"People Think It's Easy Because I Smile, But It's Not Easy" : A Phenomenological Study of Single Parents/Guardians Raising an Adolescent Who is Enrolled in Special Education and Engaging in Risk Behaviors

Shaniqua J. Bradley
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"PEOPLE THINK IT'S EASY BECAUSE I SMILE, BUT IT'S NOT EASY."

A PHENOMENOLOGICAL STUDY OF SINGLE PARENTS/GUARDIANS RAISING AN ADOLESCENT WHO IS ENROLLED IN SPECIAL EDUCATION AND ENGAGING IN RISK BEHAVIORS

A DISSERTATION

Submitted to the Faculty of

Montclair State University in partial fulfillment

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by

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We hereby approve the Dissertation

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PHENOMENOLOGICAL STUDY OF SINGLE PARENTS/GUARDIANS RAISING AN
ADOLESCENT WHO IS ENROLLED IN SPECIAL EDUCATION AND ENGAGING IN
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April 17, 2020
Date
Abstract

"PEOPLE THINK IT'S EASY BECAUSE I SMILE, BUT IT'S NOT EASY:" A PHENOMENOLOGICAL STUDY OF SINGLE PARENTS/GUARDIANS RAISING AN ADOLESCENT WHO IS ENROLLED IN SPECIAL EDUCATION AND ENGAGING IN RISK BEHAVIORS.

by Shaniqua J. Bradley

Grounded in Resilience Theory (Masten et al., 1990; Masten, 2001; Walsh, 1996; Walsh, 2002; Walsh 2003a, Walsh 2003b) with a specific focus on parental resilience (Gavidia-Payne et al., 2015), this qualitative phenomenological study explored the lived experiences of low-income single parent families (FASP) with at least one adolescent aged 11 through 21 who was enrolled in special education classes in school and was engaging in risk behaviors. Two central research questions were addressed. The first focused on the lived experiences of FASP and the second focused on their perspectives on how schools can better support these families. Data for this study were collected through 6 face-to-face, in-depth, semi-structured interviews. Three major themes emerged from their experiences: Life adjustment, The child is the priority, and Perseverance revealing their experience to be one of resilience. Participants also shared and provided insight on their perspectives regarding how schools can better support families such as theirs. Findings revealed that school systems are not collaborating with parents as schools should. Findings highlight the need for further research with this population in the context of resilience. Suggestions for schools and communities working with such families are discussed.

Keywords: single parents, adolescents, special education, risk behaviors, resilience
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DEDICATION

I dedicate my dissertation to my mother, Donna Bradley. Mom, I thank you for everything you have done for me. I know it wasn’t easy being a single mother and that it required you to make a lot of sacrifices. I know there were many times that you were discouraged and grew weary. I know there were times when you felt like giving up, but you never did. You kept your head held high and you continued to push forward.

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CHAPTER I

Introduction to the Study

There have been steady increases in single parent families over the last 60 years in the United States (U.S. Census Bureau, 2019a; U.S. Census Bureau, 2019e). In fact, the number of U.S. children living with a single parent has continued to rise since 1960 (U.S. Census Bureau, 2019a; U.S. Census Bureau, 2019e). Single parent households typically consist of families headed by mothers, fathers, and grandparents (American Psychological Association, 2019). Single parent households may include mothers serving as the sole parent and provider for her children (Buteau, 2007; Chester, Jones, Zalot, & Sterrett, 2007; Ogunsiji & Wilkes, 2004; Shenoy, Lee, & Trieu, 2016; West, Miller, & Moate, 2017), a grandmother raising her grandchildren (Berter & Crewe, 2013; Lee, Clarkson-Hendrix, & Lee, 2016), an aunt raising her nieces and nephews (Davis-Sowers, 2012), a sister raising her siblings (Denby & Ayala, 2013) or other relatives taking on the role of caring for children when biological parents are unable to do so (Child Welfare Information Gateway, 2016).

Single parent statistics

As of 2019, over 25% of children (close to 19,000,000) under the age of 18 reside in a single parent household (U.S. Census Bureau, 2019e). Of those children, the single mother-led household is the most frequent (Lee et al., 2016). In fact, over 80% of children residing in single parent households live with only their mother (U.S. Census Bureau, 2019e). The percentage of
children who are living with a single parent in the U.S. varies by race and ethnicity (U.S. Census Bureau, 2019c; U.S. Census Bureau, 2019f). In particular, in the U.S., there are approximately 48% of Black children, 25% of Hispanic children, and less than 20% of White children under the age of 18 who are living with their mother only (U.S. Census Bureau, 2019b).

With steady increases in single parent families, it is important to be cognizant of the challenges that they face (American Psychological Association, 2019). One such challenge is that of economics. Single parent households are more likely to be low-income compared to two parent households (National Center for Children in Poverty, 2019b). In the U.S., over 50% of children living in poverty live in single parent households (U.S. Census Bureau, 2019c). In fact, 69% of children who reside with a single parent are considered low-income (National Center for Children in Poverty, 2019b). Black, American Indian, and Hispanic youth are disproportionately low income (National Center for Children in Poverty, 2019b) and have the highest child poverty rates (National Center for Children in Poverty, 2019c). Among these low-income youth, approximately 49% receive Supplemental Nutrition Assistance Program (SNAP) benefits (National Center for Children in Poverty, 2019b). Thus, it is not surprising that the finances of a single parent household in the U.S. are usually considerably lower than a two-parent household (American Psychological Association, 2019).

In considering single parent families, it is also crucial to recognize the makeup of the family, as households vary and may present unique and added challenges. In particular, one family makeup that presents such unique and added challenges and is also overlooked and understudied is that of a Female adult single parent (FASP) low-income household, where the parent is raising an adolescent who is enrolled in special education and engaging in risk behaviors.
Often single parent families headed by a female are viewed as dysfunctional (Walsh, 1996) and the women leading these families are often blamed for any misfortunes they encounter (Reid-Brinkley, 2012; Walsh, 1996). To compound these faulty viewpoints that have been etched into society, a Female adult single parent (FASP) raising an adolescent that is enrolled in special education and engaging in risk behaviors is an added stressor to that parent. That is, the special education/risk behavior component is an additional stressor to the parent. Though many single parents deal with stressors (American Psychological Association, 2019), the resilience they possess is often overlooked and, in most cases, ignored (Brodsky & Vet, 2000; Gavidia-Payne, Denny, Davis, Francis, & Jackson, 2015). It is imperative to explore their experiences and resiliency, and such will be a focus of this research study.

For the purposes of this study, the terms single parent or single mother will be used to refer to those individuals who are parenting and mothering the child whether they are the biological parent, adoptive parent, or the legal guardian of the child. Furthermore, single parent families will be viewed through the lens of Female adult single parent (FASP) and participants will be termed as FASP.

**Theoretical Framework**

This study is grounded in Resilience Theory (Masten et al., 1990; Masten, 2001; Walsh, 1996; Walsh, 2002; Walsh 2003a, Walsh 2003b), which is used to describe and explain the experiences of the FASP participants of this study. This theory will be introduced here but will be described in greater detail through the literature review section of this dissertation. Resilience Theory grew out of research on risk (Masten, Best, & Garmezy, 1990). The presence of risk factors is often associated with negative outcomes and dysfunction (Masten et al., 1990). However, Resilience Theory moves beyond just examining the risk. Resilience Theory and
research on resilience seek to examine how good outcomes can be achieved when there are significant threats to an individual’s development and overall functioning (Masten, 2001).

Consistent with theory, FASP are at even greater risks and may experience added stress due to gender inequality (Andersen & Collins, 2013; Crenshaw, 1989; Crenshaw, 1991; Lauster & Easterbrook, 2011; Reid-Brinkley, 2012; Walsh, 1996). Additionally, there may be added stress due to their child’s special education classification status (Gardner & Harmon, 2002), navigating the school system (Crosnoe, Mistry, & Elder, 2002) and the special education process (Reichman, Corman, & Noonan, 2008). Furthermore, their socioeconomic status (Masten, 2001), lack of access to needed resources (Kuo & Sullivan, 2001; Walsh, 1996) and by simply being a single parent (American Psychological Association, 2019; Hoffman, 1990; Walsh, 1996) can all contribute to added stress.

Purpose Statement

As noted above, single parent families, especially FASP, experience considerable challenges and risks. Thus, we need to better understand resilience in the context of their experiences, and we also need insight as to how their experiences lead to resilience. Resilience Theory serves as a theoretical lens for understanding this. Resilience is centered around the ability to successfully adjust in the face of some sort of a challenge, threat, or adversity (Masten, 2016; Masten et al., 1990). Resilience research involves understanding and examining how individuals endure and survive, despite the significant life obstacles and challenges they encounter (Walsh, 2003a). Additionally, this theory has successfully made important connections from theory to practice, ultimately helping to understand how children, parents, families, and systems at large can achieve a greater level of functionality (Masten, 2001; Masten, 2019; Masten, Herbers, Cutuli, & Lafavor, 2008; Masten & Monn, 2015; Masten & Obradović,
This phenomenological study will explore the lived experiences of low-income single parent families who are led by a FASP who is raising an adolescent enrolled in special education and engaging in risk behaviors. Grounded in the Resilience Theory, this phenomenological study seeks to better understand resilience in the context of the experiences of FASP and how those experiences lead to resilience. The central research questions that will guide this study in better understanding this phenomenon are:

(1) What are the lived experiences of low-income single female parents/guardians raising an adolescent who is enrolled in special education and engaging in risk behaviors?

(2) From the perspective of low-income single female parents/guardians raising an adolescent who is enrolled in special education and engaging in risk behaviors, how can school better support these families?

Currently, there is a lack of empirical research that specifically examines the distinct struggles, stories, and needs of FASP who are raising an adolescent who is receiving special education services and living in low-income communities. Providing this evidence would be a valuable contribution to understanding resilience in the context of parental experiences. Furthermore, it would help examine how parental experiences can suggest for improvements in what school systems can do to better support these families. Additionally, the results would be useful to parents, educators, mental health professionals, and policy makers in terms of making suggestions as to how to enhance or develop supports for parents and adolescents to ultimately facilitate healthy family functioning, positive parent-adolescent relationship, and positive youth development.
CHAPTER II

Review of the Literature

To further define the study, this literature review will first present Resilience Theory with regard to its relevance and its importance to this study. Next, the challenges FASP households face, which need to be understood when studying resilience will be reviewed (Masten, 2001; Masten et al., 1990). The literature review will then move forward to examine the developmental period of adolescence as there are often significant changes and transitions that impact FASP families during the adolescent years. Next, I will review the literature focused on parent-adolescent relationships, and possible threats to the functioning of that dynamic. Finally, I will highlight other systems and processes that pose challenges, potential threats, and adversities for FASP households. These include socioeconomic status (SES), school systems, and the special education process. Other related issues of social justice will also be discussed. In order to be considered resilient, there must be a considerable threat to functioning and development (Masten, 2001). That is, there must be a substantial threat that puts one at risk. These challenges and potential threats need to be understood to successfully understand what disturbances can attack functioning and what it means for the parent to recover and become resilient (Masten, 2018; Masten et al. 2008).

Resilience Theory

Resilience Theory is an interdisciplinary theory that has underpinnings in ecology and understanding how ecosystems endure and survive changes (Gunderson, 2000; Holling, 1973; Masten, 2019). Resilience Theory with regard to human development is rooted in studying resilience among children (Masten, 2001; Masten, 2013a; Masten, 2013b; Masten, 2016; Masten, 2018). Global impacts such as the Great Depression and World War II contributed to the rise of
research on resilience, as researchers sought to examine how such stressful events could endanger livelihood (Masten, 2013a; Masten, 2018). Resilience research also has origins in the study of psychopathology and mental disorders among children (Masten, 2013b; Masten, 2019).

As the study of resilience research grew, researchers began to not only view the risk, yet also sought to understand the protective factors that enabled children to adapt and survive adverse circumstances (Masten, 2001; Masten, 2007; Masten, 2013a; Masten, 2013b; Masten, 2016; Masten, 2018; Masten et al., 1990). Researchers from various backgrounds took interest in investigating how children seemed to be flourishing, despite being significantly at risk (Masten, 2001; Masten et al., 1990). As investigative measures continued to develop, researchers began seeking to better understand how individuals respond to adversity (Masten, 2001; Masten et al., 1990). This recognition of resilience has led the way for the dismantling of deficit-based views, and instead shifted the focus to factors and processes that lead to resilience (Masten, 2001).

Resilience refers to the ability of a system (individual, family, community, etc.) to adjust, adapt, survive, and recover from a substantial life change, challenge, or disruption (Luthar, Cicchetti, & Becker, 2000; Masten, 2007; Masten, 2013b; Masten, 2015; Masten, 2018; Masten et al. 2008; Masten & Monn, 2015; Walsh, 1996; Walsh, 2003a; Walsh, 2003b; Walsh, 2016a; Walsh, 2016b). It is rooted in the Latin verb, resilire, which means to spring back, recoil, or rebound (Masten, 2013a; Merriam-Webster, 2020). Resilience is a process and involves an individual’s journey to survival and recovery (Walsh, 2003a). It involves the survival process that is developed out of an adverse situation (Luthar et al., 2000; Walsh, 2016b). Resilience is said to be found even when an individual is faced with adverse circumstances (Masten, 2001).
Although Resilience Theory acknowledges that problems and risk factors exist, it focuses on tapping into the positive stimuli (Walsh, 2016a) that allow one to recover.

As resilience research grows, it continues to be further developed with regard to its theoretical underpinnings. It has expanded from initially just studying the resilience of children at risk (Masten et al., 1990; Masten, 2001), to studying resilience in families (Masten, 2013b; Masten, 2018; Masten & Monn, 2015; Walsh, 1996; Walsh, 2002; Walsh, 2003b), to resilience through a systems perspective (Masten, 2016; Masten, 2019; Masten et al. 2008; Walsh, 2016a), and to the most current view of studying parental resilience (Gavidia-Payne et al., 2015).

This study will seek to explore and examine FASP resilience within the context of parental resilience. Parental resilience should be viewed independent of other forms of resilience, such as family resilience. This is an important distinction to make, because parents do not solely makeup the entire family, yet are one only aspect of it (Gavidia-Payne et al., 2015). Parental resilience as defined by Gavidia-Payne et al. (2015) is “the capacity of parents to deliver competent, quality parenting in the face of significant risk and adverse circumstance” (p.1).

An integral component to the concept of parental resilience is the ability of the parent to “struggle well” as termed by Walsh (2003b) and to successfully adapt, survive, and persevere, despite considerable threatening life challenges (Gavidia-Payne et al., 2015). Parental resilience is then revealed by parents’ ability to tap into their inner strengths and abilities, locate and access beneficial resources, and ultimately find ways to adjust to the adverse situation so that they can successfully provide quality parenting and contribute to the optimal well-being of the child (Gavidia-Payne et al., 2015).

FASP encounter many challenges which may include poverty (National Center for Children in Poverty, 2019b; U.S. Census Bureau, 2019c), income disparities (American
These challenges in the forms of socioeconomic conditions, marginalization, and discrimination greatly impact not only FASP, but also the adolescents they are raising. Such stress can negatively impact the adolescent’s behavior, increasing the chances of engagement in risk behaviors, such as disruptive behavior and school misconduct (Haight, Gibson, Kayama, Marshal, & Wilson, 2014), sexually risky behavior (Carlson, McNulty, Bellair, & Watts, 2014; Mandell et al., 2008), and substance use (Hoffmann, 2016; Kepper, van den Eijnden, Monoshouwer, & Vollebergh, 2014). Involvement in such risk behaviors can destructively impact the life of an adolescent and can negatively influence their transition into adulthood. Taken together, such stressors can present an insurmountable number of challenges for FASP and impact their ability to effectively parent (Jocson & McLoyd, 2015).

Even with these challenges, there are some notable examples demonstrating the resiliency of FASP in the face of struggle (Brodsky & Vet, 2000; Gardner & Harmon, 2002). However, there is a lack of body of research that specifically focuses on the aspect of parental resilience (Gavidia-Payne et al., 2015). This poses concerns as it often results in an overwhelming negative focus centered around parents’ problems and deficits (Gavidia-Payne et al., 2015). This is especially true of African American single mothers living in poor urban neighborhoods (Brodsky & Vet, 2000; Reid-Brinkley, 2012; Walsh, 1996). Parents remain pivotal to the development of adolescents, even as adolescents strive for increasing autonomy from their
family of origin (Hair, Moore, Garrett, Ling, & Cleveland, 2008; Johnson, 2016; Kaminski et al., 2010; Kim, Gilman, Hill, & Hawkins, 2016; Riesch et al., 2012; Sattler & Thomas, 2016; Steinberg, 2001). That being said, there are a variety of factors that play a role in parental resilience (Gavidia-Payne et al., 2015). Consequently, it is imperative to study parental resilience (Gavidia-Payne et al., 2015; Labella, Narayan, McCormick, Desjardins, & Masten, 2019).

Resilience Theory offers a nonconventional theoretical lens of family scientific inquiry and holds viewpoints which incorporate an interactive collaborative process. Ultimately, research based in this theory seeks to understand the intricacies of factors that pose threats and potential harm, seeks to enhance individual competencies, and seeks to utilize systematic connections to help facilitate more productive and effective prevention and intervention practice. As such, the Resilience Theory complements this study’s qualitative research design of phenomenology. Phenomenology, which will be reviewed in further detail in the forthcoming methodology section, is a qualitative research design that seeks to explore and understand the lived experiences of participants (Creswell, 2016; Merriam & Tisdell, 2016). Utilizing this qualitative approach embraces the tenets of Resilience Theory by using a resilience-based framework that allows for the recognition of protective factors including strengths, capabilities, competencies, and resources. In turn, these protective factors help to facilitate more productive prevention and intervention practice (Masten, 2001; Masten, 2019). This qualitative approach will help to better understand the complexities of the factors that can challenge parental functioning. This approach will also help to illustrate how empowerment and parental resiliency are achieved.
Adolescence

Adolescence is a unique developmental and transitional time where preparation for adulthood takes place (Lenz, 2001; Thorsen, 2017; World Health Organization, 2017). It consists primarily of the teenage years; the term was traditionally used to refer to the ages of 13-19. However, recent re-conceptualizations have expanded this developmental period to also include the “tween” years of ages 10-12 (covering puberty and the transition to secondary school) as well as the “emerging adult” years of 18-25, recognizing the longer transition to adult roles and responsibilities that has been increasingly the case over the last several decades (Arnett, 2000; Arnett, 2007; Ebert, 2015; Steinberg et al., 2017; Wallace, 2016). In line with this expansion of the adolescent development period, this study operationalized adolescents to range between the ages of 11-21.

Adolescents experience a number of transitions during this period that impact their development. Social and psychological transitions are especially impactful for development. Adolescence is characterized by a quest for exploration (Klimstra, Hale, Raaijmakers, Branje, & Meeus, 2010) and an increase in risk taking (Pound & Campbell, 2015). There are many different ways that this may manifest in terms of understanding youth development. Consequently, the adolescent years present significant changes in the youth’s social and psychological functioning (Hollenstein & Lougheed, 2013; Steinberg, 2001; Qu, Fuligni, Galvan, & Telzer, 2015).

During the adolescent years, youth undergo a process of social redefinition (Steinberg, 2005). That is, their place in society is restructured and redefined as they move toward increased autonomy from their families of origin. During adolescence, youth spend more time away from their parents and family (Steinberg, 2001; Steinberg, 2008; Steinberg & Morris, 2001), and
spend more time in school (Eccles & Roeser, 2011; Greenberg et al., 2003; Randolph, Fraser & Orthner, 2004) and with their peers (Badaoui, Lebrun, & Bouchet, 2012; McElhaney, Antonishak, & Allen, 2008; Steinberg, 2001; Steinberg & Morris, 2001). Adolescents are not always under constant adult supervision (Lionetti, et al., 2018), and they often engage in increasing amounts of leisure and recreational activities (Leversen, Danielsen, Birkeland, & Samdal, 2012). They are granted more freedom as well as more responsibility (Noom, Deković, & Meeus, 2001), and they are also able to begin seeking employment (Rauscher, Wegman, Wooding, Davis, & Junkin, 2012).

Adolescents experience frequent volatility in their moods as well as in their self-concepts (Steinberg, 2005). They are undergoing puberty and the associated physical changes (Alotaibi, 2019; Carlo, Crockett, Wolff, & Beal, 2012; Hurwitz et al., 2017; Lee & Styne, 2013), cognitive changes that impact their thinking and reasoning abilities (Albert & Steinberg, 2011; Casey, Getz, & Galvan, 2008; Cohen et al., 2016; Steinberg et al., 2017), as well as social transitions where their position in society is restructured (Duke, Skay, Pettingell, & Borowsky, 2009; Kiefer & Ryan, 2011; Wray-Lake, Syvertsen, Flanagan, & Christens, 2011). All of this has an impact on their psychological functioning.

Peer relationships are also a big part of this developmental period and impact the teen’s social and psychological functioning. Time spent with peers increases while the time spent with family decreases (Steinberg, 2001; Steinberg & Morris, 2001). Acceptance by peers is critical during this time (McElhaney et al., 2008), as peers have a big influence on a youth’s identity development as evidenced by their choice of clothing, style, music, social interests and preferences, as well as self-esteem and self-concept (Badaoui et al., 2012). When youth don’t have a peer group they belong to, or at the minimum at least one mutual, supportive friendship,
this can lead to isolation and other psychological challenges (Laursen, Bukowski, Aunola, & Nurmi, 2007; Parker & Asher, 1993). Though time spent with parents declines during adolescence (Steinberg, 2001; Steinberg, 2008), parental aid remains crucial for healthy adolescent development (Steinberg, 2001).

**Parent-adolescent relationships**

Parents have a responsibility to engage in parenting methods that will assist their youth in becoming productive members of society (Sattler & Thomas, 2016). The family processes of parenting monitoring (Demuth & Brown, 2004; McNaughton et al., 2016; Vazsonyi, Pickering, & Bolland, 2006), parental supervision (Demuth & Brown, 2004;), parent-adolescent closeness (Demuth & Brown, 2004; Hutchinson, 2002; Vazsonyi et al., 2006), family cohesion (Kim Park, 2007; McNaughton et al., 2016; White & Matawie, 2004), family conflict (Kim Park, 2007; McNaughton et al., 2016; Vazsonyi et al., 2006), parental support (Vazsonyi et al., 2006), and parent adolescent communication (Hutchinson, 2002, Kim Park, 2007; McNaughton et al., 2016; Smith, Prinz, Dumas, & Laughlin, 2001; White & Matawie, 2004; Vazsonyi et al., 2006) all contribute to an adolescent’s healthy development.

One family process of particular importance is that of parental monitoring. Parents of adolescents need to find a developmentally appropriate balance of monitoring their children in a way that does not stifle their emerging autonomy, yet not giving them too much freedom so as they put themselves at risk (Goldstein, Davis-Kean, & Eccles, 2005). Youth spend more time with their peers during this period and they are also spending more time online and in the social media world (Goldstein, 2015). Thus, parents need to be aware of and monitor their youth’s online and social media behaviors (Goldstein, 2015). Since direct adult supervision declines
during adolescence, parents need to find other alternatives and utilize creative methods to help them stay aware of and monitor their youth’s behaviors (Stattin & Kerr, 2000).

