to keep her in the system just to keep her
bouncing along until hopefully we can get her through to Grade 12.

Veronica’s frustration was clearly a result of her prior expectations about the approach to the
feedback meeting for her daughter’s psychoeducational assessment, which was very different
from what actually occurred. She recalled how this impacted her feelings as well,

I went into this meeting with huge hope because I still thought, okay, they’re going to
diagnose her. So then they are going to offer me solutions. They’re going to tell me
what they have that she can do, that we can do so she can learn.

Veronica explained that the meeting became “dreadful” as she realized that her expectations of
working with the school were not going to be met.

Sandy struggled with how she should approach her daughter’s needs following her
diagnosis of giftedness, without guidance as to the specific programs that may be available. She
explained,

I have nothing and I’m feeling this time well now I’ve got a gifted kid what do I do, what
am I supposed to do when I’m feeling guilty because I’m not doing anything, we’re not
doing anything over the summer we’re just having a good time.
She also discussed her difficulty knowing how to direct her daughter when explaining her giftedness to other children and adults. She stated, “I’m not sure what she should be saying. I guess I would like someone to say here’s your script, this is what your kid should say and I’d be happy.”

Amy recalled that going into the feedback conference for her son’s assessment she was expecting the psychologist to tell her “this is what needs to be done and everything is going to be fine.” Similarly, Lucy’s expectations about what she would be given as a result of the assessment impacted her sense of being somewhat directionless. She explained,

I don’t know that I was hoping for an easy solution and being diagnosed with ADHD is not easy. And really it’s just a title, it didn’t really give me any suggestions or things to really deal with, the things that he was doing.

Summary of experiences of finding out. The Experiences of Finding Out theme relates to mothers’ experiences with learning about their children’s diagnosis, attempting to gain a better understanding of what was occurring for their children, and acquiring both resources and information to assist their children in meeting their learning and individual needs. These subthemes are closely tied to participants’ prior expectations, which provided the context to understanding their experiences with the feedback conference for their children’s psychoeducational assessments. The subthemes illustrate how these mothers’ experiences could be seen as being two sides of the same coin (i.e., gaining an understanding of their child’s behavior and difficulties, while also experiencing incomplete understanding of the diagnosis or terminology presented) depending on whether their prior expectations were met.

Theme 2: Emotional experiences. A prominent theme for all the participants was the emotional impact of learning the results of their children’s psychoeducational assessment during
the feedback conference. Lucy explained that the assessment process for her son had “a lot more emotional attachment” than other tests or procedures he’s experienced because “it deals with his behaviour, it deals with aspects of why he does what he does, his characteristics, his personality, just more emotional stuff.” Veronica described how the assessment was “a traumatic process” because of how difficult it was to get her daughter an assessment, and the decline that occurred in her mood and behaviour during the year leading up the assessment. She recalled that the final conference was “one of the most emotional hour-and-a-half’s” of her life, which was an unexpected feeling. Participants discussed experiencing five types of emotions during the feedback conference: shocked/overwhelmed, upset/sad, guilt, uncertainty/worry and validation/pride. These are discussed in turn under each subtheme below.

**Shocked/overwhelmed.** Six of the participants discussed that they had a great sense of being overwhelmed while the psychologist was presenting the results of their children’s assessment. Lucy described being “shell-shocked for a lot of it” and Patricia explained that the meeting was “very long” and “overwhelming.” For the majority of these participants, this feeling of being overwhelmed was a result of the large amount of information that was being presented to them during the meeting. Lucy explained, “it’s a lot of information to process in a short amount of time and then trying to reiterate it to somebody else sort of, you can’t feel like you can grasp it all.” Shelly and Linda explained that there was “so much information” and for Shelly, the information was going over her head because she could “only take in so much.” For Amy, her prior expectations going into the meeting impacted her feelings, as she didn’t know what to expect and “didn’t realize how much information had been gathered,” leading her to feel “hopeless and overwhelmed.”
Both Linda and Lucy compared their overwhelmed emotions to receiving a medical diagnosis of cancer. Linda explained, “my brain turned off kind of how I would imagine you would do if someone told you you had cancer. And you’d just stop listening at that point and be thinking all the thoughts and worries and stuff.” Similarly, Lucy also compared her experience to a cancer patient and described how she would have liked to have someone else present at the meeting with her to confirm the information that the psychologist conveyed. She stated, 

In hindsight I would have brought somebody else with me just like if you go to a doctor and it’s a serious like a cancer doctor or something, you bring someone else with you because you don’t hear all the details, you always miss something.

Beth and Shelly also explained how their emotions of being overwhelmed were a result of the increased responsibility and life changes that would be required. Beth recalled that the psychologist was excited by her son’s high level of giftedness, but that in addition to his learning disability, she found it overwhelming because of the increased responsibilities. She explained, “because my husband works so much, I’m the one who takes care of everything and that includes all the school interviews, anything to do with school stuff, home stuff is all on me.” She went on to explain that it would be easier to have “a really super normal average child” because her son’s diagnosis of gifted LD leads to a greater level of involvement and concern than having a child without those additional needs. For Shelly, hearing about her daughter’s difficulties and challenges and thinking about how that may change the family’s day-to-day life was overwhelming for her. She explained that the information about her daughter was a lot to absorb and process and recalled, “I held it together while I was in the meeting but when I left the meeting and we got in the car I totally lost it.” These thoughts were also impacted by the “huge
learning curve” required in understanding the implications of her daughter’s behavioural and learning difficulties and unique needs.

**Upset/sad.** Four of the participants also discussed that they were sad or upset during the results conference for their child’s psychoeducational assessment. Patricia and Linda indicated that they were “mentally drained” by the process and upset by their children’s learning disabilities. For Linda this also stemmed from the fact that they hadn’t found a clear solution for their son’s school placement, and he is still unhappy about attending school. Veronica described being upset during the meeting for her daughter’s assessment because the psychologist did not recognize Veronica’s efforts at home with respect to her daughter’s learning and education. For Shelly, her sadness came from realizing how difficult some of the classroom activities would have been for her daughter due to her reading disability and how frustrating that would have been for her. She explained,

I just thought, oh, she’s been in three years of school now and how much of this has just been a big mess to her because she can’t make sense of it….she was clever enough to know that it wasn’t making sense to her so that made me feel sad that she was spending all that time like all day long in a setting where it wasn’t necessarily making much sense to her.

For these mothers, the realization that their children had been suffering from learning disabilities and struggling in the classroom lead them to a reported sense of despondency or distress.

**Guilt.** Four participants discussed feeling a sense of guilt during the feedback meeting for not knowing about the problem sooner. Veronica, Shelly and Patricia all discussed how they wish they had known about their children’s difficulties earlier, so that they could have alleviated
their suffering or assisted them with their learning in a better way. Shelly described feeling guilty for not noticing her daughter’s difficulties sooner, and regretting that she hadn’t “known from day one” in order to have the “skills to help her.” Similarly, Veronica explained her guilt over not being able to know how far behind her daughter’s reading level was, how severe of a disability she had, or how to properly “decode what the report cards meant.” She also explained her guilt for not pushing for an assessment earlier when she first suspected a problem, and recalled,

I felt like a failure when I realized that I’d been right all along and I should have followed my gut and I probably should have pushed it and not kept listening to the experts that there was something wrong. I felt dreadful that I hadn’t picked up on how much she couldn’t read, that she managed to fool me too.

Patricia described how not knowing about her daughter’s learning style and difficulties earlier caused her to feel guilty over insisting that her daughter learn in a particular way. She explained, “if I had known earlier, I wouldn’t have been so hard to push her to, come on, what’s wrong with you, and then it’s like, oh, she has a learning disability.”

Three participants also described feeling like their children’s learning or attention difficulties were somehow their fault. Veronica expressed feeling “ashamed” and Patricia explained that she “felt horrible” like she had “done something wrong.” Similarly, Lucy expressed her feelings of doubt about being judged for contributing to her son’s challenges, even though she recognized that the psychologist would know that his difficulty was not her fault. She recalled questioning herself and thinking, “What have I done to cause this? Did I do something wrong? Should I have done this, should I have done that?” She described the natural tendency as a parent to doubt your capabilities, but explained that this feeling was even more prominent upon
learning that her son had ADHD. Overall, for these mothers, hearing about their children’s difficulties during the feedback meeting with the psychologist caused them to feel ashamed or guilty about their lack of understanding of the problem at an earlier point in time or their potential actions which may have lead to the difficulty in the first place.

**Uncertainty/worry.** All of the participants discussed their uncertainty and worry about what the future will hold for their children and family as a prominent subtheme. This uncertainty or doubt reflected their concerns about what effect their children’s assessment results would have on both their own and their children’s future lives, and included general questions such as “What does this mean for the future?” and “What does this impact?” as well as more specific concerns about potential future accomplishment. For example, Lucy remembered feeling worried after the feedback conference for her son’s assessment, thinking, “How are things going to be in the future? How’s this going to affect not only his life but my life?”

Linda and Shelly described how these uncertain thoughts were ruminating as the feedback meeting with the psychologist was occurring. Linda said, “I noticed that I started to worry about what that was going to be mean” and Shelly explained how her thoughts were taking over, “I think probably during the meeting part of myself was going ahead, oh my gosh, I can’t put her on medication.” Similarly, Veronica described her thoughts as the meeting for her daughter progressed, “the fear of what’s going to happen in the future as the realization came there is nothing. This system has nothing to offer a kid like Alison.” She expressed how these fears continued following the meeting when considering Alison’s future needs and caused her to lose sleep as “all sorts of things went through my head in the middle of the night.” She also explained how learning of her daughter’s difficulties during the assessment conference changed her view of the future instantly. She recalled,
It kind of all just comes to you as you see down the tunnel at the future what’s going to happen. The only thing I can equate it to is probably maybe if you have a child that’s developmentally delayed and they tell you, you find out your child is deaf or something and in that kind of instant how it would change everything in your life. It’s almost like that.

Amy and Sandy worried about whether their children may have additional difficulties or if something else would surface in the future. Amy explains, “I just wasn’t sure if anything different would pop up like what if there’s something else totally wrong and what if he has some major learning disability or I was just worried.” Although Sandy’s daughter was diagnosed as gifted and did not have difficulties that needed to be addressed, she still experienced similar concerns about what may emerge in the future. She explained,

And now I have these doubts in my mind well what if they give her the test again and find out she’s not gifted? Because it is a test and you always think what if we failed the test? And you’re thinking well maybe she’s not, maybe she’s just normal like everybody else.

