EXPLORING FAMILY CENTERED AND SOCIOCULTURALLY RESPONSIVE PRACTICES IN EARLY CHILDHOOD PROVIDERS’ SELF-IDENTIFIED DILEMMAS OF PRACTICE

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ABSTRACT

Hatice Ghulamani: Exploring family centered and socioculturally responsive practices in early childhood providers’ self-identified dilemmas of practice
(Under the direction of Harriet Able)

Preparing early childhood providers (ECP) to effectively meet the needs of socioculturally and linguistically diverse children and families is necessary in early childhood personnel preparation and professional development programs (Rueda & Stillman, 2012). However, research shows that many providers continue to have difficulty engaging families and fostering collaborative partnerships, particularly for children receiving early intervention and special education services (Fialka, 2001). This study explored early childhood providers’ self-identified practice dilemmas and corresponding problem solving strategies related to socioculturally responsive and family centered practices.

Focus groups using the Critical Friends Group protocol were conducted with graduates from two Southeastern universities. Participants discussed the challenges they experience in their practice working with diverse young children and their families. Participant dilemmas included: (a) challenges with developing relationships and building rapport with families; (b) challenging interactions with families; (c) family engagement; (d) dealing with parent denial; (e) inadequate resources; (f) communication challenges; and (g) dealing with cultural differences. Study results revealed how these dilemmas relate to Skilled Dialogue through third space theory. Results specific to participants’ problem solving strategies were compared to DEC recommended practices focused on family centered practices, which indicated the majority of the problem solving strategies aligned well with DEC recommended practices. Findings from this study
provided additional information about the challenges early childhood providers experience related to meeting the needs of diverse children and their families. Participants’ dilemmas of practice emphasized the disconnect between knowing about socioculturally responsive, family centered practice and having the resources, support, and strategies to implement them in community based settings serving young diverse children and their families. Gaining a better understanding of the resources and supports early childhood providers rely on and need to solve these dilemmas can inform personnel preparation programs to foster effective problem-solving skills and an increased sense of professional efficacy.
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CHAPTER 1: INTRODUCTION

A critical issue for early childhood personnel preparation programs is preparing early childhood providers (ECP) to meet the needs of the increasingly diverse population of children in their care. Early childhood providers are professionals who work in early care and education settings, such as teachers, teacher assistants, early interventionists who provide home or center based care, or administrators. The population of young children in early childhood education programs continues to grow each year. More than half of all young children under the age of 6 attend full-day childcare (National Center for Education Statistics [NCES], 2013). By 2030, half of all American school children are expected to be from socioculturally diverse backgrounds (Delano-Oriaran & Meidl, 2013). In addition, research shows that more children are being diagnosed with disabilities or who are at risk for developmental delay (U.S. Department of Education, 2015). However, demographic characteristics for children with disabilities are not distributed equally. Racial and ethnic minority students in early childhood programs are disproportionately represented in special education services at greater numbers (Artiles, Kozleski, Trent, Osher & Ortiz, 2010). These unprecedented demographic trends illustrate increasing student and family diversity within multicultural early childhood programs. (Lopez, 2016).

Although everyone is diverse in many ways, the literature has dichotomized certain groups, to where diverse is often referred to as identities other than socially and culturally dominant groups such as White, cisgender, heterosexual, able-bodied, Judeo-Christian, middle income individuals. Culturally diverse children and families participate in the educational
experience in a different way than teachers may be typically accustomed to encountering. Children’s cultural experiences in their home and community environments are an integral part of their day-to-day lives, and must also be incorporated into their educational experiences. Therefore, early childhood providers must be socioculturally responsive to the diverse needs of their students and families, and incorporate the cultures of their students into the classroom experiences to build a strong home and school connection.

Culture is important to consider in development and learning, given that culture guides many decisions and behaviors of individuals (McBride, 2011). Vygotsky’s sociocultural theory examines this interdependence of cultural experiences and learning, emphasizing that mental functioning has social origins. Individuals learn about the world around them by experiencing it firsthand with cultural tools (Shabani, 2016). For example, a child learns the rituals of his or her ethnic culture through direct experience in the community using a common set of cultural tools and symbols, such as language. Not only does the child learn the rituals from the community through participation, but also the child contributes to change within the community culture. Use of sociocultural theory in early childhood education programs encourages teachers to embrace the cultural tools that children use in their communities alongside their families. Therefore, teachers should be socioculturally responsive to the unique experiences of diverse children and value their cultural knowledge as an essential part of learning.

Preparing teachers to be competent in meeting the needs of socioculturally and linguistically diverse children and their families is a key priority in early childhood teacher education and professional development (Rueda & Stillman, 2012). The Division for Early Childhood and the National Association for the Education of Young Children have both incorporated this need for socioculturally responsive and family centered practices in their
professional standards for early childhood programs. Teacher candidates are expected to
demonstrate pedagogical skills that are socioculturally responsive to all children and families so
that their cultures are respected and included (Division for Early Childhood [DEC], 2014; DEC,
2016; National Association for Education of Young Children, 2009).

Although more classrooms across the country are diverse, the demographics of teachers
are not representative of their students, as the majority of teachers are White, middle-class
females (Delano-Oriaran & Meidl, 2013; Lee, 2010). Teachers often generalize the needs of
children as if they are all the same, ignoring the social and cultural backgrounds of their students
(Lee, 2010). Since teachers’ pedagogical skills are often based on their own cultural experiences
and beliefs, this leads to potential disconnects between the cultural experiences of children and
those of their teachers (Lee, 2010).

In order for diverse children and families to participate equitably in early childhood
programs, teachers must first commit to socioculturally responsive family engagement practices
(U.S. Departments of Health and Human Services and Education [HHS-ED], 2016). Teachers
still struggle, however, to engage diverse families in the classroom and truly meet the cultural
needs of their students. Teachers continue to hold a narrow view on what is expected from
families. This can be a particular challenge for culturally diverse children and their families
when their cultural expectations for development and learning differ from the teacher’s. When
these beliefs of teachers and families are not congruent, teachers experience cultural bumps
(Barrera & Corso, 2002). Cultural bumps involve situations when teacher and family
perspectives differ, mainly due to differences in experience and insufficient knowledge of each
other’s cultures. Using third space to overcome cultural bumps, teachers are able to engage in
communication and partnership with families that are respectful, responsive, and reciprocal in
order to move beyond their issues. (Barrera & Corso, 2002). For example, teachers can show respect and reciprocity through active listening skills to allow for equal voice from families during communication. This is one way to be family centered.

One strategy utilized by early childhood personnel is identified as Skilled Dialogue which focuses on respectful, responsive, and reciprocal communication and collaboration is a strategy for teachers to engage with families in ways that meet their unique needs (Barrera & Corso, 2002). Although the literature has indicated that teachers acknowledge that family centered practices are important, they continue to struggle with specific strategies to be socioculturally responsive and family centered.

The purpose of this research study was to examine the beliefs and practices of early childhood providers relative to family centered and socioculturally responsive practice. The study investigated early childhood providers’ self-identified dilemmas and problem-solving strategies related to working with socioculturally diverse children and families. Participants acknowledged the value of family centered practice, particularly as it relates to diverse families. However, they had difficulty translating these beliefs into practice. Participants often lacked the necessary skills and strategies for socioculturally responsive practices. The study further examined how these dilemmas relate to DEC recommended practices and Skilled Dialogue components of respect, reciprocity, and responsiveness, which teachers use to overcome their ‘cultural bumps’ in order to exhibit family centered practices.
The specific research questions were:

1. What problems of practice (i.e. dilemmas) do early childhood providers experience related to working with diverse families?

2. What problem solving strategies do early childhood providers consider in addressing their dilemmas?

3. Do early childhood providers’ identified problem solving strategies align with recommended socioculturally responsive and family centered practices?
CHAPTER 2: REVIEW OF LITERATURE

Family-professional partnerships in early childhood intervention and education programs are essential for young children’s development. Children learn within the contexts of their environments, namely through home and school experiences (Appl, Farrar & Smith, 2012). Recent policy recommendations from the U.S. Department of Health and Human Services and Education (2016) and recent studies reveal increased family engagement in children’s early childhood programs positively influences child outcomes and family wellbeing. Despite professionals’ strong intentions for implementing family centered practices, teachers continue to have difficulty engaging families and fostering collaborative partnerships, particularly for children receiving early intervention and special education services (Fialka, 2001; Trivette, Dunst, & Hamby, 2010). Thus, enhancing family-professional partnerships is even more important for children with disabilities, particularly the implementation of family centered practices. Teacher education programs and professional organizations including the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC) have shown increased commitment to practices focused on engaging families in classrooms and in early intervention services (Division for Early Childhood, 2014; National Association for the Education of Young Children, 2009).

This chapter will examine the need for socioculturally responsive and family centered practices in early care and education programs based on growing demographic trends in early care and education programs. Constructs of culture, diversity and socioculturally responsive family centered practices will then be defined. Next, examination of the current issues early
childhood providers experience in working with diverse families will be presented highlighting the need for socioculturally responsive, family centered practices. Use of Skilled Dialogue through third space theory will be shared as a strategy for addressing the issues early childhood providers experience related to DEC recommended practices.

**Changing Needs in Early Childhood Programs**

**Demographic shift.** Student and family diversity in preschool programs has shown a significant change in the last few decades. More young children are spending much of their day in early childhood education programs away from their families. The population of young children attending early care and education programs across the United States continues to grow at unprecedented rates due to increasing numbers of working mothers and families with dual-income households (Laughlin, 2013). The percentage of children ages 3-5 attending preschool and kindergarten programs has increased from 38% in 1970 to nearly 65% in 2014 (National Center for Education Statistics [NCES], 2016).

**Race and ethnicity.** The mosaic of twenty first century schools in the United States represents more socioculturally diverse children, families, and communities than ever before (Lee, 2010). Child populations by age group and race show that as of 2013, 50% of children under the age of 5 are White, 14% Black, 26 % Hispanic, 5% Asian, and 1 % American Indian and Alaskan Native (Annie E. Casey Foundation, 2015). As stated earlier, enrollment in early childhood programs has increased over the years for all children, but the rate of increase for racially and ethnically diverse children is greatest. The percentage of White children ages 3 to 6 in preschool programs increased from 58% in 2007 to 63% in 2012. Black student attendance in preschool increased minimally from 65% in 2007 to 68% in 2012 whereas preschool attendance of Hispanic children has increased by one-third from 39% in 2007 to 52% in 2012 (Federal
Interagency Forum on Child and Family Statistics, 2014). It is expected that by the year 2030, half of American school children will be from culturally diverse backgrounds (Delano-Oriaran & Meidl, 2013). In schools, English Language Learners (ELL) are now the fastest growing student population, and 65% of all ELL students were born in the United States (Moll, 2014).

**Relationship between race/ethnicity and socioeconomic status.** In addition to consideration for the growing racial and ethnic diversity of students and families, one cannot ignore the relationship between racial/ethnic diversity and socioeconomic status. As Hodgkinson (2002) notes, factors such as wealth and education level are not equally or evenly distributed across the nation. Hodgkinson states that “as a nation, we’re becoming much more racially diverse—but not everywhere and not in the same ways” (p.5). The growing rate of poverty among young children is a growing concern. Young children make up the population affected most by poverty, where 48% of all children under the age of 6 are from low-income families (Jiang, Ekono & Skinner, 2015). Low income is considered at or above 200% of the Federal Poverty Threshold (Jiang et al., 2015).

