

A CASE STUDY OF PARENT EXPERIENCES AND REACTIONS TO THE ASSESSMENT
PROCESS OF THEIR 2e CHILDREN

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Abstract

Parent advocacy is paramount in the trajectory of their twice-exceptional (2e) children's lives. However, a review of literature shows that parents are stressed as they strive to protect their children's giftedness and support their disabilities. The purpose of this qualitative research study will be to explore parent experiences and responses to the assessment process of their children as they move through the stages of advocacy. The four stages of advocacy are (a) parents are aware, (b) parents seek knowledge, (c) parents present the case, and (d) parents monitor progress (Duquette et al., 2011). This study provides a body of knowledge through case studies that address the complexity of issues that parents face as advocates of their 2e children in our current educational system. The parents' heartwarming and heartbreaking stories were collected in semi-structured, in-depth interviews. Pseudonyms were used. Qualitative research methods of inductive analysis as defined by Saldaña (2021) were used to collect data for analysis and interpretation. Within-case and cross-case analysis further identified emerging themes across rich, thick data. The results show that when parents are supported to raise their 2e children with a positive psychology pedagogy, their 2e children receive appropriate supports for their dual diagnoses. Without the proper supports in place due to missed or misdiagnosis during the assessment process, 2e children are at risk for maladjustment and for health problems later in

life. However, when parents are supported to understand their 2e children through the lens of a positive psychology pedagogy, their 2e children thrive. More specifically, the focus of this study explores how parents shift towards a strength-based, talent focused model of education following the assessment process of their 2e children from the deficit-based model that is currently in place in our educational and medical systems today. It is hoped that the results of this study, which is based on findings gleaned from the parents' stories, will guide other parents, educators, specialists, and licensed professionals who advocate for 2e children to live their magic.

APPROVAL PAGE



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Chapter One: Introduction to the Study

Parents may observe that their 2e children exhibit gifts, talents, and interests at home while simultaneously displaying learning challenges at school. Parents are aware that something is not right when expectations aren't met at school, despite their children's manifested gifts, talents, and interests. As a result, there is a tendency for parents to focus on their children's learning challenges out of concern for what is wrong and what needs to be fixed. Parents de-accentuate their gifts, talents, and interests. Concerned parents may actively seek guidance and information, however not all pediatricians, teachers, administrators, health care professionals, and specialists have professional knowledge and experience about 2e characteristics. The information shared in the chapters that follow offer an in-depth look at parent experiences and reactions to the assessment process of their 2e children.

The term twice exceptional (2e) describes someone whose learning patterns have characteristics on both sides of the scale (Baum, 2017). They have both high intelligence and learning challenges (Tetreault, 2020). At times, their gifts may mask their learning challenges, and their learning challenges may mask their gifts. While researchers have established the characteristics of 2e students (Baum, 2017; Neumeister et al., 2013; Reis, 2014), the conflicting characteristics can complicate the identification of both their strengths and their weaknesses. Research on 2e students has increased during the last three decades, however, the needs of these students are not necessarily being met in schools (Baum et al., 2017; Reis et. al, 2014). Although most parents want to be effective as they advocate for their children (Duquette et al., 2011; Neumeister et al., 2013), they are unsure. They may not know official school processes, and they may be unaware of possible services (Neumeister et al., 2013). In the best of circumstances, the parents' search for answers may successfully lead them to initiate an assessment process. In

order to earn the 2e label, students must be identified as having both high aptitude and a disability (Reiss & Renzulli, 2021). There might be an individualized psycho-educational evaluation that takes place through their school district to determine a child's eligibility for services. However, Gilman and Peters state that this traditional assessment process remains problematic as 2e students may be overlooked for identification by schools (Kaufman, 2018). Their exceptional ability may dominate or hide their disability, or their disability may dominate and hide their exceptional ability. An assessment would include standardized measures that provide cognitive ability and achievement and would include the strengths and weaknesses of learning processes. The assessor considers the background information of a child's academic history, observations of behavior during the assessment, the reason(s) for the referral, and scores showing cognitive ability and academic levels. Ideally, other important factors such as a student's level of motivation, task commitment, and ability to focus are included. Recommendations are often provided as a result of the assessment. A school-based evaluation would be considered by a team of school specialists to determine if the student is eligible for placement and specific services at their public school through an Individualized Educational Plan (IEP) or a 504 Plan. The child may or may not be eligible for services as determined by the team.

Parents may instead seek a private assessment from a psychologist or neuropsychologist who is not affiliated with the school district. A private evaluation might include diagnostic data and resulting recommendations that extend beyond school services and programs. There may be recommendations such as a referral for further evaluation by a different specialist. Often, there is a list of recommendations included in the report that might include specialized instruction for remediation of skills and/or enrichment opportunities such as enrolling in a class outside of school, a recommended change in grade, a change in program, or a change in school. An

assessment process with *positive* outcomes involves an accurate diagnosis and appropriate program placement for the 2e child. A *negative* assessment outcome might involve a missed or misdiagnosis and an inappropriate placement. For 2e students, whose profile of asynchronous skills can be complex; an assessment that is not comprehensive may miss the nuances of the 2e child's learning profile. Students who receive a dual diagnosis of being gifted and of having a learning disability have paradoxical needs as learners in the classroom. Their high cognitive intelligence scores show potential; however, their comparatively weaker skills need support. Even when the dual diagnosis of giftedness and a learning disability is accurate, parents may still struggle to find an appropriate program that offers dual differentiation. In the interim, their parents may observe that their children experience toxic stress while they are overlooked, misdiagnosed, or misplaced in a classroom that does not meet their needs.

Rationale

Historically, according to Webb (2016), gifted and talented children have been misdiagnosed by psychologists and other health care professionals because specific social and emotional characteristics of gifted children are mistakenly assumed to be signs of pathology. Children may be identified as having a disorder or several coexisting disorders, yet seldom is their giftedness considered a part of their diagnosis or in educational planning or treatment. With a focus on their deficits, 2e children are at risk as the resulting misdiagnoses and inadequate treatment are a factor.

During the assessment process, difficulties may arise as time may pass during which the children need immediate support. There may be a difference of opinion between the parents and stakeholders within the school district especially if the team does not deem an assessment process as necessary. It can be a confusing time for parents especially as the approach used in

schools for 2e students, due to their learning differences, is deficit-based (Reiss & Renzulli, 2021) resulting in academic remediation, support for social-emotional functioning, and behavior plans. In contrast, there are few, if any, recommendations for strength-based, talent-focused programming, enrichment, or acceleration. Parents learn through their experience to understand their child's asynchronous needs within a deficit-based school system. How can increased support of parents enable positive experiences and reactions to the assessment process of their 2e children?

Statement of the Problem

Parents may have a wide variety of experiences and reactions to the assessment process of their 2e children. Parents may at first be concerned about the asynchronous abilities of their children. They may seek information from their child's teacher, administrator, or specialists and may request an assessment of their child. Parents may be overwhelmed with the diagnoses and the recommendations. "Now what?", parents might wonder. Do the parents fully understand the diagnosis and how it impacts their children at school, outside of school and at home?

Considering the four stages of advocacy, to what extent are the parents satisfied with their children's assessment results? Parents may be unsure during the four stages of advocacy how to navigate the educational system to understand their child given the complexities of dual diagnoses. Twice exceptional children may be difficult to identify as 2e if (a) they show giftedness that masks undiagnosed learning disabilities, (b) are identified as being part of the special education population needing special academic programming or accommodations without being identified as gifted, or (c) lacking identification as having giftedness or having special needs as each of their exceptionalities disguises the other until the learning load becomes

too heavy (Baum, 2017). It's important to ask what support parents need to navigate a deficit-focused, medical model that is currently in place in our educational system.

Significance of the Research

There is an urgency to support parents as they advocate for their 2e children. Besney et.al (2015), found that the parents in their study were driven by a natural concern for their child's lifelong happiness, but were also propelled by their fear that their child's disability would impact their potential. As frustrated parents learn to advocate, they may become burnt out in reaction to the chronic parenting stress (Mikolajczak & Roskam, 2018). There are four stages that provide a basis for understanding the experiences of parents who advocate for their children's needs including *awareness, seeking information, presenting the case, and monitoring* (Duquette et al., 2011). If the advocacy process is effective, then parents are satisfied. However, parents may become frustrated and dissatisfied with the assessment process.

The school may offer accommodations, modifications, or specific programming or the school might offer gifted programming for students who are eligible. For students who are 2e, a traditional program for the gifted students may be inappropriate and lead to negative results (Baum et al., 2017). While the content is challenging, there isn't support for executive functioning skills, slow processing speed, and/or social-emotional regulation. The same is true for a traditional special education placement for students who need cognitively challenging content. Twice exceptional students may not fit well into existing programs as the content may be centered with little regard for individual strengths or interests, the program may place a heavy emphasis on reading and writing, the enrichment might add to curriculum expectations adding to a heavier workload, and some programs lack sufficient structure for students to work independently (Baum et al., 2017).

In my own experience as an educational therapist in an independent school that serves twice exceptional students, I work with parents by reviewing their children's assessment results and recommendations to create their children's unique learning profile using a strength-based, talent-focused perspective. In this intake meeting, parents shift their understanding of their children's prior assessment results and recommendations by applying a strength-based lens that focuses on what their children *can* do. Previously, parents were understandably concerned with what their children couldn't do especially when their children were misidentified, misunderstood, and misplaced in their previous school settings. Parents report telltale signs that may include a lack of academic progress and social-emotional issues such as social isolation, and anxiety, even bullying. Living with the knowledge that the 2e children are not meeting the expectations of others, they may not easily perform simple tasks like many of their peers can. They continually disappoint those they wish to please. There is also the fear that there is no bright future if they cannot be 'fixed', which can create high levels of anxiety (Baum et al., 2017). There may also be depression and/or withdrawal due to not fitting in with peers in either the gifted or the special education programs. Their behaviors may show disengagement, distraction, and defiance in a learning environment in which they feel misunderstood. Observing their children's despair, parents may lose confidence and trust in the children's schoolteachers and administrators as they negotiate with the school system, which adds to their experience of parental stress when advocating for their 2e children's needs. When 2e students are in a school setting that focuses on deficits, some parents begin to develop confusing and negative perceptions of their children's abilities as they progress through the elementary grades (Reis & Renzulli, 2020). In effect, they overfocus on the weaknesses and de-accentuate their gifts. In the

meantime, their children experience educational toxic stress as they fail over time to meet academic, social, and emotional expectations in traditional classroom settings and at home.

In related research, parents state that a successful school experience includes teachers who are knowledgeable about giftedness and understand that meeting the learning needs of gifted students are as important as meeting the needs of students with disabilities (Duquette, et al., 2011). The implication is that parents of 2e children would similarly be supported with knowledgeable teachers and specialists to guide their understanding and advocacy efforts. Recent research by Baum et. al, shows that when parents are guided to nurture their children's strengths and interests, while simultaneously supporting their weaknesses, their 2e children thrive. Parents who seek school programs that offer a strength-based, talent-focused are better able to understand their 2e children's strengths and are supported to pursue talent development opportunities in which their 2e children excel. During the assessment process, parents begin to understand and advocate for their 2e children's asynchronous needs. The parents learn through their advocacy experiences, and as a result, the parents begin to move forward on the path from a place of confusion, frustration, and despair to one of hope for their 2e children's future.

Potential Benefits of the Research

This qualitative research study explores the parents' experiences and reactions to the assessment process of their 2e children. Parents are the stakeholders who play a major role in advocating for their children and are often instrumental in having them properly identified and served (Baum et. al, 2017). However, we do not know what parents need to fully understand their 2e children's complex needs. The assessment process can be confusing. Do the parents know enough to fully understand their children's needs beyond pathologizing the results? Are the parents aware of a strength-based approach that would enable their children to move forward

towards leading an authentic life? Closing this gap requires an understanding of neurodiversity in a coordinated effort by parents, teachers and licensed professionals who need to come together for positive solutions, so that these students can flourish and thrive in school, and in all aspects of their lives (Tetreault, 2020).

In our current medical model, psychoeducational assessment provides a diagnosis based on cognitive ability and academic achievement scores as well as measures of processing skills. To what extent are parents satisfied with the resulting recommendations? Depending on the service provider, the parents may receive reports that indicate different diagnoses. Each assessment summary report may include multiple pages of recommendations listed separately for each of the diagnostic criteria. For example, students who have been identified as having Attention Deficit Hyperactivity Disorder (ADHD) have a different list of recommendations than students who have been identified as having Autism Spectrum Disorder (ASD). Even after a summary meeting with the assessor, and with a copy of the assessment summary report in their hands, parents still may not fully understand their 2e children's complex learning profile, or how to prioritize recommendations. This study is necessary to prepare parents and their children's stakeholders to address the suffering across these populations to better guide their children and minimize their exposure to mental and emotional health challenges so they are lifted and can thrive (Tetreault, 2020). The parent's concomitant concerns for their children's self-efficacy and self-esteem are vital when there are complexities in their profiles such as issues of motivation, anxiety, and depression. By listening to the parents' stories, we'll explore their experiences and reactions to the assessment process of their 2e children, and we'll find out how their parent advocacy role changes over time.

This study will involve a partnership with a private, independent school for twice exceptional students where I serve as the educational therapist. Our community is dedicated to supporting the whole child using a positive psychology pedagogy that incorporates a strength-based, talent-focused approach that offers opportunities for talent development within the curriculum design. Parents are guided to understand their child's complex, asynchronous learning profile, and to accentuate what their child can do, rather than focus on what their child cannot do. Prior to placing their child in the independent school, parents have advocated for their children's needs, which eventually led to a change in schools. Using qualitative methods, this research study explores parent's experiences and reactions to the assessment process of their 2e child. Specifically, the results of this research will inform pediatricians, teachers, administrators, health care professionals, and specialists to be better able to understand and support parents as they advocate for their 2e children. Findings gleaned from the parents' stories will help our professional community to guide other parents who are raising 2e children. The hope is that parents will be supported to effectively advocate for their 2e children so their children can live their magic.

Definition of Key Terms

Because terms can vary, it is important to understand how the key terms of this proposed study are defined in the context of this research. The terms relevant to this proposed research study are defined below and can be found in Appendix A.

Parent Responses

- An *intellectual response* is how an individual thinks about a subject or event.

For example, parents may agree or disagree with the assessment results to certain degrees.

- An *emotional response* is how an individual feels about a subject or event.

Examples of emotional responses include, but are not limited to feelings of confusion, anger, surprise, or embarrassment. Emotional responses range in intensity. For example, parents may feel a mix of anguish and relief, but to a greater or lesser degree than other parents.

- A *behavioral response* is how an individual acts. For example, parents might take a wait and see approach before implementing any of the assessment recommendations, or conversely, they might immediately implement some or all the recommendations. On a physiological level, there may be a fight or flight response to an event that is perceived as stressful or frightening. Parents may experience their own triggers as they respond to the information received in summary assessment reports.

Twice Exceptional Terminology

- *Strength-based* is defined as curricular and instructional approaches that are differentiated to align with students' cognitive styles, learning preferences, and profiles of intelligences. (Baum, et. al, 2014)
- *Talent-focused* involves ongoing identification and recognition of a student's advanced abilities as well as budding interests, along with explicit options for exploring and expressing those abilities and interests within and outside the curriculum. *Talent focus* is used as an overarching term that includes *talent development*. (Baum, et. al, 2014)
- *Talent development* refers to encouragement and support of identified talents and abilities that are nurtured in their own right—neither as an opening for remediation nor as a reward or motivator for achievement. (Baum, et al., 2014)

Chapter Two: Review of the Literature

The purpose of this qualitative research study is to understand the parent experiences and reactions to the assessment process of their 2e children. Specifically, this chapter focuses on the literature as it relates to the current study. This review of literature begins with a discussion of the literature review process. Then the theoretical framework consisting of the stages of parent advocacy is provided to ground the study. The chapter is divided into additional sections that discuss the definition of 2e, the components of a comprehensive assessment, the expected parent reactions associated with the assessment process, and the research on the role of a positive psychology pedagogy.

Literature Review Process

The research process began with a search of the database of Bridges Graduate School of Cognitive Diversity in Education's Library and Information Resources Network (LIRN), which offers access to major academic journals. The parameters included full-text, peer-reviewed journals, and references. Articles were retrieved for this literature review by subject. I chose research studies from the fields of psychology, gifted education, special education, and twice-exceptional education. The results were assessed as their relevance to this study was determined. Broad search items included parent advocacy and parent reactions to the assessment process. Literature found for the 2e population was scant, so articles in related fields of special education, gifted education, and Autism were included as salient to this study.

Theoretical Framework

The stages of parent advocacy provide the theoretical framework for this research study. It is well documented that parent's involvement in the education of their children positively

affects academic achievement in both elementary and secondary school (Duquette et al., 2011). According to Duquette et al., (2011) the 4-Dimensions Advocacy Model is organized into four stages. First, the parents show awareness that their children have asynchronously developing skills that are different from their peers. Second, the parents actively seek information about their children's exceptionality, policies, and programs from a range of resources. It is in this second stage that parents seek to have their children assessed to learn more about their individual profile of strengths and weaknesses. Third, the parents are involved in presenting their children's case with the school or district staff. The purpose of presenting a case in a district is to formally identify eligibility of services. There may be accommodations, modifications or specific programming associated with eligibility. A private assessment, or one that takes place outside of a district, results in a diagnosis. Parents may attend meetings on their own or they may invite paid specialists, advocates, or lawyers to help represent their case. Fourth, the parents monitor their children's progress. Parents may feel it is their job to ensure that the agreed upon accommodations, modifications, or specific programming are consistently provided and effective. The stages are not discrete or necessarily sequential although in practice they often are. Parents perceive that successful advocacy occurs when the teachers are knowledgeable and understand their children's asynchronous needs.

Definition of 2e

The definition of twice exceptionality assists parents and professionals to better understand and accurately identify this student population. There is much confusion around the term twice-exceptional which confounds issues for parents and professionals alike. Although there is increasing recognition of twice exceptionality, identification continues to be a challenge for both parents and professionals (Dare & Nowicki, 2015). The term twice exceptional (2e)

describes someone whose learning patterns have characteristics on both sides of the scale (Baum, 2017). While researchers have established the characteristics of twice exceptional students (Baum, 2017; Neumeister et al., 2013; Reis, 2014), the conflicting characteristics can complicate the identification of both their strengths and their weaknesses. In order to earn the 2e label, students must be identified as having both high aptitude and a disability (Reiss & Renzulli, 2021).

Recent studies have shown that the traditional assumption that 2e students' deficits must be remediated as a priority before attention can be placed on their gifts, talents, and interests is an outdated approach (Baum et al., 2017, Reis et al., 2014) as 2e students begin to experience feelings of inadequacy and low self-efficacy, and esteem when attention is placed only on their weaknesses (Baum et al., 2017). Additionally, remediation techniques that address weak skills neglect to focus on the learning conditions that student with gifts, talents, and strengths may require (Dare & Nowicki, 2015).

Parents need to understand how to support their children to ensure successful learning experiences rather than negative school experiences that become painful memories that persist over time. Dare & Nowicki interviewed college students in their study and found that all their participants reported having positive out-of-school experiences based on their gifts, talents, and interests, which were provided by their parents, and which likely enabled them to endure and adapt to their negative school experiences (2015). Although research on 2e children has increased in the last three decades, schools are not necessarily meeting their needs (Baum et al., 2017; Reis et al., 2014). Although most parents want to be effective as they advocate for their children (Duquette et al., 2011; Neumeister et al., 2013), they are unsure. In the best of

circumstances, the parents' search for answers may successfully lead them to initiate an assessment process.

Comprehensive Assessment

Parents must be aware of the assessment process to successfully advocate for their 2e children in their school setting. To understand what is involved in an assessment for 2e students, Gilman and Peters (Kaufman, 2018) describe that a thorough assessment of intelligence includes an individual, comprehensive intelligence test. There are multiple core subtests that assess abilities in different ways and there are supplementary subtests that explore anomalies or provide additional evidence of a strength or weakness. Such comprehensive assessments also include additional important factors such as a child's motivation, perseverance, and focus as well as situational factors such as family constellation and emotional and behavioral issues. The assessor is trained to both observe and interact with the child, score, interpret and integrate the responses. The results are used to guide which interventions and accommodations are needed. The assessor meets with the parents to share the results, which may include other members of the team, such as educators and school administrators to explain the child's profile of strengths and weaknesses as well as to help create a learning plan and determine accommodations. In a feedback session, the assessor emphasizes giftedness as a critical aspect of the assessment process for a child who is twice exceptional as twice exceptional students respond optimally when their advanced conceptual level is addressed, along with secondary accommodations for their weaknesses (Gilman and Peters, 2018)). As twice exceptional students are complex to diagnose, an assessor who is familiar with this subset of the student population is needed. Gilman and Peters suggest that assessors use a checklist such as, *The Parent/Teacher/Counselor Checklist for Recognizing Twice Exceptional Children*, by Silverman, Gilman, and Maxwell (2016), to look further into a

child's complex profile and decide if additional specialists might be needed for a comprehensive assessment (Kaufman, 2018). Additional specialists may delve into sensory, auditory, or visual processing evaluations or perhaps an evaluation with a psychiatrist for ADHD may be warranted. Not surprisingly, there may be several possible issues to consider within a comprehensive assessment for a twice exceptional child. This type of 'triage' comprehensive assessment is an ideal practice that will identify twice exceptional learners. A comprehensive assessment will maintain students' civil rights and ensure a free and appropriate educational placement; further, an ideal comprehensive assessment may also save a twice exceptional child from being undereducated and underemployed and never fulfilling his or her potential (Kaufman, 2018).

The assessment process is challenging for 2e students when despite having complex issues, their assessment focuses on their deficits, not their giftedness. Crim et al., (2008) researched individual education plans (IEPs) for over a thousand students receiving services for specific learning disabilities and found that none received referrals for gifted and talented services. Twice exceptional children who had high ability were assessed and had received the same recommendations as students in average or low ability groups. As such there were no opportunities that addressed their gifts, talents, and strengths. In another study of college students by Reis et al., (1997, 2000), found that their participants consistently reported many negative school experiences which were validated by their stake holders as well as their school records. The participants shared facing various social problems, frustration with academic work that they could not master, and difficulty with their teachers. The recollections of their elementary and middle school years included repeated punishments for not completing work in time and being kept in from recess, repeating a grade, and being placed in a self-contained special education class with students who were delayed developmentally (Reis & Renzulli, 2021). Typically, the

term giftedness is not mentioned when there is a deficit-based assessment process that focuses only on disabilities and not the complex issues that 2e children experience. Parents may not even be aware that a comprehensive assessment is available or how the results of such an assessment may lead to an appropriate academic placement that focuses on gifts, talents, and interests, while supporting their 2e children's comparatively weaker skills.

Parent Adjustment

As there are scant research studies on parent adjustment to the assessment process of their 2e children, this research study involving parents whose children were diagnosed with ASD is referenced. Hebert (2014) researched the factors affecting parental decision-making regarding interventions for parents whose children were diagnosed with ASD. Parents considered treatment recommendations at the time of diagnosis. Their decisions to follow recommendations or seek alternative treatments were based on their consideration of parental, child, and program attributes. Parents needed support to explore and weigh the options. Poslawsky, et al., (2013) studied the stress of parents whose children need treatment following the diagnosis of autism and found that the parental coping style moderates the level of stress in parents. Parental efficacy refers to Bandura's theory of self-efficacy, which is the parents' perceived confidence in their ability to raise their child successfully (Poslawsky, et al., 2013). A lack of coping skills was associated with negative parental outcomes such as depression, isolation, and spousal relation problems, however active problem solving was found to reduce stress. The divorce rate among parents of children with ASD is 13.8% compared to the general population according to Hartley et al. (2010). Increased parent efficacy led to increased parent adjustment of the demands of raising their children as daily life was adjusted to cope with deficits. Parents' experiences of stress, feelings of efficacy, and the severity of their child's symptoms were all associated with

their coping strategies. Still, there was a common theme in that the diagnoses challenged the parents' hopes and expectations for their child's development and future, so the parents adjusted by letting go of old expectations in an emotional process similar to that of grieving. Despite the varying factors experienced following the diagnosis of autism, parents learn through their experience of their child's diagnosis to manage their emotions, deal with the new situation of their child's condition, and effectively adjust their parenting style.