Sandy’s concerns demonstrated that uncertainties about what the future holds are not limited to mothers whose children are having difficulties. Conversely, a few of the mothers expressed an optimistic view of the uncertainty that resulted from the feedback conference, which reflected their hope for a better outcome for their children in the future. For example, Beth felt encouraged thinking about others who have overcome similar difficulties to her son, and expressed, “you just have to do a tiny little bit of research to find out people who have been in the same situation and who have really succeeded quite fantastically so that’s inspiring and hopeful.”
In addition to general uncertainty about future challenges, participants also discussed their fears or worry regarding their children’s future struggles and successes, and their concerns about their ability to manage or cope as a parent. Seven participants described in detail their worry about their children’s difficulties and how it may impact future school or life success. Patricia remembered feeling anxious during and after the feedback meeting thinking that her daughter’s “dreams are going to go down the drain” and wondering, “How is she going to succeed?” Lucy recalled questioning, “Is he always going to be like this?” about her son’s difficulties. Linda explained that her uncertainty was “more around what it was going to mean for his education and how we were going to work with it,” and Beth wanted to ensure that her son “just gets the right style of education.” Similarly, Shelly’s immediate concerns with respect to her daughter’s educational needs were, “How am I going to get her to read? Is she going to have to move schools?” Veronica recalled how she was frightened considering how her daughter might be limited by her learning disability and might not meet her potential. She stated,

All the things that you assume in a child that are going to be potential are being taken away from you in that meeting because it never occurs to you. I mean I always thought with my kids to go to university, college, was always going to be a choice but to be told well, if we can get her reading at a Grade 8 or 9 level she can read a newspaper. Your life choices are just being limited right there. There’s so many things that, mundane ordinary things you won’t be able to do.

Several participants also discussed their fears for their children’s long-term future and educational struggles. Beth described her concerns about her son “not being able to overcome the disabilities and really thrive” and worried that “he’s not going to live up to his potential and he’s going to end up on drugs or something when he’s in high school.” Shelly worried that her
daughter’s ADHD diagnosis would affect how other people treated her and her ability to “fit into a classroom setting.” Similarly, Veronica expressed her fears about her daughter’s potential behaviour in high school if her learning disability is not addressed,

You’re going to give her some dumbed down thing and she’s going to drop out in Grade 9. She’s going to be one of those kids that hates herself and in Grade 9 is caught smoking a joint in the bathroom.

Amy also described in general her concerns for her son’s self-esteem and confidence and said, “well I hope he doesn’t end up feeling like crap about himself because he gets bugged because he’s not the same as everyone.” She also expressed her concern for her son’s ability to behave appropriately and be successful in the future as an adult,

I automatically think ten years from now, twenty years from now, we’ll be in some situation now where like in a restaurant and he’ll react a certain way to something said and I’ll think oh my god, what’s going to happen in this situation twenty years from now?

Four participants also discussed their fears about their own ability as parents to facilitate their children’s success and take the role of advocate within the school system. During the feedback meeting with the psychologist, Amy and Shelly found themselves questioning their own ability with thoughts such as, “How am I going to do all this?” and “How am I going to meet all of her needs?” Shelly explained further her fears regarding her lack of expert knowledge for ensuring her daughter’s achievement, “how as a parent when I don’t really know anything about any of this stuff, am I going to be equipped to help her?” For Beth and Linda, their fears reflected their uncertainty about their ability to take the responsibility of advocate for their children. During the feedback conference as the psychologist was providing the results for her son, Linda recalled worrying about her level of assertiveness and explained,
I’m hearing what she’s saying, I don’t understand how I’m going to be able to work through the school system….I didn’t know how we would manage it because I’m not a very good advocate sometimes, I’m not good at getting what we need. So I felt like it would be very hard for, year after year after year fighting with the school system and all that stuff. So I think I burst into tears.

Beth described a very similar concern, and expressed her lack of confidence in an advocacy role. She stated,

I know that I’m going to have to really advocate for him in school and just be on top of it all the time because I don’t really trust the school system to do that for me and that’s what I’ve heard too so my initial response was like, ‘oh dear’.

All four of these mothers felt an uncertainty for their future ability as parents to cope with ensuring their children’s educational well-being and taking on the responsibility required for serving as their advocate within the educational system.

**Validation/pride.** In contrast to the negative feelings illustrated by the participants within this broad theme, five mothers described having a positive feeling of either validation or pride during the feedback meeting with the psychologist. Patricia, Veronica and Sandy expressed that the results validated what they suspected to be occurring for their children. Veronica explained that she felt good that she was “right all along” and Sandy recalled that the psychologist confirmed her and others views of her daughter’s giftedness. Shelly indicated a sense of validation that the assessment was “done well” and that she and her daughter’s teacher were seeing the same difficulties and behaviours at home and at school. Sandy and Beth also recalled that they felt proud during the feedback meeting as they were hearing about their children’s cognitive gifts. Beth expressed that she was “proud that he is so intelligent” and Sandy described
her positive thoughts during the feedback meeting for her daughter’s psychoeducational assessment as the psychologist was explaining Aisha’s strengths as a gifted learner,

Wow, she’s got opportunity and we just hope she understands that. I’ve already told her that you have got gifts, use them, be kind with them, don’t use them for bad, use them for good always to help people.

**Summary of emotional experiences.** This broad theme captures the emotional experience of participants when learning the results of their children’s psychoeducational assessment during the feedback conference. This is a prominent broad theme within the mothers’ experiences, and involves their feelings of being: shocked or overwhelmed by the diagnosis and the amount of information presented during the feedback meeting, sad or upset about the difficulties their children were facing, guilty over not knowing about the difficulties sooner or believing that the diagnosis was in some way their fault, uncertain and worried about both their own and their children’s futures, and validated by the assessment feedback or proud of their children’s strengths.

**Theme 3: Experiences of satisfaction.** During the interviews, all participants discussed their evaluation of the feedback meeting for their children’s psychoeducational assessment, which lead to their feelings of satisfaction. These experiences of satisfaction included feeling that the psychologist focused on their children’s strengths during the assessment process, that there was positive psychologist engagement, and the desire to have a second meeting with the psychologist.

**Focus on strengths.** Five participants discussed the importance of having their children be the focus of the assessment and meeting, and of putting the emphasis during the meeting or in the report on their children’s strengths. The mothers found this strength-based focus to be helpful
in light of their children’s difficulties and the emotions they were dealing with. Shelly described how the psychologist started the report by highlighting her daughter’s strengths and emphasizing the positive, which she felt was “awesome.” Similarly, Lucy explained that the report for her son’s psychoeducational assessment focuses on his strengths, and that “Shawn has a section in there where it’s his ideas, his thoughts, his feedback,” which she appreciated greatly. For two other participants, the psychologist made a point to compliment their children on their positive characters, which they found valuable. Amy explained that she appreciated how the psychologist did not focus exclusively on her son’s difficulties such as his inattentiveness, but rather emphasized “how much she enjoyed working with him and how thoughtful he is,” and Beth recalled that the psychologist was “very verbal about complimenting him on his characteristics and not just his intelligence but his mannerism and that she was quite impressed by him.” For these parents, it was important for them to feel that their children were central in the assessment process and that there was a focus on the children’s strengths or skills.

**Psychologist engagement.** Six of the mothers discussed the high level of engagement of the psychologist who conducted their children’s psychoeducational assessment, which they felt to be helpful or contributed to their level of satisfaction with the assessment (feeling that it was beneficial or “worth it”). This positive engagement related to the psychologist’s warmth or openness, availability, and level of competence. For example, Linda, Amy and Beth all discussed their appreciation of the psychologists’ level of compassion in working with the family and the caring attitude towards their children. Linda recalled that the psychologist who conducted her son’s assessment “came across as a very compassionate person and she really cared how to help Ivan and figure out what was best,” and Beth found the psychologist they used to be “very open, very warm and friendly and not intimidating or anything in any way.” Similarly, Amy explained
that she was “impressed by how caring” the psychologist was and grateful for “how much time
and effort she put into” the assessment. Additionally, Sandy talked about her appreciation for the
psychologist’s honesty and sincerity during the feedback meeting when discussing her
daughter’s level of giftedness and particular strengths and weaknesses.

Several of the participants also discussed how the psychologists’ level of competence and
knowledge helped them to feel confident in the assessment process and that they were going to
receive help and support for their children. Linda explained clearly this feeling about the
psychologist she used,

She’s very professional, we felt right away like this is a person who knows what she’s
doing because she’s done this before. She’s seen it all, she can help us and I felt like that
right through the whole thing for sure.

Similarly, Amy discussed her appreciation for the conciseness of the report provided by the
psychologist and how “detail oriented” she was, and Shelly expressed her level of “respect and
trust in the psychologist” that she used and felt he was experienced with a great deal of
background knowledge and understanding of children with dyslexia (her daughter’s diagnosis).

Finally, for many of the participants, the psychologists’ level of availability was also
evaluated as an important attribute that contributed to their feelings of the assessment as a
positive experience. Sandy recalled that the psychologist she used was “very flexible” and four
of the participants described how the psychologists who conducted their children’s assessments
were available by email or telephone for further contact. Linda explains that this “left the door
open,” which was helpful in making her feel “like I could call her or come and see her or contact
her again, which was good.” Beth also found this willingness of the psychologist to be available
reassuring and supportive because “she was there” when needed. Similarly, Shelly explained that
the psychologist’s availability for follow-up contact allowed her to feel like they had a resource if further questions arose following her daughter’s assessment. She recalled during the meeting, “he reassured us that we can call him with questions or check back with him. I just felt like those lines of communication were left open so that we don’t feel like we’re floundering around on our own.”

 Desire for a second meeting. When asked about the feedback conference for their children’s psychoeducational assessment, four participants emphasized their desire for a second meeting with the psychologist. For Amy and Shelly, a second meeting - in which the psychologist presented the assessment results at a school-based team meeting - was provided to them as part of the psychoeducational assessment consultation service. They both felt strongly that this second meeting was essential for being able to process the results more thoroughly and for feeling supported and less anxious. Amy explained that having the second meeting after some time had passed from the first meeting, allowed her to fully process the information that was provided about her son’s difficulties and reconcile how the results were different from her prior expectations. She also explained how having a separate second meeting with the school reduced her level of anxiety and increased her level of understanding. She recalled,

If I’d been told the same time as we were all in the same room it would have just been overwhelming. I wouldn’t have gotten as much out of it as I did because then I got to hear the second time, I get to read it on my own and then hear it translated so that was good. Yeah, I really appreciated the two presentations.

Similarly, Shelly expressed how having the psychologist involved in the school-based team meeting was valuable to her and made her feel reassured. She explained,
In the school-based team meeting it was, I just felt a little more comfortable because [the psychologist] was there and he had the information, he could address the questions like that was one of my biggest fears is having to go into that meeting and to fight for what was best for my child when I didn’t have the resources or the knowledge. So having the report was helpful beforehand but then having him there to field those questions was awesome, it was really great.

Shelly’s comments also illustrated the importance of having the psychologist there as a source of support and a resource for sharing the assessment results with the school.

Two participants who did not have a second meeting with the psychologist also expressed their desire for a follow-up meeting as important for helping them process the information. Lucy explained that she would have liked to have a second meeting with the psychologist after she received the assessment report, in order to have “a chance to read it and just digest it and then go back and ask questions.” Linda expressed a similar desire, and explained that she didn’t feel a lengthy period of time between the two meetings was necessary. She mused, “I think I would have liked to, like I said, go back a week later or something just to have a chance to read the stuff, think about it, talk about it and then go back just to clarify things.” Linda described how, a month after the feedback conference with the psychologist, she was able to discuss the report with the resource teacher and librarian at her son’s school, which she found helped her to further process the information.