Of low-income children under age of 6, 25% are considered poor, which is at or below 100% of the FPT (Jiang et al., 2015). Although Whites make up the largest numbers of children in low-income families, Blacks, Hispanics, and American Indians are disproportionately poorer (Jiang et al., 2015; Annie E. Casey Foundation [Kids Count], 2017). Kids count data shows that 21% of all children live in poverty in the United States. Poverty is higher than the national average for African American (36%), Hispanic (31%) and Native American (34%) children. Poverty levels for White non-Hispanic and Asian children were below the national average at 12% and 13%, respectively (Kids Count, 2017). Household income and parent education levels often serve as predictors for children’s educational outcomes (Hodgkinson, 2002). Considering
that the nation is increasingly multicultural and children from these diverse populations have
disproportionately higher poverty rates compared to Whites, the effects of race, ethnicity, and
socioeconomic status must be considered when working to address the needs of young children
from socioculturally diverse backgrounds in early childhood education programs.

Children with disabilities. Ability level or learning style, particularly the presence of a
disability or impairment, is also a diversity characteristic. Individuals with disabilities have
unique social and cultural experiences much like the diversities mentioned earlier. Research
indicates more children are being diagnosed with disabilities or who are considered at risk for
developmental delay. The percentage of children ages 3-21 served under Part B of IDEA
receiving special education services was 13% of public school students (U.S. Department of
Education, 2015). Infants and toddlers receiving Part C services under IDEA increased from
2.5% of the birth through age 2 population in 2005 to 2.9% in 2014 (U.S. Department of
Education, 2016). Research from the Centers for Disease Control (Boyle et al., 2011) also
indicated that developmental disabilities in children are becoming more common, with a 17%
increase from 1997 to 2008. Among these disabilities, the greatest increases were Autism,
Attention Deficit Hyperactivity Disorder (ADHD), and Learning Disabilities. The prevalence
for males being identified with disabilities is two times greater than females (reference?). This
data from the CDC also highlighted intersectionality of diversity characteristics, noting that
children from families living below the federal poverty threshold and receiving government-
subsidized health care had a much greater prevalence for developmental disabilities than families
with higher incomes. As a result, there is a disproportionate representation of low-income
children of color requiring special education services (Artiles, Kozleski, Trent, Osher & Ortiz,
2010).
In summary, demographic data suggest that early childhood programs are increasingly more diverse. More languages, cultures, family structures and ability levels are a part of classrooms on a regular basis. For example, a preschool teacher must be able to teach a child whose home language is Spanish or Vietnamese, the homeless child in transient living conditions, the child with sensory and learning impairments associated with autism spectrum disorder, and the Muslim child, all within a cohesive classroom environment. This broad range of student and family diversity must be considered in practice so that early childhood providers can successfully meet the needs of all students and their families.

Defining Culture and Diversity

Culture. The integrated patterns of a specific group of people or a community defines a culture. This includes, but is not limited to, the language (written, oral, symbolic), food, clothing, beliefs, values and norms that a group of people share and value (Barrera & Corso, 2006; McBride, 2011; U.S. Departments of Health and Human Services and Education [HHS-ED], 2016). In addition, culture guides the ways individuals behave, think, make decisions and govern, which is then passed on from generation to generation (Barrera & Corso, 2002; McBride, 2011). Cultures also evolve over time from one generation to the next, as they are dependent on a chronological context. What was considered culturally relevant for our grandparents may not apply to present day cultural experiences. Although culture is defined by the commonalities among a group, it is not the same for everyone in that group. Monzo and Rueda (2006) noted that a key aspect of culture is that it evolves over time, and there are various ways in which individuals carry out their unique cultural model. For example, an individual’s cultural characteristics, such as their beliefs or norms, should be considered as more of a dynamic process rather than static (Barrera & Corso, 2002; Monzo & Rueda, 2006). Through
various experiences, an individual’s beliefs and norms may change. In an educational setting, involving the cultures of children means doing more than just acknowledging their surface level culture such as language, foods, and celebrations. Culture is more deeply-seeded than typically assumed. Also, professionals should recognize that although socioculturally diverse children may seem to identify with many of the same cultural beliefs, they should be cautious in assuming that these characteristics apply to all within that group, and know that even within a culture there is room for cultural diversity. For example, children raised in dual language households may not all be bilingual, even if they are members of the same ethnic group. Just because one family speaks Spanish and English at home does not mean that all Hispanic children are the same. Some families may be English speaking only, some Spanish speaking only, and others a combination of both or additional languages. This indicates that there is room for diversity not only among cultural groups but also within them.

**Diversity.** Diversity refers to the similarities and differences among individuals within a group. More specifically, it is defined to be “a highly inclusive construct, embracing all aspects of individuals and groups that make them different [from each other], which includes, but is not limited to, language, race, ethnicity, gender, ability, geographic location, class, and lifestyle” (DEC, 2004; p.1). Diversity is not necessarily only about the differences between people, but rather the meaning that is ascribed to behaviors associated with culture (Barrera, Corso & Macpherson, 2003). Hence, diversity is relative and depends on those involved. The differences between individuals regarding ethnic identity are only indicators of cultural diversity. In education, for example, cultural diversity can be more accurately explained through specific linguistic capabilities or behaviors that are indicative to an ethnic identity, more so than just an ethnicity label itself. Barrera et al. (2003) provided an example of this, where they described a
man who identifies as Navajo but does not follow traditional Navajo customs, and a man who also identifies as Navajo and lives on their reservation and observes traditional practices. While these individuals may both be considered to have the same ethnicity, their cultural experiences are vastly different. Hence, describing both individuals as culturally diverse can be a challenge. Therefore, when considering whether individuals are culturally diverse, it is important to consider the relative nature of their diversity.

*Diverse* is often a misused word, and is not a term that can be identified to a specific person or category of people. For example, teachers may refer to a classroom of all Hispanic children as racially diverse. Rather, diversity applies to the combination of differences in a multicultural context. For example, a classroom of Hispanic and White children together would be considered diverse as opposed to a group of only Hispanic or only White children. One group without the other is not in and of itself considered to be diverse. Thus, sociocultural diversity is defined as the presence of multiple cultures and cultural differences within a society as well as diversity in terms of children’s and families’ socioeconomic resources.

**Need for Socioculturally Responsive and Family-Centered Professional Practice**

Although the early childhood student population is increasingly multicultural, the cadre of providers in early childhood programs includes predominantly middle class White women (Artiles, Kozleski, Trent, Osher, & Ortiz, 2010; Couse & Russo, 2006; Hasslen & Bacharach, 2007; Keengwe, 2010). Pre-service teachers sometimes enter teacher education programs with blind assumptions, negative beliefs, or insufficient knowledge and dispositions about their students. Early childhood providers may form these beliefs from what they learned from their prior educational experiences (Carrington & Selva, 2010; Hasslen & Bacharach, 2007). When teachers encounter children and families culturally different from them, they may have trouble
effectively teaching and advocating due to lack of experience and difficulty relating to their culture. As a result, personnel are entering the field feeling like they have not been prepared to teach in ways that are socioculturally responsive (Espe-Sherwindt, 2008).

**Socioculturally responsive.** A key feature of socioculturally responsive practice assumes that providers are first and foremost culturally competent, meaning they can interact effectively with people who are socioculturally and linguistically diverse as discussed earlier. Barrera and Corso (2002) and Barrera et al. (2003) described sociocultural competence as the ability to interact with diverse people, communities, and situations in ways that are respectful, reciprocal, and responsive. Sociocultural responsiveness involves understanding distinctive characteristics of diversity and responding appropriately to the cultural variables that are a part of families’ lives (American Speech-Language Hearing Association [ASHA], n.d.). It is important for early childhood providers to understand the cultural experiences of their students and their influence on development and learning. Providers who are culturally competent actively work to ensure that all children and families are included in early childhood intervention and education, and to improve the learning outcomes of children with and without disabilities through culturally responsive and developmentally appropriate evidence-based practices.

Socioculturally responsive practice improves child outcomes when children’s languages and cultures are viewed as strengths (Lopez, 2016). The joint policy statement from the U.S. Departments of Health and Human Services and Education [HHS-ED] (2016) also defined culturally and linguistically responsive practices with family engagement to include “practices that honor the role of families’ culture, language, and experience in supporting their children’s learning and development” (p. 4).
Being socioculturally responsive to diversity means that early childhood providers allow individuals to define their identities in their own way rather than be shaped into how we want them to be. In order for this to occur, socioculturally responsive professionals recognize that their assumptions and preconceived notions about individuals do not necessarily reflect who they are and how they identify themselves. Although preconceived notions and judgments are unavoidable, a person exhibiting responsiveness makes the conscious effort to not allow these prejudgments and biases to influence their ideas about a person or cultural group (Barrera & Corso, 2002). In this way, individuals are then able to see ways that they connect and relate to diverse perspectives and learn about other cultures rather than assume they are incompatible (Allen & Steed, 2016). This allows providers to honor their connection with others and begin to address problems together rather than individually (Barrera & Kramer, 2012). Responsiveness focuses on being open to allow others to share who they are, and respect that we may not always know what to say to others who have different experiences and identities. Being responsive to families in communication allows professionals to focus on needs that families identify through strategies that are family centered.

Given the variability in how culture and diversity manifest, early childhood providers continue to face challenges in how they also understand the meaning of diversity and the realization that their assumptions about diversity and culture stem from their behaviors and experiences with diverse families (Barrera et al., 2003). One of these assumptions according to Barrera et al. includes the thought that cultural diversity is a static, inborn trait within a person. This can lead to false labels and stereotypes. Another assumption is that diversity can be ascertained simply by one’s ethnicity, which ignores cultural characteristics that can be a feature of multiple ethnicities. McBride (2011) noted that individuals should be cognizant of how they
may generalize a cultural characteristic or norm to an entire ethnic group, making things worse by perpetuating stereotypes, especially in situations when people are trying to foster cultural diversity.

In addition, the false assumption often made is that cultural diversity is deemed a risk factor, rather than an asset (McBride 2011). This leads to a deficit model perspective. By itself, cultural diversity is not a problem. It is the way people from the dominant culture, and their institutions, respond to diversity that becomes the issue. When early childhood providers fail to embrace cultural diversity, then diverse groups are at greater risk of becoming socially excluded (Barrera et al., 2003; McBride 2011).

The definitions of culture, diversity, and sociocultural responsiveness explain how the characteristics of individuals, which make them diverse, are all dependent on the context of their experiences. These cultural experiences undoubtedly influence learning and development, which can be explained through Vygotsky’s sociocultural theory.

**Sociocultural theory.** Until they were faced with the growing presence of multicultural classrooms, educators seemed unaware and unresponsive to the cultural influence on learning and education (Kozulin, 2003). With increasingly diverse students, educational institutions are reevaluating their ideologies and beginning to embrace a sociocultural approach to learning, recognizing that learning is socially constructed and mediated by an individual’s cultural experiences. Vygotsky’s sociocultural theory examined human development and learning on different levels, connecting the links between heredity, environment, and cognition. Vygotsky emphasized that learning is a product of how an individual interacts with his or her social context (Monzo & Rueda, 2006). Sociocultural theory embraces this interaction and defines culture as being mutually comprised of multiple components (e.g., people, society, biology, and history)
whereby one component of culture cannot be viewed exclusively from another (Mc Bride, 2011). Through various social interactions using unique cultural symbol systems (e.g. spoken and written language), an individual’s thoughts are formed (Moll, 2014). Learning is amassed over time in a complex social and cultural system in communities using symbol systems (Shabani, 2016).

Thus, sociocultural theory emphasizes the strong interdependence between individual and social experiences, where an individual then internalizes these culturally shared activities to develop their beliefs and ideas (John-Steiner & Mahn, 1996; McBride, 2011; Shabani, 2016). For example, when faced with something that is unfamiliar, individuals depend on other people with more experience to help guide them. They work together to learn useful strategies and skills in a collaborative way to co-construct knowledge. Over time they begin to take the lead in their own learning and develop their competence, continuing the interdependent cycle of collaboration and transformative knowledge construction (John-Steiner & Mahn, 1996). This sociocultural approach acknowledges that diverse cultures have their unique sets of tools and funds of knowledge (Kozulin, 2003).