Although parental monitoring is important, ultimately parents need to create a safe and welcoming space that will allow their adolescent to feel comfortable enough to disclose their everyday experiences, which will in turn help parents to be aware of what is going on with their youth (Stattin & Kerr, 2000). Thus, when considering parental monitoring during adolescence, it is equally important to consider adolescent autonomy. When parents allow their adolescent to make autonomous decisions, they engage in fewer problematic behaviors (Bynum & Kotchick, 2006). When parents are too restrictive and controlling, this can lead to an increase in adolescent problematic behaviors (Goldstein et al., 2005; Keijsers et al., 2012). Yet, when parents grant too much freedom and autonomy, this can also be detrimental to an adolescent (Dishion, Nelson, & Bullock, 2004; Dishion, Nelson, & Kavanagh, 2003). Hence, parents have to be strategic in their parenting methods and take into consideration how much autonomy they will grant (Goldstein et al., 2005; Tilton-Weaver, Burk, Kerr, & Stattin, 2013). Accordingly, parents need to be educated on adolescent development, what it entails, their role, and where they can go if they need assistance (Steinberg, 2001).

With increased autonomy (Pérez et al., 2016), and increased peer socializing, and in particular unstructured, unsupervised socializing (Sichling & Plöger, 2018), it is to be expected that adolescents will come across opportunities to engage in risky behaviors. Given all of these transitions and shifts that occur during the adolescent years, the role of a parent is critical to an adolescent’s development. However, positive parenting practices can be hindered by a person’s socioeconomic status and living in a community with high amounts of poverty and disadvantage (Santiago, Wadsworth, & Stump, 2011). This said, parents face many challenges that can
negatively impact their adolescent (Anton, Jones, & Youngstrom, 2015; Taylor, Larsen-Rife, Conger, Widaman, & Cutrona, 2010). This is especially true of FASP families with lower socioeconomic status (SES). Resilience research recognizes SES to be a form of a considerable risk (Masten, 2001).

**Socio-economic status**

Socioeconomic status plays a crucial role in impacting FASP families (Conger et al., 2002; Yoshikawa et al., 2012; Zhang, Katsiyannis, Barrett, & Wilson, 2007). Low-income communities often lack the resources and economic stability that allow affluent communities to thrive and flourish (Kuo & Sullivan, 2001). Parents who have a lower SES often experience feelings of despair, which can in turn impede their parenting and lead to adolescent problem behaviors (Jocson & McLoyd, 2015).

Adolescents who live in low socioeconomic conditions have an increased likelihood of engaging in sexually risky behaviors (Carlson et al., 2014), are at risk for becoming teen parents (Center for Disease Control, 2016), and are also at an increased risk for being involved in teen dating violence relationships (Niolon et al., 2015). These youth have more frequent opportunities to be involved in drug and alcohol use (Cordova et al. 2014; Jackson, Denny, Sheridan, Zhao, & Ameratunga, 2016; Russell, Trudeau, & Leland, 2015), and are also more likely to have an increased exposure to crime and violence (Nebbitt, Williams, Lombe, McCoy, & Stephens, 2014; Richards et al., 2015). Furthermore, they are at risk for engaging in truant behaviors and being involved in the juvenile justice system (Zhang et al., 2007). Poverty is one of the most harmful impacts to a youth’s well-being as it impedes education, contributes to poor health, and also is a factor in the development of social, emotional, and behavioral problems (National Center for Children in Poverty, 2019c). Thus, having a lower SES and living in low-
income communities generates many problems for youth (Baer, Scherer, Fleegler & Hassan, 2015), which impacts them emotionally (Bohnert, Richards, Koohl, & Randall, 2009; Kutash & Duchnowski, 2004), socially (Gartstein, Seamon, & Dishion, 2014), and physically (Dunlap, Golub, & Johnson, 2004; Vazsonyi et al., 2006). Consequently, adolescents with a lower SES are at an increased risk for engaging in problem behaviors (Haight et al., 2014).

Additionally, with a low SES and a lack of economic steadiness, even trivial situations such as a common cold can have drastic financial setbacks (Kuo & Sullivan, 2001) and make it difficult for single parents to secure and maintain employment (Takada, 2011; Youngblut, 2000). Consequently, financial setbacks can severely impact a family’s well-being (Clampet-Lundquist & Clampet-Lundquist, 2003; Kalil & Ziol-Guest, 2005). Thus, financial hardships lead to burdens in families (Conger et al., 2002).

Additionally, family financial status and parental education are highly correlated (García Coll et al., 1996; Crosnoe et al., 2002; Hannon, 2017). In the U.S., 82% of youth who live in low-income families have parents with less than a high school education (National Center for Children in Poverty, 2019b). In countries where single parents are more prevalent, there is a greater achievement gap between single versus two parent families (Pong et al., 2003). Youth from single parent families with lower income and lower education are at risk for dropping out of school at higher rates, as compared to their peer counterparts who come from a higher SES (Henry, Cavanagh, & Oetting, 2011). When parents have lower levels of education, they are less likely to understand how to navigate the adolescents’ educational system, which leaves them less likely to advocate for their teen at school (Crosnoe & Huston, 2007). When such stressors are present, an adolescent’s risk of engaging in problem behavior and experiencing school failure
increases (Baer et al., 2015; Crosnoe & Huston, 2007; Free, 2014; Hoffmann, 2016; Jocson & McLoyd, 2015; McMahon, Parnes, Keys, & Viola, 2008; Swearingen & Cohen, 1985).

Low academic achievement and educational attainment during secondary school unfortunately sets the stage for later challenges with employment and an increased risk of poverty during adulthood (Sulimani-Aidan, 2017). Yet, when parents are consistently involved in an adolescent’s life, youth have better adjustment outcomes, especially with their overall performance in school (Miliotis, Sesma, & Masten, 1999; Muñoz, Owens, & Barlett, 2015). Consequently, a parent’s role is pivotal to their child’s success at school (Masten & Monn, 2015). In fact, research has revealed that adolescent girls living in single parent female headed households were more likely to display academic excellence when their mothers were positively involved in their lives (Johnson, 2016). Understanding parental resilience also involves understanding how they function within the larger structures that they interact with (Masten, 2001; Masten, 2019). The school is one such structure.

School

Schools are designed to cultivate the academic trajectory of students, while also promoting skills needed for healthy development and optimal functioning (Masten & Obradović, 2008). Schools have the potential to be a fundamental part of a youth’s healthy development and as such are able to incorporate a resilience framework (Masten et al., 2008).

The school context has both social and psychological impacts on an adolescent and plays a critical role in their development (Eccles & Roeser, 2011; Greenberg et al., 2003; Masten et al., 2008; Randolph et al., 2004). Positive school encounters help foster a youth’s positive and healthy development (Masten & Monn, 2015). School is where students are exposed to knowledge, socialize with their peers, and engage in extracurricular activities. Most of a youth’s
time is spent in school. They attend school ten out of the twelve months in a year, five out of the seven days in a week, and spend anywhere from eight to twelve out of the twenty-four hours in a day at school.

Typically, youth are entering middle school when the period of adolescent development begins and they ultimately experience significant changes in how school is operated (Barber & Olsen, 2004; Eccles & Roeser, 2011). For example, by the time youth reach middle school, they are now instructed in departmentalized contexts, where they have different teachers for each course they take (Barber & Olsen, 2004; Midgley & Feldlaufer, 1987; Midgley, Feldlaufer, & Eccles, 1988). They are now having to learn to work with multiple individuals and adjust to multiple personalities, receive multiple methods of instruction, and have demands placed on them from multiple people. This is a big social and psychological undertaking (Goldstein, Boxer, & Rudolph, 2015; Grills-Taquechel, Norton, & Ollendick, 2010; Loke & Lowe, 2013). Consequently, transitioning to secondary school can be difficult for adolescents (Barber & Olsen, 2004; Duchesne, Ratelle, & Roy, 2012; Goldstein et al., 2015; Kiefer & Ryan, 2011).

The feeling of school belonging plays an important role in an adolescent’s academic achievement and social-emotional functioning (McMahon et al., 2008). Adolescents’ social and academic success at school can be a confidence builder and a source of pride for them. School success can serve to be a protective factor against the potential perils of growing up in a low-income community. Alternatively, if adolescents are struggling at school either socially, academically, or both, the secondary school years can mark the beginning of a series of stressful social and academic experiences that begin a less than desirable trajectory. Thus, the school environment drastically impacts an adolescent’s identity formation and overall development (Eccles & Roeser, 2011; Greenberg et al., 2003; Randolph et al., 2004).
For those adolescents who have special education needs, school becomes even more critical to their development, as they have unique learning needs that require additional support and services (Center for Parent Information and Resources, 2017; Council for Exceptional Children, 2017; Project IDEAL, 2013; U.S. Department of Education- Office of Special Education and Rehabilitative Services, n.d.; U.S. Department of Education- Office of Special Education and Rehabilitative Services, 2010; U.S. Department of Education- Office of Special Education and Rehabilitative Services, 2012; U.S. Department of Education- Office of Special Education and Rehabilitative Services, 2017). Parents are integral parts of the special education decision making process (Project IDEAL, 2013). However, parents are often left out of the process due to their work conflicts or due to their lack of understanding of special education law and the intricate parts of the process (Cavendish & Connor, 2018; Cavendish, Connor, & Rediker, 2016; Weatherly Valle & Aponte, 2002; Zeitlin & Curcic, 2013). This is a particular risk for low-income parents who may have lower levels of education (Gorard & See, 2009; Jehangir, Glas, & van den Berg, 2015; Rungo, Casal, Rivera, & Currais, 2014).

**Special Education**

The history of special education dates back to the 1970s when schools were only educating about 1 in 5 disabled students and were legally allowed to exclude youth with disabilities from attending school (U.S. Department of Education- Office of Special Education and Rehabilitative Services, n.d.). In 1972, two court cases, the *Pennsylvania Association for Retarded Children (PARC) v. Commonwealth of Pennsylvania* and the *Mills v. Board of Education District of Columbia* led the way in addressing the issues of schooling for youth with disabilities. These two lawsuits initiated other litigations and activism efforts and eventually
spearheaded the way to the 1975 federal legislation for students with disabilities (Project IDEAL, 2013).

On November 29, 1975, former President Gerald Ford signed and authorized the *Education for All Handicapped Children Act* -Public Law 94-142 (U.S. Department of Education- Office of Special Education and Rehabilitative Services, 2012). Before the enactment of the *Education for All Handicapped Children Act*, there was no established federal law protecting youth with disabilities. This landmark federal legislation required public schools to educate youth with disabilities. It also ensured that youth with disabilities have equal educational opportunities. This federal mandate is considered the “Bill of Rights” for students with disabilities (Project IDEAL, 2013).

With the enactment of the *Education for All Handicapped Children Act* arose four key purposes to improve and increase youth with disabilities being able to access education:

1. “To assure that all children with disabilities have available to them…a free appropriate public education which emphasizes special education and related services designed to meet their unique needs.

2. To assure that the rights of children with disabilities and their parents…are protected.

3. To assist States and localities to provide for the education of all children with disabilities.

4. To assess and assure the effectiveness of efforts to educate all children with disabilities.” (Education for All Handicapped Children Act, 1975 as found in U.S. Department of Education- Office of Special Education and Rehabilitative Services, 2010, para. 2).

The legislation also incorporated six major components to guarantee that youth with disabilities have equal access to education:
1. A free appropriate public education (FAPE)- ensures that every student, irrespective of their disability, will be afforded a free education that appropriately meets their individualized needs. This also includes related services in which children are to receive other services essential for their educational attainment. These services may include: counseling, occupational therapy, speech therapy, physical therapy, and any additional support services.

2. The least restrictive environment (LRE)- requires that students with disabilities are to receive an education, to the greatest degree appropriately possible, with non-disabled students. Placements must be harmonious and compatible with the student’s scholastic needs.

3. An individualized education program (IEP)- a legal document that is established and developed with the parent and/or guardian. It is a personalized educational plan tailored to meet the specific needs of the student. The IEP is required to address: the present level of academic achievement and functioning, the annual goals and objectives, the educational services that will be provided, the percentage of time in which the student will participate in general education classes, the delivery and duration of services provided, and the annual evaluation procedures.

4. Procedural due process- affords protections to parents pertaining to their son/daughter’s education. This includes parental rights to examine records, to receive written notification of proposed changes to their child’s educational plan, right to have representation by legal counsel, right to obtain an independent evaluation, and other parental rights.
5. Nondiscriminatory assessment- mandates fair and equal practices in assessing children. Prior to educational placement, a child must be assessed by a multidisciplinary team of trained professionals in all areas of assumed disability by assessments that are not culturally, ethnically, or linguistically biased. Students should receive multiple types of assessments as a sole evaluation is not acceptable for the purposes of placement.

6. Parental participation- necessitates complete parental involvement in the educational decision-making process that impacts their youngster’s education (Project IDEAL, 2013).

The Individuals with Disabilities Education Act (IDEA) is the current form of the Education for All Handicapped Children Act-Public Law 94-142. The latest amendments to IDEA were passed in December 2004 with guidelines for establishing two additional components (Center for Parent Information and Resources, 2017). IDEA Part B was passed in August 2006 and governs services and assistance to youth with disabilities ages 3 through 21 while IDEA Part C, passed in September 2011 established early intervention services to infants and kids from birth to 2 years of age (Center for Parent Information and Resources, 2017; U.S. Department of Education- Office of Special Education and Rehabilitative Services, 2017).

Schools are federally mandated under IDEA to provide all students with a disability a free and appropriate public education and deliver the appropriate and required special education and related services needed to assist that youth academically (U.S. Department of Education- Office of Special Education and Rehabilitative Services, 2017). This federal mandate at face value is an important goal. This said, research strongly suggests that schools have continued to fail to properly educate and provide the needed support services to students with disabilities over the years (Center for Parent Information and Resources, 2017; Katsiyannis et al., 2012; Lake & Billingsley, 2000; Project IDEAL, 2013). In fact, research has revealed that school systems have
demonstrated behaviors of failing to see students with disabilities as individuals, viewing the youth from a deficits perspective, failing to communicate with parents, not offering parental education when students are initially classified by the school, attempting to and in many cases successfully overpowering parents by denying their requests, and devaluing parents and students (Lake & Billingsley, 2000). Accordingly, special education continues to be a profound topic in educational litigation (Katsiyannis, et al., 2012).

Some adolescents from low-income communities who reside in FASP families have educational difficulties that make learning especially challenging for them. Thus, having special education needs puts the adolescent at risk educationally, socially, and emotionally (Kern, 2015; Mandell et al., 2008; Simões, Matos, & Social, 2012; State & Kern, 2017), as they are a more vulnerable population, and their adolescent transitions are impacted by their need for additional support services (Center for Parent Information and Resources, 2017; Project IDEAL, 2013).

Youth who have special education needs and have a lack of support are susceptible to bullying (Hartley, Bauman, Nixon, & Davis, 2015), engaging in violent behaviors (Kaplan & Cornell, 2005), and engaging in substance use (Kepper et al., 2014). These youth also report lower levels of school belonging (Free, 2014; McMahon et al., 2008). In order for youth with special education needs to flourish, parents and schools need to work collaboratively (Project IDEAL, 2013).

A parent’s encounter with barriers to accessing and navigating resources (Rodger & Mandich, 2005) is also a factor that negatively impacts adolescents in special education. Locating resources, obtaining services, and navigating the system can be very challenging for parents of youth with disabilities (Reichman et al., 2008). Parents of youth with disabilities and behavioral challenges struggle more when they have less social support and more financial
PEOPLE THINK IT’S EASY

Hardship, compared to families who have more social support and less financial hardship (McConnell, Savage, & Breitkreuz, 2014). The ability to have access to resources and social supports is the biggest indicator of optimal wellbeing for a parent who has a child with a disability (Resch, Benz, & Elliott, 2012). These resources can come from a variety of sources, including school, family, and the larger community. Previous research shows that single mothers’ use of community resources helps to shape positive youth behavioral outcomes (Gonzalez, Jones, Kincaid, & Cuellar, 2012).

Additionally, discrimination against individuals with disabilities also continues to be a threat to functioning and development. In particular, minority students continue to be overrepresented in special education (Duran, Zhou, Frew, Kwok, & Benz, 2013; Zhang, Katsiyannis, Ju, & Roberts, 2014). This is especially true for black males who reside in low-income families, receive free and/or reduced lunch, and who have been classified with emotional and/or behavioral disorders and/or attention deficit hyperactivity disorder (Bal, Sullivan, & Harper, 2014; Duran et al., 2013). In addition to the factors that make it difficult for parents to establish healthy partnerships with schools, it is important to consider factors related to issues of social justice that can impact parental resilience.

Social Justice

Race, class, and gender are intersectional systematic forms of inequality and oppression that have been built into the very structures of society (Andersen & Collins, 2013). In fact, social structures of power have been designed to exclude those who do not fit into the dominant culture’s parameters (Crenshaw, 1989; Crenshaw, 1991). Consequently, issues of social justice continue to plague FASP. Social justice can be defined as the ability of a person to participate equally in society (Thrift & Sugarman, 2018) and to be afforded the same opportunities,
PEOPLE THINK IT’S EASY

regardless of race, class, gender, or any other roles or statuses. In order to achieve equality, difference must be embraced, and current marginalized populations must be seen as equivalent to dominant groups and receive the same recognition (Arfken, 2013).

One particular challenge that FASP families face is the view of what actually constitutes a family (Hoffman, 1990; Lauster & Easterbrook, 2011; Reid-Brinkley, 2012; Walsh, 1996; Walsh, 2002). Historically, family has been viewed through the lens of the heterosexual patriarchal family (Hoffman, 1990; Walsh, 2002). As such, family is often defined in terms of the white, heterosexual, two-parent family, and for those families who do not meet that criteria, they are often viewed as dysfunctional and failures (Lauster & Easterbrook, 2011; Reid-Brinkley, 2012; Walsh, 1996). This view of family continues to characterize and label other family forms as wrong and a deviation from the norm (Walsh, 2002), and can cause undue hardships (Walsh, 2002; Walsh, 2016a). This is especially true with regard to the FASP families living in a low-income community (Lauster & Easterbrook, 2011; Reid-Brinkley, 2012; Walsh, 1996), as women are often blamed for their status as a single parent (Reid-Brinkley, 2012; Walsh, 1996).

Considering all of this, adolescents are further impacted when their families face these social injustices. The presence of multiple barriers in a youth’s life impedes their successful transition into adulthood (Sulimani-Aidan, 2017). Thus, it is essential that there are protective factors in place (Kim et al., 2016). Consistent engagements with families and high-quality parent relationships is one such important protective factor (Hair et al., 2008). Without the existence of protective factors, youth may develop mental health problems (Malee et al., 2011), drop out of school (Jozefowicz-Simbeni, 2008), and engage in other maladaptive behaviors. Consequently, it is important to recognize that the social realities of inequality, marginalization,
and discrimination readily exist and are important factors that must be addressed in social justice efforts (Vasquez, 2012).

**Implications and need for the study**

There is extensive literature examining adolescents in special education (Elmose & Lasgaard, 2017; Gregitis, Gelpi, Moore, & Dees, 2010; King-Sears & Bowman-Kruhm, 2011; Skoulos & Tryon, 2007). There is also a relatively large body of research focusing on single-parent-female-led families (Chester et al., 2007; Meier, Musick, Flood, & Dunifon, 2016; Murry, Bynum, Brody, Willert, & Stephens, 2001; Shenoy et al., 2016; Vargas, Park-Taylor, Harris, & Ponterotto, 2016). Likewise, there are a plethora of studies that focus on adolescents involved in risk behaviors (Animosa, Lindstrom Johnson, & Cheng, 2018; Cattelino et al., 2014; Coyle, Kirby, Marín, Gómez, & Gregorich, 2004; Helfrich & McWey, 2014; Klomek, Marrocco, Kleinman, Schonfeld, & Gould, 2007; Schwartz et al., 2015). Additionally, there is an ample amount of scholarly investigations focusing on low-income communities and their implications for youth and family development (Camasso & Jagannathan, 2018; Day & Hong, 2016; Elias & Haynes, 2008; Kuo & Sullivan, 2001; Loukaitou-Sideris, 2000). However, research that examines the interconnections of the factors is limited and poses a problem when considering intervention efforts for such families.

Due in part to the lack of research examining the intersection of these social and contextual factors, very little research has examined these factors through a resilience theoretical lens. The literature discussed above highlights many important issues and risk factors that can be sizable threats and adversities to FASP. As highlighted throughout this literature review, and consistent with the tenets of Resilience Theory, disturbances to functioning can oftentimes occur on larger scales and can include things, such as poverty, lack of availability of resources, and
environmental factors which can impede and bring about vulnerabilities (Masten, 2016). When adversities impact the parent, it also impacts the adolescent (Walsh, 2003a; Walsh, 2016b). It is important to note that though adolescents are impacted by hardships and stressors, they are impacted all the more when their parent is unable to effectively care for and provide for them (Walsh, 2003a; Walsh, 2016b). Since parental support is the most significant influence in an adolescent’s healthy development and adjustment (Kaminski et al., 2010; Riesch et al., 2012), parents are central to the development of an adolescent (Masten, 2018; Masten et al., 1990). Thus, a parent’s ability to be resilient is viewed in relation to a youth’s ability to rise above difficult circumstances (Labella et al., 2019) and excel. Resilience can be both an internal capacity that relies on a person’s inner competencies, such as positive coping skills, as well as an external capacity that focus on a person’s ability to access needed resources or services situated within their environments (Masten, 2016; Masten, 2018; Masten, 2019). Thus, research that examines parental resilience from the perspective of the FASP is necessary to understand how parental resilience is constructed in the face of significant adversity. Furthermore, it is necessary to examine what processes are necessary to embrace their resilience and contribute to their ability to continue functioning in a resilient manner.
CHAPTER III

Methodology

This phenomenological research study explored the lived experiences of low-income single parent families with adolescents who are led by a female parent or guardian FASP. The study focused on families where at least one child aged 11 through 21 was enrolled in special education in school and was also engaging in risk behaviors. Data for this study were collected through face-to-face, in-depth, semi-structured interviews. Open-ended questions were asked; these questions centered on the participants’ experiences. The central research questions that guided the study were:

1. What are the lived experiences of low-income single female parents/guardians raising an adolescent who is enrolled in special education and engaging in risk behaviors?
2. From the perspective of low-income single female parents/guardians raising an adolescent who is enrolled in special education and engaging in risk behaviors, how can school better support these families?