Having a second meeting to review the results of their children’s psychoeducational assessment clearly is advantageous for facilitating these parents’ better understanding and a more thorough processing of the information about their children’s learning needs. For some of the participants, the second meeting also was (or would have been) important for decreasing their
feelings of being overwhelmed by their children’s assessment results, and for having the psychologist as a resource and/or support person to draw upon. This subtheme appears to be tied to participants’ experiences of gaining a better understanding of their children, acquiring resources for their children’s success, as well as their emotional experiences of being shocked and overwhelmed.

Summary of experiences of satisfaction. This broad theme relates to participants’ experiences during the feedback conference, which lead to their belief that the assessment was beneficial or valuable. The subthemes leading to mothers’ experiences of satisfaction include feeling that the psychologist focused on their children’s strengths and positive characteristics during the assessment process; having positive psychologist engagement during the feedback conference, which helped them to feel connected and confident in the psychologist’s abilities; and having, or wanting to have, a second meeting with the psychologist, which lead to their ability to better process the information presented, understand their children’s difficulties and feel supported by the psychologist.

Mothers’ Experiences of Adherence with the Recommendations

The mothers in this study reported a wide range of recommendations that were made by the psychologist who conducted their children’s psychoeducational assessments, either during the feedback conference or within the written report. Types of recommendations made included: 1) recommendations for the parent to do at home, such as educational games or flashcards, online programs, improving organization, using different writing strategies (e.g., scrabble tiles, circling misspelled words, having parent scribe), building social skills, practicing reading and writing skills, typing programs, and changing the home routine, 2) referrals to a specialist, such as counseling psychologists, occupational therapists, tutoring centres, or reading intervention
programs, 3) extracurricular programs or activities, such as sports or music lessons, enrichment programs, or specialized camps, 4) school interventions, such as providing learning assistance, classroom modifications, Individualized Education Plan (IEP) strategies, using a scribe or tape recorder, and teaching keyboarding skills, and 5) school choices, such as switching from public to private school, changing grade placement, or language stream (i.e., French Immersion or English program). For a few parents, the psychologist also made other recommendations, such as placing the child on medication, encouraging greater parental involvement/communication with the school, or counselling for the mother.

When questioned about what influenced their decisions regarding follow through with the recommendations made either by the psychologist during the feedback conference or directly written in the report given to them, mothers described their experiences under three broad themes: experiences that either facilitated or inhibited follow through, depending on the specific considerations within the experience, experiences that facilitated follow through, and experiences that inhibited follow through with the recommendations. These themes are each discussed below.

**Theme 1: Facilitative or inhibitive considerations.** Participants discussed three considerations that could be either facilitative or inhibitive to their adherence with recommendations, depending on whether they were experienced as positive or negative by the mother: support systems, goodness of fit, and understanding/agreement of purpose.

**Support systems.** Several mothers described how organized support groups, their partners, parents or friends, helped them to feel that they were not alone and could manage with pursuing the recommendations that were made. Lucy acknowledged the importance of “good friends that just keep kicking me in the butt just saying ‘yeah, you need to follow through on
that. How’s that going?” Beth explained her process for making decisions regarding her son’s potential placement in private school to enhance his gifted abilities as including getting advice from her husband and mother-in-law. She stated, “I talk about it and I get ideas and feedback from people I trust and am close to and pull it altogether.” For Lucy, her church group was also significant for not only providing a course to help her learn how to set boundaries with her son, which she found to be “the biggest help,” but also for providing her with other parents who understood what she was going through. Shelly also described this notion of using support groups to feel understood and comforted:

So that feeling of how am I going to do it all? Well I’m not going to do it all, right? Yes, I might have to be facilitating a lot of it but, there’s people that will be supportive, there’s people that are more knowledgeable, like I’m not the first person this has happened to and I’m not going to be the last. And it’s comforting knowing right that there’s organizations out there to help, there’s people out there to help.

For these participants, their supportive networks helped them to feel assisted in their decisions with respect to the recommendations made, as well as navigate the choices in what programs or services to pursue.

In contrast, for two participants, lack of support from the school districts made it difficult for them to monitor the recommendations that were made or pursue what they felt to be important for their child’s well-being and development. Patricia explains that “there’s been really no follow up like I’m not expecting [the psychologist] to do it but someone from the school or I don’t know I just feel so out of the loop and it seems to be me doing most of the contact.” Sandy remarked that in her school district, “there’s not a lot of support for gifted,” which made it challenging for her to find appropriate programs and services for her daughter. This mother also
had difficulty finding an available parent support group in her area, which increased her isolation and struggle with meeting her child’s needs. She stated simply, “I’d like to have other parents with the same issue to talk to.” Lack of support systems for these mothers inhibited their ability to monitor some of the school recommendations that were made in their children’s psychoeducational assessment report or follow up with the additional extracurricular services that were recommended due to lack of availability in their area.

**Goodness of fit.** Four of the participants also discussed goodness of fit as relating to their experience of follow through, which referred to how the recommendations addressed the parent or the child’s needs or general fit with family, or the recommendation’s relevance for that particular child. For Patricia, she discussed that she felt that the psychologist really understood her daughter and tailored the recommendations to address her specific strengths as well as learning needs, which helped this mother believe in the relevance of the recommendations. She stated,

That was a big help because that’s what I’m really trying to follow right now. Modifying her work, helping her in class, trying to get her organized a little bit at home and at school….I really liked that she really made it to, about Julia’s strength and not, well kids in general might like this. It was, it was really focused on her and these are Julia’s strengths so let’s do the recommendations around that and not look at the negative so much.

Consideration of a service or program’s fit with the child’s needs or larger family structure also helped two mothers decide between alternative programs for their children. Beth talked about how she made the decision to change her son’s extra curricular activity based on a consideration of the fit with his specific strengths and weaknesses and the recommendation that he get more physical exercise and build up his gross motor strength. She explained that the
acrobatics class her son currently attends does not provide enough structure for him due to his attention difficulties and that she was looking into Taekwondo instead. She explained,

I think upon doing some research on that I think it will probably be a better fit for him because it is more focused and more, you line up and you wear the uniform and you listen to the person in the front and you do the actions and it’s more controlled and more focused. Plus I think he will get more out of it as far as physical exercise.

For Shelly, she chose to enroll her daughter in a particular reading program that was recommended by the psychologist because of both its level of intensity and the mother’s availability during the summer months. She believed it would be beneficial to invest that larger amount of time in order to give her daughter to a better chance to be successful in the new school year, and felt that the program “was the best choice for our situation at this time.” Both Beth and Shelly were able to follow through with recommendations made by the psychologist for their children and chose to pursue particular programs based on their fit with the children’s and family’s needs.

When recommendations for particular programs or services did not exhibit a good fit with the child’s needs, this inhibited the mother’s experience of adhering to these recommendations. For example, Linda described how the psychologist who assessed her son had strong opinions about certain schools, which influenced her and her husband’s thinking about whether to move their son to private school. The psychologist strongly recommended one particular school, but Linda explained that “we went there and we had an interview there and we just, it didn’t really click for us.” This school’s lack of fit for the family inhibited their decision to adhere to the psychologist’s recommendation, causing them to look elsewhere for alternative programs.
Mothers’ experiences of adhering with the recommendations made as a result of their child’s psychoeducational assessments were also related to their understanding or agreement of the purpose and value of the particular recommendation that was made. As explained clearly by Veronica, “you can only do what people recommend if you think there’s value to them.” Veronica disagreed with the psychologist’s recommendations for both counseling services and the recommendations for her as parent, and felt that they were not useful or practical. This lead her to believe that “there was really nothing left to follow through on,” and her decision to pursue an entirely different school for her daughter rather than consider their recommendations. With respect to the recommendation for counseling, Veronica explained her disagreement with the psychologist, “I didn’t follow through with it because she had had counselling for the major issues in her life….I was not going to keep dragging her back to counselling just so it looked like we were doing something.” She indicated that the recommendations reflected a need to make suggestions for Veronica as the parent, rather than considering “Alison as a person.” She also explained that she did not consider adhering with the home recommendations made by the psychologist to work harder and provide more discipline to her daughter, as they were already working as hard as possible. She stated,

I mean essentially they wanted me to keep doing what we were doing and I said ‘but I can’t do that and she can’t do that. And next year is Grade 5 so you’re going to give her a Grade 5 novel study so it’s going to be another book that she can’t read that I’m going to have to read to her and I’m going to have to question her and sorry, I didn’t sign on for this. I don’t mind assisting but you’re essentially asking me to do it and, no, I’m
not going to do it, I can’t do it’….Ten year olds shouldn’t be doing six, seven hours of homework a night and all day weekends and have no life.

This mother’s lack of agreement with the psychologist caused her to question the value and usefulness of the recommendations, and thereby influenced her decision to not adhere with the activities and services suggested.

For Beth and Patricia, they had trouble identifying how certain sports activities that were recommended for their children tied into the difficulties that were highlighted during the feedback meeting for the assessment. Patricia explained, “she’s in martial arts and in the black belt club so I think that’s hard for me to understand how she can’t remember things because what she has to do in there.” Similarly, Beth questioned the utility of the psychologist’s recommendation for her son to engage in more physical activity to improve his strength, and is considering the possibility of another explanation for the difficulty. She explained that Terry has been involved in a circus program for several years, and stated,

All of the kids who went through the whole program with him they’re all climbing up the rope up to sixteen, eighteen feet on their own, he can’t do that because he doesn’t have the upper body strength. Why is that? I mean he doesn’t play any less than any other kid so I’m wondering about, about that? I mean you can always up the exercise but I’m just wondering if there’s more to it?

Lucy discussed how having a lack of knowledge and complete understanding of the recommendation that her son take medication for ADHD made her initially hesitant about adhering with the psychologists’ suggestion. However, as she gained more information from her pediatrician about the side effects, positive and negative aspects, and how it all “fit into the
whole circle of dynamics with responsibilities and therapy and things that we were doing at home,” she was much more willing to pursue it as an option. She explains,

And that was a big thing like if I’m doing that am I just taking the easy way out? But understanding that it was nothing to do with that. It’s just one little step that might make it easier for Shawn and if I have that opportunity to make it better for him and for others why shouldn’t I?

This additional information about the benefits of medication for her son’s ADHD was essential in helping this mother understand the reasons behind this particular recommendation and how valuable it could be for her son’s success. Without this experience of having a discussion with the pediatrician, which led to a complete explanation and clear understanding, she likely would not have pursued the psychologist’s advice.

**Theme 2: Experiences facilitating adherence.** Participants discussed two experiences that helped them adhere with the recommendations made during the process of their children’s psychoeducational assessments: future consideration of their child, and accessibility of the recommendations.

**Future consideration of the child.** Four of the participants discussed how their consideration of their child’s future success acted as a motivator for adherence with recommendations that required changes in their or their children’s behaviour. Amy discussed how thinking about her son or seeing him in a situation in which he is not being successful reminded her that there are recommendations she should be focusing on with respect to further developing his social skills. She said,
it’s just through something that happens I’ll just remember or think in my mind, okay, yeah, I need to work on that. So it’s I guess all in the name of having him feel good about himself. That’s what, I guess inspires me to get some of this stuff done.