Parent Perceptions

How parents perceive the diagnosis has been shown to be critical. There is a great deal of research documenting parent advocacy in the special education literature that grew out of the landmark law, Education of All Handicapped Children Act (P.L. 94-142). Parents were involved with establishing disability rights in the 1970s, and their involvement continued with the subsequent reauthorization of the Individuals with Disabilities Education Act (IDEA) in 2004. Research in the field of gifted education and with the 2e population followed. Neumeister et al., (2013), studied the role of primary caregivers' perceptions of the role they play. They found that mothers were often the primary caretakers and were to recognize their children's intellectual capabilities as well as signs of the challenges. Mothers were protective and vigilant in the hopes that their children might have positive educational experiences in the educational environment despite these challenges. As such, mothers sought assessments, tutors, alternative school programs even if there was added expense, time, and inconvenience in the family. Lastly, the mothers perceived that it was their role to seek talent development opportunities to shape their children's sense of self. It appeared that once parents understood the role of talent development, they were able to carefully shape their children's conceptualizations of their disabilities as areas of challenge that simply required alternate strategies and additional effort to overcome, rather

than as all-encompassing roadblocks to their achievement (Neumeister et al., 2013). Parents prepare their children to take responsibility for their own learning over time. To do so, parents themselves must advocate effectively.

Effective Advocacy

The need for parents to advocate for their children is well documented. (Besnoy, et al., 2015, Duquette et al., 2011, Neumeister et al., 2013). The gap between wanted to advocate effectively and know how to is frustration for parents (Besnoy et al., 2015). For many parents, however, successfully advocating for their children can be intimidating and overwhelming (Besnoy, et al., 2015). Through their advocacy efforts, parents learn to simultaneously protect their children's giftedness while advocating for their children's challenges. Parents are successful only as they learn through experience and from other parents to acquire professional knowledge about educational terminology, and official processes. An obstacle to successful advocacy is when there is a lack of readily available resources. Parents actively seek information about their children's exceptionality, policies, and programs from a range of resources. When this information isn't forthcoming, the collaboration between parents and school is negatively impacted. In the interim, parents may experience greater parent stress, and their children may experience toxic stress. As such, all the stakeholders have a critical role in collaborating to meet the individualized needs of 2e children. In a 6-month study conducted by Duquette et al., (2011), the parents on average had been advocating for their children for 8 years, which highlights the ongoing process that is documented by the 4-Dimensions Advocacy Model described above.

Underlying Issues of Identification

Another layer of complexity for parents when trying to understand their children's jagged profile is the issue of identification. Amend suggests that 2e students may remain unrecognized despite the frustration caused by being misplaced over time (Kaufman, 2018). The 2e children may be identified as problem students with behavioral issues who are defined by their disabilities or weaknesses. Other children may be seen as only having learning deficits. Another group of children may not be noticed for either their strengths or weaknesses. Children may adapt by creating an identity that masks their strengths or disguises their academic achievement. Although it may be challenging to look beyond these behaviors, someone must notice them to make a referral for an assessment to identify twice exceptionality (Kaufman, 2018). The prevalence may be higher than many realize (Baum et al., 2017). According to the National Center for Education Statistics annual report in 2019-20, the number of students who received special education services under the Individuals with Disabilities Education Act (IDEA) was 14 percent of all public school students, or 7.3 million. Prevalence is related to the district's identification process for special education students. By comparison, the prevalence of students enrolled in public school gifted and talented programs is 3.2 million students or six percent according to the U.S. Department of Education's Office of Civil Rights estimates for the 2011-12 school year, however there are wide differences in participation state by state and by demographic area. According to the National Education Association (2006), there are approximately 360,000 twice-exceptional students in schools across America although estimates vary. The data reveal that 2e students are under-identified, making the need for a comprehensive assessment critical for awareness and understanding of this population of students.

Who will recognize the child's characteristics? To qualify for gifted programs at school, 2e students may have the potential for high achievement or creative productivity in one or more

domains such as math, science, technology, or the arts, but may not have the ability to demonstrate it (Reis, Baum, & Burke, 2014). Expanding professional development regarding the needs of 2e students both within and outside of the field of gifted education has been well documented by Foley-Nicpon, Assouline, & Colangelo (2013). Pronounced learning disabilities are more readily identified than subtle ones as it must be clear that the learning problems impact performance. Without a comprehensive assessment as discussed above, 2e students may be missed or misdiagnosed. Amend states that skilled clinicians must use diverse tools as part of a comprehensive assessment to see both strengths and weaknesses as there is no single, clear profile of a gifted student with a disability (Kaufman, 2018).

Twice exceptional children have distinguishing strengths and challenges that can seem paradoxical and can cause misunderstanding (Baum, et al., 2017). There are three groups of 2e students who may be difficult to identify as 2e. One group of 2e students may show giftedness that masks undiagnosed learning disabilities. Another group of 2e students might only be identified as being part of the special education population needing special academic programming or accommodations. A third group of 2e students aren't identified as having giftedness or having special needs as each of their exceptionalities disguises the other until the learning load becomes too heavy (Baum, et al., 2017). In each of these groups, 2e children may lack the ability to engage in the curriculum causing stakeholders to focus on traits that emerge and indicate such a challenge despite their giftedness. For example, some 2e students may have slow processing speed and produce minimal work. Others may have attentional issues that impact motivation and self-efficacy. Still others may behave in a way that masks anxiety and depression. Giftedness is viewed as the interaction among three clusters of traits: above average ability, creativity, and task commitment (Renzulli, 1978) in which the gifts and talents occur

either during school or outside of school. However, a dual diagnosis allows for 2e children to be identified as being gifted *and* having learning disabilities.

Positive Psychology

Following an assessment, recommendations are provided to treat the diagnoses, which understandably address the presenting concerns. For 2e students, their disability is only part of their asynchronous profile. Therefore, a positive psychology view would indicate that a primary focus on the disability or problem offers only a limited understanding of a student's potential. Based on this philosophy, parents should receive recommendations that amplify their children's strengths. "Treatment is not just fixing what is broken; it is nurturing what is best" (Seligman & Csikszentmihalyi, 2000, p.7). Taking a positive psychology approach, parents would ask assessors not just ask what is 'wrong' and what needs to be 'fixed', but would also inquire about strength-based curriculum, and talent-focused programs that would offer talent development opportunities to focus on their children's strengths in school, outside of school, and at home. Consider the impact on the 2e population of students who may not be accurately identified nor appropriately placed in a classroom or program, yet whose education is primarily based on their DSM-related symptoms rather than their potentialities. Twice-exceptional children who linger in school programs that focus on the deficit model may not experience psychological safety, which is needed before any possible learning and self-expression can occur. Children need to feel engaged with material that is meaningful to them, and the bridge can be an emotional connection in order for them to absorb what they have learned (Tetreault, 2020). By contrast, negative reinforcement and trauma can hinder learning as anxiety kicks in with the fight, flight, or freeze response. When 2e students' minds are stressed, 2e students lack openness to obtain new skills or information (Tetreault, 2020). The classroom environment can support positive neural

connections in 2e students, or it can hinder development especially when the complex learning needs of 2e students is misunderstood. Teachers can change the lives of 2e students by applying a strength-based, talent-focused approach that celebrates how their minds are wired differently, so that one day they might become valued adult members of society.

Neurological Brain Wiring

Tetreault (2020) writes that it is our job as a society to help 2e children cultivate their uniquely wired brain power for good. Advancements in neuroscience have allowed us to have a better understanding of the human brain. According to the Center on the Developing Child (2001) at Harvard University, basic concepts established over decades of neuroscience and behavioral research helps illustrate why child development is a foundation for a prosperous and sustainable society brain development. We know that the basic architecture of the brain is constructed before birth in an ongoing process that continues into adulthood. Early experiences affect the quality of that architecture establishing a foundation that is either sturdy or fragile for all the learning, health, and behavior that follow.

The term neurotypical refers to neuroanatomy in a normal brain such as the brain wiring that is needed for perceiving and responding to stimuli, however there are brain differences that indicate differences in divergent neural, emotional, behavioral, sensory, and motor perceptions and response that are unique (Tetreault, 2020). Through functional magnetic resonance imaging (fMRI), it is possible to see the brain's activity while an individual works on a cognitive task. The brain maps of neurodivergent populations show differences in how individuals experience and process information. A gifted neurotype shows expanded processing and cognition (Tetreault, 2020). They may have a larger capacity to register sensory input, record them, and recall them as sensory prints that form lasting memories that resurface if encountered later,

which means that for gifted children who have learning disabilities, there is a greater repertoire of those memories that are experienced deeply (Postma, 2019). In the classroom and at home, 2e children may experience a greater intensity of emotion than their peers, which can be overwhelming and frustrating. Understanding the 2e child's brain anatomy and writing help us understand the differences that are expressed in behavioral, social, emotional, mental, physical, and intellectual processing (Tetreault, 2020). Understanding the 2e brain is vital for parents and professionals as without understanding, asynchronous brain behaviors are confusing and may lead 2e students to experience greater stress than their same aged peers.

Role of Stress on Children

Another issue compounding the complexity of understanding and supporting 2e students is the stress 2e students experience. Twice exceptional students may be easily overwhelmed by challenge or by negativity and they find themselves struggle to cope with the academic demands (Baum et al., 2017). Toxic stress damages developing brain architecture which can lead to lifelong problems in learning, behavior, and physical and mental health (Center on the Developing Child, 2007). Scientists now know that chronic, unrelenting stress in early childhood can be toxic to the developing brain. When the body's stress management system is activated and may be relieved, toxic stress becomes built into the body of processes that shape the architecture of the developing brain. Porges (2009) researched the polyvagal theory which built on how the human nervous system evolved to survive in safe environment, but also to promote survival in life-threatening or otherwise dangerous contexts. 2e students who are misunderstood or misplaced in classroom are spending effort at the neuropsychological levels to regulate their sense of safety. According to Porges (2009) to successfully engage socially, the mammalian nervous system must assess risk, and inhibit the primitive limbic structures that control fight,

flight, or freeze behaviors if the environment is perceived as safe. For 2e students who perceive that they are at risk in their learning environment, they are experiencing stress at a physiological level and the potential for learning is limited. There must be a right fit for the 2e neurotype, environment, and learning opportunities for optimal engagement and purpose and for each individuals to navigate in the world (Tetreault, 2020). When there is a mismatch, various levels of fear, anxiety, and trauma develop which interfere with learning.

Tetreault (2020) writes that when the origin of trauma learning is accurately identified, then the proper strategies, support, and accommodations can be implemented to enhance the development of positive neural plasticity for positive outcomes such as being engaged and motivate. Policy implications are to seek preventive interventions for favorable outcomes versus remediation later in life, a balanced approach to emotional, social, cognitive, and language development that will best prepare all children for success in school and later in the workplace and community, and supportive relationships and positive learning experiences. Science clearly demonstrates that in situations in which toxic stress is likely, intervention is critical to achieving the best outcomes as early as possible. For children experiencing toxic stress, specialized early interventions are needed to target the cause of the stress and protect the child from its consequences (Center on the Developing Child, 2007). There are potential long-term consequences that impact the life-long health of 2e students who have differently wired brains and who are under-identified or who are placed in a school program that doesn't meet their asynchronous needs.

Summary

This chapter's review of literature began with a discussion of the research review process and was followed by the theoretical framework that grounds this study. The chapter included

additional sections in which the component of an assessment, parent reactions, the role of positive psychology, and the impact of the role of toxic stress was discussed.

The focus of the literature review has been on the four stages of advocacy. The four stages of advocacy are (a) parents are aware, (b) parents seek knowledge, (c) parents present the case, and (d) parents monitor progress (Duquette et al., 2011). Considerable research indicates that parents are stressed and need support during the stages of advocacy for their 2e children. A strength-based, talent-focused approach, based in positive psychology pedagogy, encourages parents to nurture their 2e children's self-esteem, natural talents, and positive brain development. In essence, parents should be guided to value what their 2e children *can* do versus what they can't. Parents can be confused and overwhelmed when their 2e children are under-identified, misidentified, and misplaced in the current educational system. Rather than accept the status quo of deficit-based educational and medical systems, parents must be guided towards a positive psychology approach in which their children are effectively identified during the assessment process and know to seek appropriate programs and services. Parent advocacy is paramount in the trajectory of their 2e children's life. The literature research conducted in this study highlights such gaps

Based on the theoretical framework discussed above and the additional findings that were documented, research questions were created to further explore parent experiences and reactions to the assessment process of their 2e children. Chapter Three presents the methodology investigated within this current study. The research described in these pages provide support for parents whose 2e children are assessed. The research design and methodology are discussed. Among other facets, participants, the setting, data collection, and analysis are included.

Chapter Three: Methodology

The purpose of this qualitative research study is to understand the parents' experiences and reactions to the assessment process of their 2e children using a case study approach. While prior research establishes the stages of advocacy (Duquette et al., 2011) this research will give voice to the parent stories behind their advocacy efforts. The parents each tell a unique story, yet recurring patterns emerge showing the personality traits that they relied upon as they navigated the stages of advocacy to find a school with a positive psychology pedagogy that enabled their 2e children to thrive.

This chapter provides the methodology used to conduct this study. This chapter begins with a description of the setting, participants, and procedures, as well as a description of instrumentation. The method of data analysis is detailed. A summary of the data collection timeline is included. Concluding this chapter is a statement of ethics.

Research Question

This qualitative study focuses on what are the parent experiences and reactions to the assessment process of their 2e children.

Description of the Research Design

A qualitative approach is most relevant to explore a deep level of understanding for how parents experienced and reacted to the assessment process of their 2e children. The case studies lend a body of knowledge to the complexities of issues as parents developed their awareness of their role as an advocate of their 2e children. A case study is an intensive, in-depth description and analysis of a single, bounded unit (Merriam & Tisdell, 2016). I utilized interviews to collect data for analysis and interpretation. I was interested in the belief that knowledge is constructed by people in an ongoing fashion as they engage in and make meaning of an activity, experience,

or phenomenon (Merriam & Tisdell, 2016). I listened closely to the participants' stories to gather information about their experiences and reactions to the assessment process of their 2e children and analyzed their responses using descriptive and thematic coding. I attempted to capture how parents experience and react to the assessment process of their 2e children.

Population and Study Sample

For this study, purposive sampling was used. Participants were actively recruited from the group of parents whose children attend a small independent, college preparatory school serving grades 4-12 in the southwest whose student population is 2e. The school describes the term 2e as high ability and potential who simultaneously experience learning, executive functioning, production, and/or social challenges. The school's philosophy acknowledges the cognitive, psychological, and physical needs of 2e students as being profoundly different from those of their neurotypical peers. The participants were chosen to represent the group of parents who recognize their children's complex profile and have sought a comprehensive assessment that eventually led them to choose a school program for their 2e children that provides a student-centered, talent-and strength-based approach. The participants represent the perspectives of parents who need support to understand their children's complex needs, but who, over time, have learned to advocate for their children to enable them to thrive academically, socially, and emotionally in a learning environment where their child's difficulties do not in any way preclude the existence of the enormity of their gifts and talents. The selection of this site was based on a recommendation from administration at the school, who shared that the parent population would welcome the research study. Because I have a position at the school, I received permission to invite parent volunteers to be interviewed in this study. My biography can be found in Appendix

D. The parent volunteers are individuals whom I have met, but with whom I no longer have ongoing contact.

Instrumentation

To gather the parents' stories, data were collected in semi-structured, in-depth interviews. To understand the lived experiences of the parents, I engaged twelve participants in an interview in effort to provide thick, rich descriptions of the participants' experiences related to their experiences and reactions to the assessment process of their 2e children. Each 60 - 90-minute interview was scheduled at a mutually agreed upon time. The participants were reminded of the confidentiality in their participation as well as the value of their contributions to the research. The parent interview protocol as shown in Appendix E. Included are general questions about the parents' responses to the identification process that they experienced when their children were evaluated and identified as 2e.

There were 16 interview questions posed to understand the stages of advocacy during the assessment process of their 2e children. The interview questions were constructed to best understand the participants, so that they had the opportunity to elaborate. Questions were written with a neutral tone, to elicit responses that were unencumbered by any predetermined expectations. Questions one through three addressed the first and second stages of advocacy. Questions four through seven concentrated on the third stage of advocacy. Questions eight through fourteen focused on the fourth stage of advocacy. Questions fifteen and sixteen addressed demographic information to confirm the ages their children were assessed, and which type of school their child attended at the time of the assessment. The benefit of using a semi-structured interview approach is that it allowed me to collect lived experiences in a meaningful way that allowed for different parent stories, and to ask follow-up questions freely while

maintaining rapport and the flow. As a result, this instrument was used to understand the experiences of those who were interviewed, but not to predict or to control the research experience (Merriam & Tisdell, 2016).

The interview questions and probes were reviewed with my dissertation committee members who have experience with the process of in-depth, semi-structured interview. The protocol was then revised to align with their expert suggestions.

The participants were informed that there might be follow-up procedures, if necessary, for additional information, data gathering, and/or clarification or elaboration purposes. If so, time to follow-up with purposefully selected participants would be scheduled online or in-person.

Participants

The 12 parents volunteered to be participants in the study and were selected due to their willingness to be interviewed. The invitation to participate was emailed to 348 people on school letterhead along with a consent form to be completed. Of the 348 emails, 269 people opened the email. Of the 269 people who opened the email, 27 parents indicated their willingness to participate. The first 12 parents who provided signed consent were scheduled for their interview. All twelve parent interviews took place online using Zoom starting during the winter break of December 2021 and through January 2022. At the start of each interview, I reminded the interviewees of the confidentiality assured through their participation. Each participant was thanked in advance for their willingness to volunteer. Each was valued for their contribution to the research study and were told, "Thank you for meeting with me today. I appreciate your time. We're here today to paint a picture of parent experiences and reactions to the assessment process of their 2e children." Table 1 shows the parent participants in this study and the age of their child at their initial assessment. Participants were assigned a pseudonym to maintain confidentiality.

Table 1*Children's Age at Initial Assessment*

Participant	Age at child's initial assessment
Claudia	3.5 Years
Debra	14 Years
Graciela	5 Years
Jackie	4 Years
Jane	6 Years
Jeanette	9 Months
Karen	6.5 Years
Kerri	7 Years
Maggie	7 Years
Meg	5 Years
Paulette	14 Years
Phyllis	14 Years

Data Collection

Data collection started with recording the audio and video of each parent interview as it took place online using Zoom. A backup recording on Otter.ai, a subscription application, ensured that I had a second recording source of each interview. A real-time streaming transcription was immediately downloaded and saved to Google drive. A third recording on my iPhone was utilized. I re-watched each interview on Zoom to confirm the accuracy word for word of the transcript.

I recorded notes as the parents responded in their interview on the right-hand side of a yellow, lined legal pad. After each interview, I used a highlighter to underline descriptive phrases that I anticipated might be salient as developing themes might emerge. Later, during data analysis, different colored highlighters were used to highlight additional key data relating to emerging themes. I had considered the possibility but did not find it necessary to meet with

participants for a follow up meeting, as pertinent questions were posed for clarity and elaboration within the interviews. As such, each participant was provided with their interview transcript to review for the purpose of member checking. All twelve participants approved their interview transcript.

Data Analysis

The data gathered in the parent interviews went through an exhaustive qualitative data analysis process to consider meaningful, emergent themes. This process involved reviewing the participants' responses to the interview questions multiple times to create focused, organized data for analysis. I used inductive analysis as defined by Saldaña (2021) as my strategy for analyzing the gathered data. According to Saldaña, the analysis process should include initial coding procedures that are revisited and refined into initial codes that then develop into an initial list of categories. The categories would then be recoded, recategorized, and further refined and modified. Finally, the categories would identify how an array of codes belongs in certain groupings, which would lead to patterns that reveal emergent themes. According to Saldaña, coding is a cyclical process. The methods for synthesizing the data through repeated coding may set in motion a new line of interpretive thought or the crystallization of a new theory.

As the goal of data analysis is the process of making sense out of the data (Merriam & Tisdell, 2016), I went through the process of consolidating, reducing, and interpreting the stories that the parents shared in the interviews. I listened carefully to what was said and how it was said, such as the participant's use of inflection to emphasize a point. I also watched carefully to observe the nonverbal communication of each participant during the interview. I inductively identified the factors that shaped the parents' experience and reactions to the assessment process of their 2e children. I coded words and phrases as meaningful units of data.

Handwritten notations were used at the start of the coding process to remain objectively open to what might be meaningful. A code is “a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data” (Saldaña, 2013, p.3). Open coding allowed me to repeat the participant’s exact words, including my own words, or incorporate concepts from related literature. Each interview was notated with my thoughts and musings which were interwoven with the raw data of the transcribed interview. Next, I assigned meaning to the codes in a process called analytical coding and returned to look back over my notes to see which groups of words might be sorted together. I kept a long list of these groupings as at the early stage, I did not yet know which data might emerge in other transcripts of interviews. This is a complex process in which I moved from one set of data within a transcript to the next. Then I merged lists and looked for patterns and regularities. I continually analyzed data based on the purpose of this study. The tentative categories were assigned different codes as I moved forward. Some categories began to stand out as described in Chapter Four. The number of categories depended on the data. As a case study is an intensive process, the paramount consideration is in analyzing the data (Merriam & Tisdell, 2016).

I spent six weeks during the first stage reviewing within-case analysis. According to Merriam and Tisdell (2016), each case is treated first as a comprehensive case on its own to learn as much as possible about contextual issues that have a bearing on the case. Once that was completed, I began a cross-case analysis to seek abstractions across cases. Although the details of each case varied, an explanation was sought that fit all cases. Within-case analysis was followed by cross-case analysis to further identify emerging themes across rich, thick data that were collected for each question within the twelve interviews.

Coding Procedures

Coding procedures took place in several stages. First cycle coding methods are the preliminary coding methods that serve to organize raw data (Saldaña, 2009). In the initial stage, I coded each interview session. I reviewed the raw data and generated in vivo coding or verbatim coding using the descriptive, actual language of the participants in the interviews to prioritize and honor the participants' voices. An inductive analysis process allowed in vivo codes to be collected if I thought there might be relevance to the study. This initial coding cycle was a starting point for tentative directions. Codes were listed in data groups by question as shown in Table 2.