Rationale for a Qualitative Research Approach

Qualitative research is focused on exploring and understanding a central phenomenon and learning about people’s actions, thoughts, and how they make meaning of their experiences and the world in which they live (Ambert, Adler, Adler, & Detzner, 1995; Creswell, 2016; Merriam & Tisdell, 2016). Qualitative research studies seek to obtain in-depth information and report the voices of participants (Ambert et al., 1995; Creswell, 2016; Merriam & Tisdell, 2016). As such, qualitative research studies will often study sensitive topics, and marginalized or underrepresented groups. Small groups of participants are typically recruited for qualitative studies, as compared to the larger numbers recruited for quantitative studies (Creswell, 2016).
This is because qualitative research is not focused on some facets known to quantitative research, such as hypothesis testing and making generalizations to a larger population (Dworkin, 2012). Alternatively, qualitative research is an inductive and emergent process, and as a result, a smaller sample size of participants can provide the researcher with the in-depth understanding, rich data, and meaning that is fundamental to qualitative research (Crouch & McKenzie, 2006; Dworkin, 2012; Vasileiou, Barnett, Thorpe, & Young 2018). Some key facets of qualitative research are highlighted below.

Qualitative research can be implemented to expose and uncover new information, develop new practices or ways of thinking (Ambert et al., 1995), and understand how and what meaning is constructed by individuals (Merriam & Tisdell, 2016). Qualitative research seeks to gain an understanding of what individuals experience, how they experience it, and how they make sense of these experiences and create meaning of these experiences (Creswell, 2007; Merriam & Tisdell, 2016). Qualitative research seeks to understand the process and how meaning is made. The process is inductive, in that researchers gather data and elicit findings and conclusions based on what the data has informed. The data are described using “rich” material, such as words and pictures. Lastly, the qualitative approach recognizes a human instrument as the best means to collect and analyze the data (Merriam & Tisdell, 2016). That is, qualitative research embraces the researcher as the key means of collecting and analyzing data. This is the case because the researcher has the ability to be responsive to the participant, is able to adapt to the participant’s needs or requests, and is also able to gather further understanding of data through asking questions, clarifying, summarizing, and directly communicating with the participant (Merriam & Tisdell, 2016).
It is essential to consider the types of research strategies being utilized when working with sensitive and marginalized populations. The population identified for this study consisted of female single parents/guardians (FASP), living in low-income communities. FASP living in low-income communities are considered a marginalized and sensitive population due to the difficulties they face with regard to constant stress and psychological challenges (Jocson & McLoyd, 2015), financial hardships (Conger et al., 2002), income disparities (U.S. Census Bureau, 2018a; U.S. Census Bureau, 2018b), as well as the social injustices and inequalities they encounter (Crenshaw, 1989; Crenshaw, 1991; Lauster & Easterbrook, 2011; Reid-Brinkley, 2012). Although quantitative studies help to provide valuable information that can be calculated and measured (Golafshani, 2003), marginalized groups, such as the FASP, identified for this study may be more apt to participate if they don’t feel that they are just a number for statistical purposes. As such, qualitative studies which seek to do an in-depth analysis and seek to gain valuable participant knowledge where participants have a voice (Creswell, 2016; Merriam & Tisdell, 2016) are more beneficial with the population identified for this study (Ambert et al., 1995; Creswell, 2016).

Design

The current study uses a phenomenological approach. Phenomenology is a qualitative research method that seeks to explore the lived experiences of individuals who have experienced a specific phenomenon (Jenkins, Roye, & Frederickson, 2017). Phenomenology is rooted in the philosophical movement that took place during the early 20th century (Merriam & Tisdell, 2016). It is primarily based on the work of philosopher Edmund Husserl (Creswell, 2007; Merriam & Tisdell, 2016). Phenomenology focuses on the experience, and how experiencing a
phenomenon is then manifested into a person’s reality and how they make sense and meaning of such experience (Merriam & Tisdell, 2016).

Phenomenological research studies focus on a single phenomenon, gathering data from individuals who have experienced such phenomenon, while exploring the context in which these individuals create meaning (Creswell, 2016). A phenomenon or central phenomenon is the topic or principal idea that the researcher would like to learn about or study through the research project (Creswell, 2016). Phenomenology seeks to understand the central phenomenon from the participant’s perspective and thus seeks to give a voice to the participants being studied (Ambert et al., 1995; Creswell, 2016; Merriam & Tisdell, 2016). Researchers using a phenomenological design utilize first-hand personal accounts of experiences in an effort to gain new understandings of people’s lived experiences (Gentles, Charles, Ploeg, & McKibbon, 2015).

Research questions in a phenomenological study seek to address experience and meaning of the participants. As such, interview questions are developed to elicit rich data regarding the phenomenon of focus (Smythe, 2012). To uncover the essence and true meaning of an experience, participant interviews are generally the leading method of data collection in phenomenological research studies (Merriam & Tisdell, 2016). Interviews allow the researcher to obtain information that cannot necessarily be observed, such as certain behaviors, people’s feelings, and people’s interpretations of past events (Merriam & Tisdell, 2016). Thus, interviews give participants a voice, allowing them to tell their stories and share their experiences with the researcher (Ambert et al., 1995; Creswell, 2016; Merriam & Tisdell, 2016).

Sample

To recruit participants for this study, I utilized purposeful sampling. Purposeful sampling allows the researcher to recruit participants for the study who have experience with the
phenomenon being studied and who can help provide further insight to the phenomenon (Creswell, 2016; Merriam & Tisdell, 2016). Thus, the sample selected was done so specifically for their experience with the phenomenon. The phenomenon explored in this study was low-income single female parents/guardians with an adolescent aged 11 through 21 who is enrolled in special education in school and engaging in risk behaviors.

The current study utilized snowball sampling, which is a form of purposeful sampling. Snowball sampling allowed the participants in this study to refer other participants who have experience with the phenomenon being studied (Merriam & Tisdell, 2016). Each participant was given the option to refer other potential participants. For those participants interested in referring others to the study, the researcher provided those participants with extra copies of the recruitment handout (recruitment flyer and recruitment letter), which contained the researcher’s contact information so that any potential participants could contact the researcher at their discretion. The participants in the study: (a) identified as a female and (b) were single parents/guardians of at least one adolescent aged 11-21, who was enrolled in special education services in school and who was also engaging in risk behaviors.

For the purposes of this study, risk behaviors were classified into three categories: academic risk, social risk, and emotional risk. For this study, academic risk was defined as school-based academic challenges or disciplinary conduct and included the following behaviors: low grades, cutting class, leaving class and not returning, disagreements with teachers, not completing homework or class work, not studying for quizzes and tests, noncompliance, and school-based disciplines such as detentions or suspensions (Baker & Sansone, 1990; Bugbee, Beck, Fryer, & Arria, 2019; Eccles & Roeser, 2011; McMahon et al., 2008; Ripple & Luthar, 2000; Simons-Morton, 1999). Social risk was defined as the peer-based behavioral challenges or
substance use/misuse incidences. The following behaviors are examples of social risk as defined in the current study: involvement with negative peer influences, involvement in peer issues such as bullying or harassment, misuse of social media, and substance abuse such as experimenting with alcohol, marijuana, cigarettes, vapes, or other substances (Bugbee et al., 2019; Goldstein et al., 2015; Ma, Phelps, Lerner, & Lerner, 2009; Reboussin, Ialongo, & Green, 2015; Walters, 2018). Emotional risk was operationalized as having conduct or impulses associated with mental health and included the behaviors of impulsivity, low self-esteem, issues with body image, lack of self-confidence, refusal to talk to anyone, feelings of despair, self-mutilation, and discussion of suicide (Lee & Vaillancourt, 2018; Paxton, Neumark-Sztainer, Hannan, & Eisenberg, 2006; Rissanen, Kylmä, & Laukkanen, 2009; Ross & Heath, 2002; Steinberg et al., 2018). Participants’ adolescents had to engage in behavior in at least one of the three identified categories of risk.

**Demographics.** The sample of participants was recruited from a large church in an urban community in the northeast section of the United States (See Table 1). The researcher anticipated that participants would come from racial and ethnic minority groups, as information about the study was communicated via the church which is largely compromised of racial and ethnic minority groups. The information concerning the study was also communicated via the church’s social media pages to elicit participation from those not necessarily members of the church yet with some sort of affiliation.

**Sample size.** Sample size is an important consideration for qualitative research. Given the nature of qualitative studies, achieving rich descriptive data can be accomplished with a relatively small sample size (Crouch & McKenzie, 2006; Young & Casey, 2019). Determining the most appropriate sample size will vary and will be contingent upon the researcher’s purpose, methods, and goals (Cleary, Horsfall, & Hayter, 2014; Sandelowski, 1995). The sample sizes of
qualitative studies, in general, typically span between 12-20 participants (Buteau, 2007; Guetterman, 2015; Guest, Bunce, & Johnson, 2006; Mason, 2010). However, participant sample sizes in qualitative studies can differ for each study and ultimately depends on the type of approach being used (Mason, 2010).

Qualitative studies that take on a phenomenological approach typically have an average of 21-25 participants in the sample size (Guetterman, 2015; Mason, 2010). Qualitative studies that center around single mothers range from 5-14 sample participants (Buteau, 2007; Ogunsiji & Wilkes, 2004; West et al., 2017). Thus, the goal for the final participant sample size for this study ranged from 5-10 participants.

As researchers collect qualitative data, it is considered to be best practice to continually assess for data saturation (Guest et al., 2006; O’Reilly & Parker, 2013). Saturation is the instant in research at which there is no new information being revealed in the data (Guest et al., 2006; Malterud, Siersma, & Guassora, 2016). Saturation is reached when there are no new concepts or themes emerging in the interviews (Cleary et al., 2014; Guest et al., 2006; Merriam & Tisdell, 2016; Trotter II, 2012). That is, when data saturation has occurred, the researcher begins to hear the same responses from participants and there are essentially no new insights being presented through the researcher’s interview questions (Merriam & Tisdell, 2016). It was expected that a minimum of five participants would be needed for this study before reaching saturation. However, as described above, in determining the final sample size, the researcher continually assessed for saturation throughout the interview process.

**Recruitment.** As noted above, participants for the current study were recruited from a large church in an urban community in the northeast section of the United States. The researcher recruited parishioners of the church which included individuals who had any affiliation with the
church (i.e. recruitment was not limited to only those who were actual members of the church). This included those individuals who were members of the church congregation, individuals who regularly or occasionally attended service but were not official members of the church, as well as those individuals who were from the surrounding community and utilized the outreach services offered through the church.

The researcher met with the church’s senior pastor (site approval supervisor) to discuss the research project and obtained permission to use the church as a location to recruit participants. At this meeting, the researcher provided the senior pastor with a dissertation research project summary (see Appendix A), draft copies of the participant recruitment flyer (see Appendix D), and the recruitment letter (see Appendix E). This meeting was held on May 29, 2019, and verbal agreement from the senior pastor was obtained for the church to be a recruitment site for this research project.

Participants were recruited using the recruitment handout, the church announcements, and the church’s social media pages. The researcher copied the recruitment flyer and letter so that it was a double-sided copy, thus making it a recruitment handout. This ensured that participants only had one piece of paper that contained all of the information they needed. The researcher obtained permission from the church’s senior pastor in order for the recruitment handout to be placed in the weekly church bulletin. The church’s senior pastor instructed the church secretary to make copies of the recruitment handout. This handout was then placed in the church’s announcement center and was distributed during the church services via the weekly church bulletin. The researcher emailed the church’s senior pastor a copy of the recruitment flyer, which was posted on the church’s social media pages. The researcher also obtained
permission to briefly address the congregation to discuss the study during the portion of service which highlights pertinent church and community announcements.

**Procedures**

After receiving IRB approval, the researcher coordinated with the senior pastor to attend Sunday church services. Sunday services are the most heavily attended services of the week. During the portion of Sunday service that highlights pertinent church and community announcements, the researcher briefly addressed the congregation to discuss the study.

Though the study only sought female single parents of adolescents in special education who are engaging in risk behaviors, the researcher presented the study to all congregants in hopes that those who were ineligible or not interested in participating would inform others about the study. All congregants received the recruitment handout, which contained the recruitment letter which provided a brief overview of the study (Appendix E) and the recruitment flyer (Appendix D). The researcher ensured this by having a copy of the recruitment handout placed in each of the church bulletins that are distributed to the congregants as they entered the church. This ensured that all congregants received a copy of the recruitment handout and could refer to it as the researcher addressed the congregation to discuss the study. The researcher encouraged the congregants to take this home, review it and email or call if they had questions or became interested in participating. The researcher also notified the congregants that additional copies of the recruitment handout had been placed in the church’s announcement center. This would allow congregants to take multiple copies of the recruitment handout in case they had others who they felt might be interested in the study. For congregants who wanted additional information about the study, who had questions about the study, or who simply wanted to sign up to participate in the study, the researcher was available to meet with them privately after service
to discuss the study in more detail or review the informed consent process and coordinated a time to conduct the interview. Interested participants provided the researcher with a valid email address and phone number for communication.

**Informed Consent.** The informed consent document was provided to each person who opted to participate in the study. All participants received the consent form prior to their participation in the study. The researcher allowed for a few minutes for them to read it. To ensure comprehension, the researcher reviewed the informed consent document with the participant and asked each participant to give verbal confirmation that they read and understood the informed consent document (U.S. Department of Health and Human Services, n.d.; U.S. Department of Health and Human Services, 2018). Upon participant acknowledgement and agreement, the participant signed and dated the consent document in the presence of the researcher (U.S. Department of Health and Human Services, n.d.). The interviewed then commenced.

**Interviews.** Each participant was contacted the day before their interview to confirm the originally scheduled appointment time and location. Interviews took place in a location chosen by the participant. Locations included public places in the community, such as a library and café, in the participant’s home, and at the researcher’s office. Interviewing allows the participant to disclose their personal accounts and perspectives to the researcher and thus empowers the participant to serve as the expert and the researcher to become the learner (Creswell, 2016). Face-to-face, one-on-one interviews help to enhance rapport and develop a connection between the researcher and the participant, and thus makes room for participants to comfortably and openly share their accounts (Creswell, 2016).
When seeking information that requires participants to be open and potentially vulnerable, it is essential to establish rapport (U.S. Department of Health and Human Services, n.d.; U.S. Department of Health and Human Services, 2018). As such, upon the participants’ arrival, the researcher engaged in a casual conversation with them. Once the participants acknowledged that they were ready to begin the process, the researcher thanked them for their willingness to participate and share their expertise on the topic.

To ensure the participants that their information would be kept confidential (U.S. Department of Health and Human Services, 2018), the researcher asked each participant to create a pseudonym, which allowed for the detachment of the study information from the participant, thus maintaining participant confidentiality (U.S. Department of Health and Human Services, 2018). To ensure and maintain confidentiality, the pseudonym that the participant created was used throughout the entire interview, as well as the interview transcripts. Additionally, participant’s identifiable information, such as names, phone numbers, and email addresses were stored in a separate Microsoft Word document on the researcher’s password protected computer.

The participants were informed that the interview process could take anywhere from 45 to 60 minutes. However, the researcher assured the participants they would not be rushed and could take as much time as they needed to answer each question and share their experiences. The researcher also informed participants they could stop the interview process at any time (U.S. Department of Health and Human Services, 2018) if they needed a break, or if they no longer wished to continue with the interview. The participants were reminded that once the interview was completed, they would receive a $20 ShopRite gift card as compensation for their time and participation.
**Data Collection.** Prior to the open-ended response questions, the researcher began with a set of questions focusing on participant demographics, including age, race, ethnicity, and employment status (see Table # 2). The researcher then collected information about the participants’ adolescent child, including their age, gender, race, ethnicity, grade in school, and special education classification (see Table # 3). Participants were informed that they could provide as much or as little information as they wanted. Following the demographic questions, participants were asked the open-ended interview questions which allowed them to share their experiences (see Appendix I). The researcher utilized a semi-structured interview format.

Semi-structured interviews allow the researcher to have an interview guide that contains a specific list of questions and/or issues to explore yet to do so in a way that embraces flexibility and allows the participants’ responses to guide the discussion (Merriam & Tisdell, 2016). Using this procedure, although there are specific data that are sought to be collected from respondents, there is no predetermined wording that must be used, nor is there a predetermined or fixed order that must be followed (Merriam & Tisdell, 2016). This flexibility allows the researcher to be more responsive to the participant and to any new ideas or concepts presented by the participant (Merriam & Tisdell, 2016). Since the purpose of the study was to focus on the participant’s responses and not the specific wording or order of questions, semi-structured interviews were deemed to be most appropriate (Merriam & Tisdell, 2016). Additionally, utilizing a semi-structured interview format embraced the idea of the participant as the expert and the researcher as the learner (Creswell, 2016), and thus helped to empower participants and give them a voice (Ambert et al., 1995; Creswell, 2016; Malagon-Maldonado, 2014; Merriam & Tisdell, 2016).

After the interview was finished, as a method to ensure that the researcher actually captured everything, the researcher asked the participants if they were willing to be contacted
again to verify any information the researcher had gathered. The researcher then provided the participant with their $20 ShopRite gift card as compensation for their time and participation and thanked them for their participation in the study. This amount was determined based on careful consideration of weighing the acknowledgement and appreciation of the participants’ time versus the desire to remain non-coercive (Brown, Schonfeld, & Gordon, 2006; Macklin, 1981; Phillips, 2015; U.S. Department of Health and Human Services (n.d.).

Additionally, the researcher asked the participants to share the recruitment handout with anyone who fit the study criteria and might be interested in participating. Each participant was given the option to refer other potential participants. The researcher asked the participants to share the recruitment handout with anyone who they believed fit the study criteria and might be interested in participating. The researcher provided the participants with additional handouts as needed and asked them to inform prospective participants to contact the researcher via the contact information listed in the recruitment handout. All recruitment handouts listed the researcher’s contact information. This approach was taken to maintain the confidentiality and anonymity of individuals interested in participating.

**Recordings.** To ensure that everything that was said during the interview is fully captured and preserved for accurate data analysis, interviews are typically audio recorded (Merriam & Tisdell, 2016). Additionally, recording interviews allows the researcher to be an active listener, to be fully engaged in the conversation, and ultimately provide the participant with their undivided attention without having to be concerned about writing notes or memorizing what is being said (Merriam & Tisdell, 2016). Interviews were recorded through the voice recorder app on the researcher’s laptop as well as a small handheld recording device. However, the researcher notified the participants that note taking may occasionally occur throughout the
interview process. Notetaking allows the researcher to record the participant’s reaction to questions being asked, to record observations that cannot be captured solely by audio recordings, to make note of something that was of importance, and to keep track of the interview (Merriam & Tisdell, 2016).

In addition to the standard method of documenting notes on a piece of paper, the researcher also utilized *ecomaps* as a form of notetaking. Ecomaps are a graphic tool used to highlight and draw attention to the associations and relations between a person and their surrounding environment (Bennett & Grant, 2016; Crawford, Grant, & Crews, 2014; Harold, Mercier, & Colarossi, 1997; Hartman, 1978; Hartman, 1995). The researcher created an ecomap with each participant that allowed the researcher to document some of the participant’s responses in a visual way.

First, the researcher explained to the participant that the purpose of using the ecomap was simply a form of notetaking. The researcher then explained that the circle in the center of the paper would represent the participant, and that the surrounding circles would represent the systems that the participant has identified as being part of their lived experience. The researcher then explained to the participant that systems would include any people and places they identified as being part of their lives or integral to their experiences. Next, the researcher explained the coding procedure for documenting the type of relationship between the participant and the identified system. The researcher explained to the participant that a straight line indicated that there was a positive, strong and supportive relationship, while a dashed line indicated that there was a negative and stressful relationship that lacked support. The researcher explained to the participants that they could indicate if the relationship consisted of both a straight line and a dashed line.
The researcher used a large 20 X 23 inch Post-It Pad to draw the ecomap. This was done so that the participant would be able to see the ecomap and effectively be able to contribute and provide input on what the researcher was drawing and documenting. Next, the researcher wrote the participant’s name in a circle in the middle of the paper. The researcher also drew a surrounding circle for the school system as that was a focal point of the interview process. The researcher then asked the participant to identify some systems, which the researcher then drew on the paper. Through dialogue with the researcher, the participant identified and discussed systems that they interact with. As the participant indicated new systems, the researcher then drew those identified systems into circles that surrounded the middle circle on the paper and allowed the participant to discuss further. The systems were comprised of a combination of people and places that the participant is in constant interaction with including family, friends, work, school, church, social service agencies, and social service providers (see Figures 1-6).

The ecomap also served as a visual reminder for the participants as they were sharing their experiences. It also allowed the researcher to further probe or seek clarity. The researcher found that this was a very useful tool, as all participants were extremely receptive to this form of notetaking. The ability of the ecomap to document and provide rich data through visual illustration is an advantageous method for a researcher to note the experiences of the participant (Hartman, 1978).

To ensure the confidentiality of each participant, the researcher’s laptop, notes, ecomap, and audio recordings were stored in a locked file cabinet at the researcher’s home where only the researcher has access.
Analysis

After conducting each interview, the researcher transcribed the recordings through a secure password protected transcription software. Voice recognition software is a common tool used to aid in the transcription process (Merriam & Tisdell, 2016). Each audio file was uploaded to the secure transcription software, which then transcribed the audio file into a written transcript. The written transcript was then converted into a Microsoft Word document and saved as a password protected document on the researcher’s password protected laptop. The researcher considered all data collected from all of the interviews and viewed all transcripts as having equal value and importance in the initial data analysis stage.

Constant comparative plan. Data analysis is an iterative process which entails making sense out of the data with an ultimate goal to find answers to the research questions (Merriam & Tisdell, 2016). The researcher used the constant comparative method of data analysis by Glaser and Strauss (1967) to analyze data for this study. This method of analysis allowed the researcher to examine each transcript and make comparisons across the experiences of all participants interviewed and ultimately identify similarities and differences among participant responses (Pope, Ziebland, & Mays, 2000).

A crucial first step in the analysis process is data immersion (Bradley, Curry, & Devers, 2007; Pope et al., 2000; Wertz et al., 2011). Immersing oneself in the data without coding allows the researcher to gather a general understanding of each participant’s experience (Bradley et al., 2007; Pope, et al., 2000; Thackery & Eatough, 2015; Wertz et al., 2011). The researcher first immersed in the data, reading and reviewing each of the 6 interview transcripts thoroughly. Once the researcher had been immersed in the data, the researcher re-read each of the 6 transcripts to further contextualize the data.
The researcher then went through the open coding process. That is, the researcher began jotting down notes, comments, and observations on each transcript (Merriam & Tisdell, 2016). This note taking consisted of words or phrases said by the participants, the researcher’s own words or any other concepts or words that helped to describe that specific part of the transcript that the researcher saw important to make note of (Merriam & Tisdell, 2016). The researcher engaged in this process by utilizing the insert comments feature in Microsoft Word. The researcher highlighted the word, phrase, sentence, or paragraph, where a note was to be placed, selected the option to insert a comment, and then added the note/comment. This allowed for the notes/comments to be stored and organized within the Word document.