Shelly talked about how her decision to make changes to their family’s routine and her daughter’s schedule was a result of “wanting to set the stage so that she can be successful.” She explained that the psychologist recommended eliminating some (but not all) of her daughter’s extra-curricular activities so that her schedule would be less busy and there was more relaxation time in the evenings. Considering the unique needs of her daughter and her ability to succeed, Shelly realized that “the priority has to be to change things so that Jane gets enough rest,” and that it was necessary to “change things in the family dynamics so that things are a little more relaxed.”

Two mothers stressed the importance of consideration for their son’s futures when they are older as facilitating their adherence with the recommendations made. Linda described her decision to enroll her son in a recommended gifted educational program as stemming from her desire for him to have friends who are at his intellectual level and who “he relates to.” Lucy discussed how thinking about the difficulties her son will have as an adult if they don’t address his challenging attention and behavioural problems, helped to remind her, and motivate her to continue pursuing the home recommendations that were made by the psychologist. She explained,

Just thinking about the long-term aspects of it. Looking at what it’s going to be like as an adult not just like, we’ve got high school to go through and then as an adult. If he doesn’t learn how to stick with, to be on time, finish a task he’s not going to work well at MacDonald’s let alone anywhere else. You know you’ve got to finish cooking the fries

90
first before you can serve them sort of thing. And so I deal with people at work and I supervise some guys and I can see, okay, I don’t want my son growing up like that. To be fifty and not be able to do these things that I ask of them and I could see that if I let Shawn just handle or just keep going the way he’s going that could turn into him.

Despite it being difficult to attempt to teach her son new behaviours and ways of approaching tasks, Lucy’s experience of focusing on her son’s success in the future as an adult clearly was motivating in helping her to address the home recommendations that were made.

Accessibility of recommendations. Several mothers also discussed the importance of having the recommendations be accessible for ensuring adherence. Patricia really appreciated that the recommendations were “all typed out” in their “own little section” at the end of the report, which made it easier to refer to again. Linda commented that the psychologist who conducted her son’s psychoeducational assessment included “several options for different counsellors and tutors” in the report as well as all the professionals or organizations’ names and telephone numbers. She explained,

So not only could I easily find it all there like I said coming home and trying to research it all after is totally overwhelming when you’re already trying to deal with him. I mean he reacts every time we take him for some new thing, so just to have it all there. I don’t have to look it up, that was all very nice.

For Linda, having the recommendations presented clearly and thoroughly was essential for helping her follow through not only for ease of accessing the information, but also for decreasing her feelings of being overwhelmed by the process. Shelly also stressed the importance of providing thorough recommendations within the report by explaining, “I think if it wasn’t as comprehensive I don’t think we would be able to do as good a job for following through.”
In Lucy’s case, she discussed the lack of easily accessible recommendations in the report provided by the psychologist who completed her son’s assessment, and how she would have appreciated a list of resource materials. She explained that “nothing came with the psych ed report” and that attempting to find books on children with ADHD on her own was “really overwhelming.” She expressed that it would have been useful for the psychologist to include a list of websites or pamphlets with information specific to the difficulties identified for her son.

**Theme 3: Experiences inhibiting adherence.** Seven of the participants discussed experiences that they believed inhibited or interfered with their ability to adhere with the recommendations made by the psychologists who completed their children’s psychoeducational assessments. These included financial barriers, time, and their children’s difficulties as well as their own (parent) challenges.

**Financial concerns.** When asked about their experiences that inhibited adherence, four participants discussed how the monetary costs of specialists, tutors and other services made it difficult for them to follow through with these types of recommendations made for their child. Sandy reported that she felt that having to spend the money was a “huge” barrier, and Linda described some of the services as “extremely expensive.” She discussed her need for hiring “experts to give you advice” because she, as the parent, cannot be an expert in everything, but also struggled with knowing when to stop pursuing additional costly specialists and services. She explained how “it could be years of doing all this stuff and paying all this money and which is the thing that’s going to help the most, I don’t know.”

Beth discussed how “cost is an issue” and a “hindrance” for her ability to adhere with the recommendations that her son follows up with an occupational therapist and attend a private school. She explained that she planned to follow through with whatever recommendations the
psychologist made, but that the financial costs of attending private school made it impossible at
the present time. Shelly also felt that the recommendation for her daughter to attend an intensive
reading intervention was very expensive, but considered herself lucky to be able to afford it to
ensure her daughter’s success, as many families may not have that choice. She explained, “I
think I’m grateful that we’re able to do that because I know not everybody would be in that
position right? So I mean that’s a reality too, is that not everybody has that resource to draw on.”
For these parents, the financial cost of additional specialists, private school or other interventions
that were recommended for their children was identified as a barrier that made it difficult or even
impossible to follow through with these services. One parent also illustrated how finances could
be more or less of a barrier to adhering with recommendations depending on a family’s specific
financial situation, or additional resources from which to draw upon.

**Child/parent difficulties.** In addition to financial barriers, Lucy, Linda and Amy
discussed how particular aspects of their children’s personality, behavioural difficulties or
physical appearance interfered with their ability to follow through with the recommendations
made by the psychologist who assessed their children. Lucy stated clearly that “having a boy,
twelve, the same height as me, those have all been challenges,” and explained, “he’s developed
some anxiety, some separation anxiety and so that’s hard too to follow through on consequences
just because I don’t have the energy or the desire to deal with the battle.” Amy explained how
her son’s “stubbornness” makes it difficult for her to pursue recommendations, as he is not
usually open to trying new activities or approaches. Similarly, Linda expressed that “the kid
makes it harder to follow through” with the recommendations, as her son has responded
negatively in the past to the learning assistance resource services provided through his school.
She stated, “he clearly needs the help but it’s so much to me seeing how he reacts, what is their style, finding the right person to do whatever the need is that week that he can connect with.”

Four participants also highlighted experiencing specific feelings within themselves as a parent that pose a barrier to their adherence with recommendations. Patricia, Linda and Amy described feeling overwhelmed with the process and the number of recommendations made, which made it difficult to follow through with some of the recommendations. For Amy and Linda, these feelings were also linked to aspects of their personality, which they believed reflected an additional hurdle to overcome in pursuing services or working on altering their child’s behaviour. Linda explained that even though she realized the psychologist did not intend for her to follow every single recommendation that was made (as some of these were intended for when her son was older), she felt obliged to consider them all at once. She states, “I’m also the type of person who obsesses over every detail. I mean it’s partly just my personality and I feel like I don’t want to drop the ball and do the wrong thing or not do something that I should.”

Similarly, for Amy, her own embarrassment and discomfort with handling her son’s social skill difficulties made her feel more overwhelmed by the situation. She explains,

Sometimes it just feels overwhelming so that’s a factor as well. Like say if something negative happens in a social situation he says something really kind of rude to someone and then I have to deal with my own reaction to that and my insecurities with other people. And then I just feel like oh my god, where is this going to go? So that’s kind of a, makes it harder to deal with. I’ve got to battle against my own crap.

Lucy also described how her and her son’s personalities are similar in ways that present a barrier to following through on tasks, making it difficult for her to have a desire to pursue the home recommendations made for her as a parent. She stated her struggles, “I don’t want to do
something let alone, making him do it. The ‘do as I say not as I do’ kind of thing.” She also explained that, like her son, she finds it challenging to follow through, but is attempting to overcome this particular personality characteristic. She said, “I’m working on myself so it’s kind of good and bad at the same time, trying to work on it together.”

**Time.** Five of the mothers in this study identified lack of time as inhibiting their ability to adhere with the recommendations made by the psychologist for their children. For Lucy, being a single parent and working full time made it difficult for her to be able to follow through for her son. Similarly, Sandy, Beth and Shelly all expressed how difficult it was to find the time to research different programs or options, and also fit in certain “time consuming” programs and activities into their already busy lifestyle. Sandy explained that there were likely a lot of things she could have been doing at home to support her daughter’s advanced educational needs, but that the “time factor” made it impossible. She stated,

I’m sure the psychologist, well anyone would say you should sit down with your kid and read to them, do all these games, but we honestly don’t have time to sit down and spend with our kids. We do other things with them but there’s only so much time in a day.

Shelly realized that the family structure makes it difficult to pursue some of the recommendations, and that they had to make changes with respect to their busyness in order to allow her daughter to be successful. She stated, “you know we both work and we have an older child as well so, and our family is busy with lots of activities and stuff so it’s difficult because we are going to have to change our lifestyle.” For Amy, this time barrier was tied in to her lack of energy when it’s “the total end of the day” and she is feeling “completely dead.” These feelings made it difficult for her to find the motivation to work on the recommendations made for helping to improve her son’s success at home.
Summary

In this chapter, themes arising from the data for each of the two research questions were discussed. In the findings for the first research question on mothers’ overall experiences with the feedback conference for their children’s psychoeducational assessment, three broad themes and 11 subthemes were identified. Research question two addressed the mothers’ experiences that influenced their follow through with the recommendations made by the psychologist during the feedback conference or within the written assessment report. Eight subthemes were identified, which fell under three broad themes. The next chapter will present a discussion of the findings of the study in relation to the present literature, the limitations of the current study and the implications for practice, and provide recommendations for future research.
Chapter V: Discussion

The purpose of the current study was to understand mothers’ experiences with participating in the feedback conference for their children’s psychoeducational assessment and their experiences of implementing the recommendations made. Eight mothers participated in two semi-structured interviews that were analyzed for emerging themes using an Interpretative Phenomenological Analysis methodological framework. Three broad themes were identified for the first research question, which illustrated these mothers’ experiences of learning about their children’s difficulties, the emotional impact of the meeting, and their experiences of satisfaction with the feedback meeting. In addition, mothers’ prior expectations were discussed, which related participants’ background history leading up to the assessment with their experiences during the feedback meeting, and were found to be important to understanding the themes presented. Three broad themes were identified for the second research question, which reflected the experiences that influenced these participants’ follow through with the recommendations made by the psychologist who conducted their children’s assessment.

In this chapter, significant findings are discussed in relation to the two research questions that guided the project, and connections to the previous literature are made. The study’s limitations and strengths are addressed, along with implications of the study for psychologists and other educational professionals conducting psychoeducational assessments. Finally, recommendations for future research in this area will be presented at the conclusion of this chapter.

Discussion of Themes in Relation to Previous Literature

Mothers’ experiences with the feedback conference. The primary question guiding this research was intended to provide an understanding of mothers’ experiences of participating in
the feedback conference for their child’s psychoeducational assessment. The existing literature relating to the personal meaning mothers’, and by extension, parents’, make of learning the results of their children’s psychoeducational assessments has been limited. An important finding of this study was that the mothers involved brought specific and clear prior expectations with them into the meeting with the psychologist to learn about the assessment results. These prior expectations were colored by the background histories of these parents and their children leading up to the assessment, and often involved lengthy waits for the assessments to occur while trying to determine the root cause of the children’s academic, social, or behavioural difficulties. The prior expectations were found to impact and influence these mothers’ thoughts, feelings and attitudes both during and following the results meeting for their children’s psychoeducational assessment.