The term Funds of knowledge refers to “the historically accumulated and culturally developed bodies of knowledge and skills essential for household or individual functioning and well-being” (Moll, Amanti, Neff & Gonzalez, 1992; p. 133). For example, funds of knowledge are the “result of people’s lived experiences, including their social interactions, their participation in multiple job markets, and their varied language-related activities (Esteban-Guitart & Moll, 2014; p. 36). These experiences are passed on throughout a community and shared by their cultures. It allows individuals to know what knowledge or skill is needed in a particular setting (Barrera & Corso, 2002). It is important for early childhood providers to
consider the funds of knowledge (i.e. cultural capital) that children possess, so that they can include the valuable cultural resources children have outside of their school environment. They can then integrate children’s funds of knowledge in ways that are meaningful for them in their classroom, which takes advantage of the dual capacity of school and home ecosystems. This is particularly relevant for socioculturally diverse children, since their home and school experiences often differ. Socioculturally competent providers place children’s cultural experiences and resources (i.e. funds of knowledge) at the forefront of practice. Early childhood providers should recognize that learning is socially constructed through cultural experiences across multiple environments, including home and family experiences.

**Family centered.** Parents often perceive professionals to be uninterested, unwilling, or ill prepared to meet their needs (Murray & Mandell, 2006). According to Ratcliff & Hunt (2009), schools are often so focused on the curricular and standardized testing demands that they sometimes neglect to see the importance of how children’s educational experiences need to be considered more broadly with family engagement in the school and home/community context. Addressing the needs of all families and recognizing the special relationships between the family and the child in early intervention and education settings is one of the central tenets of family centered practice. Dunst, Trivette , and Hamby (2007) define family centered practice as “an approach to working with families that honors and respects their values and choices and which includes the provision of supports necessary to strengthen family functioning” (p. 370). Family centered practice also requires that professionals hold positive views of parents, focusing on families’ strengths and their choices (Byington & Whitby, 2011). The perspectives, contributions, and needs of families should be included when working with young children, and practice should be centered on not only the child but also their family. For example, parents are
much more satisfied with their child’s early intervention planning meetings and empowered to be advocates when family-centered practices are used which build on family strengths and needs. (Byington & Whitby, 2011). In the case of IFSP and IEP meetings, for example, Byington and Whitby (2011) highlighted the importance of family centered practice when professionals adequately prepare families for such intervention planning meetings. Providing families with information beforehand and asking them about their concerns, priorities and resources to prepare for the meetings allows for effective collaboration between parents and professionals and gives parents a voice to advocate on their behalf (Byington & Whitby, 2011).

Family centered practices in the case of early intervention service delivery and home visits also include collaboration with families in decision making and family engagement in early intervention services. Although DEC (2014) and Departments of HHS and ED (2016) recommended practices emphasize this need for family engagement in early childhood education and intervention, research shows that most early intervention services and home visits are still focused greatly on direct interaction with the child, where parents are more passive as onlookers, not actively participating during a session or visit (Branson, 2015). For example, specifically coaching families to understand their active role during home visits and therapy sessions which allows families to participate is one example of family centered practices in early intervention (Branson 2015).

Families should be viewed as partners who are equally engaged in their child’s intervention and educational experiences. Research suggests that parents who are actively involved in their child’s intervention report greater satisfaction with the services they receive (Bruder & Dunst, 2015). However, early childhood providers are not engaging families in services to the extent recommended (Bruder & Dunst, 2015). Supporting parents and family
members is a means for achieving family centered practice focusing on a family’s identified needs. However, there is much more work needed for professionals to be family centered regarding cultural diversity, since minority families generally report fewer family centered services (Bailey et al., 2012).

**Early Childhood Provider Challenges**

Although the field of early childhood education has made these principles for culturally responsive and family centered practice a priority in preparing professionals to be culturally competent and family centered, there is a disconnect between research and implementation of practice in the field. Professionals may not really see the value in collaborative family centered practice or may not understand all its benefits (Hasslen & Bacharach, 2007; Murray & Mandell, 2004). The limited experience early childhood providers have with diverse children and families places even greater importance on providing opportunities for providers to connect with and serve their communities. This is particularly relevant for socioculturally diverse communities because diverse children and families continue to be underserved in schools, and teachers struggle to meet their needs. Understanding the specific cultural dilemmas and challenges early childhood providers experience with diverse children and families can provide additional information on what providers need to be socioculturally responsive.

The challenge of using socioculturally responsive, family centered practices in education can be further explained through the barriers in how teachers view families and what they believe their roles should be in schools. The attitudes and beliefs that early childhood providers hold about the families of their students undoubtedly influence their willingness to embrace family-centered approaches to practice.
**Teachers’ beliefs and practices.** Barnes et al. (2016) examined the practices and challenges childcare providers experienced related to family engagement. Fourteen participants across three focus groups were asked to discuss how they engage with families. Participants discussed family-centered communication with families through use of diverse communication modalities. For example, participants discussed how they used the internet, social media, and text messaging to efficiently communicate with families and engage them in their child’s educational experiences. However, experiences with parent involvement were discussed by participants as holding traditional expectations about parent volunteering in the classroom. Other challenges included misunderstandings about childcare providers’ rules and expectations, difficulty meeting parent demands, and lack of mutual respect between childcare providers and families. Findings from this study show how providers are using a variety of written communication strategies with families based on their preferences. However, providers still hold limited views about parent-professional collaboration and family engagement, as illustrated in their challenging interactions with families.

Lin and Bates (2010) also examined the beliefs of early childhood providers. Six Head Start educators were asked to reflect through a journal about their beliefs and attitudes of children and their families during two home visits. In their journals, participants shared how they became more compassionate and empathetic towards families of different backgrounds and cultures. They discussed how the home visit motivated them to want to include the child’s culture more in their classrooms, and want to invite parents more into the classroom to share their cultures. Through home visiting experiences, findings from this study illustrate how teachers seem empathetic to families’ needs and they share the importance of respecting families. They also shared how they want to incorporate families’ cultures in their classroom. While these
are family-centered and strengths-based beliefs about families, it is unclear whether these beliefs that were identified in participant journals have actually been used in their practices. In this study participants discussed what they believe in with families, and what they would like to do, but there is no evidence of increased family involvement translating into practice based on their home visit experiences.

In their study of 40 New Jersey pre-k through third grade teachers, Joshi, Eberly, and Konzal (2005) investigated how teachers defined parent involvement and culture. Findings showed that teachers defined parent involvement as communication with teachers, showing interest in the child’s learning, and parent participation in activities and parent-teacher conferences. Teachers stated that parents participate in the classroom by attending events and parties, chaperoning trips, and attending parent-teacher conferences, and that written communication with families is used more than phone calls and in-person communication. Teachers attributed this lack of involvement to time constraints, language barriers, and parents’ difficulty in understanding school culture or lack of interest in the child’s education. When asked how they acknowledge culture in their classrooms, teachers said that they read multicultural books, celebrate diverse holidays, study cultural heritage units, and invite parents to participate in these celebrations. The findings from this survey suggest that family involvement is limited to mostly parents helping in the classroom. Difficulty communicating with families seemed to be the greatest barrier, and including family culture was limited to surface level cultural diversity such as inclusion of holidays and diverse reading materials. The results from both studies indicate how teachers still rely on parent involvement in school directed activities, and are not truly engaged as defined by NAEYC and HHS&ED regarding family centered practices, specifically for diverse families. For example, family engagement policy underscores
the need for families to be equally involved as decision makers, in which families should participate in planning on boards and committees that builds on their interests, knowledge and leadership skills congruent with their cultures (HHS&ED, 2016).

Establishing socioculturally responsive environments means that teachers must diversify their teaching strategies to meet the needs of all children (Lee, Butler & Tippins, 2007). Teachers have their assumptions, attitudes, and beliefs about diversity based on their own life experiences. A case study by Lee et al. (2007) looked at the beliefs and practical knowledge about diversity from “Tiffany”, a first-grade teacher. From the interviews with this teacher, the researchers ascertained that Tiffany recognizes the importance of English as a Second Language (ESL) services since there are increasing numbers of ELL students in schools, and she understood the frustration many linguistically diverse children experienced. However, Tiffany stated that her greatest difficulty was communication with not only the students but also their families. She said that fostering their English skills should be a priority since finding translators was difficult. Tiffany believed that children and parents needed to acquire the mainstream culture’s language since children’s achievement in school was dependent on the classroom culture and not the child’s home culture.

In a similar study examining beliefs about diversity, Souto-Manning and Swick (2006) interviewed 37 teachers and assistant teachers regarding their beliefs about diversity and families. Results from the interviews highlighted that the reason most teachers gave for lack of family involvement was that they believed parents did not care. They also attributed English Language Learners (ELL) and African American students not achieving academically at the same rate of White English speaking students because they had a lack of parent involvement. The teachers in this study suggested that parents should assimilate regarding language, and that
the Parent Teacher Association (PTA) should hire people to teach ELL and African American families proper English.

**Ethical issues in practice.** In addition to surveying and interviewing teachers about their general beliefs and attitudes about family involvement, several research studies have focused on the specific moral and ethical dilemmas teachers encounter. Husu (2001) asked 26 kindergarten and elementary teachers to provide narratives about moral dilemmas they had encountered and to provide a solution, to see how teachers managed their dilemmas. Some of the dilemmas involved conflicts between teachers and parents, where teachers questioned whether the actions of the parents were in the best interest of the child. Teachers reported that most of these conflicts with parents went unresolved. Also, teachers had dilemmas about issues with their colleagues and challenges with communication. The findings from these narrative dilemmas showed that teachers had significant dilemmas with families, colleagues, and community, but in all three scenarios these dilemmas went unresolved. This suggests that teachers are not properly equipped with effective strategies in appropriately addressing their ethical dilemmas and using appropriate problem solving strategies.

Research suggests that early childhood providers continue to have issues with how to implement socioculturally appropriate practice because they face barriers in effectively doing so. Lee et al. (2003) studied the beliefs of 123 Infant/Toddler (Part C) and Early Head Start teachers regarding their beliefs and practices related to culture and diversity. Survey results showed that respondents rated importance for culture and diversity. They emphasized that it is important for them to obtain information from families specific to their cultures, and that they find reflecting on their own family cultures and experience to be just as important to consider along with strong views about the importance of family involvement and families’ social networks as sources of
support. The results affirm teacher beliefs that family involvement is an important practice, but very few claimed they actually implemented them, which highlights the apparent discrepancy between self-reported practice and beliefs about recommended practices.

**Disconnect between beliefs and practice.** The findings from the above regarding teacher beliefs about family engagement and family diversity and ethical issues related to their practice poignantly highlight the issues early childhood providers experience while trying to engage in socioculturally responsive teaching. Although providers recognize the needs of culturally and linguistically diverse families they continued to show preference for families assimilating to the school culture. This indicates that early childhood providers struggle to respond appropriately to student and family diversity. This notion that families should assimilate to school culture goes along with the current beliefs about family involvement, which are shaped by a history of teacher-dominant family involvement. For example, teachers viewed parent involvement in a limited capacity, such as volunteering in the classroom or chaperoning field trips (Barnes et al., 2016). Although many early childhood providers say they believe in parent involvement, when parents’ views and preferences are not in agreement with their views, they lack responsiveness to the family’s needs. Research has also suggested that teachers may not have experience with parents as leaders and do not know how to be inclusive of families in the process and truly engage them (Souto-Manning & Swick, 2006). The school culture may have norms and judge families by the level of their involvement. Unfortunately, early childhood providers often interpret lower family participation and visibility at school as meaning parents are not interested or do not care.