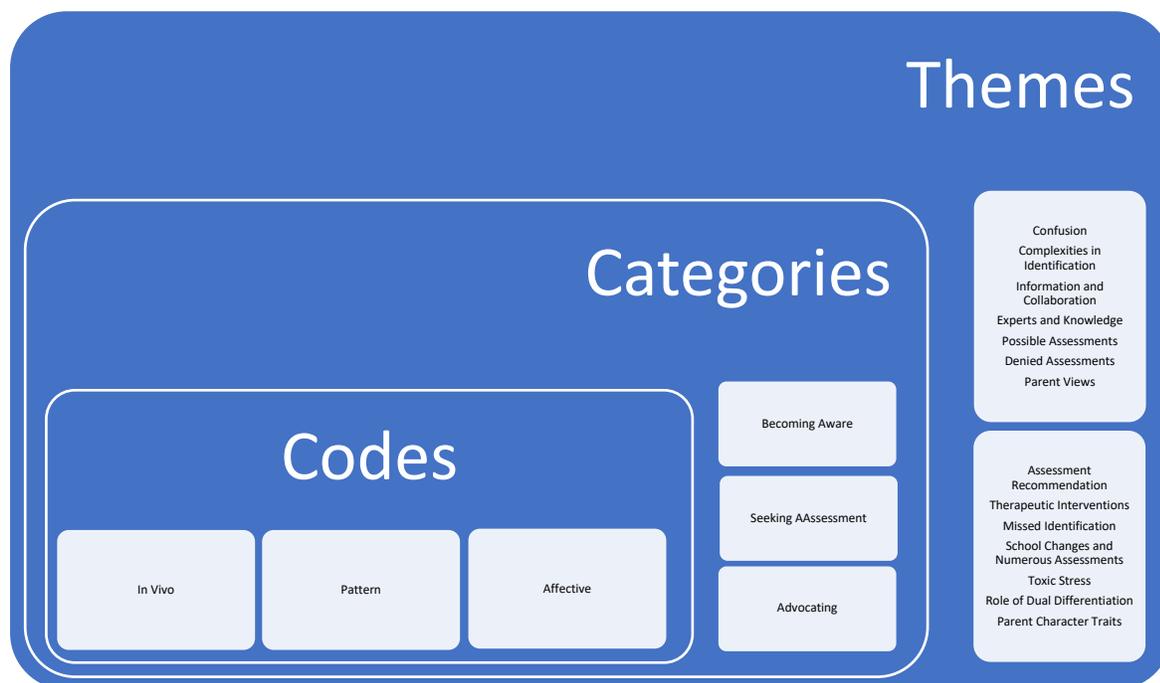
Table 2

First Cycle Coding

Interview Question	Number of Initial Codes
One	49
Two	58
Three	61
Four	66
Five	51
Six	48
Seven	43
Eight	31
Nine	44
Ten	21
Eleven	19

Twelve	40
Thirteen	53
Fourteen	12
Total	596

The second cycle coding process progressed and shifted to a deductive mode. It was an intuitive process, but it was also systemic and informed by the purpose of the study (Merriam and Tisdell, 2016). The participants were explicit when sharing their meaning, which was recorded objectively given my orientation and knowledge as a researcher. The data from the first cycle was reorganized and reanalyzed into meaningful units of analysis, which were mapped graphically to identify patterns. Second cycle coding served to develop a sense of conceptual organization and coherence from first cycle coding (Saldaña, 2009). During the second cycle, a sense of organization began to emerge. The grouping of established categories led to themes as shown in Figure 1.

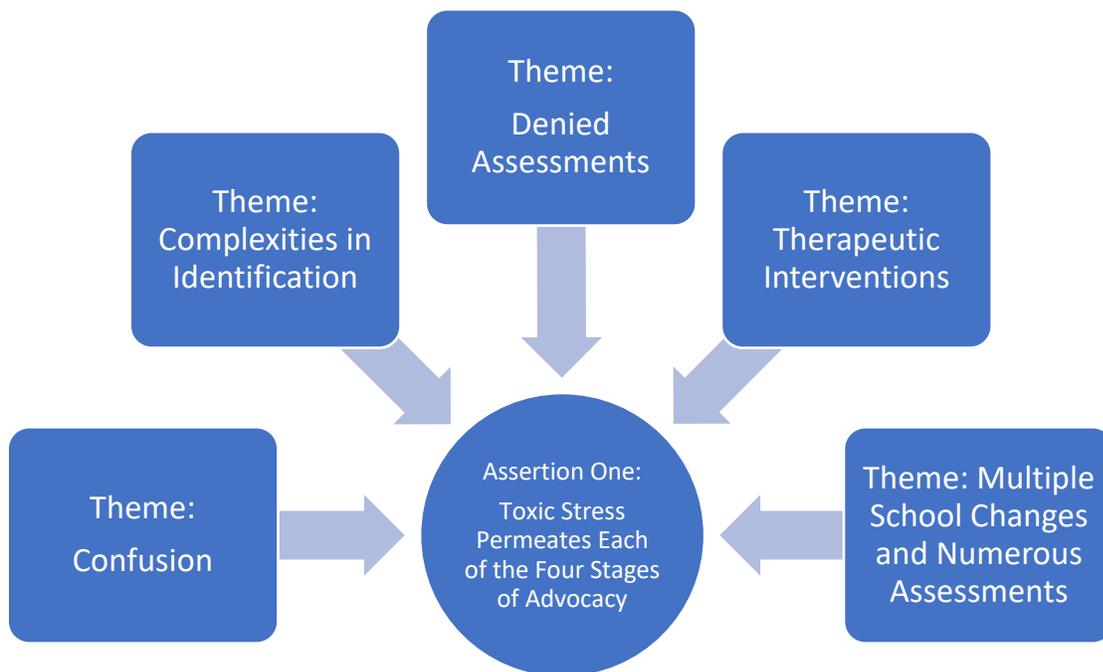
Figure 1*Codes, Categories, and Themes*

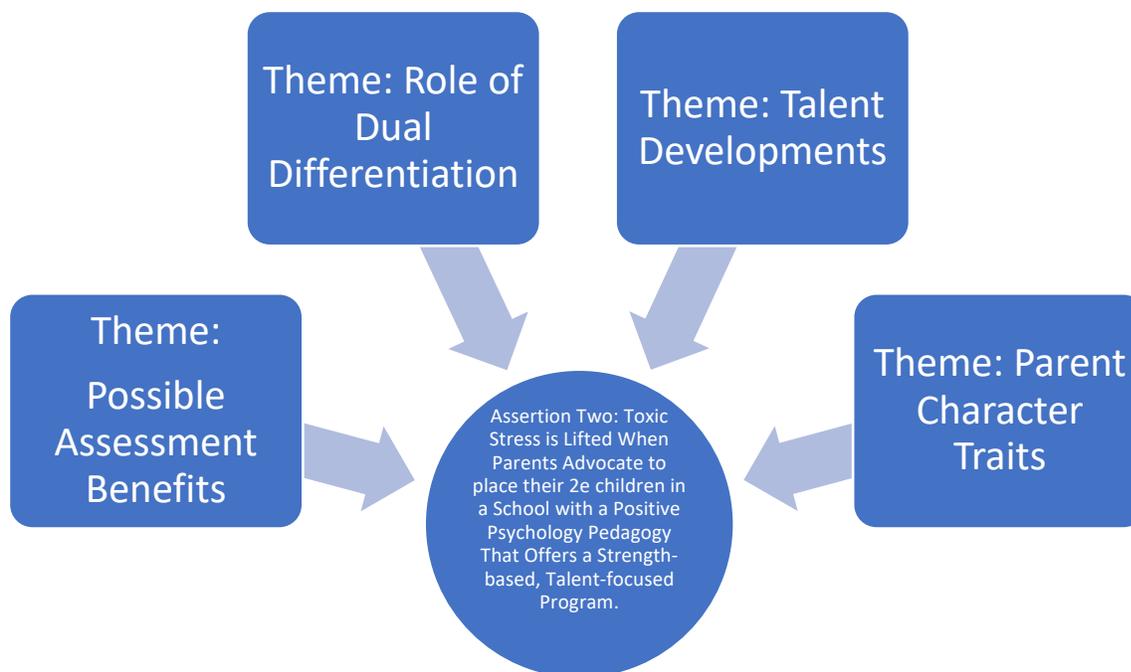
Note. In vivo, pattern, and affective codes were organized into categories from which themes emerged.

Meaningful categories included affective coding methods which investigated the subjective qualities of the parents' experiences and reactions. Pattern coding summarized segments of data to group the summaries into a smaller number of condensed themes. The third cycle coding involved code mapping in which initial codes were placed in organized categories as higher-level concepts emerged and hypotheses developed. Assertions progress "from the particular to the general by predicting patterns of what may be observed and what may happen in similar present and future contexts" (Saldaña, 2009, p. 19). The themes leading to the two assertions are shown in Figure 2.

Figure 2

Assertions





Note. Two assertions emerged from the themes.

Of the two assertions, one assertion is that certain themes led to toxic stress, while other themes led to a second assertion that toxic stress is lifted under different circumstances. The emergent themes are explained in the next chapter, Chapter Four, in which the findings from each interview question are provided. The data used to support these assertions is addressed in Chapter Five.

Statement of Ethics

The researcher's dissertation proposal was approved in November 2021 by the Bridges Graduate School of Cognitive Diversity. Approval from the IRB was received in December 2021. A valid Human Subjects certificate was awarded in July 2021. Written approval was granted by the community partner's Head of School in the form of signed consent. Additional signed consent was received from the community partner's administrative team. Parent participants were contacted by email on school letterhead, and they were provided written consent to participate in the study. All participants were volunteers. No compensation was

received. Confidentiality for the participants and the community partner was maintained using pseudonyms. All data were collected and preserved in separate files within a locked cabinet. Electronic files were preserved on a computer with password protection. Codes were assigned to participants' responses. The data were only available for the purpose of data verification, coding, and qualitative data analysis. An internal audit of all data was conducted with my advisor.

The credibility of the researcher along with rigorous methods are essential components to ensuring the credibility of qualitative research (Merriam & Tisdell, 2016). To validate the trustworthiness and credibility of this study, the participants were asked to answer carefully designed questions in an interview in which there is no 'right' answer to support the authenticity and transparency of their responses. Objectivity during data collection was necessary to lessen the risk of researcher bias.

Chapter Four: Findings

This chapter presents the findings of parent participants' responses to specific interview questions that were posed within a semi-structured, in-depth interview setting. The data were collected verbatim and organized sequentially by interview question. The parents earnestly and thoughtfully shared heartwarming and heartbreaking anecdotes in their responses, which are captured in each table below, to reflect their experiences and reactions to the assessment process of their 2e children.

Interview Question One Findings

When asked specifically, "Tell me what your experience was when you realized that a psychoeducational assessment was needed for your child.", the parents described the contextual issues surrounding the need for their child's assessment. An important aspect was found in the type of school the child attended, as the assessment process differed depending on the school type. Eleven of the twelve participant's children attended either a private, public, or homeschool at the time of their initial assessment. One participant's child was too young at the time of assessment to attend school. As shown in Table 3, the children's ages and the school attended are listed.

Table 3

Child's Age at Initial Assessment and Type of School Attended

Participant	Child's age at initial assessment	School attended at initial assessment
Claudia	3.5 years	Private
Debra	14 years	Private
Graciela	5 years	Public
Jackie	4 years	Private
Jane	6 years	Private

Jeanette	9 months	N/A
Karen	6.5 years	Public
Kerri	7 years	Private
Maggie	7 years	Public
Meg	5 years	Public
Paulette	14 years	Public
Phyllis	14 years	Homeschool

The findings show that the type of school the child attended was an important factor as the assessment process differed depending on the school. However, as the parents described their experiences with their children's assessment process, I found that in some cases, the parent described that there had been multiple assessments. In fact, in ten of the twelve cases, the participant's children had received additional assessments. Table 4 shows the age of the child at the initial assessment, and includes the grade levels of additional assessments, as well as the type of assessment provider. Note that when children left their school mid-year, it is indicated by an 'F' for Fall, and an 'S' for Spring.

Table 4

Assessment Providers Per Child

Participant	Initial grade age of child	School attended	Assessment provider
Claudia	3.5 years	Pre-K	First Private Preschool
		Pre-K	Second Private Preschool
		K- 1	First Charter School
		2nd - 3rd 4th	Second Charter School School with a Private Psychology Pedagogy
			Public
			Public Pediatrician Public

Debra	14 years	6 – 9 F 9 S 10 th	Private Online Private School with a Positive Psychology Pedagogy	Private
Graciela	5 years	K - 1 st 1 st - 3 rd 4 th	Public School Homeschool School with a Positive Psychology Pedagogy	Private Public Private
Jackie		2.5 - 3.5 3.5 - 4.5 4.5 - 5.5 K 2 nd 3 rd	Private Preschool Special Needs Private Preschool Public Preschool Public Private School with a Positive Psychology Pedagogy	Private OT Public (Summer) Regional Regional Private UCLA Private CMI
Jane	6 years	K – 1 st 1 F 1 S - 3 4 th	Private Homeschool Public School with a Positive Psychology Pedagogy	Public Partial Hospital Medical Center

Jeanette	9 Months	9 mos.	n/a	Pediatrician
		1.5 yrs.	n/a	
		2.5 yrs.	n/a	Partial Hospital
		K	Private	
		K	Private	
		1	Public	
		1 – 2 nd	Homeschool	Public
		3 rd	Private	
		4 th	School with a Positive Psychology Pedagogy	
Karen	6.5 Years	K - 2 nd	Public	
		2 nd	Gifted Magnet	
		3 rd	Homeschool	Private
		4 th	School with a Positive Psychology Pedagogy	Public
Kerri	7 Years	K - 1 st	First Private	Private/Public
		2 - 8 th	Second Private	(1st)
		9 F	Third Private	Private (6th)
		9 S	Fourth Private	
		10 th	School with a Positive Psychology Pedagogy	
Maggie	7 years	1 - 3 rd	Public	Private (1st) Public (2nd)
		4 th	School with a Positive Psychology Pedagogy	Private (4th)
Meg	5 years	K	Public	Private (K – 1)
		1 st		Private (1)
		2 nd		Private (2)
		3 rd	School with a Positive Psychology Pedagogy	Public (3)
	4 th			
Paulette	14 Years	K – 9 th	Public	Private Public

Phyllis	14 Years	K - 4.5	Public	
		4.5 - 5	Public Homeschool	
		5 – 8 th	School with a Positive Psychology	Private (Spring 8)
		10 th	Pedagogy	

As shown in Table 3, ten of the twelve participants described that their 2e children had additional assessments. Two participants described that their children were assessed once. Altogether, thirty-one assessments were tallied. Of the thirty-one assessments, eleven assessments were provided by the district and twenty assessments were provided by private assessors, regional centers, or partial hospital programs. Assessments were provided to children as young as 9 months and as old as 14 years of age.

As the parents shared their observations centering around the assessment process of their 2e children, their recollections ranged from heart-warming to heart-breaking anecdotes. They shared their associated feelings during the assessment process. Table 5 shows the parents' feeling states including, but not limited to, relief, shock, and excitement during the assessment process of their 2e children.

Table 5

Parent Feeling States Associated with the Assessment Process of their 2e Children

Participant	Age of child's initial assessment	Parent feeling states
Claudia	3.5 years	Relief
Debra	14 years	Overwhelmed, empowered, angry
Graciela	5 years	Confused, overwhelmed
Jackie	4 years	Felt a lot of judgment
Jeanette	9 months	Excited and thrilled
Kerri	7 years	Prolonged frustration
Maggie	7 years	Relief and validation
Paulette	14 years	Shock

Phyllis

14 years

Relief

Summary Interview Question One Findings

As the parents answered the first question about their children's assessment process, it became apparent that there had been more than one assessment. As such, information was provided regarding each assessment. An important factor regarding the initial assessment depended on the type of school the children attended as the assessment process differed depending on whether they attended a public, private, or homeschool setting. Interestingly, ten of the twelve parents described that their children were assessed more than once. Altogether there were 31 assessments. The number of assessments is striking; and the reasons for them will be explored in the discussion in Chapter 5. The parent's feeling states that were associated with the assessment process were related to the circumstances around their children's age and the expectations in the context of home and school during the assessment process. The parents' feeling states will be further discussed in this chapter when parents were asked specifically about how they felt about their child's assessment results and recommendations.

Interview Question Two Findings

In response to the direct interview question, "What are your child's strengths, talents, and interests?", parents described that their children had intellectual, creative, motor, and/or social interests. Even as parents described their children's strengths, descriptive words also referenced their children's weaknesses. Parents shared that their 2e children's strengths were both charming as well as challenging. Table 6 shows notable quotes of parents describing their 2e children's strengths, talents, and interests.

Table 6*Parent Descriptions of Their Children's Strengths, Talents, and Interests*

Participant	Age at initial assessment	Parent description of child's strengths, talents, and interests
Claudia	3.5 years	"Abundant energy, like, you know, it could be destructive, but it was also incredibly creative."
Debra	14 years	"Computers and technology and programming. It was her happy place, her safe place. So, everything kind of centered around printers and technology and programming and computer games. So, that was her."
Graciela	5 years	"Everything, when she goes into something, it's <i>all</i> in. It's very deep dives."
Jackie	4 years	"She, at 2 [years of age], was <i>so</i> communicative."
Jane	6 years	"Reading... playing outside like playground, monkey bars, that kind of... physical activity."
Jeanette	9 months	"In academia, I mean, he was just an academic, just, you know, out of utero really, just so curious about wanting to understand the workings and the engineering of our world of anything that was put in front of him... He truly was born to want to create and communicate through music, but most importantly through the movement of dance."

Karen	6.5 years	“His strengths were advanced really reading and reading comprehension, vocabulary, advanced in mathematics, as well as science and the application of science and theories across one discipline to another. He has incredible long-term memory. And he seemed to get larger, sort of, macro concepts that were far beyond his age range, his passions at that time were sciences, chemistry, astronomy, and physics.”
Kerri	7 years	“Yeah, he had academic strengths. He had a lot of spatial abilities like he would construct sort of elaborate Thomas the Train tracks and elaborate storytelling.”
Maggie	7 years	“Strengths would definitely be creativity. She's always been super creative and verbal... Her desire for connection.”
Meg	5 years	“She was so smart, she had amazing retention for anything... and she was very advanced verbally.”
Paulette	14 years	“His talents were that he was a black belt in Tae Kwon Do already. He was interested in nanoscience and things like that. His strengths were, um, he was super smart, super, like he can just read something, and he knows it. He doesn't really have to put a lot of effort into work.”
Phyllis	14 years	“Definitely anything arts-based singing, acting, screenwriting. She plays piano and likes to cook.”

Summary Interview Question Two Findings

Parents described the strengths, talents, and interests of their 2e children, which showed a wide range of school-based strengths as well as interests that had manifested outside of school. School based interests included all subjects such as language, reading, writing, math, arts, and the sciences. Outside of school interests included dance and martial arts. The parents' descriptions of their 2e children provide a sense of their intellectual, creative, motor, and/or social abilities as the 2e children experienced "deep dives" both at home and at school. The parents described that at times, their 2e children's areas of strengths, gifts, and talents were impacted by their weaknesses, which we'll find in the responses to the next interview question.

Interview Question Three Findings

As with the prior question about their children's strengths, talents, and interests, the parents were also asked directly, "What was challenging for your child at school, outside of school and at home?". The findings indicate that the children were impacted by academic, physical, and social-emotional challenges. Table 7 shows the parent's descriptions of their children's challenges. Note the repeated use of words and phrases such as "not interested", "trouble", "frustrated", and "struggled" in the descriptions below.

Table 7

Parent Description of Their 2e Children's Challenges

Participant	Child's age at initial assessment	Parent descriptions of their child's challenges
Claudia	3.5 Years	"Well, just because he never slowed down, he had, you know, terrible fine motor coordination. He wasn't interested in writing. He wasn't interested in any pre-reading."

Debra	14 Years	“Any kind of pressure and at that point... the social world was getting a little bit challenging... anxiety... she's always been a perfectionist. She had always had a lot of trouble dealing with homework and panicking about it. So, all those things were just really getting much more difficult for her.”
Graciela	5 Years	“Horrible, horrible meltdowns... her thinking was really, really advanced ,but because [of] the dysgraphia and things, what she produced was not what she wanted, and it was so frustrating. It made her so angry, a lot, and she knew what she wanted to do. She knew how it should be, but she couldn't get there.”
Jackie	4 Years	“She was having issues with interacting with the other kids at school in terms of not answering them if they asked her a question and disrupting their play, water, and towers and all of that, going off into the sand and just staying there just, you know, digging in the sand over and over.”
Jane	6 Years	“I mean, the only academic issue was they didn't do any work... We knew that [my child] was smart, and we knew that they were not interested in what was happening at school.”
Jeanette	9 Months	“He was a quick learner, a true academic... although he may have been in an accelerated class, he didn't have the emotional or the social nuances to have him be appreciated with those older children.”
Karen	6.5 Years	“He has had quite severe dysgraphia, so he could not write as quickly as he could think. And he was so frustrated because he had a lot to say and ideas. But he couldn't express them in written form. Also, at the time, for kinder and first grade, they all had to do the same thing at the same level. So, he was incredibly frustrated, learning basic science and math when he knew like a lot more and was told not to show off or just to do the work

Kerri	7 Years	<p>and then just trying to think, just emotional regulation, over rules.”</p> <p>“He struggles to remain interested at school. He is distracted by social concerns whether people like him but still couldn't really manage how to control his body or his language in a way that was beneficial to him. So, he tended to get picked on by tougher kids, he tended to get mocked by socially savvier kids. Well, I'm gonna say that he was, he was really distressed, distressed.”</p>
Maggie	7 Years	<p>“Honestly, I don't think any of these answers have changed whether it was first grade, second grade, or you know, now [she's] in seventh grade. You know, her challenges are social connections. She does not make social connections. And when she does, inevitably something goes south and she gets rejected and abandoned, and it's, you know, it's, it's a <i>horrible</i> pattern to watch and observe.”</p>
Meg	5 Years	<p>“I guess that just being asked to do things, like a neat little thing, you know, get dressed your shoes on. Let me do your hair. Eat this, you know, sit down, and eat. You know, it's time to take a bath.”</p>
Paulette	14 Years	<p>“Outside of school, social issues were a problem for [my child]. He had a lot of people he talked to, but he didn't really have good friends. At school, he started to not be able to keep up like he just kind of was drowning in the work as it got harder.”</p>
Phyllis	14 Years	<p>“Her weaknesses are really just her lack of ability to employ executive functioning in her daily life. Just what we might think as you know, really easy things to accomplish she finds to be debilitatingly difficult, like brushing your teeth or brushing your hair or making your bed. So those are her weaknesses and then her educational weakness has always been anything math-based.”</p>

Summary Interview Question Three Findings

The parents described the ways in which their 2e children's challenges impacted their academic, physical, and social-emotional functioning at school, outside of school, and at home. Parents described that their children were not interested in learning at school. They also described their children's low frustration tolerance. Academic frustration included having an idea in mind, but not having the requisite reading skills to learn more about it and/or not having the motor skills to write about it or draw it. Frustration in the social arena included having an interest in friends, but not having the social skills to make and sustain friendships or feel a sense of belonging to the peer group. Frustration in the physical arena included having a high level of energy or having sensory issues that needed time and space for movement to be allowed within the structure of the school day. Frustration with executive functioning skills meant needing, but not wanting, support with daily routines and work habits. As indicated in the quotes above, the participants described their children's frustration due to their children's challenges which impacted specific learning tasks and were pervasive.

In addition to frustrations related to learning, the parents also described their 2e children's frustration with being misunderstood by the stakeholders in their school placement. Two parents described that their children questioned "arbitrary rules that don't make sense", which landed them "in trouble for being challenging or disobedient." Being highly verbal, logical, curious, anxious, depressed, and/or frustrated, along with having challenges had caused frustration and had resulted in conversations about behaviors that were confusing for the 2e children and their parents. The lack of understanding further reinforced the need for an assessment to determine what was "really going on" with their 2e children, and which will be addressed in the next interview question.

Interview Question Four Findings

In response to the specific question, “What were the results of the psychoeducational assessment that you received for your child?”, the parents’ responses consisted of descriptive words that reflected a complex combination of strengths and weaknesses. Each of the participants referenced a range of specific diagnostic labels or eligibility that their children received, yet only two of the twelve parents received the terms “gifted” or “twice exceptional”. Interestingly, those two children were diagnosed at 14 years of age, when the 2e terminology was in greater use and when the children’s issues were clearly identified in the assessment. The majority of the participants’ children were assessed at younger ages, when the assessment results focused solely on their disabilities as reflective of their developmental and grade level expectations. Table 8 shows the results of the results of the assessments.