Although previous researchers have examined changing parental expectations after a diagnosis is made for their children (e.g., Heiman, 2002; Russell, 2003), there have been no attempts to highlight expectations prior to and during the assessment process, or to systematically examine the interaction between those expectations and parental cognitions and emotions while hearing diagnostic assessment results. While it cannot be assumed that mothers’ prior expectations would be the same as those of fathers, there is no reason to believe that fathers would not have specific prior expectations about what would be communicated in the feedback conference for their children’s psychoeducational assessments, or that such expectations would not influence their thoughts and feelings in a similar fashion. The mothers in this study had varying levels of education and diversity in their marital status, and their children attended schools in diverse educational districts and school environments; however, they all spoke about how these prior expectations impacted their experience with the feedback conference,
highlighting the importance of this finding. Faerstein (1981) commented on the importance of expectations for parents coping with having a child with a disability, explaining that “the expectation or aspiration level of parents may be as important as the severity of the child’s disability; that is, if a family has high expectations for academic achievement, discovery that the child has a mild disability may be more devastating to that family than a more severely handicapped child would be to a family not as concerned with the child’s academic performance” (p. 421). The findings of the current study were consistent with this notion - expectation level was found to be an essential component to many aspects of the mothers’ experiences, including the emotional impact of the experience.

**Experiences of finding out theme.** Also unique to the present study was the theme Experiences of Finding Out, which encompassed mothers’ prior expectations of the purpose of the feedback meeting. These experiences included the mothers’ expectations that they would gain a diagnosis for their children, a better understanding of their children’s difficulties, and acquire information, resources and a clear direction in order to best meet their children’s needs. While research has previously addressed parental involvement, satisfaction and emotional reactions during the assessment process or following the meeting to discuss assessment results, no literature to date has examined the personal meaning of the psychoeducational assessment conference from a maternal perspective. These themes of the Experiences of Finding Out were illustrated through exploration of that personal meaning, and, therefore, were not previously addressed in the existing literature.

Previous literature has addressed the issue of parental comprehension within the psychological assessment process (e.g., Pentyliuk, 2002; Williams & Hartlage, 1988; Zake & Wendt, 1991), and the findings from the present study are consistent with those studies.
Specifically, mothers had difficulty understanding many of the scores, terminology and psychological language used by the psychologists during the feedback conference. Some of the parents also discussed their difficulties with understanding the reports written as part of their children’s psychoeducational assessments, consistent with previous research by Harvey (1997). One participant even described how she skipped a large portion of the report due to comprehension difficulties, despite her high level of education, suggesting that many psychoeducational assessment reports continue to be written at a complex level that is challenging for many parents to comprehend.

**Parental satisfaction with psychoeducational assessments.** Previous research has found parental satisfaction with their children’s psychological assessments to be fairly high (Fairchild & Seeley, 1996; Jarosewich, 2001; Jellinek, 1986; Long & McPolin, 2009). The findings of this study are consistent, in that the majority of the participants appeared to be satisfied with the psychoeducational assessment provided to their children and the feedback they received from the psychologist. More specifically, the findings from this study support previous research by Jarosewich (2001), which demonstrated that parental satisfaction with psychological evaluations are related to the parents’ positive relationship with the psychologist and the psychologist’s perceived competence. Many of the mothers in this study reported feeling pleased by the assessment process due to positive characteristics of the psychologist involved, including their availability and level of competence. The present study is also consistent with research by Jellinek (1986), which concluded that parental satisfaction is related to parents’ feelings of being understood and respected, and by Prezant and Marshak (2006), which found that professionals were found to be most helpful by parents when those professionals performed their job well and supported the family. The mothers who participated in this study reported feeling positive about
the psychologists’ warmth and openness, as well as their ability to put their trust in the psychologist, which contributed to the mothers’ level of satisfaction and beliefs that the assessment was beneficial. This is also consistent with previous literature by Krahn et al. (1993) and by Hasnat and Graves (2000), which found that having a professional who is caring and compassionate and direct in their delivery of results is important for parental satisfaction levels.

*Parents’ reactions to their child’s diagnosis.* It has been suggested that parents go through a series of sequential stages (e.g., denial, bargaining, anger, depression and acceptance) when learning that their children has a disability or receives a diagnosis, in the same way that occurs during the bereavement process (Kubler-Ross, 1969; Osman, 1997; Seligman & Darling, 2007). The mothers in the current study discussed experiencing a number of emotions during the feedback conference with the psychologist, only some of which were consistent with these stages. For example, the participants in this study did not discuss their feelings of denial regarding their children’s diagnosis; however, the subtheme of being overwhelmed is at least somewhat related, as Seligman and Darling (2007) have discussed how this phase involves parents not being able “to hear the details or implications and prognosis” (p. 187) of their children’s specific disability, which is consistent with participants’ experiences in the current study.

The bargaining phase also was not found to be present during the interviews with the participants in the present study, but guilt (which has been described as the inward expression of anger by Seligman and Darling, 2007) and sadness did arise as relevant subthemes. Johnson, O’Reilly, and Vostanis (2006) have suggested that when problematic behaviours, in the school or home setting, are present in addition to learning difficulties, these feelings of guilt and self-blame may be a result of mothers’ beliefs that they are the cause of the problem behaviour or are
responsible for the behaviour continuing. Findings of the current study are also consistent with other previous research indicating that parents of children with disabilities often respond with negative emotions such as shock, helplessness, and sorrow (Heiman, 2002; Kaslow & Cooper, 1978).

Some of the participants in this study also discussed positive feelings during the feedback conference with the psychologist, such as validation and pride, and expressed their relief that the assessment was complete and they had some answers or additional information. This is consistent with previous research by Faerstein (1986), and suggests that positive and negative emotional reactions are likely to be occurring for parents simultaneously throughout the assessment process and specifically during the conference with the psychologist where the results of the assessment are discussed. Contrary to other research by Dyson (1996), the mothers in this study did not appear to have continued difficulties accepting their children’s diagnoses within the first year following the feedback conference. Rather, the mothers made many statements reflecting their realistic views of their children’s diagnoses and their acceptance of the necessity of changes to their children’s educational and family environments, to ensure their children’s future successes.

All of the participants in the present study also discussed what they identified as their feelings of uncertainty about their children’s future. This was a very strong subtheme for the mothers and included their concerns and anxiety over the quality of their children’s future lives, their educational difficulties and barriers to their abilities to succeed. In her work with parents of children with learning disabilities and ADHD, Osman (1997) discussed how parents often have concerns and experience anxiety about their children’s future educational successes after they learn of the children’s diagnoses, due to the changing parental expectations that are required.
However, the mothers in this study also discussed their positive feelings: hope for the future, as well as the importance of the assessment and resulting report for documentation purposes and for accessing future services through the school system. These positive future considerations have not been previously discussed in the literature and are, therefore, unique to the present study.

**Experiences of adherence with recommendations.** Previous literature examining what influences parental adherence with recommendations during psychological assessments has demonstrated a number of distinct considerations to be related to parental adherence. These include: level of satisfaction with the assessment, confidence in the psychologist, type of recommendation or referral, parental attitudes, available resources and time, and parents’ perceptions and expectations for their children (e.g., Geffken, et al., 2006; MacNaughton & Rodrigue, 2001; Williams & Coleman, 1982). For the mothers in the current study, findings demonstrated that lack of time, parent and child difficulties, such as personality or behaviour, and financial concerns were experiences that inhibited follow through with recommendations, consistent with some previous research. Interestingly, the participants in this study did not discuss many barriers to adherence with recommendations and did not appear to be more likely to follow through with certain types of recommendations over others, contrary to results of MacNaughton and Rodrigue (2001) which indicates that non-psychological recommendations are more likely to be adhered to than recommendations such as behaviour modification or self-help activities. Rather, the majority of the mothers in the present study expressed their desire and intention to follow through with as many of the recommendations as possible, given enough time and the financial resources required.

Experiences that mothers’ identified as facilitating their adherence with recommendations in the current study included accessibility of the recommendations and future consideration of
their children. For example, some of the mothers discussed how thinking about their children’s
difficulties motivated them to pursue some recommendations, and the importance of having
specific information such as names and telephone numbers included in the recommendation
section of their children’s assessment report. The mothers’ reported consideration of their
children’s future success as a motivator for adherence with recommendations is consistent with
previous research by Conti (1975), which found parental motivation to follow through with
referrals to be related to compliance, and with the recent meta-analysis by Geffken et al. (2006),
which found parental expectations to be an important aspect of adherence with
recommendations. In addition, Teglasi (1985) has shown that the presence of specific
information related to a referral or recommendation, such as a telephone number, increased the
likelihood of parental adherence, consistent with the accessibility experience identified in the
current study. However, other experiences that have been demonstrated in the existing literature
to impact adherence with recommendations or referrals, such as the type of recommendation, the
clarity with which assessment results were communicated, or the number of professionals
involved in the referral, were not identified as considerations that facilitated adherence by the
mothers in the present study.

In addition to experiences that either facilitated or inhibited follow through with
recommendations, three considerations were found in this study to potentially impact adherence
in both a positive or negative way, depending on their presence or absence, highlighting the
complex issues involved in parental decision-making about the recommendations presented
during psychoeducational assessments. These three experiences included availability of support
systems, goodness of fit between the specific recommendation and the family or child, and
maternal understanding of or agreement with the purpose of the recommendation.
The presence of support systems were found to be helpful for mothers when they needed encouragement or assistance in their efforts to adhere to recommendations, or when attempting to make decisions regarding pursuit of particular recommendations. As one participant explained, she discusses options with other individuals in her life that are important to her and then makes a decision, though the decision may be to not pursue the recommendation suggested. This illustrates the complex nature of maternal adherence. For example, the parent may have an intention to follow through with a recommendation initially, but may change his or her mind after discussing it with the other parent or another trusted individual, or after learning more about the recommendation, despite satisfaction with the assessment experience and/or a positive relationship with the psychologist.

This shift in intention by mothers to pursue a specific recommendation (or not) may also be related to the second experience found to either facilitate or inhibit adherence, goodness of fit between the recommendation and the child or family. In other words, mothers may intend to adhere with recommendations for certain services or programs made by the psychologist during their child’s psychoeducational assessment, but may change their minds after gaining additional information about the program or considering the service in relation to their existing family structure. The relevance of both the support systems and goodness of fit with the child/family, which may interact to have a facilitative or inhibitive role, is unique to this study, as these experiences have not been discussed in previous literature on adherence with recommendations.

The final experience found to be related to adherence in both a facilitative and inhibitive way was maternal agreement with or understanding of the purpose of the recommendation. Since adherence with any recommendation made requires an investment of time and energy, this makes sense intuitively, in that individuals are unlikely to blindly adhere with recommendations without
an understanding of its purpose or agreement that it is valuable in some respect. In addition to its intuitive appeal, this experience is also consistent with previous research by Human and Teglasi (1993) and a review by Teglasi (1985), that congruence between parents’ and professionals’ view of the children’s problem, parents’ perceived usefulness of recommendations and their agreement with the findings of the assessment, all increased adherence. Additionally, knowledge of the problem has been found by Bennett, Power, Rostain, and Carr (1996) to influence adherence with ADHD medication recommendations. This is related to the present study in that participants in this study expressed that their agreement with the assessment of the problem by the psychologist was important for their adherence with certain recommendations. This was especially true for the mother who received a recommendation to pursue medication for her son with ADHD, and the mother who believed the school was blaming her and her daughter for the daughter’s difficulties, leading her to disregard all recommendations made. In other words, parents must have enough information to make an educated decision, and there needs to be at least a reasonable level of “buy-in” from parents in order for them to be willing to pursue recommendations.