These studies highlight the apparent disconnect between research and practice regarding socioculturally responsive family centered practices. All studies noted how early childhood
providers view family involvement and inclusion of culturally diverse practices as an important aspect of their profession. However, when asked about their challenges with diverse families, many of the providers surveyed and interviewed seemed to lack the appropriate skills needed to address these cultural and family dilemmas. They do not seem to exhibit the skills to appropriately problem-solve these issues, therefore, these teacher beliefs do not always translate into practice. Providers may say that family involvement is important because that is the socially acceptable viewpoint in their profession. However, when asked about specific practices and strategies, they struggled to provide evidence that would support these attitudes and beliefs. This is because many early childhood providers have experiences that differ from their students’ cultural experiences. When they arrive at a situation, providers and students may often have different expectations. As a result, they form contradictory beliefs, which create cultural bumps.

**Addressing Teacher Challenges Through Third Space**

The use of third space theory provides a model to work through these cultural bumps and develop cultural understanding with one another. For example, third space can be used to help with early childhood providers’ dilemma problem solving, as research indicated earlier that providers do not have appropriate strategies to address their challenges and issues related to socioculturally responsive and family centered practice. Therefore, third space theory is particularly relevant for cultural competence because of the opportunity it provides in addressing cultural bumps and giving minorities a voice, where marginalized people create a cultural identity space that defies systems that are racist, classist, and sexist (Benson, 2010). One approach to help early childhood providers’ attitudes and beliefs that support improved communication and partnership between teachers and families is through Skilled Dialogue, which is derived from third space theory.
Third space developed as people and cultural practices (e.g. tools, symbols) traveled through various spaces and experienced activities that were contradictory to their own cultures. While this experience may create many opportunities for learning and diversity, it also causes cultural tensions and dilemmas (Skerrett, 2010). Bhabha (1994) first identified two cultural spaces, which includes one that is created by the majority (i.e. Eurocentrism) and imposed on the minority (i.e. socioculturally diverse), and one space that minorities view as their actual culture. Given the incongruence between these two spaces, minority groups reclaim their culture and identity by creating a third space (Benson, 2010).

Third space emerges from two spaces that are unequal in power. Third space is not considered to be a tertiary entity separate from the first two spaces, but is instead considered to be a part of both majority and minority cultural spaces. It is about how we can shift our understanding of cultural spaces from a dichotomous mindset to one that integrates and includes diverse values, behaviors, and beliefs within a continuum (Barrera & Corso, 2002; Levine, 2010). For example, a teacher may have an idea for a literacy activity based on a particular theme, for example zoo animals. However, this theme may not be relevant to particular groups in the class. Third space is created when children utilize their funds of knowledge (i.e. resources from their home experiences) to inform their ideas and participation about the group activity involving zoo animals. They may not have direct experience with ever visiting a zoo but may have seen it on television at home, or they may have experience with different animals in a natural habitat. In this situation, third space would integrate these diverse perspectives on the theme to meet the needs of children with different experiences without compromising the teacher’s plan. This is one way to address this cultural bump through use of third space.
Two perspectives, no matter how divergent, can be integrated into third space. Third space considers the richness of both cultural spaces and supports respect and fairness by not having one view dominate over the other. It is meant to be a skill that addresses contradicting perspectives so that differing views are complementary, not divisive (Barrera & Corso, 2002; Barrera & Kramer, 2007). The goal for professionals to be socioculturally competent through third space is embedded in their abilities to engage in respectful, reciprocal, and responsive interactions. Respect, responsiveness, and reciprocity include specific communication strategies that are effective in facilitating third space dialogue that is socioculturally responsive.

Overall, sociocultural theory and third space theory both illustrate the ways in which cultural experiences of children and their families influence their learning and development. Sociocultural theory describes how learning is amassed through participation in social interactions within a cultural context. Funds of knowledge refers to the specific skills and knowledge households use to function, which is based on their experiences. Individuals rely on these social interactions and on their home culture to understand the world around them and make meaning from their experiences. Socioculturally responsive professionals build on students’ strengths and cultural knowledge as a part of practice. Although this may seem like a simple task, early childhood providers often struggle to build on children’s strengths and use their funds of knowledge. Third space theory focuses specifically on the use of funds of knowledge and cultural capital within sociocultural theory to address cultural bumps that early childhood providers encounter. Skilled Dialogue is a strategy derived from third space theory and suggests using respect, reciprocity, and responsiveness as tools for effective communication and partnership to address these cultural bumps (Barrera & Corso, 2002). It allows both groups to
acknowledge their cultural perspectives and engage in dialogue that allows teachers to be respectful and responsive to diversity.

**Respect and responsiveness.** Collaborative partnerships with families that focus on family needs and strengths are made possible through respectful interactions and understanding of one another. Respectful interaction and communication involve acknowledging that boundaries exist and must be respected. Boundaries are markers, both tangible and intangible, that can allow an individual to either connect with or keep away from other people. Boundaries can be physical, emotional and spiritual, to name a few. Individuals establish these boundaries about themselves based on their individual preferences and cultural experiences. Respect acknowledges and accepts that boundaries exist between people (Barrera & Corso, 2002). It involves valuing others and allowing them to identify and define themselves, rather than focus on how we may see, label and define them. It also means that individuals should be able to identify their cultural identity or multiple identities rather than have their identity ascribed to them (Barrera & Kramer, 2012). Honoring this choice in how someone identifies his or her cultural experiences is one way to show respect.

For example, practitioners should be conscious of such labels and assumptions and make sure to consider the multiple language needs of families and conduct assessments in the child’s dominant language as well as include other languages if there is more than one. This practice highlights respect and inclusion for socioculturally and linguistically diverse children and their families, by not forcing an English-only assessment process and avoiding assumptions on the language abilities of families. This involves a strong degree of collaboration between professionals and families, so that “Practitioners build trusting and respectful partnerships with
the family through interactions that are sensitive and responsive to cultural, linguistic, and socioeconomic diversity” (DEC, 2014; p.9).

Respect for socioculturally diverse families can be explained further through what Barrera and Corso (2002) identified as an anchored understanding of diversity, which involves the ways individuals listen to others and overcome barriers and cultural bumps. It involves the difference between simply knowing about something, someone, or a culture and formulating cultural knowledge by experiencing it first hand. For example, with culturally and linguistically diverse families, professionals often overlook their home practices and they misunderstand or under appreciate these practices and may not consider them important to development and learning (NAEYC, 2009). When early childhood providers can communicate with parents effectively and gain firsthand experience with families themselves, they are more inclined to develop a level of respect for the home experiences of children as being equally valuable.

This experience fosters respect for diversity because it can help challenge previous assumptions, and helps one overcome judgment about others and moves to understand and accept them through finding common ground via third space. Anchored understanding, however, does not solely mean that there must be agreement between individuals, even though they are working to understand diverse perspectives. Thus, it is possible to have contradicting views and not be in full agreement, while still supporting understanding and showing respect. For example, some families have varying beliefs on formal schooling and the roles of the teacher and the roles of families (NAEYC, 2009). There may also be different perspectives between teachers and families regarding what is expected of students in school and at home.

**Reciprocity.** While respect focuses on honoring one’s identity and beliefs, reciprocity focuses on honoring voice building on respect. Reciprocity is about balancing power between
individuals in dialogue and recognizing that each person in the conversation is capable of holding his/her own point of view. Third space assumes that power is unbalanced between groups. Reciprocity provides an equal platform for individuals to be a part of the dialogue, meaning that one point of view does not overshadow the other (Barrera & Corso, 2002). Rather, reciprocity in third space levels the playing field, acknowledging that each person has something to offer to dialogue that is valuable. For practitioners working with families, reciprocity is about paying attention to how much she/he listens to families and their points of view. Often times as experienced professionals, much more time is spent talking to families than is spent actively listening to them. Therefore, reciprocity allows everyone to be both learners and teachers (Barrera & Kramer, 2012). These examples are some of the characteristics of cultural competence, which are necessary in order to be socioculturally responsive and family centered, as discussed earlier. Strategies that practitioners use to address their dilemmas and cultural bumps using Skilled Dialogue must align with recommended practices.

**Recommended Socioculturally Responsive and Family Centered Practice**

Family centered practices are defined and explained through standards for best practices by DEC and NAEYC. Both organizations address the need for culturally competent professionals and their commitment to family centered practice (Division for Early Childhood, 2014; National Association for the Education of Young Children, 2009). Specifically, these position statements highlight a strong professional commitment to practices that are also responsive to cultural diversity in addition to being family centered. One way for early childhood providers to make socioculturally responsive teaching possible is through family centered practice. (Denny, Itkonen & Okamoto, 2007). This reflects not only culturally competent practice, but also more specifically family-centered practice, which DEC defined as
“practices that treat families with dignity and respect…and involve family members in acting on choices to strengthen child, parent, and family functioning” (DEC, 2014; p.9). In this review, family centered practice will be explained through family engagement and family-professional collaboration.

**Family engagement.** Both DEC and NAEYC have redefined the concept of parent involvement and characterize it more comprehensively. Past research shows that family involvement was limited to a parent’s ability to adapt to activities and interactions defined by the school. To be considered an involved parent, one needed to participate in activities that were specifically outlined by school or program staff. This included roles like volunteering in the classroom, chaperoning trips or attending activities, as well as involvement in parent organizations (NAEYC, 2009).

Although these examples may be considered positive interactions, parent involvement in this traditional sense is unidirectional and controlled by the interests of the school and not guided by the preferences of the family. As opposed to parent involvement, family engagement views families more broadly and works to include other family members, such as siblings and grandparents. Family engagement involves the process of including families in programs and activities that support children’s development, learning, and overall wellbeing (HHS-ED, 2016). Family engagement also extends activities from the classroom to be sustained at home with families as essential partners, which encourages continuity of learning and values learning at home. Thus, family engagement recognizes that family participation can look different for each family, and family engagement takes place through ongoing partnerships focusing on family strengths. (HHS-ED, 2016; NAEYC, 2009). To build on supporting family strengths, DEC recommended practices states in standard F5 that “Practitioners support family functioning,
promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities” (DEC, 2016; p.18). Family centered practice values family engagement as a way to build partnership between home and school. Family engagement allows teachers to incorporate children’s cultures into the classroom, which respects family diversity (Barnes et al., 2016). Also, family engagement allows for ongoing collaborative partnerships, which is also an integral part of family centered practice.

Collaborating with families and empowering them to take leadership in their early intervention services is another characteristic of family centered practice. Family centered practice must also be individualized and socioculturally responsive, with the premise that family involvement should be based on family diversity and their concerns, priorities, and cultures (Bailey, 2001; Pretti-Fronczak et al., 2002). Espe-Sherwindt (2008) also defines family centered practice as including a component honoring family values and choices. DEC recommended practice F7 also supports family choice in service provision, stating “Practitioners work with the family to identify, access, and use formal and informal resources and supports to achieve family-identified outcomes or goals” (DEC, 2016; p.18). This is specifically important when working with socioculturally diverse families, as family values and choices for outcomes and goals may differ. Thus, practitioners to be sensitive to family choice and accommodating to family-identified needs.

**Collaborative family partnerships.** Ongoing partnerships allow families to be equally engaged in the educational process for their child. Family-professional partnerships are successful when families, practitioners, and policy makers work together (Barnes et al., 2016). DEC recommend practice states that “Leaders promote efficient and coordinated service delivery for children and families by creating the conditions for practitioners from multiple disciplines
and the family to work together as a team” (DEC, 2016; p.10). This guideline illustrates how family involvement is more than just being recipients of services and education for their child, but that decisions for practice must be made with equal voice, consideration, and participation from families in interdisciplinary teams. Considerations for family diversity are also reflected in family partnerships through DEC recommended practice F1: “Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socio-economic diversity” (DEC, 2016; p.16).