As a result of the open coding process, the researcher was able to identify meaning units. Meaning units are words, phrases, or expressions that are relevant to the research at hand and that may potentially help to answer the research questions (Wertz et al., 2011). The meaning units include the exact words of the participant, as well as the researcher’s own words (Merriam & Tisdell, 2016). As meaning units were identified, the researcher constantly compared these meaning units across each participant interview transcript. That is, the researcher looked for similarities and differences across the participant transcripts.

The researcher then began to engage in axial coding, which involved grouping and categorizing like meaning units (Merriam & Tisdell, 2016). The meaning units that were recurrent across all transcripts were developed into emergent themes. The themes that emerged were based on similarities that were found among the meaning units. Interview transcripts were constantly compared during the process of determining if a meaning unit fits into a specific category or theme (Merriam & Tisdell, 2016). Once the emergent themes were identified, the researcher then reviewed all emergent themes and then combined the similar emergent
themes. The researcher then compiled a more comprehensive set of final themes and assigned a code or category name to each final theme (Merriam & Tisdell, 2016). This final process is called selective coding (Merriam & Tisdell, 2016) and is centered around developing a theme that serves as the core code (Strauss, 1987). The core codes provide the best description of the common experiences shared across participants interviewed (Strauss, 1987).

**Trustworthiness**

To ensure that qualitative research is valid and reliable, and is conducted in an ethical manner, the researcher must employ specific rigorous methods (Lincoln & Guba, 1985; Merriam & Tisdell, 2016). One such method is the concept of trustworthiness. Trustworthiness is the extent to which the study was conducted in a rigorous manner and the findings can be trusted as accurate representations of the data (Merriam & Tisdell, 2016; Urban & van Eeden-Moorefield, 2018).

Ensuring reliability and validity by employing trustworthiness strategies allows the results to depict an accurate account of the phenomenon under investigation (Creswell, 2016; Lincoln & Guba, 1985; Merriam & Tisdell, 2016). One trustworthiness strategy that was employed by this researcher was the strategy of thick, rich descriptions. Thick, rich descriptions were obtained from the participants by having probe questions handy to assist the participants in being able to better describe their experience (see Appendix I). The researcher then extracted rich, representative quotes from the participant interviews to highlight the depth of the experience (Merriam & Tisdell, 2016; Urban & van Eeden-Moorefield, 2018).

In order for the researcher to effectively illustrate the participants’ experiences, it is crucial for the experiences to be accurate. As such, the researcher engaged in the second trustworthiness strategy of member checking throughout the interview process (Merriam &
Tisdell, 2016). Member checking is a validation strategy which involves the researcher taking
their preliminary findings to the participant and seeking feedback from the participant as to
whether the researcher’s interpretations are an accurate representation of the participant’s
experience and perspective (Creswell, 2016; Merriam & Tisdell, 2016). This allowed the
researcher to verify and confirm that the information that the researcher had, accurately
described the participants’ lived experiences, helped to rule out misrepresentations and
misinterpretations, and ultimately enhanced researcher credibility (Merriam & Tisdell, 2016;

Of all participants surveyed, a select number of participants was to be chosen to receive
preliminary analysis via e-mail or simply via a phone conversation. This was to be done to
ensure that the researcher accurately recorded and represented their experiences (Creswell, 2016;
Merriam & Tisdell, 2016). The researcher was planning for those participants who received the
preliminary analysis via e-mail or phone conversation to be those with unique experiences that
were different from the rest of the participants (Merriam & Tisdell, 2016). Ultimately, the
researcher planned to employ this process to help establish trustworthiness.

The selected participants were to be asked to review the researcher’s preliminary analysis
which would be drafted in a brief report that contained the summary of findings. The brief report
would include the themes, an explanation of the themes, and a quote that represented each theme.
The selected participants would then be asked to let the researcher know if they agreed with the
researcher’s interpretation of findings (Merriam & Tisdell, 2016). It was anticipated that all of
the participants would agree with the researcher’s findings, and there would be no action needed
to modify the results (Merriam & Tisdell, 2016). If the selected participants had requested
changes, or needed clarity, the researcher would make adjustments or provide clarity (Merriam
& Tisdell, 2016). If the selected participant did not agree with the researcher’s findings, the researcher would revisit the data to review the themes and coding. After reviewing, the researcher would then contact the participant and ask for a second meeting, either in person or via phone, to help the researcher get a better understanding and accurately record and describe their experience.

Of the 6 participants, 5 participants actually contacted the researcher at different time points for consultation regarding potential services or programs that might assist them or their adolescent. Thus, the researcher was easily able to engage in member checking and review the preliminary analysis with those 5 participants and thus establish trustworthiness. As anticipated, the participants agreed with the researcher’s findings, and there was no action needed to modify the results (Merriam & Tisdell, 2016).

A third trustworthiness strategy that was used to obtain thick, rich descriptions, as well as a form of member checking, was the researcher’s use of ecomaps as a form of notetaking. Participants were included as part of this notetaking measure as they were able to observe as the researcher took notes via the ecomap, as well as direct the researcher in what to draw and document. Ecomaps enabled the researcher to utilize the semi-structured, open-ended interview format through a creative means that allowed for the collection of in-depth data about each participant (Bennett & Grant, 2016; Harold et al., 1997; Hartman, 1978; Hartman, 1995), as well as allowed for member checking in a unique and visual way. Consequently, this tool helped to establish trustworthiness.

A fourth trustworthiness strategy that was utilized by the researcher was an audit trail. An audit trail is a specific and detailed account of every part of the research process describing how data was collected, how categories were derived, decisions that were made, and how those
decisions were made (Merriam & Tisdell, 2016; Urban & van Eeden-Moorefield, 2018). This strategy was executed through the researcher’s use of a journal. The researcher also engaged in a peer review process (Merriam & Tisdell, 2016) consulting the outside perspectives of the researcher’s academic faculty advisor and one of the researcher’s committee members throughout the study and data analysis process.

Lastly, the researcher employed a fifth and final trustworthiness strategy. The researcher engaged in reflexivity which involves an assessment of researcher positionality (Merriam & Tisdell, 2016). This process required the researcher to engage in critical self-reflection in relation to the phenomenon being studied. Critical self-reflection involves an examination of biases, beliefs, values, and an overall assessment of how the researcher’s life experiences may impact and influence the research process, and in turn how the research process may affect the researcher (Merriam & Tisdell, 2016; Probst & Berenson, 2014; Urban & van Eeden-Moorefield, 2018).

**Personal Reflexivity.** Prior to conducting the interviews, I engaged in a self-reflection process on my position in this research project. Strengthening adolescents and their families is important to me, and I feel that it may be one of the key first steps to successfully intervening with youth. I grew up as an adolescent living in a low-income community in a single parent home experiencing the disparities of income, wealth, and access to resources that my peer counterparts who lived in affluent neighborhoods seemed to have. I grew up seeing and being exposed to many of the issues that I have outlined throughout this paper. The key reason I did not become subject to my environment was because I had the strong endless support of my mother, who persevered and made sure that despite the circumstances and conditions in the
environment in which we lived, my sister and I had the support from her that was necessary for us to rise above the systematic societal conditions that remained in place for us to fail.

In addition to my personal experience, I have learned through my professional experience as a social worker that in order to truly help the youth, you must first start with their foundation; the family unit, specifically their parent/guardian(s). I have come to find that regardless of the strategies, interventions, techniques, etc. I am implementing with the youth, if the family is not supported and provided with resources to better function, then it is very difficult, almost impossible to truly help the youth and see effective long-lasting positive results. Through my professional work experience, I have also come to learn and understand firsthand some of the struggles and difficulties that the families face which inhibit their ability to be an effective support system for their children.

The holistic approach on viewing the client system is a key component for me. The client system, which can be the individual, the couple, the family, or the community, is not an isolated autonomous entity. Rather, it is an interdependent system consisting of many parts that play a role in the function and operation of that system. I believe that the client system must be viewed completely from every angle to fully understand and identify the issues and ultimately better service and meet its needs. I believe a key component that is often missing in youth prevention and intervention programs is involving the family unit. Implementing programs in schools and community centers or agencies is beneficial and definitely needed; however, these youths return to their homes where they reside with their families. If the youth are “undergoing intervention,” then it is extremely necessary for the family unit to “undergo intervention” as well in order to see long lasting positive results.
In order for youth to participate in almost anything, parental consent is needed. Therefore, I question why parental/family involvement is not always taken into consideration when intervening with the youth. If a strengthening families and preventive strategies approach can be introduced early on when the family is deemed at risk, this could help to curb some of the deviant behavior that many adolescents living in single parent families in low-income communities are at greater risk to engage in.

The family unit is where youth initially develop their sense of self and connection to others. Although the family is not the only factor in youth development, it is the foundational factor and where youth received their beginning trainings and where development first occurs. Any strategies to reduce a youth’s involvement in risk behaviors should incorporate family involvement, as there are often many essential elements that will be necessary for intervention that can only happen if the family is involved. As such, programs are more efficacious when they involve families (Evans et al., 2003; Gonzalez et al., 2012; Power, Russell, Soffer, Blom-Hoffman & Grim, 2002; Riesch et al., 2012; Strengthening Families Program, 1980).

In my professional role as a social worker, for the past 9 years I have worked with students with disabilities in both public and private school settings. I have been on the Child Study Team in a public school district for the past 6 years. I have had the opportunity to work with many female single parents/guardians from low-income environments. I have seen and been told personal accounts of how difficult it is for them to independently support, provide for, and maintain an entire household, while raising an adolescent enrolled in special education services. In fact, once the teens begin to engage in risky behaviors, these parents are often at a loss for what to do and often turn to the school for assistance. Thus, my personal experience of
growing up in a single parent household in a low-income community accompanied by my professional work with single parent families in low-income communities where the adolescent is enrolled in special education services in school and engaging in risk behaviors is a topic that I am very passionate about.

As I begun to prepare for this research project and interviewing the parents, I was aware that I needed to understand my values and my positionality. I value hard work and persevering through difficult times and not just giving up when things get hard. I believe that regardless of how difficult things are, parents must always be an active participant in their teen’s life. I believe that parents should never miss a meeting at their teen’s school and should make sure that they are always present for meetings and are part of their teen’s academic team. My mother was a single parent, yet she made sure that she was an active participant in my life, even if it meant that she had to sacrifice things in her life. I realized that I needed to have a nonjudgmental stance and be accepting that not everyone will have the same mindset. I also intended to maintain a journal throughout the entire process as a way for me to constantly engage in self-reflection and ensure that my personal beliefs, values, and opinions were not impacting my research.
CHAPTER IV

Findings

This phenomenological research study explored the lived experiences of low-income single parent families with adolescents who are led by a female parent or guardian (FASP). The study focused on families where at least one child aged 11 through 21 was enrolled in special education classes in school and was also engaging in risk behaviors. Two central research questions were addressed: (1) What are the lived experiences of low-income single female parents/guardians raising an adolescent who is enrolled in special education and engaging in risk behaviors? (2) From the perspective of low-income single female parents/guardians raising an adolescent who is enrolled in special education and engaging in risk behaviors, how can school better support these families? Initially, 7 participants indicated a desire to participate; however, one participant changed her mind and withdrew from the study prior to the interview process. Thus, this chapter presents key findings obtained from the 6 face-to-face, in-depth, semi-structured interviews.

Research Question 1: What are the lived experiences of low-income single female parents/guardians raising an adolescent who is enrolled in special education and engaging in risk behaviors?

One of the criteria for participating in this study was for the participant to have been 18 years of age or older and a single female parent/guardian. Interviews commenced by the researcher asking the participant to tell about their experiences as a single parent/guardian. Research question 1 revealed three major themes and several sub-themes across participants’ responses (See Table 4). All six participants were able to recall and share their lived experiences as a single parent/guardian.
Life Adjustment. All six participants in the study shared how their experience as a single parent/guardian resulted from some sort of life adjustment. Adjustment refers to the change(s) that participants experienced. One participant recalled the adjustment process: “This is not something that we signed up to do as a single mother…it just came about through life choices and changes.” From this theme, two sub-themes also emerged from the data across participant responses. They included: sole responsibility and struggle. As part of their experiences and life adjustments, parents/guardians became solely responsible for the child.

Sole responsibility. All six participants became the sole parent/guardian for the child. That is, they became completely, entirely, and exclusively responsible for all aspects of parenting the child. Participants recalled how all child-rearing responsibilities were fully on them. Amber discussed how all responsibilities including those concerning financial and school were on her to deal with: “As far as financially, as far as school, as far as IEPs, as far as everything that would solely be my responsibility, so all of it would definitely all be falling on me.” Loretta discussed how whether good or bad happened, she was solely responsible for it all: “As a single parent, all the responsibilities lies with you...everything falls back on you, whether that's good, or whether that's bad.” Amber also discussed how it was hard to have to manage all of the responsibility alone. Her statement of: “It's definitely a hard thing when you are the only person doing” describes the overall feelings of participants in the study. As a result of this new role consisting of parenting with sole responsibility, the sub-theme of struggle also emerged.

Struggle. All six participants identified some struggles through their experience. Participants reported feelings of stress, overwhelmingness, disappointment, worry, fear, and concern. The feeling of an initial struggle appeared to be a similar experience across 5 participants, as adjusting to this new role was not easy and did bring about a lot of changes and
difficulties. One participant recalled how balancing work and other responsibilities was a struggle: “Trying to work and trying to figure out with little help, cause I don’t have a lot of family here and his father was into his own thing. So trying to figure out how to work and trying to figure out where he going to go when school is out...who’s going to watch him...so, trying to figure all that out.” Even with the struggle, participants all seemed to come to recognize that they had to fulfill their role. A participant termed it as: “At first it was a struggle but then I realized that I have to do what I have to do as a parent.”

Sasha was the only participant who didn’t express the same initial struggles as the other participants. This could be attributed to the fact that she had been down this path before as she was a single parent/guardian when she raised the biological father of the child she was currently raising: “I was with his dad...so it's not like this is a new thing.” Though Sasha was familiar with being a single parent/guardian, she did discuss some of the struggles that come with such a role.

The child is the priority. Even though there was a struggle, parents/guardians knew that the child was a priority. This was the second theme that emerged from the data. This theme best describes how the participants set aside aspects of their personal lives and put the needs of the child first, as it was the priority and of upmost importance. Blank discussed how her child was her life: “I have no life. He is my life. You know, I'll be able to cruise when he's out and he's, you know, doing this, and that and I'm comfortable, where he would be at. Then I could say, you know if God gave me a life long enough, I can always start my life to do what I want to do...but right now, he's still a priority. 18, 19 doesn't matter. Amber discussed how her life is centered around her children: “And that's why I center my life around the placements of my kids because outside of that everything else can't function and flow right if that's not right.” Sasha discussed
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how she only went to places that she could take her child to: “So basically, when we go on trips, he's there. Family outings, you know, whatever. So, no, I don't go no place that he can't, go.”

There was a consensus among the participants that regardless of what else happened or was happening, the child was the priority. From this theme, two sub-themes also emerged from the data across participant responses. They included: obligation and sacrifice.

**Obligation.** In making the child the priority, participants shared how they had an obligation to be there for the child. Ashley discussed how even with her fatigue and exhaustion she still had to parent and keep moving forward. She shared: “I do feel exhausted, but I got to be a parent, so I got do what I got do.” Loretta also highlighted the various aspects of her parental obligation which included management of the household, grocery and clothing expenses, various appointments, and even being there to simply listen to the child: “Taking care of everything from your rent, or your mortgage, or buying the food, buying the clothing, going to school for the child, to the doctors, listening to their gripes and their complaining, getting them to do this, getting them to do that.” Participants’ obligations did not come without some sacrifice.

**Sacrifice.** Participants indicated that they had to sacrifice and give up some things for the sake of the child. Ashley discussed how she had to give up and let go of some things because she had kids: “I did have to give up some things I couldn’t do because I had kids.” Tasha shared how she had to sacrifice and put her dreams aside because she couldn’t trust to leave her kids with her family: “I feel like parenting them stopped me from following a lot of my dreams because I'm just like, I don't want to leave them with my family you can't leave them.” Amber discussed how there was a lot of growth and development that took place: “There's a lot of growing, there's a lot of bending...there's a lot of sacrifice.” Though there was a great level of sacrifice, the participants found strength and pushed their way through.
**Perseverance.** The third and final theme that emerged from research question 1 was the theme of perseverance. Perseverance was a salient theme in all six participants’ lived experiences. Blank and Tasha shared how initially the experience consisted of a lot of unknowns and was frustrating, but they were able to figure it out. Blank shared: “Not knowing all of the outs and ins of what we were going through. But, you know, I figured it out.” Tasha shared her experience of not having a parental figure in her life and how that was a barrier when she first had children: “At first I was frustrated…I wasn't taught how to parent or mother or anything. So I was just like, kind of winging it and I just had to find my niche. And you know, find out what works for us.” Ultimately, the participants learned to adjust to their newfound status, push their way through and persevere because they had to love, take care of, support, and raise the child.

**Research Question 2:** From the perspective of low-income single female parents/guardians raising an adolescent who is enrolled in special education and engaging in risk behaviors, how can school better support these families?

Another criterion for participating in this study was for the participant to have been raising an adolescent who is enrolled in special education and engaging in risk behaviors. Participants were asked to share how they felt schools can better support these types of families. Research question 2 revealed two major themes and multiple sub-themes across the participants’ responses (See Table 5). This study was able to better understand how schools can better support the above described families by listening to participant feedback, which was collected through face-to-face, in-depth, semi-structured interviews. All six participants were able to share their thoughts and opinions on what schools can do better.

**Schools need to better collaborate with parents.** Findings from this study revealed that all six participants shared the belief and opinion that schools need to better collaborate with
parents. Participants shared how schools need to listen to parents and take into consideration what they are saying. All participants expressed some levels of frustration they encountered when dealing with their child’s school system. Blank shared: “I was pulling my hair out, trying to make sure he meets these lessons. And I’m like, he don’t understand. And nobody took the time out, well bring him afterschool. Well what can we do differently? Well let’s try this. They wouldn’t do nothing.” Sasha shared how she had been trying to get her child into the appropriate program for 4-5 years: “Well, with all the meetings, like I said, I’ve been trying to get him into the program that he’s in now since first grade, second grade or whatever...they really finally realized that he does need this help.”

Tasha was the only participant that seemed to have more of a positive relationship with her son’s school system. However, that grew and developed over time, as his beginnings in school were not pleasant. Tasha shared how the school constantly suspended her son: “Their course of action was suspension, suspension, suspension...he was home three days a week.” Additionally, Tasha had a friend who worked in the school system that her son attended so it should be noted that her experience may have been different because she had someone assisting her who had inside knowledge of the school system: “So I had brought my friend who worked in because she’s a special ed teacher. So I had brought her with me because she was more knowledgeable about you know, different things like that.”

Even with the degree of frustration, all participants discussed their experiences with attending meetings at school. In her discussion, Blank fully captured the active role that all participants in the study undertook when it came to attending meetings at school: “I'm at the meetings, I'm doing this, I'm doing that. I'm here now still, because my son still needs help.” Thus, participants revealed how they were active participants in their child’s life and wanted to
be collaborative partners with schools. In keeping with the theme of schools collaborating with parents, two sub-themes emerged from the data: *Be more transparent* and *Incorporate parental feedback*. Schools should embrace the importance of collaborating with the parents/guardians so that both parties can work together to ensure the child’s educational success. Through collaboration, schools need to be more transparent and provide honest explanations.

**Be more transparent.** Of the six participants, five felt that schools need to be more transparent. Amber shared: “I don't feel like they're transparent...at all, really. I don't feel like they are upfront about what they're doing. I feel like if you ask the right questions, you'll get the right answers. But it's in asking the right questions. And to do that you really need to know what you're looking for.” Blank shared how upset she was in trying to figure out what the school was doing: “They wouldn’t explain the stuff and I was getting upset, and I'm crying.” Additionally, Amber shared her opinion on how things would be better for parents if the school system was transparent: “I feel like if they're more transparent, and if they were honest about how that process goes, then a lot of things would make more sense to parents.” Tasha was the only participant who did not share any concerns or issues with the school system being transparent. However, as noted above, Tasha had a friend who had first-hand knowledge of how the school system operated, which may have attributed to this feeling.

**Incorporate parental feedback.** In addition to being transparent, participants overwhelmingly felt that schools need to incorporate parental feedback when making decisions regarding their child. The majority of the participants discussed great frustration surrounding the fact that schools were not listening to them and were not integrating what they were saying into the decision-making process. Amber shared how the school system wasted everyone’s time by not listening to her from the beginning: “I could tell you right now with the structure and laying
people think it’s easy

this out, this isn't going to work for him because of the structure that he had in his previous program because of what he needs and this it's not gonna work, and it didn’t work. And now, it's like now you wasted all of our time...He's frustrated, the teachers are frustrated...I'm frustrated, because now this is a waste of my time...Everybody's time is wasted. So we're back to square one.”

Once more, it should be noted that Tasha was the only participant who felt that the school incorporated her feedback: “As far as IEP meetings and things like that they usually, you know, work with me and give me whatever, you know, anything I suggest they be like, okay, we'll try this, you know, we'll try that.”

Data revealed that all six participants in the study were actively involved in all aspects of their child’s life. As such, they should be considered the experts on their child and thus their input is critical and essential to the child’s overall educational progress and success. Moreover, data revealed that participants felt that a big part of the child’s educational progress and success lied within the programs that the school offered.

**Schools need to improve their programs so that they are effectively meeting the child’s needs.** Another resounding theme was schools need to improve their programs so that they are effectively meeting the child’s needs. All participants felt that schools could enhance their programs. One participant shared how the school documented interventions to be carried out, yet she didn’t feel that they were actually doing what they documented they would do: “So the schools always did, we always had the appointments, but I don’t think the school even though it's on paper was not meeting what was on paper to me.” Blank shared her frustration with the programs and how her son being pushed through the school system: “Nothing was going right. EVER! And so he was still not learning anything. He was just sliding through. And, you know, I
was getting very frustrated.” As a result of experiences like this, Amber called for schools to stop making excuses and improve their programs: “If you don't have the resources for them...I don't feel like it's an excuse for being a sucky program....it's like, do something and make other ways not to be a sucky program...don't be a sucky program.”

Three sub-themes emerged from this theme: supportive services and programs, school personnel, and offer more resources.

**Supportive services and programs.** To begin improving school programs, one method participants shared was to increase supportive services to students. Amber offered two suggestions. The first: “I think that they should be able to offer programs, so like enrichment programs...things that enrich their lives.” She also discussed how a program that allows children to interact with pets would be beneficial: “A pet program the kids love animals, autistic children love animals and therapy like that. You couldn't find that in these inner city schools...I could call five schools right now and nothing. It's like, why not? The emergency shelters...cause I have friends that volunteer at the shelters they would love opportunities like this. The kids they love...there's a lot of dogs that love kids. It's that people don't put in the effort and the work to do it.”