**Implications for Psychologists, Educators, and Policy Makers**

**Implications for psychologists, educators and trainers in school psychology.** A number of important implications for psychologists, educators, trainers of future school psychologists, and other professionals working with parents throughout the assessment process emerged from the present study. When considering these suggestions for practice, however, it is important to recognize that maternal perspectives and experiences, as well as paternal perspectives, need to be considered in the larger context of the family and socio-cultural and
ecological system, which all interact to produce these experiences and determine potential outcomes.

Most significantly, understanding that parents come to the assessment process with a background history that is often fraught with school difficulties, frustrations, and concerns, and that they have prior expectations about what the assessment will reveal about their child is important for psychologists who conduct psychoeducational assessments. These prior expectations are colored by the background history for the parent and child leading up to the assessment and influence their thoughts, feelings and attitudes during the meeting. It is important for both practicing psychologists and those in training to understand these parental expectations and clearly inform the parents at the beginning and throughout the process about what can realistically be expected from the psychoeducational assessment, in order to ensure a more understandable and transparent situation for parents. Understanding that this may be the culmination for parents of a lengthy process of discovering what is “wrong” with their child and why they are struggling in their school or home situation will help professionals better prepare parents for the assessment process and conference to discuss the results.

Additionally, the mothers in the present study expressed how their prior expectations lead to the experience of disappointment when they realized that the feedback conferences were not what they had mentally prepared for and/or they were not going to be given a clear solution for alleviating their children’s difficulties or direction in which to proceed. For psychologists conducting psychoeducational assessments, being clear about what parents can expect during the process would also help to avoid any discrepancies between parental expectations and what information can be realistically gained from the assessment, and the negative feelings that may ensue from those discrepancies. This is also consistent with the use of a collaborative approach
to working with parents during psychological assessments as outlined by Tharinger et al. (2008), as a means of responding to and addressing parental concerns and disagreements and monitoring parents’ levels of understanding throughout the assessment process. Russell (2003) also notes that discussing expectations and ideas with parents can help improve parents and professionals planning and inter-communication, and can develop stronger relationships between parents and psychologists. Educators training or supervising future school psychologists should emphasize the importance of strong collaborative relationships with parents throughout the assessment process, and should encourage their students to discuss parental expectations both prior to and during the feedback meeting, to address any discrepancies that may be present.

Another important finding in the current study that has implications for psychologists conducting psychoeducational assessments is that the psychologist’s availability, warmth and openness were found to be important to the participants’ level of satisfaction with their experience. Further, psychologist availability and support from school educators helped facilitate participants’ follow through with the recommendations from their children’s assessments. Previous research has demonstrated the positive impact of psychologists’ availability and willingness to engage in tasks beyond traditional job descriptions to parent participation in their children’s education, and to their belief that professionals care about their family’s well being (Nelson, Summers, & Turnbull, 2004). Psychologists and other educational professionals who would like to improve levels of parental participation in the assessment process and improve parent-professional partnerships in special education and school decision-making activities should be encouraged to convey an open, caring attitude to parents, make themselves available for continued contact, and support parents’ roles as both educator and advocate for their children.
It is also critical for psychologists to acknowledge the multitude of emotions and concerns being experienced by parents during the conference to discuss their children’s psychoeducational assessment. The findings of this study revealed that emotional experiences was a strong theme in these mothers’ experiences, including reported feelings of being overwhelmed, upset, worried and guilty. Strong levels of concern and fear about their children’s future difficulties and abilities to succeed, as well as their ability to manage as advocates for their children, were also reported by these mothers. While it is recognized that fathers’ emotional levels may differ from that of mothers’ during the assessment conference, it is likely that fathers would demonstrate a similar level of worry over their children’s future success while hearing the results of a psychoeducational assessment.

Understanding that parents may be inundated with negative thoughts and emotions during the meeting to review results, and that this impacts their ability to fully process and comprehend the information being presented, is essential for psychologists and those in training to address. Preparing parents ahead of time that the feedback meeting will contain a great deal of information, and that this information is often overwhelming to take in, will help to better match prior parental expectations with those of the psychologist. In addition, assuring that follow up contact is available in order to address additional questions or concerns will enable psychologists to improve upon the needs of parents during the assessment conference as an added benefit.

In addition to the negative emotions experienced, all of the participants in this study also identified experiencing a lack of complete understanding of the information that was presented by the psychologists during the feedback conference, which related to the diagnosis made, terminology used and/or scores presented. It is important for psychologists and other educational professionals working with parents to recognize the difficulty parents may have with the
language used during psychoeducational assessments, despite psychologists’ best efforts to explain psychological or diagnostic terms and the derivation of scores. For some of the mothers, their lack of familiarity with numbers and statistics caused them great difficulty, and one participant clearly expressed that her lack of interest and her fatigue level resulted in her incomplete understanding of the scores presented in detail by the psychologist. It would be useful for psychologists to assess parents’ level of interest and background understanding of types of scores, in order to determine the amount of detail that should be provided. Rather than engaging in a lengthy dialogue about these statistics during the feedback conference, it may be more useful for psychologists to focus on the big picture of what the assessment reveals, with an explanation of the scores, if necessary, presented within the context of the child’s performance in relation to their peers, using diagrams and clear, practical examples to explain the results and potential diagnosis. It is also important for psychologists and educators training future school psychologists to teach their students to not only assess parental interest in and understanding of the scores, but also to practice how to present feedback information in language that is easily understandable, using clear examples and focusing on the most critical assessment results.

In considering the recommendations made during the psychoeducational assessment conference and contained within the written reports, it is important for psychologists and other professionals (e.g., counselors, learning specialists, tutors) to understand the interplay between parents’ desire to adhere and the constraints placed on them as parents. The mothers in this study discussed their desire to follow through with recommendations in whatever way necessary, but recognized that they were limited by time, finances, and either their own or their children’s personality characteristics which made it difficult to pursue certain strategies. The study also found that both goodness of fit between a particular program and the family (or child) and
mothers’ understanding or agreement with the value and purpose of the recommendation could act to facilitate or inhibit their ability to follow through with recommendations. This speaks to the necessity for psychologists to engage in dialogue with parents during the assessment process in a manner that fully explains the reasoning behind specific recommendations for their children’s individual needs, and to have knowledge of the programs or services that would best fit the existing family structure and characteristics of the child, including an awareness of any other constraints that may be present.

**Implications for policy.** In addition to the implications for psychologists in practice and those training future professionals, the current study has important implications for policy in the area of school psychological services. Psychologists must be provided with necessary time and flexibility to address parental expectations throughout the psychoeducational assessment process; work collaboratively with parents; convey a warm, open, compassionate attitude; and be available for continued contact following the assessment. Research has demonstrated that psychologists working within school districts in both the U.S. and Canada spend very little time in direct contact with parents during the assessment process (see Hosp & Reschly, 2002, for example), despite the well-documented literature demonstrating that strong family-school partnerships lead to more positive educational outcomes for children (e.g., Turnbull & Turnbull, 2001). This lack of time devoted to parental consultation and feedback during the assessment process is likely, at least in part, a reflection of the high demands placed on school psychologists, due to the varying roles that are required of them and the small number of school psychologists that are hired for each district. The findings of the current study challenge local governments and school boards to provide funding for additional school psychologists within each district, in order to ensure that psychologists practicing within school systems are able to provide the quality of
service necessary to meet the needs of parents and their children throughout the assessment process.

**Limitations and Strengths of the Present Study**

While the present study has added to the understanding of maternal experiences with their children’s psychoeducational assessment, as with any study, it has some limitations. Most importantly, the inclusion of only mothers in the present study is a limitation, as it does not allow for a broader paternal perspective. As explained in the first chapter, an attempt was made to include both mothers and fathers in the study; however, fathers who met selection criteria and expressed interest in participating were not available. Previous research does suggest that there may be important differences between mothers’ and fathers’ experiences of raising a child with learning difficulties, which are associated with parental role responsibilities and response to stress (see Chapter One for further discussion). It is possible that these parental role differences could lead to different themes being identified in understanding fathers’ experiences and perspectives, and this is a limitation of the present study.

A second limitation relates to the identity of the participants included in the study. The participants who were included in the current study chose to respond to an advertisement poster designed by the researcher requesting them to participate. Although a set of telephone screening questions were used to gather a purposive sample of those participants who met research study criteria, initial contact with the researcher involved a process of self-selection and initiation from the participant. Research has shown that there are particular characteristics of participants who choose to volunteer for research studies, and therefore, it is possible that those mothers who volunteered to participate had different knowledge, attributes or experiences than those parents who chose not to participate in the study.
The homogeneity of socio-economic standing and cultural background of the participants in this study was also a limitation. Among the eight participants, all but one participant identified herself as Caucasian, and all were from middle-class income levels. Research has shown that strong cultural differences do exist with respect to the importance of academic capabilities, education and the identification and impact of learning disabilities, as well as the value ascribed to individualism (e.g., Kalyanpur & Harry, 2004; Sideridis, 2007; Tzeng, 2007). Thus it is possible that replication of the present study with participants of different cultural or ethnic backgrounds would lead to the identification of different themes in attempting to understand their experiences. However, the participants in this study had children who were attending seven different elementary schools in five different school districts, participated in psychoeducational assessments conducted through both private psychologists and the school district, and represented both single-parent and two-parent families. Therefore, despite their ethnic and socio-economic homogeneity, the participants included in the current study did represent varying background situations and school cultures. In addition, the goal of many types of qualitative research in general, and Interpretative Phenomenological Analysis in particular, is to understand the personal meaning within a specific experience, and thus, generalization to all mothers or parents who have participated in the results conference for their children’s psychoeducational assessment is not an objective of this study (Lyons, 1999).

Another limitation involved the different diagnoses or designations that were given to the children as a result of their psychoeducational assessments. Two of the participants in this study indicated that their children were identified as having a designation of Gifted, in addition to other difficulties, and one participant indicated that her child had a designation of Gifted, exclusive of any other difficulties. It is possible that hearing about a diagnosis/designation of Gifted during
the feedback conference could be seen as a more positive result than being diagnosed with other learning or behavioural difficulties such as dyslexia or ADHD, and could therefore lead to different experiences. However, for the mothers in the current study whose children were given a diagnosis or designation of Gifted, their experiences seemed to reflect more similarities than differences with the experiences of the remaining participants, including negative emotional experiences, concerns and questions regarding their children’s futures, and their experiences of finding out about their children’s specific learning needs.

A final limitation of the current study is the focus on only one perspective of the psychoeducational assessment feedback conference. The psychoeducational assessment process is a social process that occurs between both the parent(s) and the psychologist. While this study was interested specifically in understanding the parents’ experiences with the feedback meeting, it is important to recognize that the psychoeducational assessment process, and especially the feedback meeting, is dyadic and inclusive of the psychologist who is conducting the assessment. It is possible that considering both perspectives simultaneously would lead to a different understanding of the meeting. However, by focusing exclusively on mothers’ experiences, the present study was able to provide information central to understanding their unique perspectives regarding the feedback conference.