These standards highlight the need for schools to engage families in all aspects of their child’s education. For example, including families throughout their child’s educational experiences is not only for collaborating with them so that they can participate in school-led activities, but it is also intended to instill a sense of empowerment to advocate for their child and family. Dunst and Dempsey (2007) define empowering outcomes as meaning “attitudes, knowledge and behaviors associated with perceptions of control, competence, and confidence” (p.306). Thus, working with parents and caregivers should be structured in a variety of ways that will fundamentally empower them as a family, where they feel like equitable participants in the team (Bailey, 2001; Barnes et al., 2016).

Dunst and Dempsey (2007) define parent-professional partnerships to include interactions between parents and professionals that are mutual, complementary, and most importantly, reciprocal. Therefore, the key to family centered services for professionals is to recognize the family’s involvement in identifying what it is that they need, and not necessarily what professionals think families need (Crais et al., 2006). Espe-Sherwindt (2008) and Blue-Banning, Summers, Frankland, Nelson and Beegle (2004) also identified several key elements to empowering families based on a family centered approach. First, it is important to focus on the
emphasis of family strengths, not deficits (Lopez, 2016). Second, there is the need to promote family choice and control over desired resources. Both strategies are achieved by developing a collaborative relationship between parents and professionals, and family centered practice is most effective when it is family directed and responsive to needs and concerns that they directly identify (Kaczmarek et al, 2004; Pretti-Frontczak, Giallourakis, Janas & Hayes, 2002). Families can be involved in identifying what it is they need and work together with early childhood professionals to access the appropriate resources. For example, professionals can provide families these resources and offer services that will help them overcome barriers, as well as refer families to services that will help the individual family with their needs, whether it is education, health, safety, or economic resources (NAEYC, 2009).

In addition to partnering with families to address their self-identified needs and providing appropriate resources, the DEC Recommended Practices emphasize that with assessment and learning environments, practitioners should include family participation in the assessment process and consider their preferences and self-identified needs. This means that families should also play a fundamental role in the decision-making process for their child. Families’ expertise, interests and concerns must be included in service plans, and programs must ensure that they are supported in achieving their goals for their family and child (DEC, 2014). In addition, programs must provide opportunities for families to connect these plans and goals to the home environment (NAEYC, 2009).

Birth to age 3 programs (Part C of IDEA) are already focused on providing services to families within natural environments like the home. In these scenarios, therapies are often embedded within natural routines for care and play. However, there may be variability in how involved families are with the early interventionists in providing direct service. Some families
may sit on the floor during play therapy or be actively involved with a therapist and child during routine care as opposed to standing back and letting an interventionist take over. The caregivers know their child’s abilities and preferences best, and can provide valuable information to the service providers as well as have opportunities to be actively involved in the entire process, including service delivery. Encouraging parents to be actively engaged values their knowledge and expertise and allows them to be equal partners with processinals.

Programs that serve children in child care centers and primary schools interact with families outside of the child’s natural home environment. In this setting, the roles of the family and their level of participation often focuses on meeting the needs of the child as they relate to the school’s program. Increased family participation in schools allows teachers to appreciate the fundamental roles families play in the educational process more so than just focusing on child educational outcomes. Similarly, Espe-Sherwindt (2008) notes that family centered practice recognizes that working with families has a positive effect, so the importance is how educational experiences take place more than specifically what a process or outcome for children may be. Crais, Roy and Free (2006) provided an example of this as it relates to child assessment. They note that parents are part of an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP) team and planning services, but are not included as much in the assessment components that lead up to the IFSP or IEP. Their role in assessment is usually limited to being an informant, where they describe their child’s routines and behaviors. Although parents are being involved in the child’s educational services more and seem to be satisfied with that, there are particular areas in service delivery, namely assessment, that are still professionally centered (Crais et al., 2006). Parent involvement is viewed as more than just signing off on an assessment or a set of goals, instead it is focused on parent involvement throughout all of the child’s
For children receiving services under Part B of IDEA, services are often based in childcare centers and preschool classrooms, so service provider contact with families is usually by phone or written communication. Kaczmarek et al. (2004) state that in preschool classrooms “The ongoing identification of family resources, priorities, and concerns, and the provision of many family services…are difficult to incorporate into a delivery system that has been traditionally classroom based and child focused” (p.214). Therefore, engaging families throughout preschool programs should become a more widely adopted practice. This is not just the case for children with Individualized Education Plans (IEPs), but rather family engagement should be encouraged in all programs with all children, particularly with socioculturally and linguistically diverse children (NAEYC, 2009).

Head Start programs have made a strong effort to involve families by making it one of their requirements to collaborate with parents and family members of the children they serve. Teachers conduct home visits periodically to better understand the child’s family and community experiences. Home visits allow professionals to see the child’s cultures and witness firsthand ways that activities can be supported at home (NAEYC, 2009). Also, parents are given opportunities to participate in educational activities such as workshops on child development or relevant topics, participation on committees or other program planning divisions, and also actively engaging in their child’s classroom such as volunteering or helping with activities (Kaczmarek et al., 2004). This is one of many examples of how families can play an active role in a child’s education, which helps foster collaboration among family members and professionals.

Successful partnership and collaboration with families is one of the main tenets of family
centered practice. It promotes family engagement and serves as the foundation for including families in all aspects of early childhood special education and intervention. These effective relationships between parents and professionals are likely to have empowering benefits for families (Dunst & Dempsey, 2007).

Early childhood providers are accountable for whether children and families have received services, the quality of the service, family satisfaction, and whether goals and objectives have been attained (Bailey et al., 2012). The Early Childhood Outcomes (ECO) Center funded by the Office of Special Education Services (OSEP), acknowledged the need to assess family and child outcomes from early intervention services. Based on extensive research, they proposed five family outcomes: 1) Families know their rights and advocate effectively for their child; 2) Families understand their child’s strengths, abilities, and special needs; 3) Families help their child develop and learn; 4) Families have support systems; and 5) Families can gain access to desired services and activities in their community (Eply, Summers & Turnbull, 2011).

From this ECO study, practitioners, administrators, and parents rated family satisfaction and improved family quality of life (FQOL) as outcomes they desired most from early intervention services. These five outcomes all relate to the quality indicators of family partnerships and collaboration, empowerment, and sociocultural responsiveness. Thus, family centered practice has promising positive outcomes in many child and family domains. In their study, Blue-Banning et al. (2004) found that early intervention programs that were evaluated as family focused, which engaged in meaningful partnerships between families and professionals, tended to foster a stronger sense of personal control and self-efficacy on the part of parents. And thus, parents rated greater satisfaction with early intervention services. In this way, professionals are responsive to the needs of families.
This paradigm for family centered practices highlights the importance of sociocultural responsiveness and effectively meeting the needs of all families, particularly culturally diverse families. Professionals who do so utilize a strengths-based perspective of families and understand that all families are involved in their child’s life. In order for early childhood providers to work effectively with children, they must also collaborate with families through partnerships that are co-constructed and based on mutual trust. They must also support ongoing, reciprocal interaction and effective communication that is respectful and responsive to their culture(s) (NAEYC, 2009).

**Conclusion**

Understanding the ways early childhood providers work with diverse children and their families--and possible challenges they encounter--can also inform how personnel preparation programs might better prepare early childhood providers to be culturally competent. Also, greater attention should be given to how professionals demonstrate cultural competence and partner with families in ways that are responsive to the cultures and individual needs of families. Given the need for family centered and socioculturally responsive teaching practices in early childhood programs, it is critical that early childhood providers have the appropriate skills and dispositions to collaborate with all families in a family centered manner that respects child, family, and community diversity. It is not simply enough to acknowledge that cultural experiences are significant for learning. Research indicates that regardless of beliefs on the importance of meeting the needs of all families, many early childhood providers still struggle to implement responsive and respectful strategies, particularly in situations where they experience dilemmas and cultural bumps. Therefore, early childhood providers need support in addressing
cultural dilemmas so that they can appropriately meet the needs of diverse families in ways that are consistent with professionally recommended practices.
CHAPTER 3: METHOD

This study explored the dilemmas early childhood providers experience when working with socioculturally, linguistically and ability diverse children and their families. In addition, this research study aimed to identify the problem-solving strategies and supports early childhood providers use to solve their dilemmas using family centered practices. The three research questions guiding this study were: (1) What problems of practice (i.e. dilemmas) do early childhood providers experience related to working with diverse families? (2) What problem solving strategies do early childhood providers consider in addressing their dilemmas? and (3) Do early childhood providers’ identified problem solving strategies align with recommended socioculturally responsive and family centered practices?

This chapter will first provide the context for the study, including the research design, which was adopted from an existing evaluation study conducted in a School of Education at a public university in the southeastern United States (University A), as well as additional data collected from graduates of a similar program in a second public, southeastern university in the United States (University B). Next the research procedures for the study will be outlined. This includes procedures for the evaluation study at University A (phase one) and procedures for additional data that were collected with graduates from the University B (phase two). Finally, data analysis procedures will be described.
Research Design

The above research questions utilized qualitative methods for the data collection, interpretation, and analysis. Qualitative research involves a systematic approach to exploring phenomena seeking to understand a specific problem (Mack, Woodsong, MacQueen, Guest, Namey, 2005). Qualitative methods assist in obtaining a complex understanding of problems and phenomena based on the firsthand perspectives of the attitudes and beliefs of the population studied (Brantlinger, Jimenez, Klingner, Pugauch, and Richardson (2005).

For the study, focus groups were used to encourage and facilitate early childhood providers to discuss their dilemmas in collaborative conversations. The use of focus group discussion is a way to effectively highlight cultural or group norms and determine the issues with which they are concerned (Mack et al., 2005). Unlike individual interviews, focus groups foster a climate allowing for stimulating interactions among its participants. Focus groups allow participants to have thorough conversations in which they reject, challenge, and affirm one another’s viewpoints (Stewart, Shamdasani & Rook, 2007). This dynamic conversation captured in focus group discussions allows expression and development of perspectives, and often generates more information than individual interviews or surveys might contain (Kucharczyk et al. 2015; Stewart, Shamdasani & Rook, 2007). Thus, focus groups were used in this research study to facilitate collaborative conversations. This allowed participants to discuss how their teaching challenges were similar or dissimilar and collectively identify strategies to address their professional dilemmas.

For this study, focus groups were particularly useful in collectively highlighting common issues and problem-solving strategies experienced by early childhood practitioners. For example, a teacher’s dilemma may include her challenges in communication with linguistically
diverse families. Another participant in the group may have experienced similar circumstances and would be able to discuss ways that he or she was able to address the situation. Teachers shared their dilemmas individually, but the conversations they had with focus group members allowed them to collectively problem-solve based on their shared experiences and observations.

An additional benefit of using focus group sessions was the opportunity for participants in this study to reunite with peers from their program allowing them to reconnect with one another. Early childhood providers often work in environments where they feel they are alone, isolated, and ignored. Having the support of peers when voicing frustrations and dilemmas allowed participants to feel like they were being heard and supported. These sessions gave them an opportunity to reflect on their practices and leave with new ideas and strategies for addressing their teaching dilemmas.

In this study, transcript and demographic data from focus groups conducted as part of an existing evaluation study at University A were used. In addition, similar focus group sessions were conducted in the same format with graduates from a similar program at University B.