Table 8

List of Children’s Assessment Results

Participant	Child’s age at initial assessment	Assessment results
Claudia	3.5 Years	Inconclusive Probably ADHD Sensory Processing Disorder
Debra	14 Years	Dysgraphia Depression
Graciela	5 Years	Dyslexia Dysgraphia Dyscalculia Slow Processing Speed Extremely High Verbal Skills

Jackie	4 Years	Inconclusive Probably Autism Spectrum Disorder Delayed With Everything Sensory Sensitivities
Jane	6 Years	Staying Regulated Emotionally Disturbed Eligibility
Jeanette	9 Months	ASD
Karen	6.5 Years	ASD
Kerri	7 Years	ADHD Mind Blindness Bravado
Maggie	7 Years	DMDD [Disruptive Mood Dysregulation Disorder] SPCD [Special Pragmatic Communication Disorder]
	11 Years	Autism Spectrum Disorder DMDD Anxiety Suicidal Ideation Depressive Episodes
Meg	5 Years	ADHD [which she ended up not having] Specific Learning Disorder in Writing Specific Learning Disorder in Writing
	7 Years	Autism Spectrum Disorder Anxiety
Paulette	14 years	Twice Exceptional Gifted with a High Verbal IQ Anxiety Depression

Phyllis	14 years	ASD Twice Exceptional ADHD Dyscalculia Anxiety Depression Transgender
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Although this list of diagnoses displays a range of disabilities, it is interesting to listen to the parent's descriptions of the disabilities as their words provide a glimpse into how parents understand their children's profile. A more detailed table showing the parents' words describing the results of their 2e children's assessments are shown in Table 9.

Table 9

Parent Descriptions of the Results of their 2e Children's Assessments

Participant	Child's age at assessment	Parent descriptions of the assessment results
Claudia	3.5 Years	"His results are all over the place. He's 14 this and he's 98 in that, and this is going to be a difficult child to have in school... You know, he got the sensory-seeking stuff. He probably has ADHD, that's something you need to go to your primary care physician to look into."
Debra	14 Years	"She was diagnosed as dysgraphia... [specific] learning disability in reading comprehension, high functioning autism, what is it level one or whatever like super high functioning autism and extreme anxiety. And the tester said, I think her anxiety is so acute that you need to take her out of school immediately... her anxiety is so extreme that she's really teetering on the edge of depression."
Graciela	5 Years	"Oh, my goodness. It's close to 40 pages. She is very very complex. He said that - this is we're having a hard time finishing the work. Because it's really hard to pin things down."

Jackie	4 Years	“She definitely shied away at the beginning from, you know, from diagnoses. We had a very inconclusive evaluation, where they basically said it's not autism, but come back in a couple of years.”
Jane	6 Years	“Staying regulated.”
Jeanette	9 Months	“Academic, well, I didn't use the word academics at that age, of course, but his learning and his ability to learn were definitely accelerated and exceptional. His impulsiveness, safety, lack of empathy, were the one where those three I would say were the three most targeted areas that we were looking at.”
Karen	6.5 Years	“So, the school's [assessment] was very, we had a private one done, and our school district did one. The results of [my child's district] were incredibly frustrating... the psychologist was just flummoxed with trying to figure out what boxes to check for him... And then we had a second private evaluation.”
Kerri	7 Years	“Oh, he was diagnosed with ADHD. That was an awfully early age to diagnose that, but they did.”
Maggie	7 Years	“The initial results were she didn't meet criteria for Autistic Spectrum Disorder. At that time, I don't remember why now, because obviously, I'm far more educated now than I was then. So, her diagnosis was DMDD [Disruptive Mood Dysregulation Disorder as per the DMV-5™] and social pragmatic communication disorder. So SPCD [special Pragmatic Communication Disorder], which I had never heard of at the time, so that was sort of the beginning of sort of a framework to figure like, okay, she's got, What is that? What does it mean? What do we need to do? How do we meet these needs? And those, so those were the two diagnoses at the time.”
Meg	5 Years	“I'd like to say they weren't very good. I mean, they gave me some insight into her in terms of the so the thing was like, the office... sent like a postdoc over to do it... and he couldn't finish it. He couldn't really finish much because she was so difficult to work with so is really small too. But he let me know that she had ADHD, which she ended up not having.”
Paulette	14 Years	“That [my child] was what they called twice exceptional. He was gifted with a high verbal IQ

Phyllis	14 Years	and along with anxiety and depression. Yeah, those were the results.” “That she's on the autism spectrum. She's twice exceptional. She has ADHD and I think it was called dyscalculia. Math, like dyslexia, um, anxiety and depression. I think there were seven [diagnoses] altogether.
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Summary Interview Question Four Findings

The formal list of assessment results in Table 7 includes diagnoses, misdiagnoses, and missed identification of 2e. A variety of diagnoses were represented. Two of the children had received an assessment that provided inconclusive results. The parent descriptions of their children's assessment results in Table 8 reveal in their own words their children's superior abilities along with co-occurring learning disabilities. Together, the findings in Table 7 and Table 8 show that parent's awareness of the complexities of the assessment results. Two of the twelve parents found that the initial assessment results were inconclusive. Four of the parents described how their children's diagnoses changed in subsequent assessments and with different assessors. Two of the twelve parents whose children were assessed at fourteen years of age had received an actual diagnosis of 2e. Of those two parents whose children received an actual diagnosis of 2e, Paulette's child was diagnosed as 2e during a partial hospitalization treatment, while Phyllis's child was diagnosed after being homeschooled for four years. The children who were reassessed over time or who were assessed at older ages received additional diagnoses of depression and anxiety.

Interview Question Five Findings

In response to the specific question, “Based on the assessment results, what were the recommendations?” The findings show that the recommendations primarily focused on therapeutic interventions. Of the twelve parents interviewed, the majority indicated that

therapeutic interventions for auditory processing, visual processing, academic, and social skills were recommended. In addition, occupational therapy and counseling were recommended. Behavioral therapy was offered at school and at home. It was recommended to two parents that they bring the private assessment results to their children's public school for the purpose of initiating an Individualized Educational Program (IEP). Two parents received a recommendation to have their child further assessed by a specialist. The parents recalled several recommendations for classroom accommodations such as small class size, frequent breaks, a shadow or one-on-one classroom aide, and/or the use of assistive technology. Table 10 shows the range of assessment accommodations.

Table 10

List of Children's Assessment Recommendations

Participant	Child's age at initial assessment	Results	Recommendations
Claudia	3.5 years	Inconclusive	Diagnosis for ADHD
Debra	14 years	Dysgraphia SLD ASD Anxiety Depression	School Change (Online Program) Educational Therapy Use of Assistive Technology Continued Therapy Psychiatry
Graciela	5 years	Dyslexia Dysgraphia Dyscalculia Processing Speed	Auditory Processing Academic Support Vision Therapy Occupational Therapy
Jackie	4 years	Inconclusive Academic Delays Sensory sensitivities	ABA Social Skills Group OT
Jane	6 years	Staying regulated	Shadow
	8 years	Emotionally Disturbed	ERICS*
Jeanette	9 months	ASD	Speech Therapy

Karen	6.5 years	ASD	Occupational Therapy Social Skills Group ABA Remain in General Education Class Therapeutic Services Use of Assistive Technology
Kerri	7 years	ADHD Mind blindness Bravado	Medication Small Class Size Shadow
Maggie	7 years	DMDD SPCD	Speech Therapy Recommended an IEP
	11 years	ASD DMDD Anxiety Suicidal Ideation Depressive Episodes	
Meg	5 years	ADHD SLD Writing	Recommended an IEP Special Pencils
	7 years	SLD Writing	
	8 years	ASD Anxiety	504 Frequent Breaks Assistive Technology Social Skills Support
Paulette	14 years	2e Gifted Anxiety Depression	Continued Counseling Continued Psychiatry Vision Therapy
Phyllis	14 years	ASD Twice exceptional ADHD Dyscalculia Anxiety Depression Transgender	School Change Behavior in Home

*Educationally Related Intensive Counseling Services (ERICs)

Summary Interview Question Five Findings

The assessment recommendations as listed in Table 6 show a focus on therapeutic interventions associated with the diagnoses of the children's assessment results. The therapeutic

interventions were intended to improve specific skills in a multi-pronged approach that addressed grade level academic and developmental social-emotional needs. The expectation was that the therapeutic interventions would improve skills to enable the 2e children to experience greater ease at school. To that end, additional assessment recommendations included classroom accommodations. There were no recommendations for the 2e children’s giftedness, strengths, or talents such as placement in a gifted program with talent development, academic enrichment, or grade level acceleration. The recommendations were based solely on the 2e students’ deficits. Now, let’s look at which of the multiple assessment recommendations the parents prioritized.

Interview Question Six Findings

When specifically asked, “Which of the recommendations did you prioritize?”, the parents responded that they prioritized the recommendations that they thought would be most helpful for their children. Each parent shared a clear rationale as to which recommendations needed to be implemented immediately given the presenting concerns. The parents were interested in addressing multiple recommendations simultaneously, considering each equally necessary. Table 11 shows the assessment recommendations that the parents prioritized.

Table 11

List of Prioritized Assessment Recommendations

Participant	Child’s age at Initial assessment	Result	Prioritized recommendations
Claudia	3.5 Years	Inconclusive	Seek Diagnosis for ADHD School Change
Debra	14 Years	Dysgraphia SLD ASD Anxiety	School Change Educational Therapy Use of Assistive Technology Continued Therapy

		Depression	Psychiatry
Graciela	5 Years	Dyslexia Dysgraphia Dyscalculia Processing Speed	Vision Therapy Auditory Processing Therapy Reading Tutor School Change
Jackie	4 Years	Inconclusive Academic Delays Sensory Sensitivities	Social Skills ABA OT School Change
Jane	6 Years	Staying Regulated	Shadow Partial Hospitalization Continued Psychiatry Continued Therapy
	8 years	ED designation	ERICS* School Change
Jeanette	9 months	ASD	ABA Occupational Therapy Social Skills Playgroup School Change
Karen	6.5 Years	ASD	School Change
Kerri	7 Years	ADHD Mind blindness Bravado	Psychiatry School Change
Maggie	7 Years	DMDD SPCD	Speech Therapy Occupational Therapy
	11 Years	ASD DMDD Anxiety Suicidal Ideation Depressive Episodes	School Change
Meg	5 Years	ADHD	
	6 Years		OT
	7 - 8 Years	SLD Writing	Speech Language
	8 Years	ASD Anxiety	OT Frequent Breaks School Change
Paulette	14 Years	2e Gifted	Continued Counseling Continued Psychiatry

		Anxiety Depression	Vision Therapy School Change
Phyllis	14 years	ASD 2e ADHD Dyscalculia Anxiety Depression Transgender	School Change

*Educationally Related Intensive Counseling Services (ERICs)

Summary Interview Question Six Findings

Parents addressed the assessment recommendations based on prioritized areas of concern. Multiple assessment recommendations were prioritized as being equally important. The recommendations that were offered by the public school included specialists and services offered at the school. The school schedule was predetermined by the team of stakeholders. If the parents had their 2e children assessed privately, then the parents sought referrals, vetted private licensed specialists who the parents thought would be a good match for their child, and paid out of pocket for services. In two cases, the parents brought their children's private assessment results to the public-school stakeholders to determine which recommendations would be offered through the public school.

Surprisingly, note that a school change was prioritized in all twelve of the cases even though it was specifically recommended in only two of the cases. The determination for a school change and the parent's rationale for it will be discussed in Chapter 5, but first, the parents are asked about the effectiveness of the assessment recommendations that they had prioritized.

Interview Question Seven Findings

When specifically asked, “How much did the recommendations you prioritized help?”, the findings show that the assessment recommendations were helpful initially, or were helpful over time, while other assessment recommendations were initially ineffective or lost effectiveness over time. The recommendation for a trial of medicine, for example, had an immediate, positive impact in one case, but not on another case. Several parents realized that occupational therapy was effective over time, even if initially it didn’t seem to be effective. Several parents shared that the recommendations for behavioral therapy in the home or at school were ineffective immediately and overtime, which resulted in the parents ending or reducing the service as they did not meet their children’s needs and/or created new tensions or concerns. A school change was seen as effective by all the parents, which will be further discussed in Chapter 5. Table 12 shows parent descriptions of the effectiveness of assessment recommendations.

Table 12

Parent Descriptions of the Effectiveness of their Child’s Assessment Recommendations

Participant	Recommendation for child	Parent description of effectiveness	Effectiveness (Yes/No/Unsure)
Claudia	Medication	“Hello, Mother!”	Yes
Debra	Homeschool	“Took longer than we thought to stabilize.”	Yes
	Educational Therapist	“Kept her going.”	Yes
	Medication	“Did a lot of damage.”	No
	Psychotherapist	“Certainly helped.” “Has been a godsend.”	Yes Yes

Graciela	Vision Therapy	“I don’t think it did much.”	No
	Auditory Therapy	“I don’t think it did much.”	No
	Reading Tutor	“Hated every single second.”	
	Educational Therapist	“Best hour of her entire week.”	
Jackie	OT	“At the beginning, that really helped.”	Yes
	ABA	“Did not help.”	No
	Social Skills	“Helped”	Yes
Jane	ERICS	“The best.”	Yes
Jeanette	OT	“100% was the most beneficial.”	Yes
	ABA	“Unfortunate residual impact”	No
Karen	School Change	“Dramatically and absolutely helped.”	Yes
Kerri	Medication	“Not at all. He was seen as a problem child.”	No
Maggie	Speech Therapy	“It had no sticking power.”	No
Meg	School Resources	“Not much.”	No
Paulette	Continued Counseling	“All of them helped.”	Yes
	Continued Psychiatry		Yes
	Vision Therapy		Yes
	Partial Hospitalization		Yes
	Change School		Yes
Phyllis	Change School	“Now, I’m not so sure.”	Unsure

Summary Question Seven Findings

The findings show that the assessment recommendations varied in effectiveness as described by parents. When assessment recommendations were implemented simultaneously, the parents were unable to report which recommendation was most effective. A main factor that impacted the effectiveness of prioritized recommendations included a lack of observed progress in their children, however there was also a mismatch of a specialist. If the children did not perceive the value of the service or the person providing the service, then parents shared that their children resisted the recommended services which impacted their effectiveness immediately and/or over time.

Interview Question Eight Findings

When specifically asked, “Why did you choose a different school placement for your child?”, the findings showed that a school change was either immediately or eventually needed in each of the twelve cases because their 2e children’s needs weren’t being met in their current placement. Parents were concerned that the challenges that their children were experiencing continued even after the assessment results and recommendations were received. Table 13 shows the parent descriptions as they developed a rationale for a school change.

Table 13

Parent Descriptions of School Change Rationale

Participant	Child’s Grade	School	Rationale for School Change
Claudia	Preschool	Public	“[Veteran] teacher was just completely overwhelmed.”
	Preschool	Public	“We went to the first half day of school... The classrooms have red, yellow, green, and I'm like, my kid's gonna be on red every day. And everyone's gonna suffer.”
		Public	

	1 st		“There was just a huge disconnect between how he was treated at school and how he was treated at home... all this behaviorism kind of pushed down our throats from the school. I was learning about how harmful that was to children.”
Debra	9 th	Homeschool	“They are not well set up to support kids with learning differences and the accommodations they were willing to make for her would have made her so different from the rest of the school population.”
Graciela	3 rd	Homeschool	“I couldn't give my full attention to what she needed. And she was very lonely. No friends... and she really likes to craves, like deep connections, not just playmates. So, there's no way to do that.”
Jackie	1 st	Private	“There were a series of dilemmas. The first one was whether to leave [private school] and if so, where are we going to go?”
Jane	3 rd	Private	“Because my kid's needs were not being met, not academically, or were social emotional. They didn't understand who she was. They didn't understand her brain. Yeah, nothing. And we were scared.”
Jeanette	4 th	Public	“Knowing that he was obviously every day going to be entering a smaller environment was already to me just this is going to make a difference.”
Karen	4 th	Homeschool	“I wanted to, I chose a different school environment. The new, the child, has huge potential. And I wanted a school that saw that and could wait for it to emerge. That would be patient with him and could see the potential in him that I saw. I know he has pretty exquisite gifts intellectually... it needed to be a spark and love for learning.”
Kerri	8 th	Private	“The end of eighth grade was bumpy. I think online learning was really hard for him. I don't think he really knew how to behave in a classroom like he wanted to be engaged in the classroom, but he kept talking a lot and not

			offering you know, really relevant conversation... he always thinks no one likes him.”
Maggie	4 th	Public	“Because I knew [the public school] was not meeting her needs and you know, I think I think her psychologist at the time was had put it the best of anyone like why are we going to continue doing something that's clearly not working? We're just hitting our head against the wall.”
Meg	4 th	Public	“Because, like socially, became apparent that she would never fit in.”
Paulette	9 th	Public	“We were not getting the help that he needed and that we wanted at the public school. They were not willing to take his the results of the evaluation because they didn't think he was gifted.”
Phyllis	9 th	Homeschool	“Well, yeah, just nothing had worked.”

Summary Interview Question Eight Findings

Parents met with the stakeholders such as their children’s teachers and administrators to discuss their children’s assessment results and recommendations, and to find out how their children would be supported at school. The parents observed that their children were struggling in academic, social, and emotional areas. Although supports were provided, they weren’t effective in reducing the parents’ concerns. Parents sought the support, advice, confirmation, and expertise of their children’s therapists, psychiatrists, and/or attorneys to make a determination about school placement decisions regarding their 2e children. Parents saw how their children were struggling over time. They considered their children’s strengths and weaknesses, and they evaluated the benefits and limitations of their children’s class placement. Realizing that “nothing was working”, “we were hitting our heads against the wall”, and “[my child] would never fit in”, the parents looked elsewhere for a school that would recognize their children’s asynchronous needs.

Interview Question Nine Findings

When specifically asked, “How did attending a school with a positive psychology philosophy align with your understanding of your child’s dual diagnoses?”, the parents expressed a range of observations that indicated a fresh start for their 2e children where the faculty understood the 2e terminology, and where the faculty provided a challenging curriculum that aligned with their children’s superior cognitive abilities. In addition, the teachers offered talent development opportunities with like-minded peers. The parents learned that while their children were highly motivated on engaging tasks with a real-world application, their children would be supported for their weaker skill areas such as attention and executive functioning skills. Table 14 shows parent descriptions of how a positive psychology pedagogy aligned with their understanding of their children’s asynchronous profiles of strengths and weaknesses.

Table 14

Parent Descriptions of Positive Psychology Pedagogy Alignment

Participant	Child’s grade	Parent descriptions of alignment
Claudia	4 th	“It’s just a perfect fit. It was everything that we were looking for, you know, my husband and I will admit, struggled, and still struggled to this day a little bit with the releasing and letting go of focusing on the areas of challenge.”
Debra	9 th	“Two main ways. Number one, though, the workload aligned like the workload and this the pedagogy, I mean, aligned with our understanding of like her abilities in her environment where she could thrive. and number two, because she was really accepting her diagnosis as part of her identity and kind of taking pride in that and like learning to thrive in that. That was really important too.”
Graciela	4 th	“I love that the focus was on teaching to her strengths and interests, and then gently scaffolding things without

- you know, putting labels on it or taking her out of class to do stuff, you know, like, it was kind of all integrated... [the school with a positive psychology pedagogy] was really good for her. You could she just blossomed.”
- Jackie 4th “I'm so happy to have a teacher who, a teacher who gets it, is just everything.”
- Jane 3rd “It allowed for a total break and retraining in what it means to go to school. So, I remember we got called in... because there were things we needed to work on [as a team], and we were going to sit down and figure it out. And that was incredibly refreshing.”
- Jeanette 4th “Looking at [the school with a positive psychology pedagogy literature] at the time and visiting the campus and even learning that there were two specific teachers that identified as 2e... blew my mind that for me, knowing that there was, you know, a teacher that most likely my son would have for a certain subject, I felt was just a gift... I had high hopes that my son would be able to have a strong relationship with someone wired like that. And I was not disappointed and that's exactly what wound up happening. So I think part of learning about [the school with a positive psychology pedagogy] and learning that not only staff is there to support but no *beyond that*, staff and teachers are actually wired in this way and so they have the ability to put your put themselves as the best they can into a student's point of view was very, very enticing.”
- Karen 4th “I'm sorry, I'm going to cry. The first day he attended actually, the date [he] visited. I didn't leave. I think I stayed within like 200 yards at the school for the whole day. Because I was so frightened... waiting for a call from school, and he came home, and he loved it. And he told me and all these new friends... It's changed his life. And I don't think any other school would have put as much importance on the psycho-emotional happiness and need that children have. [My child] had not been happy at school [before], you know, maybe since preschool like that. Sort of joyous and happy and it exceeded my wildest expectations.”
- Kerri 8th “I have to say coming to [the school with a positive psychology pedagogy] has made me see my kid completely differently. And the language and use of those descriptions has, it's only become apparent to me... And I think I think he now feels he's in a school that's accommodating to him. And I think that's even though he currently is struggling.”

Maggie	4 th	“It was her tribe is the simplest way I would put it. It was like these, these are [my child’s] people. Like if we have a chance of thriving it's going to be where she is seen. And, and I mean for me, it was every, every adult at [school with a positive psychology pedagogy] is informed. I don't have to educate anyone [about my child]. They're going to educate me which clearly is something I'm always looking for.”
Meg	4 th	“If she needed any help, if she needed [to] demonstrate her knowledge or learned something a different way, like those things would be allowed for her more prioritized, you know, instead of being an accommodation... also socially. She found her best friend.”
Paulette	9 th	“I'm still working on that like because this is all new to us still. So, we're still working and seeing [my child] grow.”
Phyllis	9 th	“Well, the obvious smaller classes, which she gets more specialized attention from the teachers, that's key for her, okay. So that's one thing I mean, she gets social and, you know, a lot of it is crappy, but there's also some good so that, you know, the positive social experiences are great.”

Summary Interview Question Nine Findings

Parents shared that they observed distinct differences in their 2e children once they were placed in a school that had a positive psychology pedagogy that aligned with their understanding of twice exceptionality. At the school with a positive psychology pedagogy, their children’s stress decreased in comparison to the stress they had experienced in their previous school setting where their children were struggling. Behaviors disappeared as their children engaged in academic and social activities at their new school with a positive psychology pedagogy.

The findings show that the parents valued the teachers who expected a variety of quirky students to arrive in their classes. The parents felt welcomed at the school and observed how their children were embraced for who they were rather than judged for what they couldn’t do. The parents shared that their children either immediately or incrementally began to relax in their new educational environment. The parents described teachers who were trained to provide a dual

differentiated curriculum that addressed both giftedness and learning difficulties. Parents also noted that the school's administrators were knowledgeable and understanding of 2e, and that they viewed their children's behavior as reflective of their giftedness, not as a dysfunction.

Parents were expected to work as a team with the schoolteachers to support their 2e children, which felt very different to the parents who were familiar with anticipating a dreaded daily phone call from a principal to come pick up their child for behavioral issues. Parents who thought that their children were always in trouble began to relax as in the absence of behavioral issues. The parents whose children had refused to go to their previous school were now eager to get to school. The parents noted that the curriculum engaged their children's intellectual interest and curiosity, while the classroom management, small class size, and low teacher-student ratio enabled much desired socialization with like-minded peers. Parents were relieved that teachers, counselors, and administrators expected to work together with parents as a team to consider action steps that would support their 2e children, rather than feeling that their parenting was to blame or that their children were to blame for their difficulties. The range of feelings that parents experienced in reaction to their children's assessment results and recommendation will be discussed in the next question.