Despite the limitations of the present study, there are also some clear strengths. The significance of the present study is that it provides insight into mothers’ experiences of learning the results of their children’s psychoeducational assessments during feedback conferences, which is a unique focus allowing for deeper understanding of mothers’ perceptions of these events, and the meaning they derive from them. In particular, the number of emergent themes for each research question provided information that has important implications for clinical and
educational practice, particularly for psychologists conducting assessments for children and working with their families. Several aspects of the study’s topic and method give it strength. Firstly, the study broadens the literature on the experiences of parents of children with higher incidence difficulties, as it focuses on learning disabilities and behavioural difficulties, rather than general intellectual or sensory disabilities more commonly examined within the existing empirical literature. In addition, the present study also addresses experiences of mothers with children who have a Ministry designation of Gifted, both with and without other difficulties. The experiences of families with children who have these specific types of challenges or talents have been largely overlooked in previous research.

Secondly, the methodology and semi-structured interview format used in the current study gave mothers a central voice and allowed for a deep understanding of the cognitions, perceptions and emotions inherent within participants’ experiences, while generating a complex level of data. The rigorous data analysis procedure used within the methodology (Interpretative Phenomenology Analysis), the use of an external auditor, the researcher’s bracketing of potential assumptions or biases, and ensuring that interviews were conducted appropriately all helped to ensure the trustworthiness of the data. In addition, credibility was further given to the study by ensuring that participants (the primary source) checked the accuracy of the summary of the experience and initial interpretations during their second interview with the researcher, allowing for clarification and greater understanding.

Finally, limiting the selection criteria to include only parents who had not had previous experiences with a psychoeducational assessment for their children and ensuring that there was a narrow time frame (one year or less) between the feedback conference for their children’s psychoeducational assessment and participation in the study was an area of strength. Limiting the
amount of time that had passed between learning the results of their children’s assessment and the research study interview ensured that the experience was still recent enough to facilitate strong memory and perception of this event. As the focus of the study was specifically related to maternal experiences with the feedback conference, and not their overall experience of coping with the results given or diagnosis made, allowing a substantial period of time to elapse (as has been done in previous research, see Taanila et al., 1998 or Young, Bramham, & Rose, 2008 for example) would have made it more difficult to elucidate this specific experience.

**Recommendations for Future Research**

Findings from this study and the limitations noted above suggest a number of areas for future research development, by way of replication or extensions of the current study design with different participant groups, or by further exploring some of the additional findings that arose which were more extraneous to the specific research questions addressed in the present study.

First, research examining paternal experiences with the feedback conference of the psychoeducational assessment process using the methodology and semi-structured interview from this study is needed, in order to determine if the emerging themes are similar. As discussed in Chapter One, some previous research has shown that mothers and fathers may have different reactions to raising a child with learning or behavioural difficulties. Extending the current research to include male participants would help to give fathers a voice, as well as elucidate whether there are any differences between maternal and paternal experiences stemming from differing parental roles or diverse parental perspectives regarding the meaning of their children’s psychoeducational assessment experience.

Second, further investigation of parental experiences with the psychoeducational assessment process and of the experiences which impact adherence with recommendations with
parents of varying cultural backgrounds could be explored. While the mothers who participated in this study had children of varying ages in five different school districts and included assessments conducted both privately and through the public school system, the majority of these participants identified themselves as Caucasian and from middle class economic levels. As discussed in the previous section, research has shown that strong cultural differences do exist with respect to education and learning disabilities. Different parental belief systems regarding the impact of children’s learning difficulties on the family and different parental concerns that may arise from learning of their children’s disabilities may lead to divergent themes and experiences than what was found in the present study. In addition, differing cultural views of the causes of children’s learning difficulties may lead to dissimilar emotions, thoughts, and meanings for the family as a whole during the conference to review results for their children’s psychoeducational assessment.

Researchers may also consider further exploration of an additional topic that emerged as a result of the interviews in this study. While it was beyond the scope of the research questions addressed in the present study, many of the participants discussed their difficulty with navigating through the school system during and following the assessment process. A number of the mothers in this study described during the interviews that they had to push the teachers or principal in order for them to agree to an assessment for their children, and that their children had to be struggling severely before any move was made to undertake a psychoeducational assessment. For some of the participants, this was the exact reason they decided to pursue an assessment with a private psychologist, rather than through their school district. Some mothers also described a lack of support from the school in following through with recommendations or frustration from new teachers who had not read the assessment report prior to commenting on
their children’s behaviour. Possibilities for beneficial future research may address these issues and explore parents’ perceptions of navigating the educational system throughout the process of obtaining a psychoeducational assessment for their children.

A final area of research may involve a comparison between what parents remember from the feedback conference with the psychologist about their children’s specific strengths and weaknesses and the information contained in the actual written report. Parents could be asked to provide the psychoeducational assessment report for their children, in order to get a closer look at parents’ true understanding of the information given to them and the recommendations that were made, in addition to their subjective reports of how much they recall. This would be similar to previous work by Williams and Hartlage (1988), described in the literature review section, but would more broadly address assessments conducted by different psychologists, and would not also be dependent on the subjective recall of the psychologist or diagnostician.

**Conclusions**

The present study represents an attempt to understand the meaning of mothers’ experiences with participating in the feedback conference for their children’s psychoeducational assessment and to better elucidate their experiences of adherence with recommendations presented by the psychologist during the assessment or made within the written assessment report. While prior literature has involved largely quantitative procedures or has investigated the adjustment of parents of children with severe intellectual or physical disabilities, the present study focused specifically on higher incidence learning and behavioural difficulties using a qualitative approach. The 11 subthemes that emerged from the interviews in an attempt to understand the meaning of mothers’ experiences highlighted the importance of the mothers’ expectations prior to the feedback conference with the psychologist, their experiences of, and
need for, finding out specific and clear information about their children’s difficulties, the emotional nature of the meeting, and their experiences of satisfaction with the feedback conference. The emergent broad themes and subthemes for the second research question, addressing mothers’ follow through with the recommendations made by the psychologist during the assessment, contributed to the existing literature and helped to illuminate some of the more complex decisions parents make with respect to their follow through with recommendations following a psychoeducational evaluation. Several additional experiences to those found in previous research studies were demonstrated in the present study, which aid in better understanding the balance between mothers’ desires to follow through with recommendations and their experiences of the feasibility of particular programs, services or methods within the existing family structure.

The findings from this study expand previous work in the area of maternal involvement and satisfaction in the psychoeducational assessment process, and parental reactions to discovering their child’s diagnosis or disability. The findings that parents come to the assessment meeting with a background history and specific expectations, that it is a highly emotional experience, that parents continue to have difficulty understanding the information presented about their child during the meeting, and that the psychologists’ level of compassion and openness impacts both satisfaction and adherence, have important implications for the practice of psychologists and school personnel. It is hoped that future research will continue to explore parents’ participation in their children’s psychoeducational assessments, their experience with the process, and the impact of the results for future school and family adjustment, in order for psychologists, educators and other professionals to have a better understanding of the assessment
process from a parental perspective, and thereby be able to improve best practice in both assessment and intervention efforts.
References


Appendix A: Behavioural Research Ethics Board Certificate of Approval

---

**CERTIFICATE OF APPROVAL - MINIMAL RISK**

<table>
<thead>
<tr>
<th>PRINCIPAL INVESTIGATOR:</th>
<th>INSTITUTION / DEPARTMENT:</th>
<th>UBC BREC NUMBER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laurie Ford</td>
<td>UBC/Education/Educational &amp; Counselling Psychology, and Special Education</td>
<td>H07-02596</td>
</tr>
</tbody>
</table>

**INSTITUTION(S) WHERE RESEARCH WILL BE CARRIED OUT:**

<table>
<thead>
<tr>
<th>Institution</th>
<th>Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>UBC</td>
<td>Vancouver (excludes UBC Hospital)</td>
</tr>
</tbody>
</table>

Other locations where the research will be conducted:

Participant’s homes or quiet location mutually agreed upon by investigator and participant (e.g. lab space at UBC) if that is more desirable to the participant. A safety protocol for home visits has been developed whereby the interviewer will check in with Dr. Ford at the beginning of each home visit via cell phone and check out (call) again at the end of the home visit via telephone. If the call has not been placed within 30 minutes of the expected completion time of the home interview, a call will be to follow up with the interviewer. If they are not reached by phone a call will be made to the emergency contact person for the interviewer and the contact will drive to the location. Dr. Ford has used this procedure in her lab for home visit data collection for over 15 years and to date, no emergency call has been made. Further, every effort will be made to conduct home visits during day light hours or in the case of the winter months in BC, very early evening (e.g. before 7 pm).

**CO-INVESTIGATOR(S):**

Carla Markel

**SPONSORING AGENCIES:**

N/A

**PROJECT TITLE:**

Parents’ Perspectives: Participating in the Final Feedback Conference of their Child’s Psychoeducational Assessment

**CERTIFICATE EXPIRY DATE:** October 25, 2008

**DOCUMENTS INCLUDED IN THIS APPROVAL:**

<table>
<thead>
<tr>
<th>Document Name</th>
<th>Version</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protocol</td>
<td>N/A</td>
<td>October 9, 2007</td>
</tr>
<tr>
<td>Consent Forms:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participant Consent Form</td>
<td>1.0</td>
<td>October 23, 2007</td>
</tr>
<tr>
<td>Advertisements:</td>
<td>1.0</td>
<td>October 22, 2007</td>
</tr>
<tr>
<td>Recruitment Advertisement</td>
<td>1.0</td>
<td>October 22, 2007</td>
</tr>
<tr>
<td>Questionnaire, Questionnaire Cover Letter, Tests:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Screening Questionnaire</td>
<td>1.0</td>
<td>October 22, 2007</td>
</tr>
<tr>
<td>Background Information</td>
<td>1.0</td>
<td>October 22, 2007</td>
</tr>
<tr>
<td>Interview Schedules</td>
<td>1.0</td>
<td>October 23, 2007</td>
</tr>
<tr>
<td>Other Documents:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confidentiality Acknowledgment for Transcriptionist</td>
<td>1.0</td>
<td>October 23, 2007</td>
</tr>
<tr>
<td>Resource Form</td>
<td>1.0</td>
<td>October 22, 2007</td>
</tr>
</tbody>
</table>

The application for ethical review and the document(s) listed above have been reviewed and the procedures were found to be acceptable on ethical grounds for research involving human subjects.

---

Page 1 of 2
Appendix B: Recruitment Advertisement

PARENTS OF ELEMENTARY SCHOOL-AGE CHILDREN

Are you a parent of a child who had a psychoeducational assessment/evaluation in the past 6 months?
Are you interested in participating in a research study?

Parents' Perspectives: Participation in the Psychoeducational Assessment/Evaluation Process

The purpose of this study is to understand parents' experience of participating in their child's psychoeducational assessment/evaluation and to learn how to improve parent conferences.