Setting Characteristics

University A (phase one). The research study was adapted from an existing research project conducted in the School of Education at University A. University A is a large, Southeastern public university and serves approximately 30,000 students. University A is considered a research one (R1) university. The Master’s degree in education (M.Ed.) is a 2-year advanced degree program that allows to receive a Master’s degree in Education with a specialization in Early Childhood Intervention and Family Support with advanced Birth-Kindergarten licensure (BK license). Students in the program were required to have a Birth-Kindergarten teaching license and two or more years of related work experience. Students
typically work as teachers and early interventionists in early childhood and elementary school settings. Students with a bachelor’s degree but no prior BK license can also participate in the program as licensure-only candidates, where they receive BK teaching licensure but do not receive the Master’s Degree in Education (M.Ed.). Many of the students in this program have received tuition and stipend funding through one of two U.S. Office of Special Education Programs (OSEP) personnel preparation grants, also known as the Diversity Specialization. The focus of the OSEP grants included preparation focused on meeting the needs of families and young children with disabilities from culturally, linguistically, and socioeconomically diverse backgrounds. The first diversity grant at University A began in 2007 and continued to 2012. The focus of this grant was sociocultural diversity. The second diversity grant at University A began in 2013 and continued until 2016. The primary focus of this grant was sociocultural diversity and focusing on children and families who are immigrants and refugees. Both grants were similar in their program requirements, related coursework and experiences, but were funded separately through OSEP.

**Grant specialization.** In exchange for funding, students in the grant program were required to complete at least two of the specialized courses focused on sociocultural diversity as well as complete a 50-hour research apprenticeship. Specialty courses that were offered included: Spanish for Educators; Working with Language Minority Students; Critical Multicultural Education; and Immigration and Education. Students enrolled in two of the above courses depending on their scheduling needs and the semesters the courses were offered.

Other required courses in the program also infused more specific diversity content. For example, in the Families & Teams: Sociocultural and Interdisciplinary Perspectives course, students were paired with socioculturally and ability diverse families as part of a family
internship. Class sessions particularly emphasized strategies for partnering with diverse families. Students in the course also completed autobiographical writings, which encouraged them to reflect on their own cultures. The Teacher as Leader & Researcher course allowed students to participate in their own research projects, in which many students studied various diversity topics as they related to their practice. In addition to completing the two specialized courses, diversity grant students also completed a 50-hour research internship related to topics of diversity. Students worked with a faculty member in the program or with research scientists at a nearby research institute to assist on research projects pertaining to early childhood education and intervention.

University B (phase two). University B is a Southeastern, midsize, public university with approximately 18,000 students enrolled. It is a research two (R2) university. University B has a Master’s degree program focused on early childhood education and intervention. It is an interdisciplinary program administered by two departments: Human Development and Family Studies and Specialized Education Services. This is a 2-year advanced degree program allowing experienced teachers to receive a Master’s degree in early childhood education and intervention with advanced Birth-Kindergarten licensure. They became an online program in the Fall semester of 2009. Many of the students in the program currently worked as teachers in early childhood education programs and as early intervention service providers, although a Birth-Kindergarten license and minimum early childhood experience were not required for admission during this diversity grant period, unlike University A. Many of the students in this program have received tuition and stipend funding through a U.S. OSEP personnel preparation grant, also known as the Diversity Grant. The focus of their OSEP grant included preparation centered on sociocultural and linguistic diversity.
**Grant specialization.** In exchange for funding, students in the grant program at University B agreed to attend monthly seminars for 1 credit hour each semester for a total of three consecutive semesters, totaling 3 credit hours (the equivalent of 1 elective course) over the course of their program. Seminars included readings, reflection papers, and discussions on various topics related to diversity. The monthly grant seminars were facilitated and taught by the grant coordinator. Other courses in the program focused on topics of inclusion and diversity. For example, the Diversity and Inclusive Care and Education and the Inclusive Family-Centered Practices courses were both required as part of the M. Ed. program. These courses included content related to working with socioculturally diverse children as well as incorporating family internship experiences that paired students with socioculturally diverse children and families with disabilities.

**Grant Competencies**

The purpose of the Diversity Grant programs at University A and University B was to prepare socioculturally responsive and family centered practitioners who can work effectively with young children with disabilities from socioculturally diverse backgrounds and their families. The grant programs required specific student competencies needed to achieve the overall program goal. Categories for these competency goals included: a) family-centered; b) socioculturally and linguistically responsive; c) interdisciplinary collaboration and leadership; and d) evidence-based practices. Table 3.1 illustrates a sample from the competency goals related to family-centered and socioculturally and linguistically responsive practices from University A and University B. The complete list of grant competencies can be found in Appendix G.
<table>
<thead>
<tr>
<th>Competency Area</th>
<th>University A</th>
<th>University B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Centered</strong></td>
<td>Value and honor individual family perspectives, values, and concerns</td>
<td>Build family and community partnerships.</td>
</tr>
<tr>
<td></td>
<td>Develop an understanding of how their own family backgrounds and experiences may influence their own interactions with families</td>
<td>Demonstrate respectful, reciprocal relationships with families and communities.</td>
</tr>
<tr>
<td></td>
<td>Develop skills in communicating, reflective listening, and establishing rapport with families from various sociocultural backgrounds</td>
<td>Prepare for teaching and learning by connecting with ALL young children with and without disabilities including those at-risk and their families</td>
</tr>
<tr>
<td></td>
<td>Ensure that all families are included in all aspects of their children’s early intervention programming</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Demonstrate a family centered or guided approach to child assessment and intervention</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Engage in collaborative interactions with family members focused on facilitating the child’s development and strengthening the family’s role in nurturing their young child with disabilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Advocate for family centered principles with professional team members and administrators</td>
<td></td>
</tr>
<tr>
<td><strong>Socioculturally &amp; Linguistically Responsive</strong></td>
<td>Gain information about the ways individual families define their own race, religion, home language, culture, and family structure.</td>
<td>Understand the central concepts, tools of inquiry, and structures of the discipline(s) they teach and can create classroom environments and learning experiences that make these aspects of subject matter accessible, meaningful and culturally relevant for diverse learners.</td>
</tr>
<tr>
<td></td>
<td>Provide information to families in a language and manner families can understand;</td>
<td>Understand how students’ cognitive, physical, socio-cultural, linguistic, emotional, and moral development influences learning and address these factors when making instructional decisions.</td>
</tr>
<tr>
<td></td>
<td>Counter potential bias and discrimination by treating all children with respect and consideration;</td>
<td>Acknowledge and understand that diversity exists in society and utilize this diversity to strengthen the classroom environment to meet the needs of individual learners.</td>
</tr>
<tr>
<td></td>
<td>Initiate activities and interactions with children encouraging positive self-identity and the valuing of differences among children and families;</td>
<td>Reflective practitioners who are committed to educational equity.</td>
</tr>
<tr>
<td></td>
<td>Implement curriculum and interventions reflecting responsiveness to home values, beliefs, experiences, and language;</td>
<td>Promote child development and learning for ALL young children with and without disabilities, including those at risk.</td>
</tr>
<tr>
<td></td>
<td>Provide children with a variety of opportunities and materials to build their understanding of diversity in culture, family structure, ability, and language;</td>
<td>Support the learning of ALL young children with and without disabilities, including those at-risk.</td>
</tr>
<tr>
<td></td>
<td>Understand the challenges of second language acquisition for young children with disabilities and their families;</td>
<td></td>
</tr>
</tbody>
</table>
Acknowledgement of Unique Sample

The coursework, seminars, and field experiences in both grant programs exemplify the strong commitment to diversity at both University A and University B. Participants in this research study (grant program graduates) were provided with specialized training and experiences focusing on family centered and socioculturally responsive practices. Hence, it must be noted that the grant programs included in this research study are unique in comparison to traditional early childhood education and intervention degree programs. Due to the extensive diversity training the participants received, their perspectives and experiences may be different from practitioners trained in traditional early childhood education and intervention programs. Also, participants are highly skilled practitioners with an advanced degree and have several years of experience in education and intervention. Therefore, their experiences may also differ in comparison to pre-service teacher candidates or newly inducted teachers.

The two programs were chosen for this study based upon the researcher’s involvement with both universities, which will be described in the next section. The researcher is familiar with the program components across the two universities and had access to detailed program information as well as access to graduates, which was used to recruit participants. The universities and participants chosen for this study were a sample of convenience, and may not be representative of the general cadre of early childhood teachers.

Role of Researcher

Qualitative researchers must position themselves relative to the phenomenon they are examining in order to recognize the complexity in their interpretations of the research data. Creswell (2008) stated that qualitative researchers must be aware of their potential to show bias and authority over participants, procedures, and the interpretations of the study results. The
researcher has several personal and professional experiences that have advantages and
disadvantages to the research study’s implementation. Thus, it is important to explicitly address
these roles.

Before attending graduate school, the researcher worked in public schools as an Applied
Behavior Analysis therapist for young children with Autism Spectrum Disorder and taught
infants and toddlers in childcare programs. The school district where the researcher first gained
experience with young children was in Northern California, a part of the United States
recognized for its saturation of culturally and linguistically diverse children and families. As a
child of Turkish immigrant parents, the researcher has experience as both an educator of diverse
children and their families, but also someone who personally identifies as culturally and
linguistically diverse. The researcher is the first woman in her family to attend college. She is
Middle Eastern, multilingual in Arabic, English, and Turkish, and is Muslim. She is married to
an immigrant from Pakistan. The researcher was raised by low-income immigrant parents who
arrived in the United States in the 1970s to pursue higher education.

As a child of immigrant parents, particularly with a mother who spoke no English for
many years, the researcher attended English as a Second Language (ESL) programs in grade
school before developing fluent English skills by the fourth grade. Issues of cultural, linguistic,
and socioeconomic diversity are very delicate to the researcher due to her personal upbringing as
an ethnic and socioeconomically diverse student. As a result, her attitudes and perspectives
about diversity in education are deeply influenced by her early experiences as a student in U.S.
public schools and witnessing instances where educators were not socioculturally responsive to
her and her family’s needs. These experiences will undoubtedly influence the researcher’s
perspectives on socioculturally responsive teaching strategies.
In addition, the researcher attended University B for her Master’s degree in early childhood education. She was a grantee of the Office of Special Education Programs (OSEP) personnel preparation grant and received funding for her graduate studies through their Diversity Grant. She was a student in the first cohort of Diversity Grant recipients (Fall 2007-Spring 2009) and participated in their grant program. Several of the participants from University B focus groups were the researcher’s former classmates.

At University A, the researcher served as the project coordinator and graduate assistant for two and a half years on their OSEP personnel preparation training grant, also known as the Diversity Grant. Her duties as project coordinator allowed the researcher to build relationships with students in the grant program. Her roles included collection of student information and data, co-teaching Diversity Specialization classes in the Master’s program, and also facilitating some focus group sessions with graduates of the Diversity Grant program.

These experiences as both a grant recipient at University B and as project coordinator at University A for both diversity grants can be an advantage for the researcher because she is able to understand firsthand the experience of students in these programs and analyze the data from multiple perspectives. Conversely, she has had a vested interest in both of these programs and may show bias in her views. Also, her close relationship with participants and with work through the programs may also inhibit discussions among participants, particularly in the University A group if students felt intimidated by the researcher’s role.

**Procedures**

The research project at University A examined the teaching and practice dilemmas of graduates from their early childhood Master’s degree program, specifically graduates who received funding through the U.S. Office of Special Education Programs (OSEP) personnel
preparation training grants. Graduates of this grant program were invited to return to the university to participate in focus group discussions about their teaching dilemmas, as well as provide feedback on their specific diversity grant program experiences. At University A, the sessions are known as *Reconnect and Recharge*, or *R&R*. These sessions allow program graduates to reconnect with peers and network as well as gain support from one another. The following will discuss the specific procedures implemented for these focus group sessions, including recruitment, participant information, and data collection procedures.

**Participants (phase one).** In October 2012, all 34 of the diversity grant graduates from 2009 through 2012 who participated in the first diversity grant were sent a letter (Appendix A) through email from the grant program coordinator(s) inviting them to participate in a diversity grant reunion and focus group discussion. Graduates were emailed using the contact information they provided to the grant coordinators upon completion of the program. Of the 34 graduates, 11 responded to participate in the R& R sessions. All respondents were included in the sessions. The only criterion for inclusion or exclusion for participation was that the participant needed to be a graduate of the diversity specialization grant between 2007 and 2012.