Interview Question Ten Findings

When specifically asked, "How do you feel about your child's psychoeducational assessment results and recommendations?", the findings show that parents experienced positive and negative emotions associated with the assessment process of their 2e children. The stages of advocacy were stressful as parents moved through them and interacted with stakeholders within an educational and/or medical system that focused on what was wrong with their children as part of a deficit-based model. Initially, the parents did not yet know what was going on with their

children. Having knowledge about their children’s diagnoses as part of the assessment process led parents to experience positive feelings of hope, relief, and contentment. Parents were excited to have knowledge and were emboldened to share with family and other stakeholders what their children needed at school, outside of school, and at home with a greater sense of purpose and clarity. For these parents who felt positive emotions, the information provided was instructive and empowering. Negative emotions were associated with ongoing confusion due to inconclusive or misdiagnosis. Negative emotions were also associated with feeling overwhelmed, devastated, and depressed with concern for their 2e children’s future. Parents understood that their 2e children were “going to have a really hard time in school”, so they relied on experts to provide appropriate services to meet their 2e children’s asynchronous needs. Table 15 shows a full list of the parent’s feeling states and the parent descriptions associated with their feelings.

Table 15

Parent Feelings about the Assessment Results and Recommendations

Parent feeling	Parent’s associated description
Hope	“It's just like starting a new diet or something, right. Oh, there's a plan in the thing and you're like, full of hope.” (Claudia)
Overwhelmed	“I felt a little overwhelmed, and also empowered. Like, it was information that I could, you know, I had a lot of emotions, actually. Like first overwhelmed, also empowered. I had something to work with.” (Debra)
Angry	“I, you know, then started reading all kinds of things. I also felt a little bit angry. Like how could so many [prior teachers] have missed this?” (Debra)
Relieved	“I was fine with it. Really, when we took it to [my child’s psychologist] and he said it was the best [assessment] he'd ever seen, and that we didn't need to do any further testing. So that was a huge relief, because there's always been this thing in the back of my mind for like a year. Do I have enough? ... I have parents calling me now. Their kids are in preschool, and they say, ‘oh, my child is twice exceptional.’ And I'm like, ‘how do you <i>know</i> that?’” (Jane)

- Exciting “It was exciting to have him have this, you know, psychoeducational evaluation, in terms of just giving that much more information to teachers and staff to help build on the biggest success, you know, for him to be successful. Because prior to that... it was back to assessments on what he couldn't do.” (Jeanette)
- Clarity “[We] honed in again on not just the challenges but how well he does do in in other areas and then then that can help navigate well, you know, you do very well in this and but you're not just saying that as a parent, you know that he does well in this certain way. So, you can kind of help navigate that as a parent and help them understand that as well.” (Jeanette)
- Validation “It’s like having these loving, amazing cheerleaders right for your kids. I was, a lot of what I felt about him had never been externally validated because he was always such a challenge to teachers.” (Karen)
- Confirmation “I felt the two [private assessments] ... were done without bias. For me those were like a Rosetta Stone. They gave me a deeper, broader understanding of my child's struggles. They confirmed a lot of my beliefs and his giftedness. They surpassed and informed me you know, my, how gifted he was in comparison to other children his age... I had a lot of parents giving me side eyes and criticizing my child for his behaviors or his reaction or his inability to behave with proper manners or and I could use [the assessment results] to say, well, he's on the autism spectrum. That's just how it is. He's not going to be a people pleaser, to you. And it gave me this like, tool to like, kind of let things roll off my back. Like it wasn't my bad parenting. It wasn't some fault or deficit in him. It's just his neuro you know his wiring.” (Karen)
- Concerned “Concerned for his future and his life. Worried about how he's going to navigate the universe. I felt terrible that you know, he was such a sweet kid.” (Kerri)
- Helpful “So my reaction to the first [assessment] was, and you know, I felt like it was instructive and informative and helpful.” (Maggie)
- Devastated “My reaction to the second one I, I confess, I have this sort of moment of like, devastation to be like, Oh my god, she *is* autistic. And then, really quickly, started learning about autism... that that term took me down a hole for a couple of weeks. I came right back up and took care of it. And I'm so eternally grateful *again*, for just the, the reference the frame of reference and more like the ability to, to, you know, better understand, and move forward and adapt and, and continue to learn about her.” (Maggie)
- Less Stressed “I mean, they're very, very insightful. I think it's like 24 pages or something. So, I read them quite often, like at least, you know, every six months I go through them again. Because it reminds you have to remember like where these challenges are, where the strengths are, and know what that can mean for any situation. So, they're extremely valuable... I feel like I'm not as stressed

out by dealing with people who aren't understanding. I don't have to explain [my child] every time I send an email. All I have to do is just say, Hey, these are his accommodations, can you please can you please adapt to them? And they're, 'absolutely no problem.' So, I feel like I'm not as stressed. I'm not always angry at his school." (Meg)

Safe "I feel great like we were so lucky. We had a great team. From the time [my child] went into his partial hospitalization until the time he got out. [His private doctor] was amazing. She spent a lot of time with [my child] and a lot of time explaining to *us*, so I just felt safe." (Paulette)

Relief "I felt, I feel and felt at the time when I got them extremely relieved and but as time progresses, I feel like they might be I mean, you know, everything's always evolving. I feel like at the time they were very they really painted the perfect picture of my daughter. And now things are changing, and I'm not so sure that those are as applicable as they were at the time." (Phyllis)

Summary Interview Question Ten Findings

The parents experienced a wide range of feeling states as they sought an assessment and learned about the results and recommendations of their 2e children from the stakeholders. Moving through the advocacy stages were stressful for parents, however the parents knew that an assessment was necessary. Without an assessment, their 2e children would continue to struggle without support. As indicated in the quotes provided in Table 13, the parents felt both positive and negative emotions regarding their 2e children's current and future well-being. They moved from feelings of despair to hope. The next interview question will address the parents' advocacy role in supporting their 2e children through the assessment process.

Interview Question Eleven Findings

When specifically asked, "Tell me how you feel about your role as an advocate for your child now that your child attends a school with a positive psychology pedagogy?", the findings show that parents are acutely aware of their level of advocacy as it is centered on supporting their 2e children's asynchronous needs. Parents were actively involved in advocating for their 2e

children in their prior school setting during the four stages of advocacy in which they sought information, requested an assessment to find out what was going on with their children, presented their children's cases, and monitored their 2e children's progress. As soon as parents placed their children in the school with a positive psychology pedagogy, some parents initially felt the need to continue to advocate on their children's behalf, while other parents wondered how, if at all, they might reduce their involvement in their 2e children's day-to-day functioning.

Parents reduced their advocacy involvement based on the level of trust the parents had in the faculty and administration of the school and on the positive changes they observed in their 2e children's academic, social, and emotional independence. The parents knew that eventually, their children would become self-advocates, once they felt confident, but until they were able to do so successfully, the parents provided structure for their children's executive functioning skills. Parents hoped to reduce the prompting that was required to develop work habits and to establish routines, and they sensitively considered how to reduce their involvement now that they had established trust and rapport with the teachers at the school with a positive psychology pedagogy.

Summary Interview Question Eleven Findings

Being an advocate for their 2e children is of paramount importance. Parents feel strongly about their role as an advocate, yet at the same time, parents are sensitive to handling the transition effectively once their 2e children attended a school with a positive psychology pedagogy. They were aware that their advocacy role would diminish as their 2e children become autonomous learners in a new school community with supported daily routines. Parents hoped that their 2e children would eventually self-advocate for their own learning needs as they with their teachers. In alignment with a positive psychology pedagogy, 2e students learn self-

advocacy in a community in which they are valued for what they can do, versus what they can't. Even though parents weren't fully confident about how and when to scaffold the steps that lead to their 2e children's autonomy, parents prepared for that eventuality. Parents valued the support of the stakeholders at their 2e children's school with a positive psychology pedagogy for guidance as to how and when it was appropriate to reduce their involvement as advocates in informal day-to-day conversations. As indicated in the findings, the parents placed their trust in school staff and experts who 'got their child'. Knowing that their children's executive functioning skills were supported at the school with the positive psychology pedagogy, the parents began to "let go" and allow their 2e children to self-advocate for their learning needs.

Interview Question Twelve Findings

Parents were directly asked, "Which of your personality traits do you feel you rely on as you advocate for your child's 2e needs?" Parents who had so easily recounted their experiences during the assessment process of their own 2e children, paused to thoughtfully consider their response to this question, as it focused on the parents, not on their 2e children. The parents' thoughtful responses to this question reflected their level of comfort during the interview in which rapport had been established.

The findings indicate a variety of personality traits that suited the parents in each stage of advocacy. In stage one, the parents valued their intellect and curiosity as they researched to become knowledgeable about their children's potential diagnoses. Parents relied on strong interpersonal skills as they connected with the stakeholders who worked with their children including clear communication skills and persistence. Further, parents learned to manage their strong feelings in their advocacy role both in terms of expressing their feelings and in terms of controlling their feelings in meetings with their 2e children's stakeholders.

Interview Question Thirteen Findings

Parents were specifically asked, “Can you tell me overall, what you felt you enjoyed or learned about your child’s assessment process?” The findings show that parents generally enjoyed learning about their children and how their minds work. However, they disliked having to navigate the educational and medical systems regarding their 2e children as the assessment process was stressful. In reflection of the whole assessment process, parents learned through their experiences how to advocate for their 2e children within a deficit-based system.

Interview Question Fourteen Findings

Given the timeframe of this research study, the parents were directly asked, “How has Covid impacted your child’s learning?” The findings show that seven of the parents thought that Covid had a negative impact on their children’s learning while five parents thought that Covid had a neutral or good impact. Table G1 in the appendix shows Covid’s positive, neutral, or negative impact for each participant's child.

Chapter Four Summary

Throughout the interview process, in response to specific interview questions, the parents shared their stories which captured their experiences and reactions to their 2e children’s assessment process. Each participant reflected a unique perspective, showing how they moved through the four stages of advocacy on behalf of their 2e children. The parents spoke thoughtfully as they expressed their concerns, considerations, and hopes. This body of knowledge shows the parent’s considerations as they advocated for their 2e children so that their children could thrive. Important emerging themes which will be discussed in the next section,

Chapter Five: Conclusions, Implications, and Recommendations

Overview

Chapter Five presents the conclusions gathered through this research study. The first section provides a discussion of the findings. The next section provides the implications for further inquiry. The chapter concludes with a final summary. Finally, the rigor of the study is described in terms of the trustworthiness of qualitative research.

Discussion of Findings

Introduction of Themes within the Theoretical Framework

The twelve case profiles as perceived by the parent experiences and reactions to the assessment process of their 2e children are presented thematically within the theoretical framework of the 4-Dimensions Advocacy Model (Duquette et al., 2011) which illustrates the four stages of parent advocacy.

1. Parents are aware that their children have asynchronously developing skills that are different from their peers.
2. Parents actively seek knowledge about their children's exceptionalities, policies, and programs from a range of resources.
3. Parents are involved in presenting their children's case to the school or district staff.
4. Parents monitor their child's progress by ensuring that the agreed upon accommodations are provided and effective.

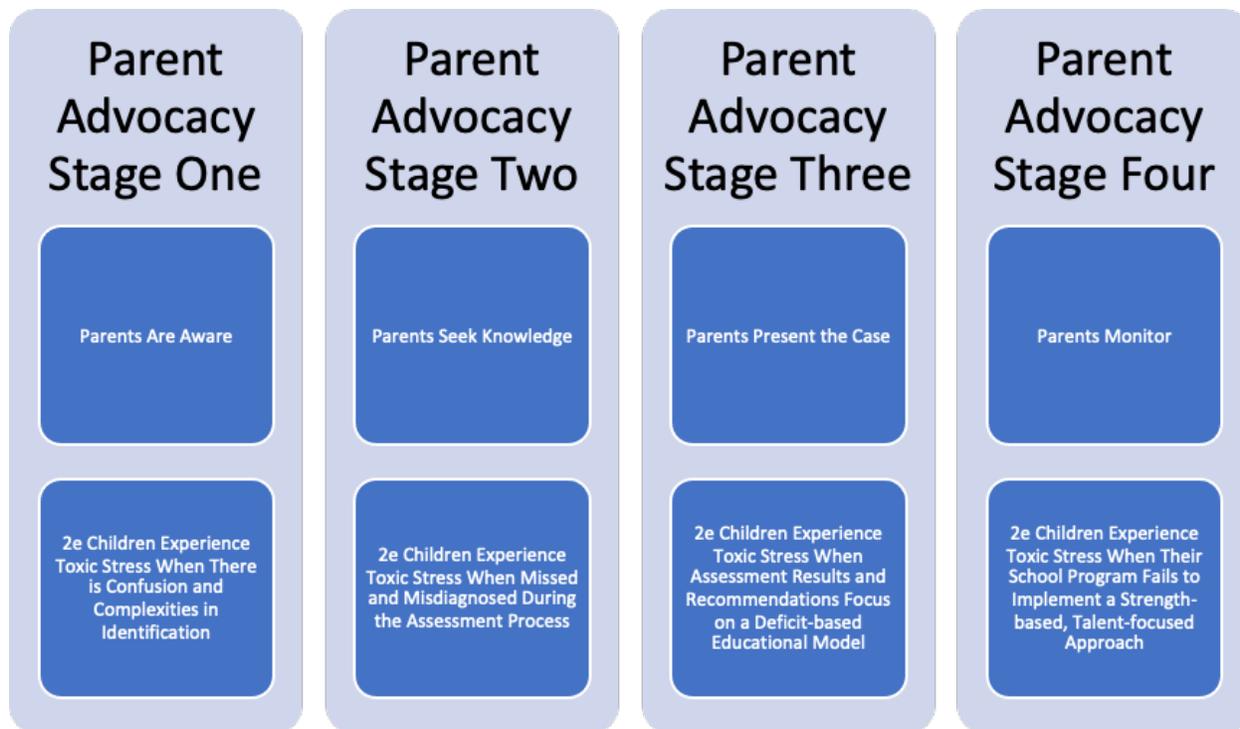
This study adds to the current research that documents the four stages of parent advocacy. Existing literature has informed parents about the differences between adaptations and accommodations, has advised parents how to form advocacy groups, and describes how parents

can ensure that their child's asynchronous needs are met (Besnoy et al., 2015). This study focuses on the parents' experiences of and reactions to the assessment process of their 2e children. The parents described their path as they moved through the four stages of advocacy and adjusted their perspectives to include a positive psychology pedagogy to ensure that the appropriate services, programs, and supports were in place for their 2e children's dual diagnosis and overall well-being.

This chapter conveys clear, emergent themes that were revealed by the distinct stories the participants shared in their interviews and which are organized within the four stages of advocacy. All discussion of interpretations is based upon the current research as provided in the literature review in Chapter 2, the quantitative methodology detailed in Chapter 3, and the findings as revealed in Chapter 4. As shown below in Figure 3, the themes are revealed within the 4-Dimensions Advocacy Model (Duquette et al., 2011) and will be further discussed in this chapter.

Figure 3

Toxic Stress as an Emerging Theme Within the 4-Dimensions Advocacy Model (Duquette et al., 2011)



Note. This figure demonstrates an important emerging theme in which toxic stress is present within each stage of the 4-Dimensions Advocacy Model (Duquette et al., 2011) when 2e children's needs remain unmet.

Stage One: Parents are Aware

In stage one, parents are aware that their children have asynchronous developing skills that are different from their peers. Two main themes emerged: (a) confusion, and (b) complexities in identification.

Confusion

The parents reported a combination of individual strengths and weaknesses that they observed in their children, which was confusing for the parents. The strengths reflected diverse interests, which existed apart from their children's weaknesses, however the weaknesses tended

to detract from their gifts, talents, and interests. For example, when young children's strengths included curiosity in a specific academic subject matter, their frustration became evident when their academic, motor, or social-emotional skills weren't developed enough to support their deep dives. Another example occurred when the children were content to dive deep in their interest areas, yet there weren't many opportunities at school for them to do so. The children depended on their parents to provide those talent development opportunities, to structure their environment at home, and to address their issues at school with their teachers. "Acknowledging that a student who is twice exceptional has both high abilities (gifts) and learning challenges (disabilities) can be difficult for many teachers and parents to reconcile. They often find it counterintuitive." (Baum et.al, 2017) For example, Claudia indicated that her child had "abundant energy" that was both "destructive", and "incredibly creative." Graciela shared that her child "would ask amazingly complicated questions about physics and things, but she couldn't learn to read, and she was struggling in school." Maggie described that her child desired "social connection," but does so in a way that "backfires on her." Even with obvious strengths, talents, and interests, the parents observed that their children were struggling academically, socially, and emotionally.

Complexities in Identification

In addition to confusion, parents experienced prolonged frustration as their children's asynchronous needs became readily apparent especially as their children failed to meet classroom expectations.

Well-intentioned teachers, specialists, and parents may ignore or marginalize a 2e student's gifts, strengths, and talents because they are more concerned with the lack of success in school and the perceived pressing need for remediating learning problems. However, becoming familiar with the characteristics of high-ability students helps one see how

easily some characteristics could be misinterpreted as pathology (Baum et.al, 2017).

Naturally, parents focused on their children's struggles and were concerned with what their children couldn't do. Academically, the parents hoped their children would do their classwork and homework. Socially, the parents encouraged their children to make and sustain friendships. Emotionally, the parents wanted their children to experience confidence in their abilities. Rather, their children were proving each day that they were struggling. To handle the struggle, their children were described to be avoiding classwork. As parents checked in with their children's teachers, the teachers' concerns further reinforced the parents' concerns and vice versa. As the ongoing concerns and prolonged frustrations did not disappear on their own, the parents sought answers by reaching out to the school administration and private specialists regarding their children.

Stage Two: Parents Seek Knowledge

In stage two, parents actively seek knowledge about their children's exceptionality, policies, and programs from a range of resources. Seven themes emerged: (a) information and collaboration, (b) experts and knowledge, (c) possible assessment benefits, (d) denied assessment requests, (e) parent views of assessment results, an (f) predominant therapeutic assessment recommendations, and (g) lack of acknowledgement of giftedness.

Information and Collaboration

The parents responsibly sought information from their children's stakeholders such as their children's teachers, administrators, and specialists. At first, the parents weren't sure how best to move forward or whether to involve others at all. As the parents reached out to those who knew their children, they quickly learned which individuals were knowledgeable and supportive,

and which were unaware and/or resistant to their questions. Parents found that their children's classroom teachers were generally responsive, while the school administrators were generally resistant, yet they learned through their experience to navigate the school channels. The parents' experiences aligned with prior research indicating that many parents may not know about how to find official school processes or possible services (Besnoy et al., 2015). For example, parents did not initially know and needed to learn how to formally request an assessment in writing within the school district. Parents hoped to establish collaborative relations with their children's teachers, however, most parents in this study found that collaboration between parents and school officials was elusive. The parents recalled specific critical comments that were made about their children in parent conferences, which led parents to worry about their children's academic, social, and emotional well-being. Parents wanted reassurance that their children were meeting classroom expectations and progressing, yet when teachers and administrators had similar concerns, parents wondered what to do to help their children and where to turn for support.

Beyond the classroom teachers, parents communicated with the school principals who knew of their 2e children due to their behaviors, which had landed them in their offices. Half of the parents in this study shared that their 2e children were seen as behavioral problems at school. They described that their children were "written up" or sent to the principal's office "a bunch of times". Two parents described that their 2e children had "spit in the principal's face" when a tantrum had escalated. Parents were concerned about receiving daily phone calls regarding their children's behavior which ranged from tantrums to elopement. Meg's child wasn't sent to the principal's office, but she was "in trouble" in her classroom and she was isolated on the school yard. For the parents whose children attended private schools, there was an ongoing concern that

their children would be kicked out of school. For the students who attended public schools, parents felt prolonged frustration as the teachers were doing their best to support their children in class, but their children's academic issues grew to include behavioral issues. The parents knew that more was going on beneath the surface and hoped that an assessment would provide much needed answers.

Experts and Knowledge

The parents asked their children's teachers for support and understanding, relied on building collaborative relationships with the teachers, and looked for signs that the teachers 'got their child'. Parents also asked questions of specialists and other experts such as psychologists, psychiatrists, and other specialists. In several cases, the teachers were understanding and doing everything possible in the classroom. The parents appreciated when the teachers saw that their child possessed unique characteristics despite their uneven academic performance and heightened frustration (Besnoy et al., 2015). Karen had asked the teachers about her child's delayed motor skills, but "they told us not to worry" as "everyone developed at a different time." Karen thought the teacher was "really wonderful and she did a lot of in-class adaptations." Parents found that the teachers and the administrators had different roles. Parents described scenarios in which some administrators were helpful, while other parents shared that some administrators did not understand, diminished, or rejected the parents' concerns. Several parents shared specific comments spoken by administrators that were judgmental, hurtful, shaming, and accusatory, adding stress for parents as they managed their 2e children who were struggling as well as managed their children's administrators at school meetings.

Parents initially placed their confidence in the experts who they believed knew best about their child, but over time, the parents grew to understand their own children best. When

searching for a preschool for her child, Claudia wanted “somebody who we thought knew a lot about these kinds of kids and tell us like, ‘yes, this is the right school.’ That’s kind of why we made it to the beginning of third grade because we just kept believing that what they were doing was going to work for him.” When Debra’s child was assessed, she wanted to believe in the results and explained that it was their “blind faith in the experts.” Jackie shared that she initially depended on the experts. “I think at the beginning, when you’re grappling, to know what’s going on with your kid. You can kind of, you’re relying on experts to tell you, and then *you* become the expert on your kid. And no one’s going to tell you something about your kid that you know not to be true.”

Possible Assessment Benefits

The parents learned to navigate the school system, and they began to find a path to arrange a possible assessment of their 2e children. Parents either initiated an assessment formally through their children’s district or parents hired a private assessor outside the district. Jackie expressed the sentiment of most of the parents who realized that the assessment process was “not going to happen overnight.” Parent experiences reflected an assessment process that took time even as they had hoped for immediate answers, relief, and support.

Intellectually, parents hoped an assessment would provide clarity about what was causing their children’s challenges in school. Parents wanted to know how their child’s mind worked. Emotionally, the parents wanted to feel assured that their children had issues that could be effectively dealt with. Knowing what was going on would provide relief for their anxiety about knowing how best to help their children. Behaviorally, the parents wanted to act in helpful ways to support their children. Overall, parents wanted to enable their 2e children to meet academic expectations at school, have friends, and maintain their self-esteem, but the assessment process took time. There were lingering needs and new complications in the assessment process.

Denied Assessment Requests

In several cases, parents described that their children were denied an assessment in their school district because their children were doing well academically even though there were associated behaviors including task avoidance, impulsivity, emotional dysregulation, and social withdrawal. Without an assessment, 2e children remain under-diagnosed, when the results might otherwise indicate that they are eligible for services and programs. As such, several of the 2e children in this study continued to experience academic, social, and emotional difficulties in their classrooms.

In the interim, most of the classroom teachers accommodated the classwork as best they could. Meg shared that while her child's teacher "saw that the support was needed", the district still said, "no" to an assessment as her child was academically able to "access everything." Given ongoing confusion and prolonged frustration, the parents weren't satisfied and had growing concerns that weren't resolved with just the classroom teachers' support.

Several parents whose children attended public school and who were repeatedly denied an assessment sought outside providers. Due to the lack of responsiveness, Meg was one of the parents who went outside of the district to find an assessment for her child. She started what would become a lengthy assessment process that resulted in different diagnoses at different ages with different providers. She was not the only parent who had this experience. Other parents sought assessments when the district said that their children weren't eligible for an assessment because their children were receiving passing grades. Receiving passing grades indicated that their children were able to access the curriculum, hence an assessment wasn't possible. Graciela appealed to the administrators by sharing her observations of her child's social-emotional states,

in which her child had meltdowns as soon as she returned home from school. However, the school administrator didn't observe this pattern, as her child held in her emotions during the school day, waiting to express them safely at home. Graciela recalled that she had described her child's intense and repeated meltdowns as she returned home from school, but the administrator had insinuated that they were due to her parenting skills, not due to the stress that her child experienced during the school day as she struggled. Graciela thought this encounter was a "classic" example of what happens when stakeholders who are not familiar with the conflicting behavior of 2e students may miss or misunderstand their issues. Of the twelve cases, five parents were denied requests at least once by the district for an assessment of their 2e children. Table 16 shows the parent descriptions of denied assessments.