If you choose to take part in this project, you will be asked to participate in 2 one-on-one interviews (total time: 2-2.5 hours). You will receive $15 for each interview. Your travel to the interview (if needed) will also be reimbursed.

This project is research for a graduate thesis.
If you would like more information, you can call or email us.

Research Team:
Laurie Ford, Ph.D., The University of British Columbia, Phone: 604-xxx-xxxx
Carla Merkel, M.A., The University of British Columbia, Phone: 604-xxx-xxxx

If you would like to take part in this study, contact:
Carla Merkel at (604) xxx-xxxx or xxxx@interchange.ubc.ca
Appendix C: Screening Questionnaire

Parents’ Perspectives: Participating in the Feedback Conference of a Psychoeducational Assessment

Screening Questions

1. What grade is your child in?
2. Do they attend public or private school?
3. Has your child recently had a psychoeducational assessment?
4. How long ago did their psychoeducational assessment take place?
5. Was there a final conference as part of that psychoeducational assessment?
6. Have you previously participated in any psychoeducational assessments for this child? For any other children that you have?
Appendix D: Interview Schedules

Parents’ Perspectives: Participating in the Feedback Conference of a Psychoeducational Assessment

Initial Interview Schedule

1) What was going on around the time of your child’s psychoeducational assessment?
2) What involvement (if any) did you have in their assessment?
3) Tell me about the meeting with the psychologist after the psychoeducational assessment was completed.
4) Can you recall what it was like for you as the psychologist was telling you what he/she found out about your child?
5) What did participating in (or being included in) this meeting mean to you?
6) What did the psychologist tell you about your child’s assessment in terms of what the findings were? Did they give it a particular name?
7) Did what the psychologist told you fit with your view of your child’s difficulties?
8) What did you believe worked well or was positive about the meeting?
9) What would you have liked done differently during this meeting?
10) What was your understanding of the recommendations that the psychologist made for helping your child?
11) Do you believe that there was anything that made it difficult to follow through with any of the recommendations made?
12) Was there anything that helped you follow through with the recommendations made?
13) Were there any recommendations that you felt were easier to follow through with than others? What made them easier to follow through?
   a. Why did you choose this specific treatment (or centre, tutoring, school) rather than other treatments?
   b. Were there any family situations or things going on within the home that prevented you from following through?
Following the presentation of a summary of information gained from the first interview, parents were asked several additional follow up questions, for the purpose of clarifying any information that was inaccurate or misunderstood from the initial interview, and to provide them with an opportunity to elaborate on any themes or topics that were not fully explored. While the specific questions that were posed to participants were dependent on what occurred during the first interview, the following were included:

1) Is there any information in the summary that you believe is inaccurate or was misunderstood?

2) Is there anything that we discussed the first time we met that you want to talk more about?

3) Is there anything that you believe you didn’t get a chance to discuss the first time we met?

4) Please expand/elaborate on what you meant by ________?
### Appendix E: Background Information Form

**Parents’ Perspectives: Participating in the Feedback Conference of a Psychoeducational Assessment**

**Background Information**

<table>
<thead>
<tr>
<th>You</th>
<th>Your Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (First name only for coding purposes):</td>
<td>Name (First name only for coding purposes):</td>
</tr>
<tr>
<td>Age:</td>
<td>Age:</td>
</tr>
<tr>
<td>Gender: M / F</td>
<td>Gender: M / F</td>
</tr>
</tbody>
</table>

1. What is the highest level of education for each of the following people in your home?

<table>
<thead>
<tr>
<th>Mother</th>
<th>Father</th>
<th>Other (Specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Less than Grade 9</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>2. Less than High School Diploma</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>3. High School Diploma</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>4. Some college, trade school, university</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>5. Diploma/Certificate college/trade school</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>6. Bachelors Degree</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>7. Post-Baccalaureate Diploma or Graduate Degree</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

2. Please describe the current employment status for each of the following people living in your home:

<table>
<thead>
<tr>
<th>Mother</th>
<th>Father</th>
<th>Other (Specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Working full-time</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>2. Working part-time</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>3. Full-time student</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>4. Part-time student</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>5. Not employed</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

3. What best describes your annual household income? [Note: This is optional information]

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Less than $14,999</td>
<td>______</td>
</tr>
<tr>
<td>2. $15,000 – 19,999</td>
<td>______</td>
</tr>
<tr>
<td>3. $20,000 - $29,999</td>
<td>______</td>
</tr>
<tr>
<td>4. $30,000 - $39,999</td>
<td>______</td>
</tr>
<tr>
<td>5. $40,000 - $59,999</td>
<td>______</td>
</tr>
<tr>
<td>6. $60,000 or more</td>
<td>______</td>
</tr>
</tbody>
</table>
4. What best describes your current status?

Single _____
Married/Common-Law _____
Separated/Divorced _____
Other (specify) _______________ _____

5. What is your ethnicity? ____________________________________________________________

6. How old was your child at the time of their first psychoeducational assessment? __________

7. What is the approximate date that the meeting to review your child’s psychoeducational assessment took place?
____________________________________________________________________________

8. Where was the psychoeducational assessment conducted?

School District / Private Psychologist (please circle)

Other (please specify) _____________________________________________________________

9. Approximately how long did the entire psychoeducational process last (from the time of initial consent to your receipt of the final report)?
____________________________________________________________________________

10. Was your child given a diagnosis or BC Ministry of Education designation?

Y / N / Don’t Know (please circle)

If yes, what is your understanding of the diagnosis or designation given?
____________________________________________________________________________
Appendix F: Consent Form

THE UNIVERSITY OF BRITISH COLUMBIA

Department of Educational & Counselling Psychology, & Special Education
2125 Main Mall
Vancouver, B.C. Canada V6T 2B5
Tel: (604) 822-0091
Fax: (604) 822-3302

Parents’ Perspectives: Participating in the Feedback Conference of a Psychoeducational Assessment

Consent Form for Interviews

Principal Investigator:
Laurie Ford, Ph. D.
Associate Professor
Dept of Educ & Counseling Psychology & Special Education
Phone: 604 822-0091
Email: laurie.ford@ubc.ca

Co-Investigator:
Carla Merkel, Ph.D. (cand)
Graduate Student
Dept of Educ & Counseling Psychology & Special Education
Phone: 
Email:

Dear Parent/Guardian,

Please read the following form carefully. We have provided two copies of this consent form. Please sign one copy and return to the interviewer. Keep the other for your records.

This is a request for you to take part in the study that we are doing.

Purpose:

The purpose of this study is to learn about your experience participating in the psychoeducational assessment for your child. We are particularly interested in learning more about the final feedback conference when you were given the results of the assessment.

Research Study Participation:

1. Taking part in this part of the study means that you agree to:
   a. take part in an initial one-to-one interview that will take about 60-75 minutes of your time.
   b. take part in a second one-to-one interview that may take about 45-60 minutes of your time.

(Total time: approximately 2 - 2.5 hours)
2. All interviews will be scheduled in a quiet location of your choice (e.g., your home, at the UBC campus, or another place that is agreeable to both you and the interviewer).

3. The one-to-one interviews will be audio-taped for later transcription.

4. You will be asked if you are willing to provide a copy of your child’s psychoeducational report (with identifying information removed). This is optional. You may take part in the interview even if you do not want to provide a copy of the report.

5. Following the first interview, you will be asked to meet with the interviewer for a second interview to have a chance to review the summary of the first interview and to discuss any additional issues that arise.

6. You will be given the opportunity to review the transcript if you would like.

7. You will receive a $15 honorarium for each interview (up to $30 total) to thank you for your participation in this study.

8. Any parking or transportation costs (such as taking the bus) will be reimbursed.

9. Your taking part is voluntary and will not affect any services that your family or child receives. You have the right to withdraw from the study at any time and you have the right to not answer any of the questions.

10. This research will be used for a doctoral thesis at the University of British Columbia.

11. Your taking part in this study is confidential; only the investigators of the study will see your responses. All documents will be identified only by code number and kept in a locked filing cabinet. No one will be identified by name in any reports of the completed study.

12. If you would like, you will receive general information about the results of this study when the study is complete.

13. By taking part in this project, you may help to improve psychoeducational services for children and their families.

14. If at any time you have any concerns about your treatment or rights as a research participant, you may contact the Research Subject Information Line in the UBC Office of Research Services at the University of British Columbia at (604) 822-8598.

If you have any questions or concerns about the project you may contact either of the researchers at the numbers above.

Laurie Ford, Ph.D.  Carla Merkel, M.A.
Principal Investigator  Co-Investigator
Parents' Perspectives: Participating in the Feedback Conference of a Psychoeducational Assessment

Consent Form for Interviews

Please check one of the following:

_____ Yes, I agree to take part in this part of the project.

_____ No, I do not wish to take part in this part of the project.

Participant’s signature (please sign):

Participant’s name (please print your name):

Date:

Your signature indicates that you have received a copy of this consent form (Pages 1-3) for your own records.
Appendix G: Resource Form

Parents’ Perspectives: Participating in the Feedback Conference of a Psychoeducational Assessment

Resource Form

We understand that addressing the needs of a child with special learning needs may mean families would like additional support. While we are not able to provide this support directly as we are conducting a research study, we do have the following suggestions of places to explore support services if you need. Fees and services provided vary across these various agencies. Again this decision is up to you, but we do hope this will be of some assistance if you are in need of additional support.

Psychoeducational Research and Training Centre
UBC Faculty of Education
1100 Scarfe- 2125 Main Mall
Vancouver, BC, Canada V6T 1Z4
Phone: (604) 822-1364
Fax: (604) 822-9097
Email: prtgcga@interchange.ubc.ca
Website: http://prtc.educ.ubc.ca

UBC Counselling Services
1040 Brock Hall-1874 East Mall
Vancouver, BC V6T 1Z1
Tel: (604) 822-3811
Fax: (604) 822-4957
Website: www.students.ubc.ca/counselling

- Counselling Services provides a wide range of counselling services for admitted and registered UBC students, as well as consultation and referral services to UBC faculty and staff.
Catholic Family Services
150 Robson Street,
Vancouver, V6B 2A7
Phone: 604-443-3220
Fax: 604-683-0220
Email: cfs@rcav.bc.ca
Website: www.rcav.org/CFS/

- Catholic Family Services is a professional counselling agency of the Roman Catholic Archdiocese of Vancouver. Inspired by the healing ministry of Jesus Christ and in a spirit of compassion and respect, the staff and volunteers minister to the individual, family and community.

Jewish Family Service Agency
305-1985 West Broadway
Vancouver, BC V6J 4Y3
Tel. 604.257.5151
Fax. 604.257.5148
Email: info@jfsa.ca
Website: www.jfsa.ca/

- The Jewish Family Service Agency is a private, non-profit social service organization serving members of the Jewish and broader communities in the Lower Mainland.

Child and Youth Mental Health Services
Ministry of Children and Family Development Vancouver
200-1128 Hornby Street
Vancouver, BC
V6Z 2L4
Phone: 604-775-1550
Fax: 604-660-0480

Information Services Vancouver

- Information Services Vancouver (ISV) is British Columbia's largest provider of information and referral (I&R) services. We are your link to thousands of community, social, and government agencies across the province.
Website: www.vcn.bc.ca/isv/