**School personnel.** Another method discussed by the participants was the necessity for school systems to consider the personnel they have working with the children. Participants shared their opinions on whether school personnel actually related to their children. Blank shared how though teachers had the degree and certification to teach, they did not relate to her son which was equally important: “Teachers...I'm not saying on paper, you know, didn't have that degree to do that type of work. They did not relate. And that made a big barrier between me and my child and them.” Tasha discussed how the person assigned to facilitate anger
management counseling was not the best fit: “He tried to beat the anger management lady up and she said she's never taking him back...she was the only person that they have anger management at the school. And she will not meet with him anymore. Ms. S., I remember, she's an old white lady. She was so nice. I think the wrong person to be teaching anger management, but she was really nice but...”

Another suggestion regarding school personnel included adding an additional staff member into classrooms to assist the teacher. Blank expressed: “But you cannot teach these kids without a second teacher or you will be frustrated.” Loretta shared: “I know that in a lot of times, classroom might be have a lot of kids, which they should give them an aide. It should automatically be it should be an aide in the classroom to help because of the individuals. And they got a lot of issues. Not just their learning, but the behavior as well. And yes, the teacher she's only one person...And even if you only have five kids, you know five kids could have so many issues or whatever...can wear one person out.”

A final recommendation was for the hiring of mental health professionals. Ashley expressed how schools need to have someone regularly on staff that can deal with crisis situations: “I think they should see if they could have somebody to come like have something in the school while they in there. Because like say that kid is having a bad day. I think they should have somebody always in there on hand...Counselor, a therapists, a psychiatrists, yeah. Instead of them having to say, oh, well when you finish here we going to send a note home to your mom. And then you got to make an appointment but then the problem be gone and then that child might not want to discuss it then or something.”

Offer more resources. Additionally, there was a large consensus that schools should offer more resources to parents including workshops, seminars, referrals for services, etc.
Amber’s suggestion included assisting parents to obtain other services that their child may be eligible for: “Or about how going to applying for disability, see because the IEPs are different than SSI. Just because they're getting IEPs doesn't mean they're getting state disability. They've never had something that’s saying Hey, here’s a workshop how about let's have somebody come from the state...How about let's have somebody come and see if somebody could do a workshop on the application. It’s not like they're giving people you know, side information, bring a application down and show people how they can start on the application for disability, what they're actually going to need to come down there so their parents aren’t frustrated coming down there for the first time, you know, to apply for disability for these kids. Because most of them qualify. It's just about the process, the stuff like that, you know. I feel like they could do stuff like that.” Blank indicated that workshops would be helpful: “I think it should be more workshops on IEPS...informational, informational workshops.” Tasha was the only participant who felt that her son’s school provided parents with resources: “Yes. Tons. All different kinds they call and you know, have recordings and they send papers in the mail, tons of trainings and all types of things for parents, yeah.” Nevertheless, all six participants did express that opportunities for childcare, especially during the breaks from school, would be very helpful. Analysis of these findings will be reviewed in the upcoming chapter.
CHAPTER V

Discussion

Guided by Resilience Theory (Masten, 2001; Masten et al., 1990; Walsh, 1996; Walsh, 2002; Walsh 2003a, Walsh 2003b), with a specific focus on parental resilience (Gavidia-Payne et al., 2015), the present phenomenological study explored the lived experiences of low-income FASP with at least one adolescent child aged 11 through 21 that was enrolled in special education in school and engaging in risk behaviors. The preceding chapter presented findings of this study based on the themes and sub-themes that emerged from the two research questions. This chapter will provide further insight into the findings within the context of theory and existing literature, and will further analyze the findings from each research question to better understand the lived experiences of low-income single female parents/guardians with an adolescent aged 11 through 21 who is enrolled in special education in school and engaging in risk behaviors. Additionally, this chapter will highlight how schools can better support families experiencing such phenomenon. This chapter will also discuss the strengths and limitations of the study, and finally the future directions and implications of the study.

Research Question 1: What are the lived experiences of low-income single female parents/guardians raising an adolescent who is enrolled in special education and engaging in risk behaviors?

The first research question explored the lived experiences of low-income single female parents/guardians raising an adolescent who is enrolled in special education and engaging in risk behaviors. Research has shown that parents play a vital role in an adolescent’s development (Kaminski et al., 2010; Riesch et al., 2012). This is of particular importance when an adolescent
is identified as a youth with a disability. Additionally, research has revealed that single parents encounter many stressors and challenges (Brodsky & Vet, 2000).

To best understand their experiences, participants were asked to share their stories. Three major themes emerged from their experiences: *Life adjustment, The child is the priority and Perseverance*. These themes revealed that there was some sort of life adjustment that resulted in single parenthood. Through facing this life adjustment and dealing with all of the struggles and challenges, participants declared that regardless of their circumstances, the child was the priority. Thus, they found strength, and learned to figure things out and persevere because they had to for the sake of the adolescent. One aspect of resilience research has focused on how individuals find strength and are able to survive on the basis of an important person or relationship (Walsh, 2003a). In line with this, participants in the study found strength and were driven to survive for the sake of the child they were raising. Additionally, consistent with previous research, this study revealed that perseverance is found in parents who are raising youth with disabilities (Gardner & Harmon, 2002; Jones & Passey, 2004).

Accordingly, these themes pointed to resilience, which is the answer to this first research question. Resilience refers to the adoptions and survival processes that occur, despite serious threats that can be disruptive and detrimental to life functioning (Luthar et al., 2000; Masten, 2007; Masten, 2013b; Masten, 2015; Masten, 2018; Masten et al., 2008; Masten & Monn, 2015; Walsh, 1996; Walsh, 2003a; Walsh, 2003b; Walsh, 2016a; Walsh, 2016b). *Parental resilience* is the study of this resilience through the context of the parents (Gavidia-Payne et al., 2015). Through facing adversity, individuals may often discover and tap into capabilities and strengths that they may have never recognized, had there not been a significant hardship (Walsh, 2002; Walsh, 2003a; Walsh, 2003b; Walsh, 2007). Even when faced with challenges and difficult
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circumstances, single parents have shown to be resilient and continue to raise their children, regardless of their circumstances (Brodsky & Vet, 2000; Masten, 2018). The lived experience of these FASP is one of resilience. Their story is one of resilience, as it tells how they dealt with and bounced back from some major life challenges.

Another criterion for participation in this study was that the single parents/guardian was raising an adolescent, ages 11-21 who was enrolled in special education in school and engaging in risk behaviors. Since the school system is a major component of an adolescent’s daily life (Eccles & Roeser, 2011), the study was further propelled to explore how schools can better support these families.

**Research Question 2: From the perspective of low-income single female parents/guardians raising an adolescent who is enrolled in special education and engaging in risk behaviors, how can school better support these families?**

The second research question explored the single female parents/guardians perspectives on how they felt schools could better support such families. The single parents/guardians described their experiences with the school systems, which often included participants expressing their frustration with the school system. Participants were able to share and provide insight on how schools can better support families such as theirs. The two major themes that emerged were: *Schools need to better collaborate with parents* and *Schools need to improve their programs so that they are effectively meeting the child’s needs*. The themes revealed that school systems are not collaborating with parents as they should. Participants expressed feeling that school systems are not forthcoming and disregard parental input. Additionally, participants expressed the need for schools to improve their programs to effectively meet the needs of the students. Participants described a number of ways that schools could do this, including changes
to existing services, increasing services and programs that are offered within the school, and implementing changes with regard to school personnel. Participants also noted that schools could provide additional resources to parents.

Accordingly, these themes helped to answer the second research question. The first part of the answer indicates that schools need to work in partnership with parents. That is, schools need to listen to parents and take into account what they are saying and work together as a team with parents. The second part of the answer focuses on the need for schools to offer supportive services and programs for both students and parents. That is, schools need to develop and establish services and programs that are geared toward supporting students and parents and that are beneficial and actually meeting the needs of students.

Strengths and Limitations

When conducting research, it is important to highlight the strengths and limitations of the study. A few strengths of the study are noted: participants were allowed to share their stories, the researcher was of the same gender, race, and ethnicity as participants, the researcher has professional knowledge and expertise with the subject matter, and the researcher has a clinical background and was easily able to establish rapport with all participants in the study. These strengths allowed for the collection of extensive rich data.

Research with marginalized populations can pose many challenges. Although some participants believe research to be important, the types of research that they are willing to engage in is fundamental (Corbie-Smith, Thomas, Williams, & Moody-Ayers, 1999; Freimuth et al., 2001). When conducting research within the African American community, it is crucial to have an understanding of the Tuskegee Syphilis Study and how it impacts participation in research (Corbie-Smith et al., 1999; Gamble, 1993; Scharff et al. 2010; Shavers, Lynch, & Burmeister,
2002). Specifically, the study was deplorable, grossly violated and exploited African Americans and treated them as research subjects/experiments, instead of human beings. As a result, many African American individuals feel that they will be mistreated by researchers (Gamble, 1993; Scharff et al., 2010; Shavers et al., 2002) and therefore are less likely to participate in research, compared to their white counterparts (Corbie-Smith, Thomas, & St. George, 2002; Shavers et al., 2002).

Researcher mistrust is a major factor in lack of participation (Corbie-Smith et al., 1999; Corbie-Smith et al., 2002; Ford et al., 2008; Gamble, 1993; Scharff et al., 2010; Shavers et al., 2002). One study revealed that participants believed researchers use African American participants as “guinea pigs” (Corbie-Smith et al., 1999). Disbelief that the researcher will fully explain the research project and the informed consent process is another major concern (Freimuth et al., 2001). Additionally, the belief that the researcher’s underlying motive is simply for prestige, power, and monetary gains (Corbie-Smith et al., 1999) can also impact participation. This can cause many individuals to avoid participating in research for fear of exploitation or just being seen as a number.

In light of these influences on research participation, there are factors to take into consideration when conducting researcher with groups of people who have been historically abused and exploited by researchers. The researcher having some sort of connection with the participant population is a key facet. The race of the researcher also plays a pivotal role (Corbie-Smith et al., 2002; Shavers et al., 2002). Similar to previous studies, this researcher’s insider status with the participant population (Mohebbi, Linders, & Chifos, 2018) was beneficial. Being able to identify with the participants with regard to gender, race, and ethnicity was definitely a positive factor.
In line with this, an added strength was the demographics of the participants. Though the study did not seek to only recruit participants of a specific demographic, all six participants identified their race as Black/African American. This is a strength, as the study’s findings contribute to the body of research focused on Black/African American single mothers. Additionally, this study was consistent with previous findings that African American single mothers are resilient and have been able to successfully parent, despite adverse circumstances (Brodsky & Vet, 2000).

Additionally, this researcher’s professional experience working in school systems that are located in urban communities with a high population of low-income families was valuable. The researcher has experience working directly with adolescents enrolled in special education who are engaging in risk behaviors. Additionally, the researcher also has direct practice experience working with the FASP. As a result of the researcher’s professional training and background, the researcher was easily able to establish rapport which fostered participants’ ability to trust the researcher, which was indeed advantageous to the data collection process. The researcher was comfortable with the entire process of hearing the participants’ stories and allowing their voice to be heard.

Other considerations can be made to increase participation with marginalized and hard to reach populations. One method to help increase participation, is the researcher’s use of creative efforts through the engagement of community stakeholders, and establishment of community advisory boards (Bonevski et al., 2014; Bowers, Jacobson, & Krupp, 2016; Kaiser, Thomas, & Bowers, 2016). Other strategies include: recognizing the need for longer timeframes and increase budgets, (Bonevski et al., 2014), researcher honesty and better communication about the
people think it’s easy

research process (Corbie-Smith et al., 1999), considering participant transportation, and more consideration of participants time with regard to the study (Ford et al., 2008).

As there were strengths to the study, there were also limitations that should be noted. One limitation was that this study was expressed solely through the perspective of the participant and did not include the perspectives of the adolescents or the school system. While the purpose in interviewing the single parents/guardians was to examine their unique individual experiences, the perceptions of the adolescent and the school system may have provided further insight. This would have helped to further ensure credibility and consistency with findings (Merriam & Tisdell, 2016).

Another limitation was that there was only one recruitment site. The recruitment site was a church with a predominately Black/African American membership (See Table 1). The researcher carried out procedures to keep recruitment open to anyone who met the study criteria and wanted to participate. First, the recruitment handout was provided to every person in attendance on the day the researcher presented the study. Second, the researcher made certain that additional copies of the recruitment handout were available for distribution to anyone, regardless of demographic profile. Finally, the recruitment flyer was posted on the church’s social media pages. This was all done in an attempt for the study information to be shared with anyone, irrespective of demographic profile. However, it was highly likely that the recruitment handout would be circulated amongst individuals of similar demographic profiles.

Consequently, an added limitation was the demographics of the participants. Though the study did not seek to only recruit participants of a specific demographic, all six participants identified their race as Black/African American. As a result, this study’s findings are limited to Black/African American participants. While this is noted above as a strength of the study, it can
also be seen as a limitation as the make-up of low-income communities do include individuals from demographics other than Black/African American. If the study were compromised of a more diverse group of participants, there may have been an expansion to the findings of the study.

One final limitation of the study is the concept of “bracketing out,” which involves the researcher putting aside their personal experiences to fully learn how the individuals they seek to study experience the phenomenon. Bracketing involves the researcher setting aside their presumptions, prejudices, and biases, based on their personal experiences so that they can objectively conduct the research (Merriam & Tisdell, 2016; Tufford & Newman, 2010). Essentially the researcher stores away anything that can potentially influence their view of the study.

Bracketing is difficult to do, and the extent that a person can fully bracket is questionable (Fischer, 2009; Merriam & Tisdell, 2016). However, it is a continual reflexive process that assists the researcher to fully hear participant experiences (Fischer, 2009; Tufford & Newman, 2010). The setting aside of personal experiences should be consistently monitored throughout the entire research process (Tufford & Newman, 2010). One such monitoring method is the use of a journal (Merriam & Tisdell, 2016), which was utilized in the current study.

**Future Directions**

Although this study helped to uncover experiences of low-income FASP, future research is needed to further develop these findings. Future studies using a sample of participants with diverse demographics can possibly expand the study and its findings. All participants were identified as Black/African American. There are low-income FASP from other races and ethnicities. Understanding their experiences would be an asset and can assist with informing the
practice of schools, teachers, counselors, therapists, and other direct service professionals to developing effective interventions, services, and programs with this population (Masten, 2016; Masten, 2018; Masten et al., 2008; Southwick et al., 2014; Wandersman & Nation, 1998).

Additionally, having a varied set of recruitment sites should be considered for future studies. This would allow for diversity in recruitment. Finally, future research should consider the perceptions of the adolescent and the school system. Studying these perspectives may offer additional insight and provide a more comprehensive understanding of the population and potential intervention efforts.

**Implications**

The above discussed research study highlights why it is vital to conduct research that will explore risk and resilience among FASP from low-income communities. While this study was grounded in Resilience Theory (Masten, 2001; Masten et al., 1990; Walsh, 1996; Walsh, 2002; Walsh 2003a, Walsh 2003b), with a focus on parental resilience (Gavidia-Payne et al., 2015), the results of the study revealed that there are other theoretical lenses that can be used as a framework to guide similar studies and further expand the results of this study. Particularly, the participants in this study identified systems in their environment that they constantly interacted with which played a role in their resiliency.

This study highlighted that resilience can be studied from a systems perspective that incorporates multiple levels of influence (Masten & Monn, 2015; Walsh, 1996; Walsh, 2016a). From a systems perspective, resilience refers to the ability for the system to endure and recover from anything that threatens the overall functioning of the system (Masten 2016; Walsh, 2016a). A systems perspective also emphasizes the interactions and interconnections of individuals and their environments in which they live (Masten, 2016; Masten, 2018; Walsh, 1996). Since
individuals are entrenched in their environment and the systems that make up their environment (Bronfenbrenner, 1999), it is important to also examine the resilience of each of these systems (Masten et al. 2008; Walsh, 1996; Walsh, 2007; Walsh, 2016a; Wandersman & Nation, 1998). When the systems are damaged or missing, this can be a major risk factor (Masten, 2001; Masten & Obradović, 2008; Walsh, 2007). Thus, any changes to any of these systems can impact an individual’s resilience (Masten, 2016; Masten, 2018; Masten, 2019).

From a systems perspective, resilience involves the collective collaborative interactions among the parent, school system, and other community influences (Walsh, 2003a; Walsh, 2007; Walsh, 2016a). It is important to recognize that people are embedded within their families, communities, schools, places of employment, and the larger environment in which they dwell (Masten, 2016; Masten, 2018; Southwick et al., 2014; Walsh, 2007; Wandersman & Nation, 1998). Accordingly, sources outside of the family, such as schools, clinicians, and communities, may be needed to assist with needed supports and services to aid in parental resiliency (Labella et al., 2019; Walsh, 2002; Walsh, 2007; Walsh, 2016a). As such, a collaborative effort from other systems in the surrounding environment is essential (Walsh, 1996; Walsh, 2007). Utilizing a resilience approach to intervention can help to improve communities (Masten, 2001; Walsh, 2007).

One critical system for FASP and their adolescents during this stage of development and transitions is the school system. Consequently, the role of schools is of grave importance (Resnick et al., 1997). This study was consistent with findings from other studies, emphasizing that the parent is the expert on their child (Jones & Passey, 2004). This highlights the need for parents and schools to work together. In line with existing research (Reynolds, 1999), this study
revealed that there is a great need for parents and schools to have strong collaborative partnerships (Franklin & Streeter, 1995).

Additionally, the participants of this study shared similar beliefs with participants from other studies (Jones & Passey, 2004) with regard to the need to advocate for changes within school systems, especially with regard to supportive measures. There should be a presence of supportive programs and services in schools that include an array of extra-curricular activities and intervention programs (Frazier, Cappella, & Atkins, 2007; Lee, Cheung, & Kwong, 2012) since positive experiences at school is a protective factor for youth (Masten et al., 1990). This study was also consistent with theory and stressed the benefits of schools providing parents with needed resources, such as workshops, seminars, and access to resources that will ultimately serve to benefit the adolescent (Masten, 2016; Masten, 2018; Southwick et al., 2014; Wandersman & Nation, 1998).

The stigma of disability needs to be addressed in schools so that both school personnel and students learn to embrace and welcome those with disabilities (Hartley et al., 2015). Research has shown that experiential education that involves nondisabled individuals being exposed to and working directly with individuals with disabilities helps to mitigate discrimination and offers ways to better understand the inequity and social injustice experienced by individuals with disabilities, and the systems of power that contribute to this social injustice (Jefferson et al., 2018). Sinclair, Christenson, and Thurlow (2005) found that when special education students with emotional or behavioral disabilities are continuously assessed for their levels of school engagement and are given constant individualized attention and support, they were less likely to drop out of school compared to their peers who did not have those supports in
place. Interventions intended to assist and support youth with disabilities must consider the unique cultural and social contextual factors these students encounter (Sullivan et al., 2015).

Findings of this study revealed that parents are concerned about teachers and other support staff that are working in schools. Since schools play such an integral role in supporting students whose parents and families have dealt with adverse circumstances, regular staff development and training is crucial (Labella et al., 2019). The training of the school personnel who are working with adolescents and their parents is critical (Collier, Keefe, & Hirrel, 2015). There must be substantial changes in teacher preparation programs and professional development opportunities to ensure that educators are qualified and well equipped to work with youth who have emotional and/or behavioral challenges (Gage et al., 2010). Not only do teachers need better preparation, but other school professionals working with students should also be better prepared as well. In particular, school social workers have a crucial role in helping to intervene and incorporate preventive measures for adolescent school dropouts (Jozefowicz-Simbeni, 2008). Consequently, colleges and universities need to ensure that their programs are effectively preparing school professionals to intervene and provide support for students’ social-emotional needs in the educational context (Berzin & O’Connor, 2010).

In the interviews, participants offered suggestions for schools to consider when hiring staff. One suggestion mentioned by participants was increases in classroom support. Another suggestion was the need for mental health clinicians. This is a favorable idea and one that schools should consider. However, it is important to note that in hiring such individuals, there should be requirements that they take coursework or engage in regular professional development in a variety of areas, such as collaborating with parents, special education policies and procedures, drug and alcohol counseling, assessing youth, childhood disorders and evidenced-
based interventions. Such coursework is critical, as these are the areas that may affect the student as well as a therapist’s ability to intervene and provide support (Venum & Venum, 2013).

Participants in this study did discuss services and programs that would be beneficial to them yet are not necessarily in the scope of a school system’s duties. One prominent need identified was to offer childcare programs and services during extended breaks from school. Although this is not a service that school systems typically undertake, having community partnerships could help to link parents with such services. Sometimes parents need assistance and access to services and resources that can help foster their resilience (Masten, 2016; Masten, 2018; Southwick et al., 2014; Walsh, 2007; Wandersman & Nation, 1998).

Schools can begin to hire designated staff who work to support parental resilience and enhance parental involvement. This would foster positive adolescent development (Lee et al., 2012). Hiring a district liaison or service coordinator who could be solely responsible for these collaborative community approaches is something to be considered. This would allow for the adoption of a resilience framework, which utilizes approaches that promote the recognition of strengths, resources, and protective factors to ultimately facilitate more productive prevention and intervention practice (Masten, 2001; Masten, 2019). The presence of protective factors allows adolescents to become resilient individuals (Grossman et al., 1992). Accordingly, schools should consistently be working collaboratively with social service agencies in a collective effort to help intervene (Franklin & Streeter, 1995).

Community programs that have utilized a resilience framework have been designed to address a variety of family needs and serve a range of family types, including the single parent family (Walsh, 2002; Walsh, 2003a). Resilience has shaped the way service is provided, and
how those working in the prevention and intervention fields go about intervening with those in need (Masten, 2001; Masten, 2019). The availability of resources and a family’s ability to access such resources are integral parts of resilience (Walsh, 1996). In fact, resources and initiatives that have a positive focus rooted in the concept of resilience are more appealing to parents and their adolescents (Durlak & Wells, 1998; Masten, 2019; Masten et al., 2008). Taking this into consideration, it is imperative for clinicians to recognize that families are diverse in makeup, and there is no one single approach that works for all families and individuals. Further, it is important for intervention efforts to be fluid and flexible, understanding that as families change, interventions and approaches must also be adjusted (Labella et al., 2019; Walsh, 2002; Walsh, 2007; Walsh, 2016a). Thus, it is also important to consider whether the tools, assessments, and methods of interventions used to help families are actually helping (Wandersman & Nation, 1998), especially since historically measures have been designed to meet the needs of the white, middle class, heterosexual, and patriarchal family (Walsh, 2002).

An intersectional perspective can also be used for studying FASP families. Taking an intersectional perspective involves casting aside a single dimensional lens that is focused on the experiences of the dominant culture and instead taking on a multidimensional intersectional perspective (Crenshaw, 1989). When studying families, it is essential to study the processes that impact family functioning (Smith et al., 2001), and to study them beyond the often socially constructed one-size-fits-all definition of family (Hoffman, 1990; Walsh, 1996). In fact, studying key family processes will allow clinicians to better support families through their intervention efforts (Walsh, 1996).