Table 16

Assessment Requests Denied

Participant	Child's grade at initial assessment	Type of school	Explanation of denied request	Yes/No response
Claudia	Preschool	Private	"He was actually denied eligibility."	No
Graciela	1 st	Public	"Well, they denied eligibility in first grade."	No
Jane	1 st	Public	"I did not know that I needed to put it in writing. So, they didn't do it. We spent the next few months fighting with the school. We had to hire a lawyer. And the lawyer went through the motions in order to get us the assessment."	No

Karen	Kindergarten 1 st 2 nd	Public	“The teacher did everything she could. She had to. She was an advocate for us. She told us how to approach them and then it was the [administrator] that denied us assessment or services.”	No
Meg	1 st 3 rd	Public	“They denied us and said that she was just a kid. She was just being immature.” “In the IEP [meeting] I was like, in tears, you know, or near tears. I was just fuming. I had an advocate with me. I had her psychologist with me, and they gave us like, nothing.”	No
Paulette	9 th	Public	“We were not getting the help that he needed and that we wanted at the public school. They were not willing to take the results of the [private] evaluation because they didn't think he was gifted because my son is African American, and they did not want, they could not test him.”	No

Parent View of Assessment Results

Once the assessments were completed, the parents experienced a range of reactions to the results of their children's assessments. Intellectually, most parents believed that the results were accurate even if they felt shocked with the news of the diagnosis. Emotionally, some parents felt thrilled to know that there were answers to their questions about how their children's mind worked. Graciela tried to “piece out what was going on” with her child, as there were “still a lot of things that needed attention, but it was really overwhelming.” Behaviorally, parents appreciated having steps to take and recommendations to follow up on. Some parents eagerly responded while others waited to follow up on recommendations. Parents experienced greater clarity as their children struggled with day-to-day school routines and had a better sense of how

to support them. Parents identified the stressors and removed as many as they could to navigate each day with greater confidence.

With the knowledge of the assessment results, the parents were able to anticipate patterns. The parents whose 2e children had specific learning disabilities anticipated that certain academic assignments would be challenging such as reading or writing. Parents whose children had social communication issues knew that their children would need support with pragmatics skills. Parents whose children were physically active or had sensory issues, knew to structure time and space at home accordingly. Parents could also share the knowledge of their 2e children's assessment results with their family members, and friends, and plan daily routines including homework time and other social events accordingly. Parents had greater confidence with knowing how to advocate for their children knowing the results of their assessments.

Several parents were disappointed when their 2e children's assessment results were inconclusive. Parents were left feeling confused, frustrated, and without a clear understanding of what next steps their 2e children needed. Kerri shared that the assessment results weren't "revealing" or "helpful". Meg still "wanted to know what was going on". She wasn't sure if the inconclusive results were due to the severity of her child's issues, or if it was because the assessor who had conducted the assessment didn't yet have the necessary professional experience to consider the asynchronous development of her child's profile. A contributing factor that impacted the inconclusive assessment results included the children's ages. Five of the twelve cases included children who were initially assessed before 7 years of age, a time in which developmental motor skills such as writing, cutting, etc. are predominant. Recommendations to improve motor skills through occupational therapy were identified in their assessment results. As their children grew older, the developmental expectations changed from motor skills to include

other academic and social-emotional developmental skill areas. Subsequent assessments included a changed diagnosis such as Meg's child whose diagnosis changed from ADHD to ASD or Karen's child whose eligibility was changed from ED to ASD. Older 2e children who were reassessed were diagnosed with additional diagnoses such as anxiety and depression, given the chronic issues that they were experiencing over time.

Illuminating assessment results accurately reflected the complexity of the 2e children's profiles and provided associated recommendations to address their asynchronous needs.

Illuminating assessment results also positively impacted the parent-child relationships. Jeanette realized that her child was "amazing. [laughter] I've learned that he's not like me. I mean, just in, that is completely okay." She also learned about his cognitive development such as his slow processing speed. She began to change her parenting skills. "I listened to him... I wasn't doing that before parenting wise. I was giving him a list of things to do... Once I changed that, our personal relationship changed. So that assessment not only gave me this insight, but it made me be able to be a better parent." Maggie shared that the assessment "gave me clarity in terms of how to think about something, which is a stepping off point in terms of what to do next."

Most parents felt that the assessment process was "difficult", but that having the assessment results is necessary to identify their 2e children's issues and to have the assessment recommendations that they hoped would support their progress. Graciela shared that the assessment process was painful, but that due to the benefits that an assessment would offer, she didn't have a choice.

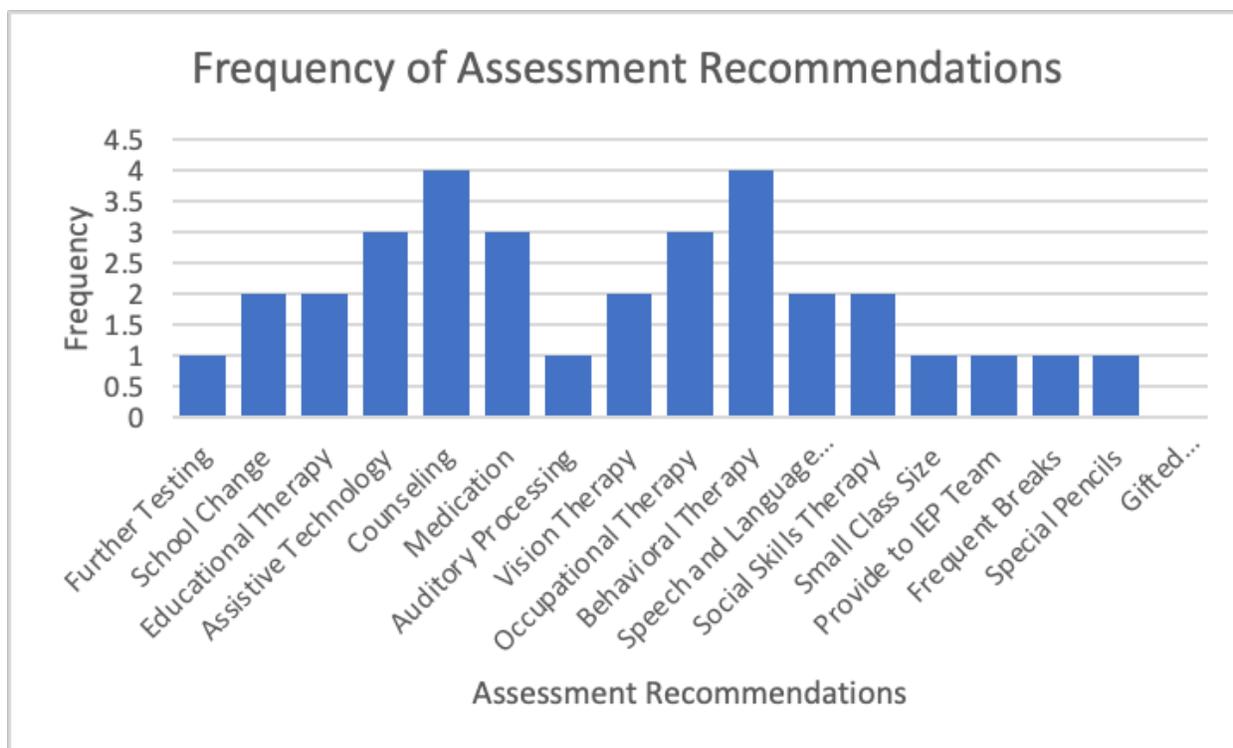
[The assessment process] had a lot of lasting impact. I learned a lot. It was definitely not enjoyable. It was very painful and stressful... [My child] didn't get her autism diagnosis till she was halfway through fourth grade. Because most of the stuff online is for boys. And then you find out later that, you know, the girls present much differently. And, you know, actually behavior that I thought was normal or neurotypical isn't and I was

like, so you'll learn a lot about yourself and your older kids when you know, you couldn't figure out why these gifted kids couldn't make it through high school without you know getting [expletive]... I wish I had known then what I know now. So, the learning process was painful but necessary. (Graciela)

If I'm honest, I don't like the assessment processes. Like I don't feel like I've gotten much out of them. I feel like they're a necessary evil. They quickly became this thing that we have to do in order to get you services and accommodations that hopefully, you will be a happier person. I don't feel like they, beyond the basics that I got the very first one. I don't really feel like they've added anything to my understanding of my child. I feel like everything that I really understand about my child... I know how to work the system. I know how my kid fits into the system. And I know what I need to do... But what it never did give me any kind of belief that these systems are right for our children. (Claudia)

Assessment Recommendations

In all twelve cases, the assessment results indicated diagnoses and associated recommendations that were provided to 'fix' the 2e children's learning challenges. The parents described 17 different assessment recommendations that were offered through the assessment to address their children's deficits. Two recommendations indicated a need for further testing either by a specialist or by the district. Four recommendations focused on accommodations such as small class size, frequent breaks, use of special pencils or use of assistive technology. Most of the recommendations included therapeutic interventions such as academic, psychological, medical, occupational, speech and language, social, visual, and auditory processing therapies. However, in zero of the twelve cases was there a recommendation for giftedness. A recommendation for giftedness might have included enrichment activities in school or outside of school, gifted programs, acceleration of grade level placement, or curriculum compacting within content areas in which the 2e students showed manifested areas of gifts, talents, or interests. The frequency of assessment recommendations is shown in Figure 4.

Figure 4*Frequency of Assessment Recommendations*

Note. The types of recommendations are listed along with the number of 2e children who received the recommendations.

The emphasis of assessment recommendations for continued or added therapeutic interventions reflects a deficit-based approach. There were recommendations for specific learning disabilities, for counseling and behavioral support, and for processing skills. Without a balanced approach that includes recommendations for *both* strengths and weaknesses, the assessment results and recommendations reinforced the parents' perception that their children had academic, emotional, and behavioral issues. The parents were not expecting to receive recommendations for their children's giftedness; the parents naturally assumed the need for therapeutic support and welcomed the recommendations with the hope that they would provide relief and support for their children to be successful at school.

Therapeutic Interventions: Medication

In at least four cases, medication was one of the recommendations. However, the parents' views on medication varied. Medication worked immediately in one case for the child's attentional issues; over time in another case for the child's acute anxiety and depression; not at all in the third case for behaviors that had caused social isolation; and in a fourth case, medication caused negative and alarming side effects that outweighed any hoped-for benefits for the child's emotional regulation. Claudia described that her son responded immediately with the recommendation for ADHD medication, however, she first tried alternative approaches. Debra shared that the medication helped "in the long run" as her child's anxiety was "the biggest hurdle". Kerri thought that medication failed to address the behaviors that had caused her child's social isolation. "It didn't help at the time to stay in the school placement he was in." Kerri added the titration issues with the "prescribing psychiatrists". The medication "wears off at midday, and then he would have had to taken a bump... it was a really hard med for him to take at the time. And, in fact, we couldn't even get him to take it. I mean, he buckled down and refused to take it. We, you know, we used to trick him into taking it." Jane found that the trials of tapering and adding back medication due to changing diagnosis was "super scary for me, which doesn't make any sense because [this medication] is like the most mild of all of the meds. But it was the first med we ever tried. And we had a really terrible experience, like a traumatic experience with it. Then we, like, tapered off within days. So for me, it was so scary." Parent responses to medication as a therapeutic response ranged in effectiveness for a variety of reasons ranging from behavioral to social to emotional regulation concerns.

Therapeutic Interventions: Occupational, Speech and Language, Educational Therapy

Occupational, speech and language, and educational therapy were recommendations for the children who had been diagnosed with an SLD, who needed specialized instruction, or who were working 1:1 to keep up academically due to school refusal, anxiety, and/or depression. Graciela wondered if the auditory processing therapy did much as at all. “They didn't address [my child's] dyslexia at all. I couldn't find anybody to help with that. I had no resources... They didn't tell me where to go or really [what to] look for and there again, not covered by our insurance.” Jackie observed that “OT at the beginning, that really helped.” Jeanette reflected, “As years passed, definitely the OT component 100% was the most beneficial for [my child]. I didn't know it at the time. I just thought [my child] was having fun and games and exercises.” Jeanette added, “I didn't understand the mindfulness that OT can provide. But to me that was definitely the most beneficial.” Graciela focused on the relationship that her child had with the therapist as what mattered the most. She emphasized the importance of a relationship with the individuals who ‘got’ her child. “She lit up [when the OT specialist] was around, you know, because that did happen very quickly.” Parent views on occupational, speech and language, and educational therapies varied.

Therapeutic Interventions: Emotional, Behavioral, and Social Skills

Emotional, behavioral, and social skills were assessment recommendations. Several parents hoped that the therapies would have a positive impact. Sometimes, they were effective. Jane thought counseling had a positive impact because “the counselor was so good... She just understood my child... to have a good rapport with [my child] during those years was gold.” When parents “didn't feel like it was paying off”, they tapered off the sessions or ended them. Several parents shared that the recommendations such as ABA or social skills therapy did not

have a positive impact. In fact, it had negative results. Jeanette's child received 40 hours of in-home ABA therapy, however the discrete goals caused "so much tantruming" and the different ABA therapist, though they were well-meaning, they were not "able to think outside the box" for what her child needed. Jeanette said, "Later on, probably about after the age of six. I did start to pull back from social skills classes... at the time, I didn't understand it, but they definitely left my son feeling that much more ostracized." In addition, ABA therapy left "a lot of unfortunate residual" issues as her child was being "told to do things in a very methodical way. And so that and that's what would make him comfortable. So therefore, the rest of the world needed to be like that as well. And there just wasn't any gray area or understanding that that's not the way at least this child is wired to get along with others and to understand." As with other recommendations, parent views varied on the effect of emotional, behavioral, and social skills recommendations.

Lack of Recommendations for Giftedness

Most parents shared that assessment recommendations for giftedness were not provided as a part of the assessment results. Claudia expressed, "Nothing, never offered anything for giftedness". The parents didn't expect, nor realize that recommendations for giftedness might be included in their children's assessment process so concerned were they with what their children couldn't do at the time. They had hoped for a "recipe" to follow and steps to take. Doing something to relieve their children's toxic stress was of paramount importance to the parents as it relieved their anxiety about what was "wrong" with their 2e children.

Ten of the twelve children did not receive an actual diagnosis of 2e, which meant that the results and the associated recommendations were solely focused on the children's disabilities. The gifted aspect of their profile was not identified nor were their academic plans devised for

their gifts, talents, and interests. Without proper identification of giftedness, no gifted services and programs were recommended.

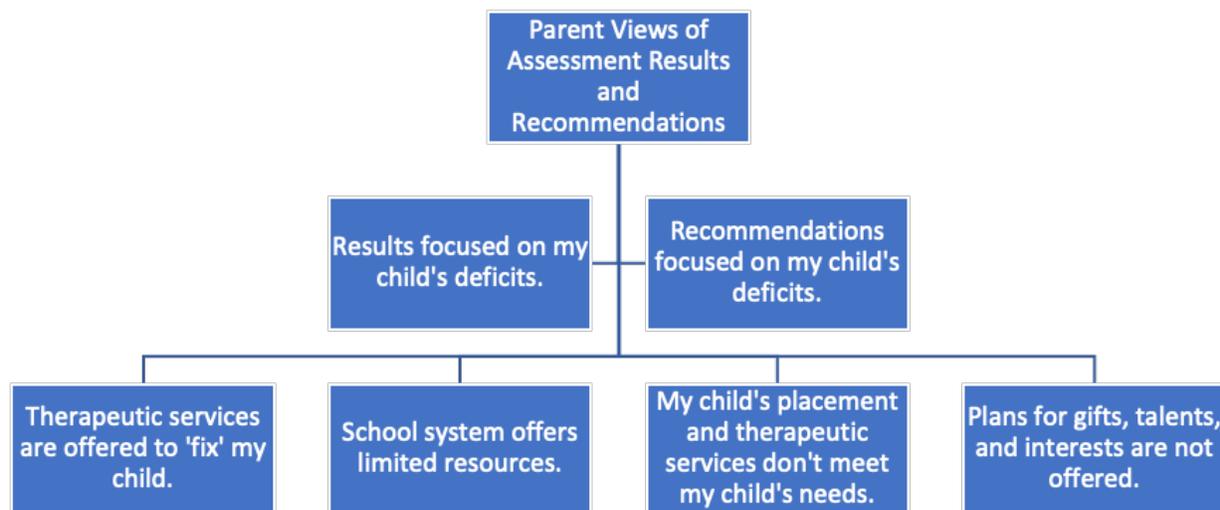
Stage Three: Parents Present the Case

Parents are involved in presenting their children's case to the school or district staff. Two main themes emerged: (a) missed identification, (b) school changes and numerous assessments, and (c) toxic stress.

Missed Identification

In the third stage of advocacy, parents met with their children's stakeholders to discuss their children's assessment results and recommendations. The parents who had hoped that the assessment process would be elucidating, and the recommendations would be supportive, began to change their tune. The children who were assessed through the district received an eligibility of SLD, ASD, OHI, or ED. There wasn't an eligibility that matched a diagnosis of 2e, so the district's assessment missed the nuanced, complex issues that the 2e children in this study were experiencing. The parents tried to present their children's case to ensure that the stakeholders understood and were able to respond to their children's asynchronous needs. The denied requests for an assessment, denied eligibility, and a mis-matched eligibility continued during this stage. For the children in this study who were found to be eligible for services, their IEP recommendations focused on their remedial, behavioral, and social-emotional skills. The parents did not recall any discussions that related to planning for their children's giftedness or potential learning opportunities that might address their talents, strengths, and interests during the school day. Holding a spotlight solely on deficits can be counterproductive for students whose talents, strengths and interests are ignored (Baum, 2017).

Two examples of such counterproductivity involve the children of Jane and Karen. Both children were eligible for district services with an emotionally disturbed (ED) designation even though that wasn't their diagnosis. Jane shared that, "my kid's needs were not being met, not academically, or social-emotionally. They didn't understand who she was. They didn't understand her brain. Yeah, nothing. And we were scared." Karen shared, "I don't know if they were screwing with me," but Karen was told that she "might need to place [her child] in an institution because [the administrator] was so convinced of his emotional disturbance." Karen was determined to present her child's case accurately, so she gathered additional information through a private assessment. Her child's eligibility was eventually changed from ED to ASD, but in the interim, the missed identification caused stress and anxiety for both parent and child. In both the cases, the IEP assessment process accentuated their children's deficits, without providing a placement or a plan for their giftedness. Graciela recalled that the recommendations were "more about helping with the deficits", so she provided opportunities outside of school that focused on her child's superior cognitive abilities. Jane asked her child's teacher to adjust her child's assignments to incorporate her avid reading interests, but she was met with resistance in the IEP meeting. As a result, her child did not do the expected classwork. Figure 5 shows the changing views of the parent's perspectives regarding their children's assessment results and recommendations during the third stage of advocacy.

Figure 5*Changed Parent Perspectives*

Note. This figure exhibits the four main challenges that arise when the assessments provided within a deficit-based educational system focus solely on the deficits of 2e children and neglect their gifts.

School Changes and Numerous Assessments

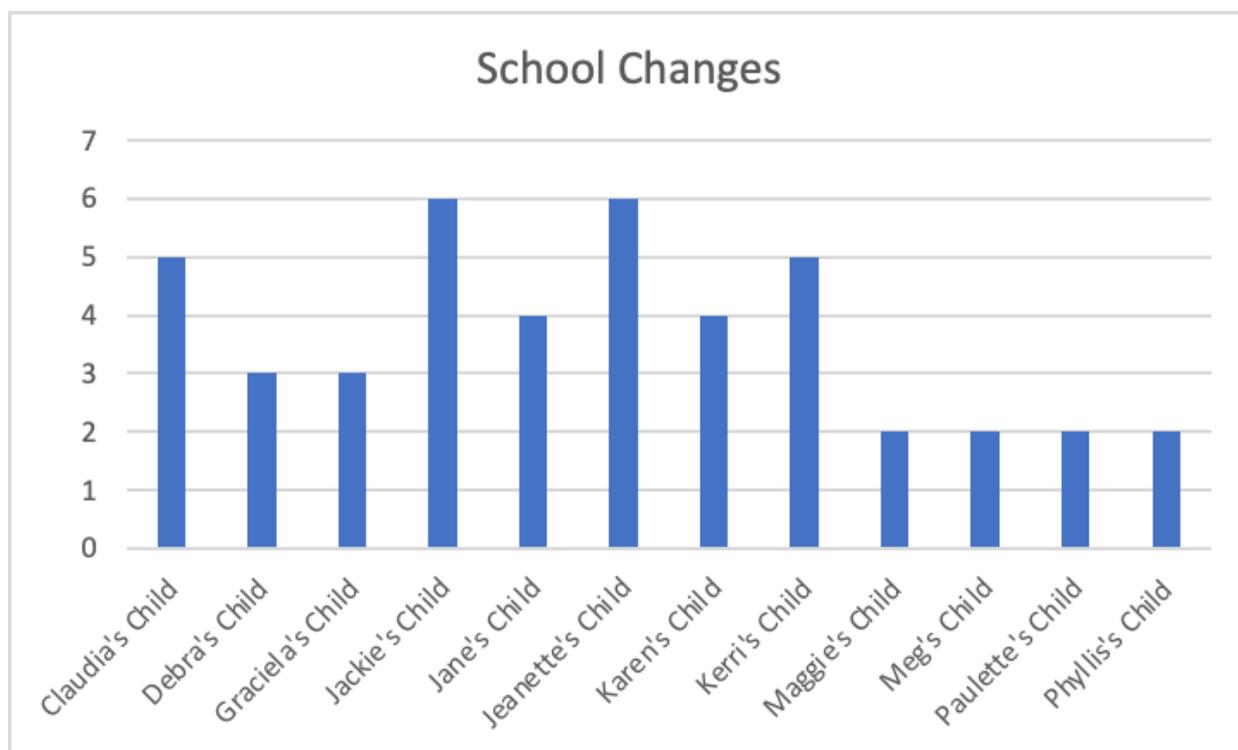
In all twelve of the cases, every parent, 100% of the participants, had placed their children in a new school setting when they realized that their children's needs weren't being met. 70% of the parents changed their children's school placement three, four, five, or six times. 30% of the parents changed their children's placement once to enable their children to attend a school with a positive psychology pedagogy. The findings show a total of 44 school changes. This surprisingly high total of school changes for twelve 12 children indicates the failure of an educational system to address the dual diagnoses of 2e children. When 2e children are missed or

misidentified as 2e, their school placement fails to meet their asynchronous needs leading 2e children to experience toxic stress in a traditional classroom.

For the children in this study who attended a private school, a change in school placement was recommended as part of the private assessment results that their children received, while for others, the school change was necessitated by the decision of the private school administrators who were no longer holding a place for the 2e children. Jane was able to scramble between the fall and spring semesters to homeschool her child for the remainder of the school year once her child was “kicked out”. Kerri was one of the parents who scrambled as late as the month of March to find another school for her child in the fall. Three of the parents immediately arranged for homeschooling or an online program for their child when their children were unable to complete the school year due to acute their anxiety and depression. The parents were committed to either a homeschool or an online program until a suitable school placement could be found. In three cases, a partial hospital program assisted the parents in stabilizing their children and with determining the best school placement for their child. Figure 6 shows the number of school changes for the 12 participants.

Figure 6

Number of Schools Each Child Attended



Note. The figure shows the number of school changes of each child.