Again, in Fall 2014, a cohort of graduates from the second diversity grant from 2012 through 2014 were invited to participate in a grant reunion and focus group discussion. Ten graduates of the total 16 graduates from this cohort responded to participate in the sessions. The only criterion for inclusion or exclusion for participation was that the participant needed to be a graduate of the second diversity specialization grant between 2012 and 2014. In addition, all participants in University A’s sessions received $75.00 to cover the cost of travel and compensate them for their time. Thus, a total of 21 grant program graduates from University A
who were recipients of one of the two OSEP funded Diversity grants participated in focus groups as part of the study. Participant characteristics for University A are presented in Table 3.2.

<table>
<thead>
<tr>
<th>Table 3.2</th>
<th>Participant Characteristics (University A), n=21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Characteristic</td>
<td>N</td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>20-29</td>
<td>7</td>
</tr>
<tr>
<td>30-39</td>
<td>6</td>
</tr>
<tr>
<td>40-49</td>
<td>6</td>
</tr>
<tr>
<td>50+</td>
<td>2</td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>18</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>3</td>
</tr>
<tr>
<td>Years of experience</td>
<td></td>
</tr>
<tr>
<td>1-4</td>
<td>3</td>
</tr>
<tr>
<td>5-10</td>
<td>8</td>
</tr>
<tr>
<td>11-19</td>
<td>5</td>
</tr>
<tr>
<td>20-29</td>
<td>3</td>
</tr>
<tr>
<td>30+</td>
<td>1</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
</tr>
<tr>
<td>Age range of children served</td>
<td></td>
</tr>
<tr>
<td>Infants &amp; Toddlers</td>
<td>1</td>
</tr>
<tr>
<td>Preschool (age 3-5)</td>
<td>14</td>
</tr>
<tr>
<td>Kindergarten</td>
<td>3</td>
</tr>
<tr>
<td>School-age (6 years +)</td>
<td>3</td>
</tr>
<tr>
<td>Work Setting</td>
<td></td>
</tr>
<tr>
<td>Pre-K/Head Start</td>
<td>10</td>
</tr>
<tr>
<td>Public school</td>
<td>10</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
</tr>
</tbody>
</table>

Participants (phase two). Graduates of the University B diversity grant program (2009-2012) were contacted by email based on contact information graduates provided upon completion. To maintain confidentiality and anonymity of the graduates, the researcher provided a recruitment letter to the former grant coordinator. The grant coordinator sent the recruitment letter to all 30 program graduates by email (Appendix B). Two emails were reported back as undeliverable. The only criterion for inclusion or exclusion for participation was that the participant needed to be a graduate of the diversity specialization grant. Participants were
offered a $75.00 gift card to a major retail store for participating in the study. University B graduates who were interested in attending the focus group sessions were asked to contact the researcher by email or phone. Ten respondents contacted the researcher to participate. One respondent became ill the day before the session and did not participate. A total of nine graduates participated in the focus groups. Focus group sessions were held on two consecutive Saturday mornings in December 2016 and one Saturday morning in January 2017. The first focus group had 4 participants, the second focus group had two participants, and the third focus group had three participants. Participant characteristics for University B are presented in Table 3.3

<table>
<thead>
<tr>
<th>Table 3.3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Characteristics (University B), n=9</td>
</tr>
<tr>
<td>Characteristic</td>
</tr>
<tr>
<td>Age</td>
</tr>
<tr>
<td>20-29</td>
</tr>
<tr>
<td>30-39</td>
</tr>
<tr>
<td>40-49</td>
</tr>
<tr>
<td>50+</td>
</tr>
<tr>
<td>Race</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
</tr>
<tr>
<td>Native American</td>
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<tr>
<td>Years of experience</td>
</tr>
<tr>
<td>1-4</td>
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<tr>
<td>5-10</td>
</tr>
<tr>
<td>11-19</td>
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<tr>
<td>20-29</td>
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<tr>
<td>30+</td>
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<tr>
<td>Age range of children served</td>
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<tr>
<td>Infants &amp; Toddlers</td>
</tr>
<tr>
<td>Preschool (age 3-5)</td>
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<tr>
<td>Kindergarten</td>
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<tr>
<td>School-age (6 years +)</td>
</tr>
<tr>
<td>Work Setting</td>
</tr>
<tr>
<td>Pre-K/Head Start</td>
</tr>
<tr>
<td>Public school</td>
</tr>
<tr>
<td>CDSA/EI</td>
</tr>
</tbody>
</table>
Benefits/risks to participants (phase one & phase two). Participants from University A received a stipend of $75.00 for participating in the focus group sessions. University A participants were compensated through the diversity grant funds as part of their program evaluation study. Participants in the University B focus groups each received a $75.00 gift card that was purchased by the researcher. Additionally, participants received breakfast and snacks at the sessions.

There was minimal risk to participating in these focus group discussions. These risks were explained to participants in the consent forms for both Institutional Review Board (IRB) approved studies (Appendix C). It is possible for a participant to feel frustrated and experience emotional distress when discussing their dilemma, or if they feel like their efforts as teachers may be unsuccessful. Any serious risk for harm from this is unlikely. Group facilitators minimized this risk by guiding the discussion to remain respectful and productive. Another possible risk to participants is if their identity is revealed or discovered by others. Participants provided informed consent that is consistent with IRB protocol in which they are given information about the study, told they can withdraw at any time without judgment or penalty, and they also provide consent for audio taping (Appendix C). It is unlikely that participant identity will be revealed since the research study data removed identifying information when transcribing sessions. Participant names and places of employment were given pseudonyms in the focus group transcripts. Also, audio recording files were erased after the sessions were transcribed.

Data collection. To understand early childhood providers’ practice dilemmas and problem-solving strategies, seminars were modeled from a Critical Friends Group design (National School Reform Faculty [NSRF], 2014). Critical Friends Group is a particular type of
professional learning community based on small group discussions. The Critical Friends Group model acknowledges the complex challenges teachers face in their practice (Bambino, 2002). To address these challenges teachers are encouraged to discuss dilemmas they encounter in teaching.

Critical Friends Group originated as a model for supporting teachers in addressing their teaching dilemmas and improving pedagogical approaches for all students. This is accomplished using critical and reflective discussion with peers. Critical Friends Group protocol includes facilitated and structured group conversation encouraging participants to reflect on their practices and use critical problem-solving skills. This collaborative group process occurs through giving and receiving feedback within the group (Bambino, 2002). For example, a participant’s dilemma may be that she is having difficulty implementing strategies for a child with behavior needs. Using positive and encouraging conversation, peers in the Friends Group work collaboratively to examine the dilemma from multiple viewpoints and provide feedback to help the teacher address the issue. Through this process, Critical Friends Groups work together to create new solutions for overcoming their professional challenges. Thus, collaborative conversations through Critical Friends Groups help foster a sense of community for early childhood providers where they feel supported.

The support early childhood providers receive through a collective group and the strategies they work on together are both promising characteristics for improving their practices with children and families (Bambino, 2002). Although Critical Friends Group typically involves recurring sessions over an extended period of time with a group, the model was used in this study to frame the focus group format as a method for data collection, particularly the focus
on self-identified dilemmas of practice and problem solving discussions among group participants.

Prior to the sessions, participants were provided with a sample dilemma case study worksheet that was attached to the recruitment letter (Appendix A, Appendix B, and Appendix D) which allowed them to prepare their dilemmas before attending. The worksheet included a sample dilemma that involved a teacher who was concerned that the boxed or scripted curriculum did not meet the needs of the many English Language Learner (ELL) students in her classroom and the students who had not previously attended preschool. The worksheet included the following guiding questions: 1) What is your dilemma? (It can be related to children, school climate, working with parents and/or colleagues, or whatever is most concerning to you); 2) Consider the multiple viewpoints (e.g., teacher’s, students’, parents’, and colleagues’) within your dilemma; 3) Why is this dilemma important to you? and 4) What questions might help colleagues better assist you as they consider the dilemma with you? The dilemma worksheets were completed by participants prior to attending the session and participants were asked to bring the completed worksheet with them to the session.

The Diversity Grant focus group sessions for University A were conducted near the end of the fall semester in 2012 and 2014. Both sessions were conducted near the university at an off-campus location on Saturdays from 10:00 am to 1:00 pm. Phase two focus groups included three sessions, two were conducted in December 2016 and one was in January 2017. All sessions were at the school of education building on campus from 9:30 am to 11:00 am. In the University A sessions, participants were divided into groups of four or five. Each group had a facilitator from the university who is also a researcher with the project. There were three groups in the
2012 sessions, and two groups in the 2014 sessions. Each University B session was facilitated by the researcher.

Upon arrival to the R&R sessions, participants first completed the demographic information sheet (Appendix E) as well as signing consent forms to participate in the research study and consent for audiotaping (Appendix C). Focus group sizes were kept small, allowing for in-depth conversations with each group containing 3-5 participants and a facilitator. Focus groups in phase one were facilitated by doctoral students (including the researcher), as well as faculty members who did not teach the students. Phase two focus groups were facilitated by the researcher. All facilitators have had experience working in early childhood education and intervention. All facilitators were also trained in Critical Friends Group method and had prior experience in facilitating focus groups. Facilitators received a facilitation guide (Appendix F), which included the introductory script for the session and the questions from the sample dilemma worksheet to guide the discussion. This set of questions from the facilitation guide and sample dilemma worksheet was used across all focus groups. The focus group questions noted above were semi-structured and open-ended. The facilitators’ role was to ensure equal opportunity for participation of all members. He or she facilitated ongoing dilemma and problem solving discussions so that each participant had the opportunity to share their perspectives and experiences. Facilitators also took field notes during the session to record information that would be missed on audiotape, such as gestures, body-language, and other non-verbal characteristics of the conversation. Field notes included the names of the participants and the time and date of the session as well as observations of the session and participants. Group sessions occurred simultaneously across individual rooms in the same building for approximately 1.5 hours in phase one. Group sessions in phase two occurred individually on three separate
days, since the researcher was the only facilitator for University B participants. Each session lasted approximately 1.5 hours at University A and 2 hours at University B. Focus group sessions were audio taped and then transcribed verbatim. Participants’ identifying information was removed from transcripts and replaced with pseudonyms to protect anonymity.

Member checking was offered to all University A participants; however, the researchers did not receive any responses from participants to confirm transcript data. Member checking was also employed with University B participants to ensure the narrative accuracy of the focus group conversations (Carlson, 2010). A transcript of the session was sent to participants three weeks after each focus group meeting. They were asked to clarify and elaborate on sections of the transcripts pertaining to themselves. However, only one participant responded to the member check from University B. The one respondent confirmed the accuracy of the transcript for the session in which she participated.