Furthermore, researchers studying families should study them through an intersectional perspective examining how they experience and navigate the multiple social categories to which
they belong, as well as how they experience inequality and oppression due to the multiple social categories they belong to (Crenshaw 1989; Crenshaw, 1991; Few-Demo, 2014). It is crucial to keep in mind that interventions that are based on the experiences of the dominant culture will not be of benefit to those who have experienced institutional and systematic forms of inequality and oppression (Crenshaw, 1991). Additionally, it is important to consider parenting practices based on family structure and residential context, and to view it from a power and intersectionality perspective (Few-Demo, 2014).

There is a lack of empirical research that specifically examines the interconnections, distinct struggles, stories, and needs of this unique complex population. This research is among the first that focuses on the experiences of low-income FASP with an adolescent who is enrolled in a special education in school and engaging in risky behaviors. Having a child with a disability can contribute to parental stressors (Jones & Passey, 2004). Thus, this study highlights important implications for future research and practice with FASP especially through the lens of parental resilience. Future research should identify factors and processes that reduce the negative effects of living in low-income communities (Jocson & McLoyd, 2015) for those adolescents enrolled in special education programs, engaging in risky behaviors, and living in FASP families. It is necessary to take a holistic approach when trying to help parents and adolescents specifically because they are interconnected with many different systems that all play a role in their overall functioning and development. It is the hope that this study will generate increased examination of this population that can serve to add to the body of research, while also making successful connections from theory to practice that will ultimately be used by professionals working directly with this unique population.
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doi:10.1007/s10826-012-9698-6
Table 1
*Demographic profiles of recruitment site*

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<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
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<td>White</td>
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<tr>
<td>Hispanic</td>
<td>0%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>97%</td>
</tr>
<tr>
<td>Asian</td>
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</tr>
<tr>
<td>Two or more races</td>
<td>2%</td>
</tr>
<tr>
<td>Non-Resident Alien</td>
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</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
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</tr>
<tr>
<td>American Indian/Alaska Native</td>
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</tr>
<tr>
<td>Total</td>
<td>100%</td>
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</tbody>
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Table 2  
Demographics of Participants

<table>
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<tr>
<th>Participant</th>
<th>Age</th>
<th>Hispanic/Latina</th>
<th>Race</th>
<th>Highest degree or level of school completed</th>
<th>Highest level of education would like to achieve</th>
<th>Relationship Status</th>
<th># of years in that relationship status</th>
<th>Current employment status</th>
<th>Reason for not being employed</th>
<th>Area of residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loretta</td>
<td>70</td>
<td>No</td>
<td>Black/African American</td>
<td>Some college credit, no degree And Trade/technical/vocational training</td>
<td>Trade/technical/vocational training</td>
<td>Married but separated</td>
<td>19 years</td>
<td>Retired</td>
<td>Retired</td>
<td>Urban Area</td>
</tr>
<tr>
<td>Blank</td>
<td>53</td>
<td>No</td>
<td>Black/African American</td>
<td>Some college credit, no degree</td>
<td>Master’s degree</td>
<td>Divorced</td>
<td>10 years</td>
<td>Employed</td>
<td>N/A</td>
<td>Urban Area</td>
</tr>
<tr>
<td>Sasha</td>
<td>70</td>
<td>No</td>
<td>Black/African American</td>
<td>HS Diploma or GED</td>
<td>No further education is desired</td>
<td>Single</td>
<td>Entire life</td>
<td>Employed</td>
<td>N/A</td>
<td>Urban Area</td>
</tr>
<tr>
<td>Amber</td>
<td>33</td>
<td>No</td>
<td>Black/African American</td>
<td>Associate degree</td>
<td>Master’s degree</td>
<td>Married but separated</td>
<td>2 years</td>
<td>Not employed</td>
<td>Student</td>
<td>Urban Area</td>
</tr>
<tr>
<td>Name</td>
<td>Age</td>
<td>Married</td>
<td>Ethnicity</td>
<td>Education</td>
<td>Occupation</td>
<td>Years</td>
<td>Employment</td>
<td>Other</td>
<td></td>
<td></td>
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<tr>
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<td>-------------</td>
<td>----------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ashley</td>
<td>54</td>
<td>No</td>
<td>Black/African American</td>
<td>Opted not to answer</td>
<td>Opted not to answer</td>
<td>Single</td>
<td>1 year</td>
<td>Employed</td>
<td>Urban Area</td>
<td></td>
</tr>
<tr>
<td>Tasha</td>
<td>39</td>
<td>No</td>
<td>Black/African American</td>
<td>Some college credit, no degree</td>
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<td>Single</td>
<td>4 years</td>
<td>N/A</td>
<td>Urban Area</td>
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</table>
Table 3  
*Background Information of Participants’ Adolescent*

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<tr>
<th>Participant</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Grade</th>
<th>Special Education Classification</th>
<th>Age initially classified</th>
<th>Diagnoses (Mental health or physical)</th>
<th>Attending public or private school</th>
<th>Type of school: Middle school (MS) or High school (HS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loretta</td>
<td>17</td>
<td>F</td>
<td>Black/African American</td>
<td>12</td>
<td>Multiply Disabled (MD)</td>
<td>3 years old</td>
<td>Attention Deficit Hyperactivity Disorder (ADHD), Fetal Alcohol Syndrome (FAS), Autism Spectrum Disorder (ASD), Bipolar Disorder, Intermittent Explosive Disorder (IED)</td>
<td>Private school financed by public school district</td>
<td>HS</td>
</tr>
<tr>
<td>Blank</td>
<td>18</td>
<td>M</td>
<td>Black/African American</td>
<td>12</td>
<td>Other Health Impaired (OHI)</td>
<td>5 years old</td>
<td>ADHD</td>
<td>Public</td>
<td>HS</td>
</tr>
<tr>
<td>Sasha</td>
<td>11.5</td>
<td>M</td>
<td>Black/African American</td>
<td>6</td>
<td>Specific Learning Disability (SLD)</td>
<td>3rd grade</td>
<td>None</td>
<td>Public</td>
<td>MS</td>
</tr>
<tr>
<td>Name</td>
<td>Age</td>
<td>Gender</td>
<td>Ethnicity</td>
<td>Grade</td>
<td>Disability</td>
<td>Disorder</td>
<td>School Type</td>
<td>Grade</td>
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<td>--------</td>
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<td>-------------------------------------------------</td>
<td>-------------------------------</td>
<td>-------------------------------------------------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td>Amber</td>
<td>13</td>
<td>M</td>
<td>Black/African American</td>
<td>7</td>
<td>Autistic and Emotionally Disturbed (ED)</td>
<td>ASD, Oppositional Defiant Disorder (ODD)</td>
<td>Private financed by public school district</td>
<td>K-8</td>
<td></td>
</tr>
<tr>
<td>Ashley</td>
<td>21</td>
<td>M</td>
<td>Hispanic</td>
<td>12</td>
<td>Multiply Disabled (MD)</td>
<td>ADHD</td>
<td>Public separate school-financed by public school district</td>
<td>HS</td>
<td></td>
</tr>
<tr>
<td>Tasha</td>
<td>15</td>
<td>M</td>
<td>Black/African American</td>
<td>10</td>
<td>Other Health Impaired (OHI)</td>
<td>ADHD</td>
<td>Public</td>
<td>HS</td>
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</table>
Table 4  
Research Question One Themes and Sub-Themes

<table>
<thead>
<tr>
<th>Participant</th>
<th>Theme 1: Life adjustment</th>
<th>1a. Sole responsibility</th>
<th>1b. Struggle</th>
<th>Theme 2: The child is the priority</th>
<th>2a. Obligation</th>
<th>2b. Sacrifice</th>
<th>Theme 3: Perseverance</th>
</tr>
</thead>
<tbody>
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<td>Loretta</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>Sasha</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Amber</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Ashley</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Tasha</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

1a. Sole responsibility  
“As a single parent all the responsibilities lies with you...everything falls back on you, whether that’s good, or whether that’s bad.”

1b. Struggle  
“At first it was a struggle but then I realized that I have to do what I have to do as a parent.”

Theme 2: The child is the priority  
“I have no life. He is my life. You know, I’ll be able to cruise when he’s out and he’s, you know, doing this, and that and I’m comfortable, where he would be at. Then I could say, you know if God gave me a life long enough, I can always start my life to do what I want to do...but right now, he’s still a priority. 18, 19 doesn’t matter.”

2a. Obligation  
“I do feel exhausted, but I got to be a parent, so I got to do what I got to do.”

2b. Sacrifice  
“There’s a lot of growing, there’s a lot of bending...there’s a lot of sacrifice.”

Theme 3: Perseverance  
“Not knowing all of the outs and ins of what we were going through. But, you know, I figured it out.”
Table 5
Research Question Two Themes and Sub-Themes

<table>
<thead>
<tr>
<th>Participant</th>
<th>Theme 1: Schools need to better collaborate with parents</th>
<th>Theme 2: Schools need to improve their programs so that they are effectively meeting the child’s needs.</th>
<th>1a. Be more transparent</th>
<th>1b. Incorporate parental feedback</th>
<th>2a. Supportive services and programs</th>
<th>2b. School personnel</th>
<th>2c. Offer more resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loretta</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Sasha</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Amber</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Ashley</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Tasha</td>
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<td>X</td>
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<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Figure 1 - Loretta

- Daughter
- Friend
- Social Service Agencies
- School Systems (Public & Private)
- Church
- Pastor J’s mentoring/deliverance program

Positive, strong and supportive relationship ______

Negative and stressful relationship that lacks support _______
Positive, strong and supportive relationship ______
Negative and stressful relationship that lacks support ______
Figure 3- Sasha

Positive, strong and supportive relationship ______

Negative and stressful relationship that lacks support --------
Figure 4- Amber

Positive, strong and supportive relationship _______

Negative and stressful relationship that lacks support _______

School System (Public School)

School System (Private School)

Son’s Grandmother

Husband

Church

Family

Son’s father
Figure 5- Ashley

Positive, strong and supportive relationship ______
Negative and stressful relationship that lacks support -------
Figure 6 - Tasha

Positive, strong and supportive relationship _______

Negative and stressful relationship that lacks support ________
Appendix A

Research project summary

Project Director: Shaniqua Bradley, LCSW, Doctoral Student; Department of Family Science and Human Development, Montclair State University, Montclair, NJ 07043; bradleys7@montclair.edu; (908) 943-6443

Faculty Advisor: Sara Goldstein, Ph.D.; Department of Family Science and Human Development, Montclair State University, Montclair, NJ 07043; goldsteins@montclair.edu; (973) 655-3359

Project Goals and Objectives:
The goal of this project is to better understand and explore the lived experiences of low-income single parent families who are led by a female primary caregiver. Specifically, we are focusing on these caregivers’ experiences of raising adolescents who are enrolled in special education and engaging in risk behaviors.

Adolescents who live in disadvantaged communities often demonstrate lower performance and achievement in school. Youth from lower socio-economic families drop out of school at much higher rates than their counterparts who live in higher socio-economic conditions (Henry, Cavanagh, & Oetting, 2011). Additionally, youth from disadvantaged communities often have parents who have less education and understanding of the educational system. This ultimately puts these youths at a disadvantage when it comes to excelling in school (Crosnoe & Austin, 2007). Low academic achievement and educational attainment during middle school and high school unfortunately sets the stage for later challenges with employment and an increased risk of poverty during adulthood (Sulimani-Aidan, 2017).

Another significant factor in an adolescent’s life is that of their parent. Parents have a key responsibility in aiding and ensuring that their youth are equipped and able to productively integrate into society (Sattler & Thomas, 2016). Parental support is the most significant influence in an adolescent’s healthy development and adjustment (Kaminski et al., 2010; Riesch et al., 2012). Consistent engagements with families and high-quality parent relationships serve as a protective factor to peer susceptibility (Hair, Moore, Garrett, Ling, & Cleveland, 2008). When families are consistently involved in an adolescent’s life, youth have better adjustment outcomes especially with their overall performance in school (Muñoz, Owens, & Barlett, 2015). In fact, research has revealed that adolescent girls living in single parent female headed households had an increase in academic excellence when their mothers were positively involved in their lives (Johnson, 2016). Nevertheless, parents living in disadvantaged neighborhoods, may often experience feelings of despair which can hinder their ability to effectively parent and ultimately affect the behavior of their youth (Jocson & McLoyd, 2015). Though the role of a parent is critical to an adolescent’s development, parents often face many challenges that can negatively impact their adolescent (Anton, Jones, & Youngstrom, 2015; Taylor, Larsen-Rife, Conger, Widaman, & Cutrona, 2010).
Currently, there is a lack of empirical research that specifically examines the interconnections, distinct struggles, stories and needs of adolescents who live in single-parent-female-led families, receive special education services, and live in low-income communities. The current study hopes to inform the research on adolescent development by investigating the following questions:

(1) What are the lived experiences of low-income single parent families who are led by female primary caregivers of an adolescent who is enrolled in special education in school and engaging in risk behaviors?

(2) How can schools better support low-income single parent families who are led by female primary caregivers of an adolescent who is enrolled in special education in school and engaging in risk behaviors?

Providing this evidence would be a valuable contribution to understanding whether the parental experiences can suggest for improvements in what school systems can do to better support these families. Additionally, the results would be useful to parents, educators, mental health professionals, and policy makers in terms of making suggestions as to how to enhance or develop school supports and ultimately facilitate positive youth development.

**What the Project Involves:**
Participants will be interviewed by the project director, Shaniqua Bradley, LCSW for approximately 45 minutes-1 hour. Participants will discuss their experiences as single parents of an adolescent who is enrolled in special education in school and engaging in risk behaviors. At the conclusion of the interview, participants will receive a $20 ShopRite gift card as compensation for their time and participation in the study.

**At the End of the Project:**
At the study’s conclusion, all approved research sites will receive a complete report detailing the study’s findings. The project director will be available to schedule meetings to discuss the results of the project. Copies of all scholarly publications that occur as a result of this collaboration will also be made available.
Appendix B

Tuesday, July 16, 2019

Attn: Institutional Review Board
Montclair State University
1 Normal Avenue
College Hall, Room 248
Montclair, NJ 07043

Re: Exploring the Experiences of Low-Income Female Single Parents Raising an Adolescent Enrolled in Special Education: A Phenomenological Study- Shaniqua Bradley, PhD Candidate under supervision of faculty advisor Sara Goldstein, PhD.

Dear Review Board,

This letter serves to give permission to Shaniqua Bradley, PhD Candidate under supervision of faculty advisor Sara Goldstein, PhD to complete her research project titled: Exploring the Experiences of Low-Income Female Single Parents Raising an Adolescent Enrolled in Special Education: A Phenomenological Study, at our church during the following semesters: Summer 2019, Fall 2019 and Spring 2020.

Shaniqua Bradley, PhD Candidate under supervision of faculty advisor Sara Goldstein, PhD will have access to our parents to conduct her research project. The research project has been described to me to my satisfaction.

Sincerely,

[*Physical signature or verifiable electronic signature]*

Name, Title
Organizational Name
Appendix C

In-Person Plea

Good Morning Church,

I would like to let you know about a chance to participate in a research study about the experiences of female single parents/guardians raising a teen who receives special education in school.

I am leading this study. I am a PhD Candidate from the Department of Family Science and Human Development at Montclair State University. This study will involve you be interviewed by me. The interview will take about 45-60 minutes of your time.

You will be asked to talk about your experiences. You do not have to answer any questions you do not want to. Everyone who participates will receive a $20 ShopRite gift card.

If you are:
✓ 18 years of age or older
✓ Female
✓ Single parent/guardian
✓ Have a child (ages 11-21) who receives special education in school and has faced academic, social and/or emotional struggles and challenges

You may be able to take part in the study!

There will be a very short screening process to make sure that you can take part in the study.

If you are interested or have questions, please call, text or email me. My contact information is listed in the flyer and letter you have in your church bulletin.

Thank you for considering participating in this study!

Sincerely,

Shaniqua Bradley, PhD Candidate
Montclair State University
Department of Family Science and Human Development
1 Normal Avenue
Montclair, NJ 07043

*This study has been approved by the Montclair State University Institutional Review Board, Study #IRB-FY19-20-1511*
Appendix D

Are you a female single parent/guardian?
Do you have a child (ages 11-21) enrolled in special education in school?
Has your child ever faced academic, social and/or emotional struggles and challenges?

Research participants needed!!!

- Participants needed to talk about their experiences as single parents raising adolescents who are enrolled in special education.
- This study will consist of an interview that will take about 45-60 minutes to complete.
- Participants will receive a $20 ShopRite gift card as compensation for their time and participation in the study.

Shaniqua Bradley, PhD Candidate in the Family Science and Human Development Program is conducting this study.

If you are interested in participating or have any questions, please contact: Shaniqua Bradley, PhD Candidate at (908) 943-6443 or at bradleys7@montclair.edu

This study has been approved by the Montclair State University Institutional Review Board, study #IRB-FY19-20-1511.
Appendix E

Dear Participant,

I would like to let you know about a chance to participate in a research study about the experiences of female single parents/guardians raising a teen who receives special education in school.

This study is being led by Shaniqua Bradley from the Department of Family Science and Human Development at Montclair State University. This study will involve you be interviewed by Shaniqua Bradley. It will take about 45-60 minutes of your time.

You will be asked to talk about your experiences. You do not have to answer any questions you do not want to. Everyone who participates will receive a $20 ShopRite gift card.

If you are:
✓ 18 years of age or older
✓ Female
✓ Single parent/guardian
✓ Have a child (ages 11-21) who receives special education in school and has faced academic, social and/or emotional struggles and challenges

You may be able to take part in the study!

There will be a very short screening process to make sure that you can take part in the study.

Thank you for considering being part of this study!

Sincerely,

Shaniqua Bradley, PhD Candidate
Montclair State University
Department of Family Science and Human Development
1 Normal Avenue
Montclair, NJ 07043

This study has been approved by the Montclair State University Institutional Review Board, Study #IRB-FY19-20-1511

If you are interested or have questions, please call, text or email: Shaniqua Bradley at (908) 943-6443 or at bradleys7@montclair.edu
Appendix F

ADULT CONSENT FORM

Please read below with care. You can ask questions at any time, now or later. You can talk to other people before you sign this form.

Title: Exploring the Experiences of Low-Income Female Single Parents Raising an Adolescent Enrolled in Special Education: A Phenomenological Study.

Study Number: FY-19-20-1511

Why is this study being done?
The purpose of this study is to explore the experiences of individuals who are:
✓ 18 years of age or older
✓ Female
✓ Single parent/guardian
✓ Have a child (ages 11-21) who receives special education in school and has faced academic, social and/or emotional struggles and challenges

What will happen while you are in the study?
You will be interviewed by Shaniqua Bradley. You will be asked to talk about your experiences. You will be asked the following types of questions:
• Describing yourself
• Describing your life as a single parent
• Describing your teen
• Describe your teen’s struggles and challenges
• Describe your relationship with your teen
• Describing the relationship that you and your teen have with their school

You do not have to answer any questions you do not want to.

Time: This will take about 45-60 minutes of your time.

Risks: You may feel upset, sad, frustrated, angry or uncomfortable. This may be due to the possible lack of support and services available to you and/or your teen. You may also experience these feelings because of some of the questions that are asked. A list of resources will be available to you after the interview.

Benefits: There are no immediate benefits to you being part of this study. Your responses will help to understand things that schools, and communities can do to better serve and support single parent families.

Compensation: To compensate you for the time you spend in this study, you will receive a $20 ShopRite gift card. The gift card will be provided to you at the end of the interview. Please
note, participants will not be eligible to receive the gift card if they withdraw from the study prior to its completion.

**Who will know that you are in this study?** The researcher will know that you are in this study. Your identity will be kept confidential. You will not be linked to any presentations. No one in your community or church will know that you took part in this study. You will be able to create a fake name to help make sure of this.

You should know that New Jersey requires that any person having reasonable cause to believe that a child has been subjected to child abuse or acts of child abuse shall report the same immediately to the Division of Youth and Family Services.

**Do you have to be in the study?**
You do not have to be in this study. You are a volunteer! It is okay if you want to stop at any time and not be included in the study. You do not have to answer any questions you do not want to answer.

**Do you have any questions about this study?** Please contact Shaniqua Bradley via email bradleys7@montclair.edu or by phone at (908) 943-6443 or faculty advisor Sara Goldstein, PhD via email at goldsteins@montclair.edu or by phone at (973) 655-3359.

**Do you have any questions about your rights as a research participant?** Phone or email the IRB Chair, Dr. Dana Heller Levitt, at 973-655-2097 or reviewboard@montclair.edu.

**Future Studies**
It is okay to use my data in other studies:
Please initial: _______ Yes _______ No

**Recordings**
As part of this study, it is okay to (audiotape) me:
Please initial: _______ Yes _______ No

**One copy of this consent form is for you to keep.**

**Statement of Consent**
I have read this form and decided that I will participate in the project described above. Its general purposes, the particulars of involvement, and possible risks and inconveniences have been explained to my satisfaction. I understand that I can withdraw at any time. My signature also indicates that I am 18 years of age or older and have received a copy of this consent form.

________________________________________  ____________________________  __________
Print your name here                          Sign your name here            Date

________________________________________  ____________________________  __________
Name of Principal Investigator                Signature                   Date
## Income Eligibility Guidelines

**July 1, 2019 – June 30, 2020**
(As announced by the United States Department of Agriculture)

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<th>Household Size</th>
<th>Free Meals or Milk</th>
<th>Reduced Price Meals</th>
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<td>Annual</td>
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<tr>
<td>8</td>
<td>56,459</td>
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Each Additional Household Member

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<th></th>
<th>5,746</th>
<th>479</th>
<th>240</th>
<th>221</th>
<th>111</th>
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|                      | 8,177  | 682     | 341  | 315  | 158 |

When all income is reported with the same frequency i.e., all reported as weekly (W), every 2 weeks (2W), monthly (M), or twice a month (2M), total the income and the number of household members and compare it to this chart. Cannot annualize if all income reported is the same frequency.

When income is reported with different frequencies, annualize the number, total the income and the number of household members and compare it to the annual income column on this chart.

**Annual Income Conversion:**
- Weekly x 52, Every 2 weeks x 26, Twice a month x 24, and Monthly x 12

**Error Prone:**
- Weekly: $0 - $25 below the free or reduced price income eligibility limit.
- Every two weeks or twice a month: $0 - $50 below the free or reduced price income eligibility limit.
- Monthly: $0 - $100 below the free or reduced price income eligibility limit.
- Annually: $0 - $1200 below the free or reduced price income eligibility limit.
### Income Eligibility Guidelines (July 1, 2019 – June 30, 2020)

#### FREE MEALS or MILK

<table>
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<th>Household Size</th>
<th>Annual</th>
<th>Monthly</th>
<th>Twice Per Month</th>
<th>Every Two Weeks</th>
<th>Weekly</th>
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#### REDUCED PRICE MEALS

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</table>

Each Additional Household Member:
- Free Meals or Milk: 5,746, 479, 240, 221, 111
- Reduced Price Meals: 8,177, 682, 341, 315, 158
Appendix H

PARTICIPANT SCREENING FORM

Study Title: Exploring the Experiences of Low-Income Female Single Parents Raising an Adolescent Enrolled in Special Education: A Phenomenological Study.