In terms of an academic placement, it's important to consider the options available to 2e children. In a public school system, there may be general education classrooms, classrooms with a gifted and talented emphasis, or there may be special education classrooms pending a student's eligibility. The availability of programs varies from state to state. Policy is established for students with disabilities who are eligible for special education services to be placed in a least-restrictive classroom, however the 2e students who were placed in such types of classrooms were restricted in that they experienced toxic stress.

A regular or special education classroom *is* restrictive for 2e students academically, socially, and emotionally. Academically, 2e students may not be interested in the curriculum and

socially, they may not fit in. Handling the emotions of such a predicament and feeling misunderstood by the teacher is likely to lead to behaviors that might relieve or mask the predicament. Such was the case with the 2e children in this study who were denied an assessment or were denied an appropriate school placement. The issue is that being placed in a classroom based on academic achievement as measured by student performance on standardized tests doesn't capture the whole of a student, such an assessment captures only part of a student. For 2e students, the assessment is deficit-based, rather than strength-based, and talent focused. Armstrong (2016) has long emphasized the need to create neurodiverse classrooms in which the labels are removed for neurodiverse students to create their own niche and experience greater satisfaction in an environment that recognizes their strengths. Without an opportunity to celebrate those strengths, 2e children suffer in traditional classrooms in which their gifts and talents are missed or misidentified. The next section discusses the toxic stress that 2e students experience when their academic learning environment is not suitable for them.

Toxic Stress: Intellectual, Creative, Social, Physical, and Emotional Learning Environments

When 2e children are diagnosed, missed, or misdiagnosed in an educational system that focuses on deficits, 2e children experience toxic stress. Once the parents in this study had moved past the first stage of awareness, into stage two to seek knowledge, all twelve parents observed that their children were experiencing ongoing toxic stress.

Trauma is defined by Merriam Webster as “an emotional upset”. Earlier in this paper (Chapter 2), toxic stress is defined by the Center on the Developing child (2007) as damages developing brain architecture which can lead to lifelong problems in learning, behavior, and

physical and mental health if not addressed. Scientists have long known the physiological basis for toxic stress, and as such, society has policies in place to protect children. However, there is little known about the toxic stress that children may experience in the educational system. This study brings attention to the toxic stress that occurs when 2e children are identified, missed, and misidentified in classrooms where there is an overfocus on their deficits at the expense of their gifts, talents, and interests.

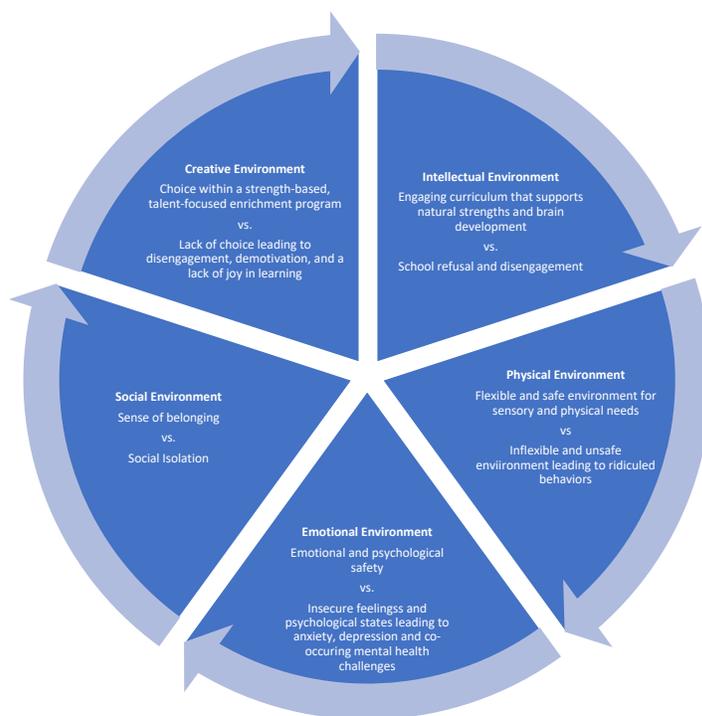
The toxic stress that the 2e students in this study experienced was reflected in the following observations: (a) a refusal to do academic work, (b) a refusal to stay in the classroom, (c) a refusal to attend school, (d) emotional dysregulation, (e) and off-task and/or inappropriate behaviors. Throughout the first three stages of advocacy, the parents observed that the toxic stress that their 2e children experienced did not diminish. As a result, their parents grew concerned about the ability of the teachers and administrators to meet their 2e children's needs in traditional classrooms in which their dual diagnoses were missed or misidentified. The parents considered a school with a positive psychology pedagogy. They had heard about the school from other parents, school placement specialists, or assessment specialists. They searched online to find the school's promotional materials, and/or they attended open houses, parent applicant meetings, and administrator meetings to learn about the curriculum and the experience of other parents of 2e children. Once the parents had applied, their child attended a school visit for a day as part of the application process. These trial school visits were critical for the parents who eagerly looked for signs that would determine whether their 2e children's asynchronous needs would be understood.

The parents learned how a strength-based, talent-focused approach is applied in their 2e children's classrooms. They found that their children's classroom environment was designed to

address their intellectual, creative, social, emotional, and physical learning needs. The engaging environments stimulated their brains. Figure 7 shows the areas where five non-negotiable learning environments positively address the toxic stress that their 2e children had experienced when they were previously placed in classrooms that do not meet their asynchronous needs.

Figure 7

Five Non-negotiable Learning Environments that Positively Address Toxic Stress



Note. In each of the non-negotiable learning environments as shown in the diagram based on work by Blinde et al. (2019), toxic stress is lifted as the 2e children's mal-adaptive conditioning and patterns are rewired.

According to Blinde et al. (2019), each of the physical, emotional, social, intellectual, and creative learning environments are equally important and balanced to support the asynchronous

needs of 2e children. Physically, 2e children must be allowed movement to engage in learning. A flexible and safe environment allows for sensory and physical needs. Claudia was aware of her child's physical needs as he had a high activity level as well as incredible cognitive ability. In his previous setting, it has been "a huge struggle for him to be in that space every day." Claudia was told by her child's teachers and assessors that he was going to have a "really hard time" in school due to his giftedness along with his high activity level. She described her child's situation as a "ticking time bomb" in a deficit-based model as he began to think, "I was just born bad." in kindergarten as a result of all the times he had gotten in trouble. Without an appropriate understanding of the physical environment, 2e children are at risk for ridiculed behaviors in traditional classroom settings.

Emotionally, 2e children must feel psychologically safe in a learning environment in which they can talk with a trusted adult who understands their complex learning profile and respects them as a unique 2e learner. Debra was concerned about her child in her previous school setting as, "her anxiety wasn't getting better, and school was just her school was completely unable to accommodate or understand her at all, and just was missing [school]." Graciela shared that her child was so negatively affected emotionally by her experience in kindergarten that "there was a lot of school refusal. She would have stomach aches. She would need to stay home to go to the bathroom. Just anything she could do to not go. She just didn't want to be there." When Graciela drove past the previous neighborhood school that her child had attended, "She would duck under her car seat, rather than look at the school." Karen described that her child was "chronically ill starting around first grade, and it continued in the second grade." He had missed school for weeks at a time. The therapist suggested that Karen "pull him from school" until she could "find an appropriate school setting" in which he felt emotionally safe. Without appropriate

support for both giftedness and learning issues, self-esteem issues are almost certain as these children tend to evaluate themselves based more on what they cannot do rather than on what they are able to do (Webb, 2016). Insecure feelings and psychological states lead to anxiety, depression, and co-occurring mental health challenges. The 2e children in this study did not feel emotionally safe in their traditional classrooms or on the yard.

Socially, 2e children must feel a sense of belonging in their classroom environment to enjoy a strong rapport with teachers who they perceive like them and with like-minded peers who share similar interests. Graciela's child was "limping along because she was hanging out with the teachers a lot. So, at lunchtime instead of going to play, she would sit and chat with the teachers." Jeanette shared it frustrated her child the way that teachers basically isolated and separated him "from the rest of the children. And that was a huge, huge trigger. He wanted to be with everybody else. He wanted to be *like* everybody else." Her child experienced "left over trauma," and wondered, "what is wrong with me?" Kerri was concerned that her child "experienced vast amounts of trauma every single day. It was humiliating and it took a lot of effort to fix a bunch of that stuff in elementary school." Without a sense of belonging, 2e children are vulnerable for social isolation and toxic stress that is associated with not fitting in with a peer group in a traditional classroom.

So, this is the part that breaks my heart. I had no idea. I hear these stories. Now. [my child] still isn't one to sort of share her day. She's not the kid who comes home and says this is what happened today. Daily abuse from peers and from ancillary faculty is what I've learned. She was nicknamed 'the garbage girl' and was ostracized routinely. By first grade she would wet her pants before recess so that she wouldn't have to go to recess and be bullied... Yeah, I mean, she has incredible. I was and this is my diagnosis, PTSD from her [district] experience and the repeated name calling and belittling and yeah. (Maggie)

In the intellectual learning environment, 2e children who have superior cognitive abilities must engage in a challenging curriculum that aligns with their superior cognitive abilities that is simultaneously supportive of their weaker skill areas and/or executive functioning skills. Maggie reflected that her child “became increasingly difficult and defiant and aggressive as the years had gone on... she was just smart enough to do whatever she needed. She never really had to apply herself.” Imagine if Maggie’s child remained in a “remedial school placement in a class of 30 students with one teacher and no teacher’s assistant”. Jane’s child “had been suspended multiple times” and was “only allowed to attend school with a one-on-one shadow that we paid for”, and “when the shadow was not available or was late”, her child could not enter the classroom. Her child “had to wait in the hall” until the shadow arrived. In each of these scenarios, the intellectual needs of the 2e children were de-accentuated. Rather than a focus on their intellectual capabilities, there was a focus on school refusal and disengagement, both of which are signals of purposeful avoidance of toxic stress in a traditional school placement.

Creatively, 2e students must have a dually differentiated school program that encourages choice. Choice allows access points for different learning preferences and offers options for 2e children to show what was learned beyond a written response. Graciela understood that her child could see “in her head exactly as [an idea for a product] should be. And her thinking was really, really advanced. But because [of] the dysgraphia and things, what she produced was not what she wanted, and it was so frustrating. It made her so angry.” Paulette was concerned that her child “was failing all his classes. He was on Zoom, because of the pandemic so he wasn't getting up to go to classes. And then he just quit doing the work. He was like, ‘No, I'm doing it. It's dumb.’ He couldn't sit on a computer for two hours. And just watch a movie or doing whatever that they were doing. So, he was just totally disengaged from school.” A lack of choice leads to

disengagement, demotivation, and a lack of joy in learning for 2e students in traditional classroom. Overall, when all five learning environments are considered in a dually differentiated classroom, 2e students thrive with talent development opportunities that have a strong rationale for meaningful real-life application. Without such opportunities in traditional classrooms, 2e students experience toxic stress.

Stage Four: Parents Monitor

Parents monitored their child's progress by ensuring that the agreed upon accommodations were appropriate, provided, and effective. Three main themes emerged: (a) the role of dual differentiation, (b) talent development possibilities, and (c) parent character traits.

According to the parents, the delivery of services varied within the educational system and focused solely on their 2e children's disabilities, not their gifts. In the public school system, placements, programs, and accommodations were allowed based on each child's eligibility. In the private school system, accommodations were similarly offered based on their assessment results. All the services, placement, and accommodations the 2e children received in this study focused only on their disabilities. As such, the parents ensured that the programs, supports, and accommodations were provided. However, although their children were receiving the supports, their challenges remained. The parents, as described previously, observed that their 2e children continued to experience toxic stress. The 2e challenges weren't going away with programs, supports, and accommodations that focused solely on their weaknesses. Each of the parents was concerned and began to consider an alternate school placement.

The Role of Dual Differentiation

All twelve of the parents in this study enrolled their children in a school with a positive psychology pedagogy to find an effective educational setting in which their 2e children might thrive. Their 2e children received dual-differentiated instruction that was tailored to each child's unique, nuanced, and complex learning profile of asynchronous skills. Dual differentiation, according to Baum (2017) is a practice that maintains a delicate balance between 2e students' strengths and limitations. The curriculum must be challenging enough to engage 2e students at their level of cognitive ability, while providing alternate ways to access the content, tap into their unique strengths, talents, and interests, and have options to show what they learned. While the content is challenging, the comparatively weaker areas such as executive functioning skills are simultaneously supported. In effect, the 2e children are assessed based on what they can do, rather than on what they can't as is familiar with a deficit-based model of education. The definition of a strength-based, talent approach was provided as a key term in Chapter One, however it is briefly provided here as a curricular and instructional approach that takes into account and aligns with the individual student's cognitive style, learning preferences, and profiles of intelligence (Baum, 2017).

All twelve parents observed positive intellectual, creative, social, emotional, and physical changes in their 2e children either immediately or over time. The parents mentioned an appreciation of the rigor of the curriculum and how the focus was on teaching to their children's strengths and interests. Their children were seen for what they *could do* rather than what they *couldn't*. Then, the teachers gently scaffolded instruction without needing to follow the best practices of a traditional classroom in which students were pulled out of class for services. Rather, the instruction was integrated. The parents were pleasantly surprised to observe their 2e

children blossom. The 2e children rekindled their joy in the learning process and wanted to attend school. Jeanette shared, “I think there's still, even after all these years, some trauma leftover from that [previous] program, but it led us into finally getting to [a school with a positive psychology pedagogy] where he felt supported, understood and most importantly, teachers and staff knowing how to support his academics.” Her child’s “negative behaviors” occurred less often because he “didn't need to prove himself anymore.” Jane was clear that of all the areas, when she receives her child’s progress report, she monitors how her child is regulating interacting with other students. “Like that's the only part that I care about. And they get threes and fours on every, I mean, my child (whispers) is doing really well.

The positive impact of a strength-based, talent-focused program was a “relief” for parents especially compared to their experiences of concern regarding the toxic stress that their 2e children had experienced in prior school placements. The parents had learned how to navigate the dominant deficit-based, medical and educational models of the current traditional school systems and they had learned how to relax their expectations, while nurturing their children, and communicating with their children’s stakeholders regarding their progress.

“I'd say that my job is to get out of the way and that's so freeing. You know, for the person who micromanaged for years because nobody else is advocating so I have to advocate you know, I have to go out and get training and I have to be the mama bear and I have to go stand up in IEP meetings and I have to, you know, get my lawyer lined up... IEP processes were incredibly stressful.” (Claudia)

Parents such as Claudia didn’t continue to experience the same level of pressure to advocate for their 2e children because the school faculty and administration with a positive psychology pedagogy were familiar with and responsive to their children’s asynchronous needs, which allowed the parents to relax in their advocacy role. Debra relaxed, “with regard to her academic

load, like it was always her way to have me talk to teachers. If she didn't get her homework done, [on] Monday [she asked], 'Will you reach out to the teacher?' So, at the beginning, I would reach out to the teachers.... Now I don't do any of it." Graciela reflected that she had been protective of her child in previous school settings, but once that type of advocacy lessened, she desired to get involved as a leader at her child's school. Parents like Graciela were able to place their efforts elsewhere once they realized that their children were thriving at a school with a positive psychology pedagogy.

"Being an advocate, I think, I had to let go of what my expectations were and put myself in his shoes and see things from his point of view. So, empathy is the most important thing. How I wanted him to be treated like if I was in his role, how I would want to be treated. So that's the first I think the first critical requirement for advocacy, the second outside of what he needs, is justice. In other Supreme Court has dictated and written that special ed laws and I know legally, he's entitled to a fair and appropriate education. And so, a sense of justice and fairness has also guided me as an advocate. And then I guess the last one is like, you know, it's ultimately, I guess it's selfishness, but I want him to attain and reach his full potential. And in order to do that, I have to find him either the tools or the environment or the people that will bring him there. I feel like he has an incredible capacity. I guess I have to honor or advocate for that. I really feel he could be, you know, a scientist or an engineer or someone that has quite a positive impact on the world." (Karen)

However, not all parents felt as free from their role as an advocate once their child entered the school with a positive psychology pedagogy. Jackie still felt pulled to make weighty decisions on her child's behalf. She said, "Oh boy, you know, it's really the main thing I feel more than anything else is, as an anxious and very present presence in her life, I need to back up, back off and let her go as much as I possibly can... So, what does that mean? ... Parenting is a process of separation from inside to the feeding, into everything that comes after that." Jackie is aware that she is growing her parenting skills as she advocates for her child's needs. Jeanette's child is older than Jackie's child, so Jeanette has a different perspective. Jeanette shared, "it's really about transitioning that advocacy as a parent to [my child] and letting him see the benefits

of advocating for himself.” While Jackie succinctly described the benefits of self-advocacy, her comments reflect how parents consider not whether to, rather how and when their 2e children are ready to take on the responsibility.

Parents want their 2e children to engage in academic endeavors that tap their abilities and to thrive in a school environment that fully understands the 2e population. Jane’s child is now engaging in academic work, which hadn’t occurred in her previous school placements. Now that her child is doing the academic work, Jane would like her child, who is nonbinary and identifies with the pronoun “they”, to continue that trajectory of targeted advocacy. Whereas previously Jane had advocated for broader issues relating to school placement and services, Jane now hones in on what is working for her child. Recall that at her previous schools, Jane’s child had not done any work. Now, Jane expresses, “I think they're doing great... once it became clear that they were actually doing work...I'm constantly asking the teachers on is like, how can they push [my child] to do even more? ... But I want to make sure that [my child is] being challenged in areas that they're willing to be challenged in.”

Talent Development Possibilities

Once their 2e children began thriving at a school with a positive psychology pedagogy, the parents were able to devote their time and attention on their children’s strengths, talents, and interests with confirmation that their efforts were supported as opposed to focusing solely on therapeutic interventions. Parents searched for development opportunities that focus on the strengths, talents, and interests and in their children’s asynchronous profiles. Karen felt so “confident having all the taxonomy in the language from the years that he's been [at the school with a positive psychology pedagogy]. We're looking at university programs...like an outreach with Caltech or JPL when he's a little older in high school. And it has given us the tools to help

guide him, so we know where he'll be supported.” The parents viewed their role as an advocate for the immediate as well as the long-term future.

Overall, the parents whose 2e children attend a school placement with a positive psychology pedagogy relaxed as their children were thriving. Parents were freer to consider talent development opportunities once their concerns about their well-being lifted and the stress of advocated was reduced. The toxic stress caused in previous school systems were a distant memory, requiring less effort to monitor their children’s progress as the parents had found a school community that had the training to provide a dually differentiated curriculum that matched their 2e children’s asynchronous needs.

Parent Character Traits

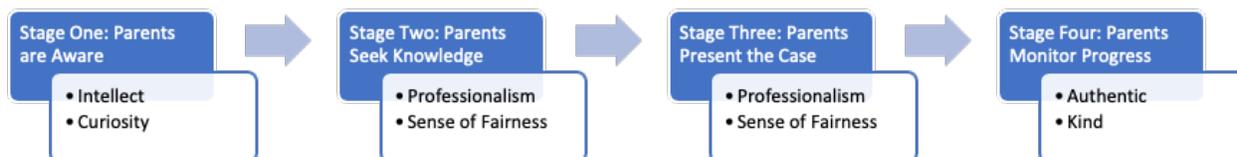
The parents relied on a specific set of character traits as they moved through the four stages of advocacy. Parents reported valuing knowledge as they researched books and scientific articles, asked questions of experts, took parent training classes, attended parent groups, and learned through their own experiences. In stage one, the primary motivation was for parents to know what was going on with their children. In stage two, the primary interest was for parents to gain clarity about their children’s asynchronous needs and seek an evaluation that would provide direction and support to raise their 2e children. The parents valued their “intellect”, “curiosity”, “sense of fairness”, and “professionalism”. Parents also recognized their ability to cultivate and maintain interpersonal connection with their children’s teachers. Parents used words such as “authentic”, “heart connection”, being “kind”, “loving”, and having “empathy” to describe the traits they hoped to convey when interacting with their children’s stakeholders. In the third stage when parents presented their children’s case in meetings with stakeholders, parents described their character traits as “stubborn”, “persistent”, and having “tenacity”. Parents described being

aware of their own emotional states in meetings. Two parents shared that they inhibited their strong feeling states such as “fear” and “fury”, while others expressed their strong feeling states in meetings to reinforce their level of concerns. Parents also managed their own anxiety. Two parents described themselves as being a “momma bear”. Mother bears are known for being protective and devoted, as well as sensitive and attentive to their young. One parent expressed the need to combat “ableism” in their shift towards seeing their child with a positive psychology lens. An ableist perspective devalues the disability thinking it is preferable for disabled students to do things similarly to how those who don’t have the disability would. Such reframing enabled parents to break free of the medical model in which their 2e children were seen as having a “disability”. The parents in this study believed that their 2e children could be seen in terms of their wholeness, not in terms of their impairment, however difficult it was to be steadfast. Meg valued her “professionalism”, her “intelligence”, and in doing so, she shared that she “got to speak to the truth without getting emotional about it.” As Claudia remarked it was a relief that the teachers were not “making [my child] out to be a bad kid. And then on *top* of it, there's a couple of ... teachers who genuinely think [my child is] awesome.”

Figure 8 shows the character traits that the parents utilized in each stage of advocacy.

Figure 8

Parent Character Traits Per Stage of Advocacy



Note. In each stage of parent advocacy, parents relied on a different set of character traits as listed above.

As shown in Figure 6, character traits enabled parents to navigate through each of the four stages of advocacy. These findings support previous research conducted by Besnoy et. al (2015) in which parents of 2e children were driven by a natural parental protectiveness out of their concern for their children. They wanted to maximize their child's potential without minimizing their potential, while continually seeking knowledge to help them advocate for and manage their children's dual diagnoses. The parents were concerned about their 2e children and were distressed when the school system did not recognize their children's complex issues. Parents sought knowledge and persisted in their focus to remove the factors that were causing toxic stress. By doing so, the parents were determined to choose a school placement with a

strength-based, talent focused approach. Their 2e children would thrive. Their future well-being was no longer at risk.

Trustworthiness

Qualitative research must be conducted in an ethical manner to ensure rigor (Merriam & Tisdell, 2016). The researcher makes the case that the study is important, is clear about how the study was done, and makes a convincing presentation of the findings. Lincoln & Guba (1985) use the criteria of (a) credibility, (b) transferability, (c) dependability, and (d) confirmability to assess trustworthiness. The ways in which I addressed each of the four criteria to establish rigor is shown in Table 17.

Table 17

Trustworthiness Definitions and Evidence

Component	Definition	Evidence
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Credibility	The degree to which there is compatibility between the constructed realities that exist in the minds of the inquiry's respondents and those that are attributed to them. (Siegle)	<p>Prolonged Engagement: I stayed in the field until data saturation occurred.</p> <p>(a) Counters distortions from researcher's impact on the context</p> <p>(b) Limits researcher biases</p> <p>(c) Compensates for effects of unusual events</p> <p>Persistent Observations: I consistently pursued interpretations in different ways in conjunction with a process of constant and tentative analysis.</p> <ul style="list-style-type: none"> • The <i>researcher biography</i> is included in the appendix to establish authority. • <i>Reflective field notes</i> were maintained during all interviews • <i>Triangulation</i> of data collection methods were used • <i>Member checking</i> ensured that the participants' perceptions were accurately translated • <i>An internal audit</i> was conducted as my advisor was an integral part of data analysis procedures.
Transferability	The extent to which the findings can be applied in other contexts or with other respondents (Siegle)	<p>Thick, Rich Descriptions: I ensured confidentiality as sufficiently detailed descriptions of data were collected and reported with sufficient detail and precision to allow judgments about transferability to be made by the reader.</p> <ul style="list-style-type: none"> • Content of interviews and descriptive details were examined

Dependability	The inquiry provides its audience with evidence that if it were replicated with the same or similar participants in the same or similar context, its finding would be repeated. (Lincoln & Guba)	<ul style="list-style-type: none"> • Descriptive procedures and analyses were provided to allow for replication. • My journal contains an audit trail of data collection, analysis, and coding.
Confirmability	The degree to which the findings are the product of the focus of the inquiry and not the biases of the researcher. (Siegle)	<p>Triangulation of data collection methods included recorded videotapes, write-ups of field notes, summaries, and condensed notes, and theoretical notes such as working hypotheses.</p> <ul style="list-style-type: none"> • A confirmability audit was conducted with the researcher's primary advisor.