Study Number: FY19-20-1511

Thank you for your interest in the research study. I would like to ask you a few questions in order to determine whether you are eligible to participate in this research study. The screening will take about 5-10 minutes. I will ask you a few demographic questions and a few questions about your adolescent’s academic, social and or emotional challenges. You do not have to answer any questions you do not wish to answer or are uncomfortable answering, and you may stop at any time. Your participation in the screening is voluntary.

Before I begin the screening process, I would just like to give you a brief overview of the research. The goal of this project is to better understand and explore the lived experiences of low-income female single parents/guardians who are raising an adolescent who is enrolled in special education and engaging in risk behaviors. Participants will discuss their experiences through face to face one on one interviews with me.

Would you like to continue with the screening process?

• If yes, proceed.
• If no, stop and address any concerns and then proceed.
• If participant no longer wishes to participate, thank the participant for their time.

The screening information will be used to determine your eligibility. Your answers will be confidential. No one will know your answers except for the research team. All screening forms will be confidentially stored with the research records. If you are ineligible to participate, this form will be confidentially stored by number only. If you are deemed eligible, your form will be confidentially stored by number along with your name. At the end of the screening process, I will let you know whether you meet the study criteria and are eligible to participate.

Would you like to continue with the screening?

• If yes, continue with the screening questions listed on page 2.
• If no, thank the person for their time.

Form #:
Screening Questions

1. Age ______________________________

2. Do you identify as a single parent? ☐Yes ☐No
   • If yes, proceed to question #3.
   • If no, stop and thank participant for their time.

3. Including yourself, how many people live in your household? ______________________________

4. Is your child eligible or currently receives free or reduced-price lunch at school? ☐Yes ☐No
   • Some participants may indicate no to question #4 because they are not aware of the
     program or their child just changed school districts and they have not yet begun the
     application process for free/reduced meals.
   • Regardless of whether participant answers yes or no, proceed to question #5.

5. Household Yearly Income (check one):
   ☐Less than $20,000 ☐$20,000 to $34,999 ☐$35,000 to $49,999
   ☐$50,000 to $74,999 ☐$75,000 to $99,999 ☐Over $100,000
   • Some participants may indicate no to question #4, yet their income falls within the range
     outlined in the attached Income Eligibility Guidelines for NJ Free & Reduced Meals.
   • These participants would still be eligible for the study, because their income was in the
     range of the free/reduced price lunch.
   • If participant’s income does not fall within the range of the free/reduced price lunch, stop
     screening process and thank participant for their time.

The last 3 questions are specific to your adolescent.

6. Have you observed any academic risks such as low grades, cutting class, leaving class and not
   returning, disagreements with teachers, not completing homework or class work, not studying for
   quizzes and tests, noncompliance, school-based disciplines such as detentions or suspensions?
   ☐Yes ☐No

7. Have you observed any social risks such as involvement with negative peer influences,
   involvement in peer issues such as bullying or harassment, misuse of social media, or substance
   abuse (such as experimenting with alcohol, marijuana, cigarettes, vapes, or other substance)?
   ☐Yes ☐No

8. Have you observed any emotional risks such as impulsivity, low-self-esteem, issues with
   body image, lack of self-confidence, refusal to talk to anyone, feelings of despair, self-
   mutilation, discussion of suicide? ☐Yes ☐No

If participant answered Yes, to 1 out of the 3 questions listed above (questions 6, 7, 8)
participant is eligible to participate in the study.

Form #:
Thank you for answering the screening questions. **(Indicate whether the person is eligible or is not eligible and explain why.)**

Do you have any questions about the screening or the research? I am going to give you my contact information if you have any questions later. **(Provide participant with my contact information.)**

If you have questions about your rights as a research subject or if you wish to voice any problems or concerns you may have about the study to someone other than the me, please contact the Montclair State University IRB at (973) 655-3021 or by email at reviewboard@montclair.edu.

Thank you for your time and for your willingness to answer the screening questions. **Would you like to schedule your interview for the study now?**

- If yes, proceed with scheduling a date.
- If no, schedule a time to follow up with participant.

*I am looking forward to learning about your experiences. Your participation in this study is very important. At any time, if any problems come up that would prevent you from participating fully in this study, please contact me as soon as possible. Thank you for your time and responses. I look forward to your contribution.*
Appendix I

Interview Questions

*I would like to begin with a few basic questions about you and your adolescent to get to you know better.*

1. **What is your age (in years)?** _______

2. **Are you Hispanic or Latina?** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
   - [ ] Yes
   - [ ] No

*The previous question was about ethnicity, not race. The next question will indicate what you consider your race to be.*

3. **How would you describe yourself? Choose one or more of the following racial groups that I will read aloud to you:**
   - [ ] American Indian or Alaska Native- (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.)
   - [ ] Asian/Asian American- (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
   - [ ] Black/African American- (A person having origins in any of the Black racial groups of Africa–includes Caribbean Islanders and other of African origin.)
☐ Native Hawaiian/Other Pacific Islander - (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

☐ White/European American - (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

4. **What is the highest degree or level of school you have completed?**

☐ No schooling completed   ☐ Some high school, no diploma ☐ High school diploma or GED ☐ Some college credit, no degree ☐ Trade/technical/vocational training

☐ Associate degree

☐ Bachelor’s degree (e.g. BA, BS)   ☐ Master’s degree (e.g. MA, MS, MEd)

☐ Professional degree (e.g. MD, DDS, DVM)   ☐ Doctorate (e.g. PhD, EdD)

5. **What is the highest level of education you WOULD LIKE to achieve?**

☐ High school diploma or GED   ☐ Some college credit, no degree

☐ Trade/technical/vocational training   ☐ Associate degree (e.g. AA, AS)

☐ Bachelor’s degree (e.g. BA, BS)   ☐ Master’s degree (e.g. MA, MS, MEd)

☐ Professional degree (e.g. MD, DDS, DVM)   ☐ Doctorate (e.g. PhD, EdD)

☐ No further education is desired
6. **What is your relationship status (check all that apply):**

- ☐ Single  ☐ Married  ☐ Divorced  ☐ Widowed  ☐ Engaged  ☐ Dating several people
- ☐ Dating one person casually  ☐ Dating one person/in a committed relationship
- ☐ Co-habiting but not married  ☐ Other (please explain): ______________

7. **How long have you been in the relationship status you indicated above?** ______________

8. **What is your current employment status?** ________________________________

9. **If you are currently not employed, what is the reason?** ________________________________

10. **Where do you live? (check one):**

- ☐ Urban Area (Areas located in cities)
- ☐ Suburban Area (Areas located on the outskirts of a city)
- ☐ Rural Area (Areas located outside the city that consist of mainly farmland and countryside)
Main Interview Questions: Note that prompt questions are examples and may not be used, or only 1 or 2 might be used during the semi-structured interviews.

Research Question #1- What are the lived experiences of low-income single female parents/guardians raising an adolescent who is enrolled in special education and engaging in risk behaviors?

1. One of the criteria for participating in this interview is that you are a single female parent/guardian. Please tell me more about you.

Prompt questions:

- How long have you been a single parent?
- How many children do you have?
- What are their gender and ages?
- Where do they live?
- What’s your life like as a single parent?
- Are you happy and satisfied in your role as a parent?
- Do you ever feel that caring for your child(ren) takes more time and energy than you have to give?
- Do you sometimes worry whether you are doing enough for your child(ren)?
- Do you feel that a major source of stress in your life is your child(ren)?
- Does having child(ren) leave you little time and flexibility in your life?
- Has having child(ren) been a financial burden to you?
- Is it difficult to balance different responsibilities because of your child(ren)?
- If you had it to do over again, would you decide not to have child(ren)?
• Do you feel overwhelmed by the responsibility of being a parent?
• Has having child(ren) meant having too few choices and too little control over your life?
• Do you have support from other relationships that assist with your child(ren)?

2. Another criterion for participating in this interview is that you are a raising a teen who is enrolled in special education. Your teen (______________________), is the one receiving services, tell me more about (______________________).

Prompt questions:
• How old is your teen?
• Please state the gender that your teen identifies with.
• Please state the race that your teen identifies with.
• What grade are they currently in?
• What is their special education classification?
• At what age were they initially classified and began receiving special education services in school?
• Do they have any other mental health or physical health diagnoses?
• Do they attend a public or private school?
• What type of school do they attend? (middle school or high school)

3. During the screening process, you identified: (Indicate the academic/social/emotional) as a struggle and challenge for your teen. Please tell me more about this.

Prompt questions:
• What types of behaviors does your teen engage in?
• How often would you say your teen engages in these behaviors?
• How have these behaviors impacted your teen?
• How long have these behaviors been occurring?
• Have any behaviors stopped?
• Does your teen engage in these behaviors alone or with peers?
• If I were to ask your teen about the behaviors you just identified, how would their response be the same or different?

4. It is common for parent/teen relationships to change during the adolescent years. Tell me more about your relationship with (______________).
   • Describe your relationship with your teen.
   • Does stress or conflict from other kinds of relationships interfere with your relationship with your teen?
   • Does support from other relationships assist with your teen?

5. It is also very common for teens and parents to have conflicts and disagreements. Tell me about a typical disagreement you remember having with your teen.

Prompt questions:
• How did the disagreement begin?
• What was the disagreement about?
• How long did it last?
• How did it end?
• Some behaviors such as yelling, crying, blaming, or sarcasm can be used during parent-teen disagreements. Can you recall either you or your teen using any of these behaviors during a disagreement? Describe them.

• Do you feel that your teen challenges your authority as a parent? Do you ever punish your teen? If so, how?

Research Question #2 - From the perspective of low-income single female parents/guardians raising an adolescent who is enrolled in special education and engaging in risk behaviors, how can school better support these families?

6. Schools are mandated to meet annually or more often as needed with parents who have children and teens with disabilities. Tell me about a typical meeting with your teen’s school.

Prompt questions:

• Describe your relationship with your teen’s school (teachers, administrators, counselors, etc.)

• How often do you have meetings with your teen’s school?

• Who typically requests that a meeting be held?

• How are you usually notified about the meeting?

• Are the meetings held during convenient times for you?

• Who is typically present for the meetings?

• How does the meeting typically begin?

• How long does the meeting typically last?

• Is your teen present during the meetings? If so, what is your teens typical reaction to these meetings?
• How do you view these meetings?
• How do you think your teen’s teachers and other school support staff view these meetings?
• How do you think your teen views these meetings?

7. Think back to an issue you had with your teen’s school that stands out to you. Imagine that I am the school personnel you are having this issue with (or I am the person who was assigned to handle the issue). Walk me through what the issue would look.

Prompt question:
• If I were to ask your teen’s school personnel about this issue, how would their interpretation be the same or different?

8. What services or opportunities could your teen’s school offer, that they do not currently offer, that would be beneficial or helpful to you or your teen?

Prompt question: Does your teen’s school offer any of the following?

☐ Transportation

☐ After school programs

☐ Extracurricular/Enrichment activities (e.g., clubs, sports, art, dance, music, tutoring, etc.)

☐ Childcare programs during school breaks

☐ Summer camps, programs and services
9. During the screening process, you identified: (academic/social/emotional) as a struggle and challenge for your teen. Has your teen’s school assisted your or your teen in any way with this? Please tell me more about this.

Prompt questions:

- Has the school offered any help?
- Has the school implemented any supports for your teen throughout the school day?
- Has the school provided you with referrals to obtain additional services?
- Do you feel the school is supportive of you and your teen with regard to this issue?

Research Questions #1 & #2

10. Is there anything else you want to share with me that you didn’t get a chance to talk about?
Appendix J

**Advocacy Services**
1. Statewide Parent Advocacy Network (SPAN)
   (1-800) 654-7726
   https://spanadvocacy.org/about/

2. Disability Rights New Jersey
   (1-800)922-7233
   http://www.drnj.org/

**Education Resources**
1. NJ Department of Special Education
   (609) 376-3737
   https://www.state.nj.us/education/about/divisions/specialeducation.shtml

2. NJ Department of Education
   (609) 376-3500
   https://www.nj.gov/education/families/

**Other support agencies**
1. NJ Division of Disability Services
   (1-888) 285-3036
   www.state.nj.us/humanservices/dds

2. NJ Division of Vocational Rehabilitation Services (DVRS)
   (908) 296-3940
   http://careerconnections.nj.gov/careerconnections/plan/foryou/disable/vocational_rehabilitation_services.shtml

3. NJ Comm. for the Blind and Visually Impaired
   (973) 648-3333
   www.state.nj.us/humanservices/cbvi

4. NJ Division of Child Protection and Permanency
   (1-800)331-3937
   www.state.nj.us/humanservices/dyfs
5. Community Mental Health Agency
   (1-800) 382-6717
   www.state.nj.us/humanservices/community-services.html

6. Center for Independent Living
   (732) 571-3703
   www.njsilc.org

7. Social Security Administration
   (1-800)772-1213
   www.ssa.gov/disability

8. NJ Division of Developmental Disabilities (DDD)
   (1-800) 832-9173
   www.state.nj.us/humanservices/ddd

   **Counseling and support services**
   https://www.nj211.org/
   https://www.nj211.org/about-211
NJ 2-1-1
Showing results that are **physically located in your area** and provide services that match your search. To show results that may service your area but may not be physically located there set the radius to '0'.

199 results found.

**Jewish Renaissance Medical Center**
**The Health Center - George Washington Carver /Bruce St**
Federally Qualified Health Center (FQHC) offering confidential adolescent healthcare in a school-based health clinic.

**RWJBarnabas Health- Newark Beth Israel Medical Center**
**Behavioral Health Services**
Provides inpatient, outpatient, and partial care services for adults and children with a mental health crisis. The clinic provides individual counseling, medication monitoring, and partial hospitalization.

**RWJBarnabas Health - Newark Beth Israel Medical Center**
**Family Treatment Center**
Center that provides specialized health care/treatment for individuals who are HIV positive or have AIDS. Services include medical case management, HIV prevention counseling, and HIV testing.

**Bridge - Essex NJ**
**Counseling- Irvington**
Offers outpatient counseling services for the community that include individual, group, marital, and family counseling for mental health issues, school-based youth services, and information and referral.

**Bridge - Essex NJ**
**Family Crisis Intervention Unit (FCIU)- Irvington**
Provides immediate assistance for adolescents in crisis in Essex County, and their families. The unit provides crisis counseling to defuse and stabilize juvenile/family crises in order to divert the family from the Family Court System.

**Hyacinth AIDS Foundation**
**Hyacinth AIDS Foundation - Newark**
Provides HIV prevention for men and women, treatment education, adherence support and medical care access, legal services emergency assistance with Utility bills, Housing for People with AIDS (HOPWA), discharge planning.
Jewish Renaissance Medical Center
**The Health Center - Dayton Street Elementary School**
Federally Qualified Health Center (FQHC) offering confidential adolescent healthcare in a school-based health clinic.

Jewish Renaissance Medical Center
**The Health Center - Malcom X Shabazz High School**
Federally Qualified Health Center (FQHC) offering confidential adolescent healthcare in a school-based health clinic.

Offender Aid and Restoration of Essex County (OAR)
**Offender Aid & Restoration (OAR)Counseling Center**
This agency delivers a variety of intervention and support services for ex-offenders designed to help stop the cycle of crime by promoting individual responsibility.

African American Office of Gay Concerns (AAOGC)
**African American Office of Gay Concerns**
Offers individual HIV counseling and testing (Respect), couples HIV Testing and counseling, and health education risk reduction (Many Men Many Voices & SISTA-T).

AIDS Resource Foundation for Children
**Academy Street Firehouse Afterschool Program**
The Academy Street Firehouse Program addresses the mental/ emotional/behavioral health needs of school-age children living with, affected, or orphaned by HIV/ AIDS.

Greater Newark Conservancy
**Re-Entry Services**
Offers a variety of re-entry services for the formerly incarcerated that include, but are not limited to obtaining identification documents, job readiness skills, employment services, behavioral counseling, and legal services.

International Youth Organization (IYO)
**Jedi Program**
Program that helps youth, ages 8 through 12 ,with school and behavior problems by providing services that include counseling, academic support, structured recreational and cultural activities community service, and crime prevention.

International Youth Organization (IYO)
**Youth Leadership**
Addressing the complex needs of urban youth and their families. Activities include homework help and tutoring, individual and family counseling, community service and enrichment activities.

Jewish Renaissance Medical Center
**The Health Center- Quitman Street Elementary School**
Federally Qualified Health Center (FQHC) offering confidential adolescent healthcare in a school-based health clinic.
Leukemia and Lymphoma Society - New Jersey Chapter

New Jersey Chapter
Offers a wide range of free educational and support programs for patients, their families, caregivers and healthcare professionals. Programs include support groups, counseling, co-pay assistance.

Muscular Dystrophy Association

Muscular Dystrophy Association (MDA) Clinic
Provides medical care and other direct services to patients and supports research into neuromuscular diseases. The clinic provides diagnosis, physical therapy, and medical and social counseling.

New Community Corporation

Family Service Bureau of Newark
Provides behavioral and mental health services for individuals, couples and families with problems ranging from domestic violence, juvenile delinquent behavior, truancy, school problems and child abuse/neglect.

New Community Corporation

NCC Family Resource Success Center
One-stop shop that provides wraparound resources, supports and linkage to families before they find themselves in crisis. The Center is the hub of all New Community services.

New Community Corporation

Newark New Start Program
Broader baby prevention program that provides assistance to at-risk mothers and babies in need, with the hopes of eliminating the number of infants who are left in hospital pediatric wards by mothers.

New Directions Behavioral Health Center

New Directions Behavioral Health Center
Offers behavioral health services, including individual counseling, group counseling, anger management classes, and substance abuse assessment & treatment.

New Jersey Department of Veterans Affairs - Health Care System

Newark Outpatient Clinic and Psychosocial Rehabilitation
Allows veterans to register with the Veterans Administration (VA) and receive certain types of medical exams. Also provides mental health services for veterans suffering from severe and persistent mental illnesses.

Partnership for Maternal & Child Health of Northern New Jersey

Postpartum Depression & Perinatal Mood Disorders
Phone support to women who are at risk for perinatal mood disorders or have experienced perinatal loss; facilitation of community-based support groups for new mothers and mothers that have experienced a perinatal loss.
Planned Parenthood of Metropolitan New Jersey

**Chubb Health Center**

Health center that provides affordable reproductive health services, education and advocacy to the community. Services include gynecological exams, contraception refills, pregnancy testing, HIV testing, STI testing, and cancer screenings.

Rutgers University Behavioral HealthCare - Newark

**Adult Outpatient Psychiatric Services**

Adult Outpatient services include family and couples therapy, outpatient psychotherapy, psychiatric evaluations, medication management, group therapy, Schizophrenics Anonymous, and an adult acute day program.

Rutgers University Behavioral HealthCare - Newark

**Children & Adolescent Outpatient Services**

Provides full range of outpatient services to children and adolescents up through the age of 17, and their families including individual, group, and family counseling, psychiatric evaluations, and intensive outpatient services.

Several Sources Shelters

**Ladies and Babies Rest Daytime Shelter**

Offers homeless women and their children a safe place to stay. Women are given clothing, provided with financial aid for medicine, transportation to job interviews, and, social services. Children are provided diapers, food, and clothing.

St James Social Service Corporation

**HIV/AIDS Testing, Counseling, and Food Pantry**

Educates and provides free HIV/AIDS testing for the public. For those who have HIV/AIDS, the program also offers a variety of supportive services including counseling, referrals, and food assistance.

Statewide Parent Advocacy Network (SPAN)

**Information, Training, & Support for Families With Children**

Provides information, training, technical assistance, parent to parent support, and advocacy for families of children, birth through 26, as well as to women of childbearing age (pre-post natal).

Team Management 2000

**HIV/AIDS Counseling - Newark**

Provides counseling and for individuals who are HIV positive. Rapid HIV testing services are also available.

University Hospital

**Children's RESPIRA Educational Program**

Bilingual educational program for Latino families with children who suffer asthma. Benefits include educational sessions, home visits, and referral to an asthma specialist treatment support.
University Hospital
**Infectious Diseases Practice (I.D. Clinic)**
Provides comprehensive medical and health care services for those suffering from HIV disease/AIDS. Case managers are available to provide social work services including individual and family counseling, support groups, and client advocacy.

**Violence Institute of New Jersey at Rutgers**
**Comprehensive Victims Services**
Comprehensive Victims Services provides direct services in counseling, case management, and advocacy for victims of domestic violence, sexual assault and homicide survivors.

**Violence Institute of New Jersey at Rutgers**
**Safe Start Project**
Provides crisis intervention, consultation, case management, information, referrals to families with children exposed to violence, training and education on the impact of violence on children and intervention strategies.

**Youth Development Clinic**
**Outpatient Services**
Outpatient counseling center that offers behavioral health counseling for children/youth and their parents. The program provides individual and family counseling regarding emotional/behavioral difficulties within children.

**Airmid Counseling Services**
**Anger Management**
Provides certified, anger management courses for individuals who are court ordered for anger management.

**Community Access Unlimited**
**Community Support Program**
The Community Support Program (CSP) provides services to individuals who are living with family or independently in the community and are seeking in-home support.

**East Orange General Hospital**
**CAPS**
Program offers individual, family and group therapy to every child and adolescent. Specialty groups include grief counseling, mentally ill chemical abuser groups (MICA), anger management groups, and early childhood groups.

**East Orange General Hospital**
**Outpatient Mental Health**
Outpatient services for patients suffering from mental illness. Group, individual, and family psychiatric evaluations are offered. Specialties in MICA, developmental disabilities, domestic violence, grief and sexual trauma.
East Orange General Hospital
**TAP**
Therapeutic after school program provides individual and group therapy to children from the ages of 8 through 12, five days a week. The program is designed to meet the needs of children, who need more intensive therapy.

East Orange General Hospital
**Teen Works**
Program designed to specifically address the mental health needs of teens between the ages of 15 through 18.

Family Intervention Services
**Early Steps to Success - Essex**
Provides assessment and treatment services to caregivers and their children from birth to 3 years of age.

Family Intervention Services
**Outpatient Services - Essex**
Offers free counseling for children, youth, and families in Essex county up to 21 years of age experiencing challenges with behavior, or who have a mental health diagnosis, and are Medicaid recipients.

Family Support Organization of Essex County
**Family Support Organization of Essex County**
The Family Support Organization of Essex County supports, educates, and advocates for parents and caregivers of children with emotional, behavioral, and mental health challenges.

Marilyn Center
**Emotional Intelligence**
A 24 week anger management program for adults.

Marilyn Center
**Intensive Outpatient Substance Use Disorder Services**
Supervised, structured programs that offer a wide range of intensive outpatient services.

Marilyn Center
**Outpatient Substance Abuse Services**
Supervised, structured programs that offer a wide range of outpatient services.