Limitations

This study has several potential limitations. Though this study included a diverse sample of twelve parent volunteers whose children attended a variety of previous school settings (public, private, and homeschooling) at the time of their initial assessment, the parents may have volunteered because they had more favorable parent advocacy experiences than those whose children were not yet placed in a school where the program is aligned with a positive psychology pedagogy. One might speculate that the parent participants who chose to be interviewed successfully moved through the four stages of advocacy. The parents were motivated to contribute their perspectives to help other parents move through a deficit-based educational and medical systems with greater clarity and support to find a strength-based, talent-focused approach to education for their 2e children. Further, the participants wondered about equity in the system, as parents who work full time or who have a language barrier, may not have the time,

nor the resources to persist with advocacy efforts on behalf of their 2e children who experience toxic stress due to missed or misdiagnoses.

Second, the study focused only on parent perspectives, and did not include the perspectives of the 2e children's stakeholders. Rosetti et. al (2021) found that parent advocacy is a two-way system meaning that examining only parent perspectives excludes school stakeholder perspectives. As this study was limited to the parent perspectives, I did not attempt to collect data from stakeholders beyond the parents.

Third, there is the issue of how replicable the findings might be in traditional educational settings in which strength-based, talent-focused educational programs are not available. It may be likely that the 2e children may be experiencing greater and more pervasive toxic stress within such an educational system and that their parents may not be aware of possible strength-based, talent-focused program options. As such, their children may be at greater risk for long-term health issues. All twelve participants in this study shared that their 2e children had experienced toxic stress in a deficit-based educational and medical system, so the findings and conclusions of this study represent the experiences and reactions of parent participants who successfully moved through the four stages of advocacy to find a school with a positive psychology pedagogy in which their 2e children would thrive.

Summary

As this is a case study that examined the parent experiences and reactions to the assessment process of their 2e children, the findings contribute to the current understanding of parent advocacy, yet the findings add a critical layer of understanding; 2e students experience toxic stress in traditional educational placements that accentuate their weaknesses. For 2e students who are missed or misidentified, the stakes are even higher. Two assertions were

derived from this research. First, when there is confusion, complexities in identification, denied assessment, therapeutic interventions that focus on deficits, multiple school changes and numerous assessments, toxic stress permeates each of the four stages of parent advocacy. Second, when there is a combination of possible assessment benefits, dual differentiation, talent development opportunities, and beneficial parent character traits, toxic stress is lifted. Figure 1 showed that toxic stress permeated each of the four stages of parent advocacy. The current educational and medical systems, which follow a deficit-based model, had a detrimental impact on each of the participant's children as their complex, asynchronous 2e student learning profiles were misunderstood.

The parent participants in this study discovered a positive psychology pedagogy, which eventually shifted their advocacy perspective and called into question their preconceived expectations. Initially parents had been concerned about how their 2e children would meet classroom expectations. Their tendency was to overfocus on their children's difficulties at the expense of their talents, strengths, and interests, a perspective that was shared by their children's teachers, administrators, and specialists. First, parents learned through their experience to navigate the educational system and move through the four stages of advocacy: (a) parents are aware, (b) parents seek knowledge, (c) parents present the case, and (d) parents monitor progress (Duquette et al., 2011). Eventually, the parents shifted their perspective from a deficit-based model to a strength-based, talent-focused model.

This study provides a body of knowledge that addresses the complexity of issues that parents face as advocates of their 2e children in our current deficit-based educational system. In the first stage, the main themes included parent concern and confusion about knowing what was going on with their children's gifts and challenges. In the second stage, parents sought

knowledge by asking the stakeholders for information, expertise, and knowledge, hoping to collaborate on behalf of their children. The main themes included possible assessment benefits complicated by ambiguous assessment procedures, denied assessment requests, and denied supports such as accommodations, services, and placements. The assessment recommendations as shown in Figure 2 focused solely on therapeutic interventions showing a lack of recommendations for giftedness.

In stage three, the parents relied on their character traits of persistence as they met with stakeholders to present the case of their 2e children's learning needs. In such stakeholder meetings, parents were frustrated with teachers who were doing the best they could in the classroom to meet their 2e children's asynchronous needs yet found that administrative understanding and resources were limited as shown in Figure 3. Their parents grew distressed when their 2e children were denied services or were offered therapeutic supports that were inappropriate and/or ineffective. The main themes of missed identification, school changes, and numerous assessments as provided in Figure 4 demonstrate the attempts to alleviate ongoing toxic stress. In the meantime, the 2e children were seen as having behavioral problems. Two children were assigned shadows in class while others were sent regularly to the principals' offices. Their off-task behaviors, emotional dysregulation, and/or elopement were described as constant occurrences. Parents struggled to bring their children to school, often expecting a phone call to pick them up soon after they had been dropped off. Task refusal, social isolation, and school refusal contributed to a failure to meet grade level expectations.

The 2e students in this study experienced increased anxiety, low self-worth, and depression. Their parents were searching. Relying on their character traits of "searching for knowledge and solutions", "persistence", and "tenacity", the parents believed in their children.

Despite school changes and numerous assessments, the parents were steadfast and placed their 2e children in a school with a positive psychology pedagogy that offered a strength-based, talent focused program. The toxic stress was lifted as their 2e children began to “relearn” what it meant to “go to school” in a learning environment in which the teachers and administrators understood asynchrony and provided dual differentiation in the classroom. Figure 5 indicated the non-negotiable learning environments that removed the toxic stress that the 2e students had previously experienced in prior school placements. The parents relaxed their role as vigilant advocates as they monitored their children’s progress and encouraged their children to self-advocate for their own learning needs. No longer in survival mode, the parents were freed up from monitoring their children’s progress as is expected in stage four. The parents were able to relax and spend time focusing on seeking talent development opportunities for their children. Parents observed marked differences in their children as their manifested strength, talents and gifts were recognized in a dually differentiated classroom. Some observed changes were immediate, while others took time, however in all twelve cases, a strength-based, talent focused educational approach, based on a positive psychology pedagogy provided desired opportunities for the 2e children in this study to begin to thrive and/or rediscover the joy of learning with like-minded peers. In a dually differentiated program, the 2e children showed a higher degree of motivation and engagement in intellectual, creative, emotional, social, and physical learning environments, while their weaker skill areas such as executive functioning were appropriately supported.

The parents of 2e children in this study began their path of advocacy acutely aware that something was different about their children, but after realizing that the educational pedagogy of a deficit-based model was damaging, and causing their 2e children toxic stress, the parents

shifted their lens to include a positive psychology model in which a strength-based, talent focused educational program celebrated their 2e children's abilities. Any despairing fears for their 2e children's well-being was replaced by hope as they observed their 2e children feel a sense of belonging and possibility. As the 2e children in this study began to thrive, their risk for maladjustment and long-term health issues was reduced.

Recommendations

Recommendations for Practice

The findings from this study are compelling. We see the beneficial impact of a positive psychology pedagogy, especially after recognizing that a deficit-based approach is both ineffective and damaging for 2e children. We are left with a sense of urgency about how best to support 2e children and their parents. Might teachers be provided with teacher training to implement a dually differentiated educational program and document the positive impact it has on 2e students? Might public and private school administrators and specialists be freely able to guide parents with transparency as collaborative relationships are nurtured to determine which appropriate resources are readily available for 2e students? Equally important, might assessors receive training to administer comprehensive assessments that accurately identify the complex 2e profiles of students who have both significant strengths as well as weaknesses? Once 2e students are appropriately diagnosed and eligible, then they receive appropriate recommendations for enrichment, acceleration, and talent development opportunities. These questions are multifaceted, and address different audiences, yet with a compassionate and coordinated effort, it is possible to relieve the burden that parents experience during the advocacy process for their 2e children. The participants in this study were determined to find a better path to understanding

their child, but not all parents have the awareness and resources to do so. Additional efforts are needed to reach more of a neurodiverse population with equity and inclusion, as 2e students with culturally diverse backgrounds may be 3e. Regardless of race, gender, or socioeconomic status, access to appropriate assessment results and recommendations is integral.

Recommendations for Further Research

As this study found that toxic stress was present when 2e students are missed and misdiagnosed, I recommend that future research document the ways in which 2e students thrive when appropriately placed in a dually differentiated educational setting based on a positive psychology pedagogy. More specifically, future research might document the ability of stakeholders in transdisciplinary team meetings on behalf of 2e children, to focus on appropriate placements and planning it is imperative that a positive psychology pedagogy is in place. Additional research would be helpful to document the benefits of a comprehensive assessment when 2e identification is accurate and includes a focus on strengths, talents, and interests. Research in each of the silos of higher education is needed to document the best practices that would enable stakeholders to adjust their lens to recognize and reduce the toxic stress that 2e children experience in traditional classrooms. Imagine if the research findings would further reduce the frequency of missed, misunderstood, or misdiagnoses during the assessment process and the intensity of resulting toxic stress in educational systems. Further research on the benefits of a positive psychology pedagogy is needed, to ask specifically how and under which conditions are 2e students engaging in meaningful activities that offer a real-world application?

Closing Reflections

Considering that the 2e population of students are growing up to become adults in our society, it is our job to support their parents who raise them as their 2e children are poised to become our future leaders. Twice exceptional children have differently wired brains, which is ideal for a society in which our youth are being tasked with solving problems to questions that haven't yet been asked in a world that is constantly changing. Removing all toxic stress from their educational trajectory benefits all of us. We are responsible for cultivating their uniquely wired brain power for good (Tetreault, 2020). Advancements in neuroscience have allowed us to have a better understanding of the human brain, so we know the integral connection between healthy child development and brain development. As the findings in this study indicated, 2e children were vulnerable when they were exposed to prolonged toxic stress during their early educational experiences. Toxic stress damages developing brain architecture which can lead to lifelong problems in learning, behavior, and physical and mental health (Center on the Developing Child, 2007). Science clearly demonstrates that it is critical to achieve the best outcomes for life-long health without toxic stress, especially in the current educational system. Stakeholders in education now have the scientific knowledge pertaining to brain development, yet the parents in this study described an assessment process that focused solely on a deficit approach. Policy implications are to seek accurate identification for 2e students, such as a comprehensive assessment that is designed to explore the nuances and complexities as 2e students may perform below, at, or above grade level, which no longer need to be misleading, but understood as part of a 2e learning profile.

Parents rely on experts to recognize when specialized methods of identification and instruction are appropriate. The parents in this study had hoped to collaborate with their

children's stakeholders to create a balanced educational approach in which their intellectual, emotional, social, creative, and physical needs were met. However, the assessment process was limited by the lack of understanding and belief in twice-exceptionality, not just a lack of services. A strong set of parental character traits was required for the parents in this study to be resourceful and find a school with a positive psychology pedagogy that provided the theory and applied the best teaching strategies and dually differentiated educational programming that enabled their 2e children to thrive without being seen as behavior problems. I hope you will join me in seeking the benefits of a strength-based, talent-focused approach in a world where 2e students are integrated in our educational and civic communities, feel a sense of belonging, and are supported to live their magic.

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Appendices

Appendix A

Key Terms

Key Terms

For the purpose of this study, these operational definitions were used:

Parent Responses

An “intellectual response” is how an individual thinks about a subject or event.

For example, parents may agree or disagree with the assessment results to certain degrees.

An “emotional response” is how an individual feels about a subject or event.

Examples of emotional responses include but aren’t limited to feelings of confusion, anger, surprise, or embarrassment. Emotional responses range in intensity. For example, parents may feel a mix of anguish and relief, however one parent may feel similarly but to a greater or lesser degree than another parent.

A “behavioral response” is how an individual acts. For example, parents might wait and see before implementing any of the assessment recommendations, or conversely, they might immediately implement some or all the recommendations. On a physiological level, there is the fight or flight response to an event that is perceived as stressful or frightening. Parents may experience their own triggers as they respond to the information received in summary assessment reports.

2e Terminology

“Strengths-based” is defined as curricular and instructional approaches that are differentiated to align with students’ cognitive styles, learning preferences, and profiles of intelligences. (Baum, et. al, 2014)

“Talent-focused” involves ongoing identification and recognition of a student’s advanced abilities as well as budding interests, along with explicit options for exploring and expressing

those abilities and interests within and outside the curriculum. *Talent focus* is used as an overarching term that includes “talent development.” (Baum, et. al, 2014)

“Talent development” refers to encouragement and support of identified talents and abilities that are nurtured in their own right—neither as an opening for remediation nor as a reward or motivator for achievement. (Baum, et. al, 2014)

Appendix B

Letter to Community Partner Head of School

Dear (Head of School),

I am writing to you as a doctoral candidate of the Bridges Graduate School. For my dissertation, I have chosen to investigate the intellectual, emotional, and behavioral response of parents regarding the psychoeducational assessment process of their 2e children.

I feel that the positive psychology approach and the strength-based, talent centered philosophy of Westside School aligns well with my research interests. And, for that reason, I am eager to gain an understanding of your parents' perceptions of the assessment process that they experienced prior to applying to Westside School. I believe that the data gathered from the parents at Westside School will be a worthwhile addition to the literature that currently exists. The parents' stories will assist other parents. The research results will also assist educators and licensed professionals to support parents of 2e elementary aged children so they can live their magic.

Upon your consent, I will invite Westside School parents to participate in my study by being interviewed. I will arrange to meet with your parents at times of their convenience for 60 - 90 minutes, and I will always maintain confidentiality (pseudonyms will be used, and no identifiable information will be shared). Privacy will be protected for all participants by numerical coding. All identities will be maintained in a secure location to protect confidentiality. Results will only be reported in aggregate form. Your parents will be asked to review and sign an informed consent form. If necessary, your parents may withdraw from my study at any time, with or without reason.

This research project has been reviewed and approved by the BGS Institutional Review Board. If you have questions concerning the rights of the participants involved in research studies, please email the BGS Assurances Administrator at irb@bridges.edu. This study is valid until (1 year from approval date). If you have any questions, please feel free to contact me.

Sincerely,

Marcy Dann

I agree to allow this research study to be conducted with parents of 2e elementary aged children of Westside School:

Head of School Name (Print)

Head of School Signature

Date

Appendix C
Informed Consent Parent Form

Informed Consent Parent Form

INTRODUCTION:

You are being asked to volunteer to be interviewed about parent experiences and reactions to the assessment process of your 2e child. This study is being conducted by Marcy Dann, M.A., BCET, a doctoral candidate in the Bridges Graduate School as partial fulfillment of the directed research requirements (CAP 993 - CAP 994) during the 2021 - 2022 school year.

You were selected as a possible participant because you are a parent of a child who is twice exceptional and who is currently attending Westside School.

With your consent, I invite you to participate in my study by being interviewed. The 60-to-90-minute interview will take place between January 2022 through March 2022. I will provide a short series of questions related to parent experiences and reactions to your 2e child's assessment process.

I will arrange to meet with you at times of your convenience, and I will always maintain confidentiality. I will record the interview so it can be transcribed and coded for the purposes of reporting results. Privacy will be protected using pseudonyms. Your name, school, district, or any other identifiable information will not be disclosed and will be confidential. All identities will be maintained in a secure location to protect confidentiality.

Please read this consent form and ask any questions you have before agreeing to be in the study.

PROCEDURES:

If you agree to be in this study, you will be asked to do the following:

1 - 1.5-hour initial interview on Zoom or in person.
Follow up meeting on Zoom or in person, if needed.

Review a transcript of the first meeting which will be provided for you to ensure the accuracy of your response. Audio recording is required for participation.

Ten to twelve participants will take part in the study. The participants will sign consent to participate and to be recorded. Data will be collected through 1 - 1.5 hour online or in-person interviews. The interview protocol will include general questions about your experiences and reactions to the assessment process of your 2e children. Any follow-up probes of the participants will elicit further reflections of experience and understanding. Interviews will be recorded using Otter.ai and transcribed. Recording equipment will be checked prior to, during, and after each interview. Data will be transcribed for further analysis. If necessary for additional information, data gathering, and/or clarification or elaboration purposes, a second time to follow-up with purposefully selected participants will be scheduled online or in-person. A transcript of the first meeting will be provided for parent review to ensure the accuracy of the response. The records of this study will be kept private, and your confidentiality will be protected. Privacy will be

protected by the use of pseudonyms. Parent participant name, school, district, or any other identifiable information will not be disclosed and will be confidential. Pseudonyms for the participants and for the community partner will be used. All identities will be maintained in a secure location to protect confidentiality. The results will be used for a doctoral dissertation. The data will be analyzed, and the information gleaned will guide other parents as well as educators and licensed professionals who work with 2e children. Parent participation in this study is voluntary and requires informed consent to be recorded. If a parent decides to participate, the parent participant is free to skip any questions that they are uncomfortable with during the interview process. The parent participant may withdraw from this interview process at any time, with or without reason, and without penalty.

CONFIDENTIALITY:

The records of this interview will be kept private, and your confidentiality will be protected. In any sort of report the researcher(s) might publish, no identifying information will be included.

VOLUNTARY NATURE OF THE STUDY:

Participation in this study is voluntary and requires your informed consent. If you decide to participate, you are free to skip any questions that you are uncomfortable with during the interview process. You may also withdraw from this interview process at any time without penalty.

CONTACTS AND QUESTIONS:

The researcher conducting this study: Marcy Dann, M.A., BCET.

If you have questions, **you are encouraged** to contact the researcher at Westside School, (818) xxx -xxxx, marcy.dann@xxxxxxxxxxx.

Dr. Nicole Tetreault is my advisor and can be reached at (xxx) xxx-xxxx or by email at: nicole.tetreault@xxxxxxxxxxx

STATEMENT OF CONSENT:

I am 18 years of age or older. I have read and understood the above information. I consent to participate in this interview.

Signature: _____ Date: _____

I agree to be audiotaped. ___ Yes ___ No If no, participation isn't possible.

I agree to be videotaped. ___ Yes ___ No If I do not wish to be videotaped, I will inform the researcher, who will instead only audio tape the interviews.

Signature: _____ Date: _____

I understand that:

1. My participation is entirely voluntary.

2. I may withdraw my consent and discontinue participation in this study (or any portion thereof) at any time without bearing any negative consequences.
3. You have given me an explanation of the procedures to be followed in the project, and answered any inquiries that I may have.
4. All of the information from this study will be strictly confidential. No names will be associated with the data in any way. Providing my address to receive a report of this research upon its completion will also not compromise the anonymity of the data. I understand that the data will be stored in locked offices and will be accessible only to me and my dissertation chair.
5. The results of this study will be made part of a final research report for a graduate degree and may be used in papers submitted for publication or presented at professional conferences, but under no circumstances will my name or other identifying characteristics be included.

I have reviewed the procedures to be followed and hereby give my consent to participate in this research. I also agree not to discuss the purposes and procedures of this study with anyone in order that the integrity of this research is not compromised.

Sign Name

Date

Print Name

If I have questions, please contact the researcher at: marcy.dann@bridges.edu

A copy of this consent is available for your records.

Appendix D
Researcher Biography

Researcher Biography

As personal bias has the potential to influence a research experience, this researcher biography is provided in an effort to disclose any biases that may unintentionally affect the data collection and data analysis process.

This researcher has been in clinical practice as a board-certified educational therapist working in an intensive, individualized, and ongoing manner with students who have learning disabilities, are gifted, and who are twice exceptional for over 35 years. She has provided consultation with parents and has created individualized educational profiles that accurately reflect each client's asynchronous needs. She was also an instructor in higher education, providing educational therapy training to educators from the fields of general education, special education, and gifted education. As an active professional wearing different hats, she desired to further her education. Starting in the Summer of 2016, she began to pursue her Doctorate in Cognitive Diversity at Bridges Graduate School where she has been exposed to a breadth of literature and research studies that broadened her understanding of the field of twice-exceptionality. The research projects she conducted and the internship experience within the program further prepared her to participate in annual conferences in which she provided workshop presentations or participated in panel discussions in which she has shared her knowledge with parents and educators in attendance across the country.

Given her expertise consulting with individual clients and their parents, she decided to turn to qualitative research methods as she was familiar with the process of gathering background information, behavioral observations, and interacting with families as she heard their stories. She thought that the data collection inherent in the grounded methods of qualitative research could provide the best opportunities to engage in an explorative form of inquiry. For an in-depth

picture of study, she interacted with the research population. Prior to and at the time of her research, her interests have consistently been directed toward how to best support the parents, who are advocating to support the needs of their 2e children. She was aware of and saw the potential for shifting support from a deficit-based medical model to one that included a strength-based, talent focused approach based on the tenets of positive psychology. She was listening carefully to what the parents shared, how they chose their words, their tone of voice, and their body movements as they conveyed the events as they recalled them, as well as their reactions as they did so. Understandably, she provided the utmost of professionalism as parents became emotional in the retelling of their stories. The research journey she describes in this study is a heart-felt one. She hopes, along with her participants, that the results of this study will provide future parents the understanding and the tools to successfully advocate for their 2e children to live their magic.

Appendix E
Parent Interview Protocol

Parent Interview Protocol

There will be a one-to-one-and-a-half-hour initial interview held either online or in person. Interviews will be recorded by Otter.ai and transcribed. The parent will be welcomed and reminded of the purpose and volunteer nature of their participation. Confidentiality and a description of the interview process will be reviewed. A follow up meeting held on Zoom or in person, will be scheduled at a mutually agreeable time, if needed. A transcript of the first meeting will be provided for parent review to ensure the accuracy of the response.

Appendix F
Parent Interview Guide

Parent Interview Guide

“Thank you for meeting with me today, I appreciate your time. We’re here today to paint a picture of parent experiences and reactions to the assessment process of their children.”

Specific questions - Experience

1. “Tell me what was your experience when you realized that a psychoeducational assessment was needed for your child?”

Specific questions - Interpretive

2. “What are your child’s strengths, talents, and interests?”
3. “What is challenging for your child at school, outside of school, and at home?”

Specific Questions - Knowledge

4. “What were the results of the psychoeducational assessment that you received for your child?”
5. “Based on the assessment results, what were the recommendations?”
6. “Which of the recommendations did you prioritize?”
7. “How much did the recommendations you prioritized help?”
8. “Why did you choose a different school placement for your child?”
9. “How did attending a school with a positive psychology philosophy align with your understanding of your child’s dual diagnoses?”

Specific Questions - Feelings

10. “How do you feel about your child’s psychoeducational assessment results and recommendations?”
11. “Tell me how you feel about your role as an advocate for your child now that your child attends a school with a positive psychology pedagogy?”
12. “Which of your personality traits do you feel you rely on as you advocate for your child’s 2e needs?”
13. “Could you tell me overall, what you felt you enjoyed or learned about your child’s assessment process?”

14. "How has COVID impacted your child's learning?"

Specific Questions - Background/Demographic

15. "At what age(s) was your child assessed?" In year(s)

16. "Which type of school(s) did your child attend at the time s/he was assessed?" Type - Home, private, public, parochial

Appendix G

Table G1 Covid Response

Table G1*COVID's Impact on the Participant's Child*

Participant	Positive	Negative/Neutral
Claudia's Child	X	
Debra Child		X
Graciela's Child		X
Jackie's Child		X
Jane's Child	X	
Jeanette's Child		X
Karen's Child		X
Kerri's Child	X	
Maggie's Child	X	
Meg's Child		X
Paulette's Child		X
Phyllis's Child	X	