New Jersey Parents Caucus
**NJPC Professional Parent Advocacy Training**
New Jersey Parents Caucus offers a free five-week Professional Parent Advocacy Training program for parents, grandparents, foster parents, adoptive parents, and other caregivers raising children with emotional and behavioral challenges.
Planned Parenthood of Metropolitan New Jersey

**East Orange Health Center**
Health center that provides affordable reproductive health services, education and advocacy to the community. Services include gynecological exams, contraception refills, pregnancy testing, HIV testing, STI testing, and cancer screenings.

Planned Parenthood of Metropolitan New Jersey

**Ironbound Health Center**
Health center that provides affordable reproductive health services, education and advocacy to the community. Services include gynecological exams, contraception refills, pregnancy testing, HIV testing, STI testing, and cancer screenings.

Planned Parenthood of Northern, Central, and Southern New Jersey

**Elizabeth Health Center**
Health center that provides affordable reproductive health services, education and advocacy to the community. Services include gynecological exams, contraception refills, pregnancy testing, HIV testing, STI testing, and cancer screenings.

**PROCEED**

**Multicultural Family Success Center**
Offers families access to a continuum of support, clinical, social, and wellness services at no cost, including help with health services, access to housing, parent education, economic self-sufficiency, and employment.

**YWCA Union County**

**Counseling**
Offers free domestic violence counseling services, case management, and assessments for additional support services and benefits programs.

**YWCA Union County**

**PALS**
Peace: A Learned Solution (PALS) is a creative arts therapy and counseling support for children impacted by domestic violence and their non-offending parent.

**Aspira of NJ**

**ASPIRA NJ**
The mission of ASPIRA is to empower Latino and other economically disadvantaged youth by developing their leadership and academic potential through educational, career and personal counseling.

**Community Improvement Association of The Oranges**

**HAVEN- HIV/AIDS**
Provides information, prevention strategies and outreach assistance that educate, empower and contribute to the eradication of HIV/AIDS. Includes services during National Testing month (June), and World AIDS Day (December).
Essex County LGBT RAIN Foundation

LGBT Safe Zone
LGBT Safe Zone is our social service program for LGBT victims of a crime. We provide counseling, shelter if needed, and referrals to legal services and help with relocating to a safe house.

Eugene J. Robinson Foundation

Robinson Wellness Center
Alternative therapies for HIV/AIDS patients. Therapies include: yoga, detoxification, deep tissue massage, nutritional counseling.

Family Connections

Caregivers Connections
Provides in-home and community support for individuals who care for a senior and grandparents who care for a minor. Services include counseling, stress management, advocacy, education on mental health issues, and care management.

Family Connections

DREAMS of Essex
An intensive outpatient and outpatient counseling program for children affected by domestic violence and their non-offending parents.

Family Connections

Family Crisis Intervention Program
Family Crisis Intervention Program (FCIP): short-term crisis stabilization and counseling services for children and their families.

Family Connections

Operation Veterans to Social Workers (OVSW)
Free, professional counseling and assistance to all veterans, reservists, active duty personnel, and their families.

Family Connections

Outpatient Mental Health
Offers counseling services for individuals, couples, families, and groups of all ages on topics such as depression and/or anxiety, physical/sexual abuse, parenting skills, marital/couple discord, anger management, and bereavement.

Family Connections

Outreach to At-Risk Youth (OTARY)
Program for at-risk youth, ages 10 through 21, that provides group-based prevention services for matters relating to gang involvement, teen violence, and teen pregnancy.
Family Connections

Parents as Teachers (PAT)
A home visitation program that provides information and support for expectant mothers and parents of children up to 3 years of age in Essex County.

Family Connections

Senior Connections
Program that identifies and reaches out to the isolated, frail, vulnerable, homebound elderly in Essex County who may require services and would benefit from a home visit.

Family Connections

StartStrong
A therapeutic nursery for children, ages 2.5 through 8 years old, who have behavioral and/or emotional difficulties. The nursery helps children develop social skills, understand their emotions, and maintain positive relationships.

Jewish Renaissance Medical Center

The Health Center- Barringer High School
Federally Qualified Health Center (FQHC) offering confidential adolescent healthcare in a school-based health clinic.

Jewish Renaissance Medical Center

The Health Center- Central High School
Federally Qualified Health Center (FQHC) offering confidential adolescent healthcare in a school-based health clinic.

Sierra House

Sierra House Transitional Program
Provides homeless and at-risk young women, between the ages of 18 and 25, and their babies, with housing, counseling, job skills, and other essential social services that help them transition from homelessness.

Youth Consultation Service

Family Crisis Invention Unit (PCIU)
The Family Crisis Intervention Unit (FCIU) counsels families that are having behavioral problems with youth between the ages of 10 to 17, who live in the North Ward or East Ward of Newark.

YWCA of Essex & West Hudson

Adolescent Center for Excellence
Provides motivation, education, guidance & counseling, case management and support services for middle school girls to prevent adolescent pregnancy, school drop out, and other harmful behavior.
Main St. Counseling Center
Outpatient Counseling Services
Offers low-cost therapy in English and Spanish for children, adolescents, adults, and seniors in the greater North Jersey area. Services include individual, couples, family, and group counseling.

New Community Corporation
Family Service Bureau of Kearny
Provides behavioral and mental health services for individuals, couples and families with problems ranging from domestic violence, juvenile delinquent behavior, truancy, school problems and child abuse/neglect.

Bloomfield Vet Center
Bloomfield Vet Center
Provides counseling and therapy services for war-zone returnees and their dependents. Specialties include post-traumatic stress disorder, readjustment counseling, bereavement counseling, and sexual trauma counseling.

Care Plus NJ
Outpatient Mental Health Services- Bloomfield
Services include individual, group, family, marital and couples therapy, child and adolescent counseling, anger management, a parent program, and a social skills program.

Christopher & Dana Reeve Foundation
Christopher & Dana Reeve Paralysis Resource Center
National resource on paralysis providing information services for people who are living with paralysis from any cause as well as their families, friends and caregivers.

Counseling Center for Human Development
Choices For Women
Provides women who are victims of domestic violence with the supportive services including information, options, and referrals regarding domestic violence and related issues, individual supportive counseling, and a support group.

Counseling Center for Human Development
Clinical Services- Cranford
Offers individual and family counseling services that address a variety of personal matters including marriage counseling, counseling for grief and loss, divorce and post-martial issues, stress management, and anger management.

Marriage & Family Counseling Center
Marriage & Family Counseling Center
Offers individual, marital, and family counseling; drug and alcohol counseling; crisis intervention; state-approved DWI counseling.
PWJBarnabas Health- Clara Maass Medical Center

Specialized Health Services

Offers a wide variety of specialized health clinics and centers that provide information and general medical care for individual use. Services include an arthritis clinic, a diabetes clinic, outpatient medical care, and a trauma center.

Arc of Essex County

Arc of Essex County

Provides an array of services for individuals with developmental disabilities in such areas as residential programs, vocational programs, community activities, respite care, special education, support groups, and service navigation.

COPE Center

COPE Center

Provides quality behavioral healthcare services that are affordable, accessible and responsive to individual, family and community needs. COPE counselors work in the areas of alcohol! drug abuse, family crises, and problems in daily living.

Emmanuel Cancer Foundation

Emmanuel Cancer Foundation

A place to turn for comfort and support through professional in-home counseling and a uniquely tailored package of assistance for families dealing with pediatric cancer.

Family Service League

Counseling Program

Offers counseling, psychotherapy, and social service support programs for individuals and families of all ages. The programs help with parenting, marital emotional, alcohol and drug, aging, depression, and other personal issues.

Family Service League

SAVE of Essex County- Rape Care

Operates a 24-hour rape crisis hotline for any victim/survivor of rape/sexual assault. The agency dispatches mobile volunteer rape care advocates around the clock to support and accompany victims through medical and legal procedures on site.

GenPsych

Youth IOP Mental Health Services- Livingston

Provides mental health care and therapy services for children and adolescents.

GenPsych

Youth Partial Care Mental Health Services- Livingston

Provides partial care mental health and therapy services for children and adolescents.
Hyacinth AIDS Foundation

**Hyacinth AIDS Foundation - Jersey City**

Provides HIV prevention for men and women, treatment education, adherence support and medical care access, legal services, a wellness program, and connections to counseling and testing.

Mental Health Association of Essex and Morris

**Center for Low Cost Psychotherapy**

The Lewis H. Loeser Center for Low-Cost Psychotherapy (CLCP) enables Essex County residents with limited resources to receive high quality mental health services from private therapists at a fraction of their regular fees.

Mental Health Association of Essex and Morris

**Center For Prevention & Youth Development**

Provides community based prevention and intervention programs aimed at promoting mental health and emotional and social well being among at risk children and adolescents.

Mental Health Association of Essex and Morris

**Family Resource Center**

The Family Resource Center (FRC) offers support, counseling, education, information and advocacy for families facing the challenge of caring for a loved one with mental illness.

Planned Parenthood of Metropolitan New Jersey

**Montclair Health Center**

Health center that provides affordable reproductive health services, education and advocacy to the community. Services include gynecological exams, contraception refills, pregnancy testing, HIV testing, STI testing, and cancer screenings.

RWJBarnabas Health - Saint Barnabas Medical Center

**Cancer Genetic Counseling**

The Cancer Genetic Counseling Center is a resource if you have concerns about your risk of developing cancer. This program provides cancer risk assessment and counseling for patients and family members.

SAGE Eldercare

**InfoCare**

InfoCare provides social service support to older adults and caregivers through the provision of community referrals and telephone outreach.

WomenRising

**Domestic Violence Services**

Provides direct, immediate and comprehensive access to services, 24/7, for victims of domestic violence.
Atlantic Health System Overlook Hospital
Geropsychiatric Services
Helps older adults make appointments for outpatient evaluations, gain information about and referrals to community psychiatrists, and get details about free screenings and support groups.

Atlantic Health System Overlook Hospital
Outpatient Compulsive Gambling Treatment
Provides individual and group therapy for those affected by compulsive gambling. The program evaluates the patient’s condition and creates a treatment plan based upon those needs.

Nutley Family Service Bureau (NFSB)
Mental Health Therapy
Outpatient mental health facility that includes therapy for individuals, couples, and families of all ages (children to seniors).

Unchained At Last
Direct Services
Free social services including psychotherapy, financial planning and career counseling, and emergency financial assistance for women and girls leaving or resisting arranged/forced marriages.

Caring Contact
Texting Hotline
Texting hotline aimed at youth who are need to talk to someone because they are depressed, feeling down, or for any other reason.

Bridge - Essex NJ
Counseling - West Caldwell
Offers outpatient counseling services for the community that include individual, group, marital, and family counseling for mental health issues, school-based youth services, and information and referral.

Bridge - Essex NJ
Family Crisis Intervention Unit (FCIU) - West Caldwell
Provides immediate assistance for adolescents in crisis in Essex County, and their families. The unit provides crisis counseling to defuse and stabilize juvenile/family crises in order to divert the family from the Family Court System.

Jewish Family Service of Metro West New Jersey
Elderlink: Information and Referrals
A telephone/web-based information and referral service offering elder care and service information for older adults, caregivers, professionals, and the community.
Jewish Family Service of MetroWest New Jersey

**Holocaust Survivor Services**
Provides emotional and financial support to Holocaust survivors and their families. Subsidized assistance is made possible with funding from the: Conference on Jewish Material Claims Against Germany (Claims Conference).

Cancer Care

**CancerCare Counseling**
Free individual and group support to anyone affected by cancer.

Door Into the Future

**Mental Health Counseling Services**
Mental health outpatient program offers counseling and psychiatric services to adults, ages 18 and older, who are experiencing emotional or mental health symptoms.

Iraq and Mghanistan Veterans of America

**Iraq and Mghanistan Veterans of America**
Community and support for veterans of the post-9/11 wars in Iraq and Afghanistan and their families. Sponsors support groups, community gatherings, free and discounted programs for members.

Mental Health Clinic of Passaic

**Partial Care Six-Eleven Program**
Structured, therapeutic day treatment program for seriously emotionally disturbed children, ages 6 through 11.

Crohn’s and Colitis Foundation

**Information Helpline**
Offers a toll-free helpline for anyone looking for further information regarding specific resources and referrals relating to irritable bowel diseases (IBD).

Hyacinth AIDS Foundation

**Hyacinth AIDS Foundation- North Plainfield**
Provides HIV counseling and testing on site and through mobile unit, HN prevention for men and women, treatment education, adherence support and medial care access, legal services, and a wellness program.

myFace

**Newman Family Support Center**
Provides counseling and support for genetic, psychiatric, behavioral, social, prenatal and postnatal, speech, mentoring, resource and medical issues. Programs include support groups, pre and post-natal counseling, and speech evaluations.
**National Kidney Foundation**

A local agency providing patient/community service, public/professional education and research for treatment, prevention, and cure of all kidney and urological diseases. Support groups, patient workshops, lending library.

**Partnership for Drug-Free Kids**

**Drug and Alcohol Parent Helpline**

A nationwide, bilingual support service offering assistance to parents and other primary caregivers who want to talk to someone about their child's drug use and drinking. All services are fully confidential.

**Gam Anon**

Gam-Anon is a 12 step self-help fellowship for anyone who has been affected by someone with a gambling problem.

**Wafa House**

A 24 hour toll-free Hotline for those in need of support, advice, or counseling referrals.

**Hyacinth AIDS Foundation**

**Hyacinth AIDS Foundation- Paterson**

Provides HIV prevention for men and women, treatment education, adherence support and medical care access, legal services, a wellness program, and connections to counseling and testing.

**Immediate Care Psychiatric Center**

**Outpatient Mental Health Services - Parsippany**

Provides outpatient mental health services for individuals of all ages. Available services include individual counseling, couples and marriage counseling, school clearance/evaluation, and medication management.

**Living With Dignity**

**Living With Dignity**

Provides counseling and support services to cancer and AIDS patients and their families, from initial diagnosis through and including end-of-life issues.

**Planned Parenthood of Metropolitan New Jersey**

**Paterson Health Center**

Health center that provides affordable reproductive health services, education and advocacy to the community. Services include gynecological exams, contraception refills, pregnancy testing, HIV testing, STI testing, and cancer screenings.
Atlantic Health System Morristown Medical Center
Adult & Young Adult Center for Health
Provides health care and counseling for adolescents and their families. Medical services offered at the center include sexually transmitted diseases treatment, eating disorders, family planning, counseling and psychiatric evaluations.

Atlantic Health System Morristown Medical Center
Geropsychiatric Services
Designed to address the difficulties faced by older adults, including higher incidences of depression, isolation and dependence on other family members. Provides a specialized program to improve the health and quality of seniors.

Atlantic Health System Morristown Medical Center
HIV Testing Services
Offers specialized HIV services that include confidential or anonymous rapid HIV antibody testing, pre and post-test counseling, referrals, and AIDS educational materials.

Bloomfield Vet Center
Vet Center Community Access Point - Morristown
Provides counseling and therapy services for war-zone returnees and their dependents. Specialties include post-traumatic stress disorder, readjustment counseling, bereavement counseling, and sexual trauma counseling.

Cornerstone Family Programs
Confidential Counseling for Combat Vets and Their Families
Counseling for veterans of combat zones and their spouses, children and parents with clinicians trained in issues specific to them. Appointments are offered during evening and regular business hours.

Cornerstone Family Programs
Operation Sisterhood
Operation Sisterhood addresses the unique challenges faced by female veterans regardless of era served or discharge status. Services include counseling, benefits screening and enrollment assistance, and support groups.

Diabetes Foundation
Diabetes Public Education
Offers many free educational classes, workshops, and outreach efforts throughout New Jersey. These programs can help individuals understand and manage diabetes.

Good Grief
Peer-Support Groups - Morristown
Good Grief’s mission is to provide unlimited and free support to children, teens, and families after the death of a mom, dad, sister or brother through peer-support programs, education, and advocacy.
Hackensack University Medical Center

SIDS Center of New Jersey
The Sudden Infant Death Syndrome (SIDS) Center of New Jersey (SCNJ) is a statewide program that offers the opportunity for peer contact over the phone with other SIDS parents and provides speakers for meetings, conferences, etc.

North Hudson Community Action Corporation- Health Services
Community Health Center- Hackensack
Federally Qualified Health Center (FQHC) providing comprehensive health care including adult medicine, women's health, and pediatrics. Specialist services also offered in rheumatology, gastroenterology, nephrology, and urology.

Planned Parenthood of Northern, Central, and Southern New Jersey

Hackensack Health Center
Health center that provides affordable reproductive health services, education and advocacy to the community. Services include gynecological exams, contraception refills, pregnancy testing, HIV testing, STI testing, and cancer screenings.

Planned Parenthood of Northern, Central, and Southern New Jersey

Morristown Health Center
Health center that provides affordable reproductive health services, education and advocacy to the community. Services include gynecological exams, contraception refills, pregnancy testing, HIV testing, STI testing, and cancer screenings.

Team Management 2000
HIV/AIDS Counseling- Hackensack
Provides counseling and for individuals who are HIV positive. Rapid HIV testing services are also available.

Atlantic Health System Morristown Medical Center
Center for Evaluation & Psychotherapy
Provides outpatient evaluation and psychotherapy to individuals, couples, and families. CEP provides a short-term psychotherapy model with a cognitive/behavioral focus.

Atlantic Health System Morristown Medical Center
Children, Adolescents, & Families
Specialized services include afterschool Intensive Outpatient Program (IOP), individual, group, and family treatment for children, adolescents, and their families, and the Family Enrichment Program (FEP).

Atlantic Health System Morristown Medical Center
Morris County Sexual Assault Center
Operates a hotline that provides 24-hour crisis counseling to survivors of sexual assault, individual and group counseling, and systems advocacy services for clients who are going to court, a forensic interview, or the emergency room.
Gentle Care Home Services
**Behavioral Health Assessments**
Gentle Care Home Services provide in-home behavioral health assessments by licensed clinicians for children with behavioral health problems.

**JBWS: Safety Support and Solutions for Abuse**
**Jersey Center for Non-Violence**
Offers group counseling programs to help people examine the use of force and/or abuse within intimate relationships and to learn alternatives. The first step is calling to make an appointment for a private intake.

**Moving On Life Center**
**Project Restoration**
An intensive mental health rehabilitation service for at risk children, youth, and young adults within the Division of Child and Behavioral Health Services system.

**Rutgers University Behavioral HealthCare- Support Helplines**
**Mom2Mom Peer Support Helpline**
A 24-hour, 7 days a week helpline that serves mothers that have children with special needs. The service provides mothers resources for children with special needs such as peer support, referral networks, and support groups.

**Planned Parenthood of Northern, Central, and Southern New Jersey**
**Englewood Health Center**
Health center that provides affordable reproductive health services, education and advocacy to the community. Services include gynecological exams, contraception refills, pregnancy testing, HIV testing, STI testing, and cancer screenings.

**CancerCare**
**Counseling Support**
Counseling is available face to face in our office, telephone support and online support groups.

**Care Plus NJ**
**Outpatient Mental Health Services- Paramus**
Services include individual, group, family, marital and couples therapy, child and adolescent counseling, anger management, a parent program, and a social skills program.

**Immediate Care Psychiatric Center**
**Outpatient Mental Health Services- Paramus**
Provides outpatient mental health services for individuals of all ages. Available services include individual counseling, couples and marriage counseling, school clearance/evaluation, and medication management.
Manavi
Provides services for South Asian women who are victims of any form of violence, including a transitional shelter, crisis intervention, counseling, legal clinics, support groups, and advocacy.

Rutgers- Robert Wood Johnson Medical School
HIV Counseling and Testing
Delivers a full range of HIV primary medical and dental care for HIV positive clients including free and confidential rapid HIV testing, HIV/AIDS counseling and support, and specialty medical care.

Saint Clare's Behavioral Health Centers
Adult & Family Services- Denville
Provides individual, group, and family services for youth, adults, and families. Treatment may include psychiatric services.

Saint Clare's Health Services, Boonton
Child & Adolescent Partial Program
Intensive, short-term day program for youth, 12 through 17, with acute mental illness. Patients receive individual, group, family treatment, psychiatric evaluation and medication monitoring.

Songs of Love Foundation
Composes and records personalized, one-of-a-kind songs for terminally and chronically ill children. Songs will include the child's name and their favorite activities, people, pets, etc.

180 Turning Lives Around
2NDFLOOR Youth Helpline
180s 2NDFLOOR is an accessible, free telephone helpline to assist children and adolescents with their day to day concerns. Trained listeners encourage discussion, provide support and offer practical guidance.

Hyacinth AIDS Foundation
Hyacinth AIDS Foundation- New Brunswick
Provides services for individuals and families infected/affected by the AIDS crisis. NJ Lawyers Assistance Program

New Jersey Lawyers Assistance Program
The New Jersey Lawyers Assistance Program provides free and confidential assistance for attorneys, members of the Judiciary, law students and law graduates.
Prevent Child Abuse- New Jersey
Healthy Families New Jersey
Offers in-home support services to new parents throughout New Jersey, who may be overburdened and at risk for child abuse. Services include emotional support, baby care advice, and linkage to health care and community resources.

Pathways Counseling Center
Counseling Center
A comprehensive, non-sectarian agency that provides a variety of mental health services for families, children, and individuals, regardless of age, race, ethnicity, gender, or sexual orientation for the purpose of promoting wellness.

Stress Care of New Jersey
Outpatient Mental Health Services- Matawan
Provides education and support to help families with a family member who has a mental illness, including psychiatric evaluation, individual and group therapy, medication management, and intensive outpatient programs.

Hemophilia Association of New Jersey
Hemophilia Association of New Jersey
Information and referral, advocacy, counseling for individuals and groups, scholarship program, campership program.

Bloomfield Vet Center
Vet Center Community Access Point- Oakland
Provides counseling and therapy services for war-zone returnees and their dependents. Specialties include post-traumatic stress disorder, readjustment counseling, bereavement counseling, and sexual trauma counseling.

Good Counsel Homes
Lumina
Lumina offers counseling and support to post-abortion women and families in need of healing, including a helpline, support groups, referrals, retreats, and resources. Special groups are also available for men and siblings.

Innerspace Counseling
Adolescent Intensive Outpatient Program
Intensive Outpatient Mental Health Program for youth ages 12-17.

Innerspace Counseling
Adolescent Partial Care Program
Partial Care Mental Health Program for youth ages 12-17.
Penn Medicine Princeton House Behavioral Health
**Intensive Outpatient Programs- North Brunswick**
Facility that offers several intensive outpatient programs for children, adolescents, adults, and young adults with psychiatric and/or substance abuse related disorders.

Penn Medicine Princeton House Behavioral Health
**Partial Hospitalization Programs- North Brunswick**
Facility that offers a variety of programs focusing on partial hospitalization for children, adolescents, adults, young adults, and older adults.

Collier Youth Services
**Collier Group Home**
Collier Group Home is a community-based, residential treatment program for teenage girls from throughout New Jersey who cannot live at home due to serious personal or family problems.
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