Data Analysis

Focus group audiotapes were transcribed verbatim. All transcripts and notes were de-identified. The transcripts, demographic information, and field notes were used to analyze data on teachers’ dilemmas regarding family centered and socioculturally responsive practices. All the data from the transcripts were coded and analyzed by the researcher. Open coding was initially completed through consistently reading, coding, and analyzing the data on a line by line basis until the transcripts achieved saturation of codes. Axial coding was then used to rearrange the data by themes and subcategories relevant to the grant competency areas of family centered practice and socioculturally responsive practice, as shown in Table 3.1 (Coffey & Atkinson, 1996; Corbin & Strauss, 2014; Glesne, 2006). Themes were also arranged by dilemmas and subsequent problem solving strategies related to these competency areas. More detailed
categories and subcategories were grouped under the general themes for each competency area. For example, dilemma themes related to family centered practice included establishing relationships with families, challenging interactions, family engagement issues, and inadequate resources and supports. Dilemma themes regarding socioculturally responsive practices included communication challenges with diverse families and dealing with cultural differences. Specific subthemes were labeled under each of these themes as the data was consistently explored. Dilemmas and problem solving strategies in the transcripts were labeled and arranged according to the codebook with themes. Table 3.4 shows a sample of the theme and subthemes from the analysis codebook with operational definitions of coding terms. The full codebook is provided in Appendix H. The data analysis chart with themes, subthemes and sample text of dilemmas and problem solving strategies is detailed in Appendix I.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Definition</th>
<th>Subtheme</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Challenges with establishing relationships with families</td>
<td>Relating to families by establishing rapport and consistent communication</td>
<td>Family Priorities</td>
<td>Comments about family preferences for communication and participation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of trust</td>
<td>Comments about families hesitant to participate with unfamiliar people</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Parent denial</td>
<td>Comments about parents unwilling to accept diagnosis of disability, Unrealistic views of child’s abilities</td>
</tr>
<tr>
<td>Challenging Interactions</td>
<td>Encounters with families that affect participation and engagement</td>
<td>Unsafe home environments</td>
<td>Comments about parents’ neglect, abuse, or illegal activity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of trust</td>
<td>Comments about families hesitant to participate with unfamiliar people</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Expectations of parent participation</td>
<td>Rules about volunteering and visiting class. Rules about active participation in home visits</td>
</tr>
</tbody>
</table>
To address the role of researcher bias, a secondary coder was used to analyze the data. The second coder was a recent doctoral graduate from the child and family social work program at a nearby university. The second coder had previous experience in qualitative research and analysis. The researcher first met with the second coder to discuss terms and definitions related to family centered and socioculturally responsive practice themes. The second coder was then provided with approximately half of the data, which included two transcripts from university A and two transcripts from university B for coding. The coding team met to discuss the codes and calculated inter-rater agreement to determine consistency with data coding and analysis, which will ensure that themes and coding categories have been analyzed comprehensively and reliably. Inter-rater agreement was calculated by the number of agreements and disagreements for line-by-line coding calculated on each page and calculated per transcript. The formula used for inter-rater reliability was \( \frac{\text{number of agreements}}{\text{number of agreements} + \text{disagreements}} \times 100 \). The coders maintained agreement using consensus coding through debriefing when initial agreement was not reached (House, House, & Campbell, 1981). The coding team achieved interrater agreement at 84% reliability.

The coding and systematic analysis of the data led to major themes regarding establishing relationships and rapport with families; challenging interactions; issues of family engagement; inadequate resources; communication challenges; and dealing with cultural differences. These themes and categories will be discussed in the next chapter as they related to practice dilemmas and problem solving strategies associated with family centered and socioculturally responsive practices.
CHAPTER 4: RESULTS

The purpose of this study was to explore early childhood providers’ family-centered and socioculturally responsive practices based on their self-identified dilemmas through collaborative conversations. Specific research questions leading the study were:

1. What problems of practice (i.e. dilemmas) do early childhood providers experience related to working with diverse families?
2. What problem solving strategies do early childhood providers consider in addressing their dilemmas?
3. Do early childhood providers’ identified problem solving strategies align with recommended socioculturally responsive and family centered practices?

Participants’ responses regarding practice dilemmas and problem solving strategies were analyzed using characteristics of family centered and socioculturally responsive practices. In their conversations, participant dilemmas were revealed as they discussed challenges they encountered in their work settings. Dilemma themes and subcategories corresponding with family centered practice included: (a) challenges with developing relationships and building rapport with families; (b) challenging interactions with families; (c) family engagement; (d) dealing with parent denial issues; and (e) inadequate resources.

Family Centered Practice Dilemmas

Developing relationships and rapport. During their discussions, participants consistently acknowledged the importance of establishing trusting relationships by first building rapport with families, but noted that this can be challenging. This was emphasized by a veteran
teacher who worked with medically fragile preschoolers in a specialized school for children with severe disabilities. She discussed the difficulty establishing an ongoing relationship with a new family in her class at the beginning of the school year, particularly when the family seemed hesitant to take her professional advice, noting:

Of course, they [parents] are going to rely more heavily on their doctor than their teacher. I mean, they respect the teacher, but when you have a child with a lot of medical things, [such as] brain or feeding tube, they sort of feel like ‘I’m going to do what the doctor says instead of what the teacher says.’

The teachers expressed their difficulty establishing rapport with families and gaining their trust, particularly when family priorities for their child’s education differed from the teacher’s. They discussed how parents were more willing to follow the recommendations of doctors because much of the families’ prior experiences were with medical professionals. Thus, teachers were unsure of how to develop a relationship with the family in a way that would allow them to work together for the educational needs of the preschool aged child.

**Gaining trust.** Throughout the dilemma conversations, many teachers emphasized how developing a relationship with families and gaining their trust can be difficult due to parents’ perceived hesitation in forming relationships with professionals they do not know. During the conversation, another preschool teacher added that she has a similar challenge in gaining the trust of families during the IFSP to IEP transition process with new professionals. The teacher stated:

Parents think that you’re questioning their opinion…That was pretty much where it came across here. I am the new person and I came in and, they spent a lot of time doing this
IEP before I got there. Because I bet you that’s what it is. That they didn’t know me and said I had “different thinking” about the situation.

In this situation, the teacher sensed that the parents were hesitant to share information with her during the IEP transition because they had already been working with other professionals on the IEP before she came in mid-way and they were not ready to trust her.

Teachers also shared that this parental hesitation and initial lack of trust with a new team was also possibly due to parents’ prior negative experiences with professionals. A preschool teacher in a private childcare center described this as such:

When he was in the three-year-old room, I don’t think they had a very good experience with teachers. And I think the parents thought that they were going to be asked to leave. Which is something you can do… counseled out even though it’s not easy and shouldn’t be done. So there’s this background, this friction I think that they’re… worried.

A major issue across the conversations involved building relationships with families. One of the participant quotes above exemplified how parents seemed more willing to trust medical professionals rather than teachers, particularly when they are in a new environment with their child. For many families, preschool is the first time the child is not in the care of their family members or medical personnel, so parents may be hesitant to trust new professionals. This could be due to fears about what might happen to their child in a new setting. For children who been in previous preschool classes or programs, transitions to new classrooms can also be challenging for families to trust the new teachers, because of negative interactions with previous teachers.

**Challenging interactions with family members.** In addition to difficulty establishing relationships with families, participants discussed interactions with families presenting
challenges when the professionals and families’ expectations for family participation, behaviors, or attitudes are not in agreement. This was exemplified by a preschool teacher’s description of a parent volunteer’s behavior in her classroom as noted below.

Sometimes the parent doesn’t always make the most appropriate comments to the children, or kind of laughs at the children. One of my children has a speech disability. And she has made fun of the way he has said something before and really hurt his feelings.

This same teacher expressed how the parent uses the time in the classroom as a social hour and that her behavior is a distraction from learning. However, the teacher said that “I want her to continue volunteering in the classroom and I think it’s beneficial to have her there…because a lot of my kids are from Spanish-speaking homes.” The teacher feels torn because she wants the parent to continue volunteering in a way that is not distracting but also said “I don’t want to hurt her feelings or make her feel unwelcome. I want her to be in the classroom and support the kids.”

Similarly, a public preschool teacher shared her frustration with difficult interactions she has had with what has been referred to as ‘helicopter parents’ during drop-off time in the mornings. She stated: “I don’t want them [parents] to linger around all the time, and help them [children] put their backpack up when the kid can do it himself.” The teacher noted that she encourages parents to come in the classroom with their child, but prefers they leave soon after and allow the children to be independent with their morning routines.

Another example of perceived challenging interactions with families was raised by an early interventionist who provided services in what she viewed as an unsafe home environment. She described:
Both sides of the door, littered with beer cans, and I saw a marijuana bug on the floor, and one parent asked me “do you want to finish this?” If you’re around smoking and people who are getting high you can’t take care of that child…my problem is what if police come and raid this place? Because I realized halfway into this…that I was doing therapy in the drug den.

The early interventionist shared that if she reported the family to the authorities, she would potentially lose the family’s trust. She also feared that reporting the family would cause the child to be removed from the home disrupting his early intervention services. She believed this would be an tremendous disadvantage to the child. The interventionist shared her need to obtain an official badge from her employer to wear during home visits so that if the police raid the home she can prove she’s not affiliated with the illegal activity, particularly because she’s a person of color and fears she will be profiled. Another early interventionist participant related: “It is exactly an ethical dilemma; do you report it and taint the relationship?” She had experienced similar situations in her home visiting. Many of the other home visitors shared similar dilemmas about not knowing what do about working in homes that appeared unsafe or neglectful. They believed it was their ethical and moral obligation to report the things they witnessed, but also feared losing the families’ trust, which led to challenging interactions with families.

In these dilemmas regarding challenging interactions, the preschool teachers expressed challenging interactions with families as they related to parents volunteering or seemingly hovering around in the classroom. This is a challenge for teachers who have established rules and norms set in their classroom. For the early interventionists, the challenging interactions with families are different in home based settings. Teachers have more control and power as leaders
of the classroom, and their dilemmas revealed that they seemed unwilling to compromise on their expectations of parent conduct. In the case of what participants perceived as “helicopter parents”, teachers did not want families to disrupt the class routine. The teachers had preconceived expectations of how parents should participate during class routines, particularly for activities in which the children could complete independently. However, expectations of parent participation and family engagement were different for the early interventionist participants. Early interventionists are working in families’ spaces, and therefore have limited control over the environment. Instead they are expected to go along with the family, even in situations that make interactions challenging, as in the case of unsafe environments with illegal activity. The interventionists seem to be more cautious of losing parents’ trust, even though certain parental behaviors were incongruent with teachers’ expectations of families.

**Family engagement.** Unlike the previous dilemmas where participants shared the challenges they faced interacting with parents who actively participated in their classrooms and in facilitating their child’s development, teachers more often are faced with the lack of family engagement in early care and education.

**Lack of family participation in early intervention.** Early interventionists providing infant and toddler services in families’ homes shared their dilemmas regarding parents and family members who are not actively engaged and seem disinterested during home visits. An early interventionist who provides services in a low-income, rural county expressed her frustration with lack of family engagement as:

The television is on, mom’s on the cellphone, dad’s on the cellphone, people coming in and out, and you know, best practice tells us you’re supposed to roll with the family, and I’m like, I can only roll so much.
The interventionist acknowledged that, as a professional, she should accept families as they are and be accommodating. However, she expressed her difficulty in providing services in the home with so many distractions and parents who are not actively involved during the visit. Another infant-toddler therapist shared her challenge with family engagement as it relates to working on service goals noting “You know, are you [parent] working with them at home? That would help…Let’s partner and be a team’ But they put it all on me and I’m only there one hour a week.” The therapist expressed her frustration when families were not interested in implementing recommended strategies outside of the one hour therapy time per week. The therapist shared that her time with the child once a week was limited, and that to achieve goals and have effective therapy, the families also need to work on IFSP goals outside of scheduled therapy time, which she did not believe was happening with many families she serves. It seemed families expected the therapist to do all that was needed to facilitate their children’s development.

Lack of family engagement in the child’s early intervention services was a common issue as many home visitors shared their predicaments about families who did not want to participate in the home visit. Their concerns were exemplified by the following comments. A therapist described her frustration with families and how “A lot of them want to leave. One of the parents was like, ‘can I go get a haircut?’ No. You must be present in the home while I’m here. You’re actually supposed to be sitting and interacting with us.” Another early interventionist in the conversation added a similar experience, describing how “One [parent] takes it as ‘oh I’m gonna go do work on the computer while you’re here, this is my hour, this is my free hour.’ They look at me as a babysitter.” The participants expressed how the families would prefer to complete
other tasks while the therapist is with the child and seems to view the early interventionist as a babysitter.

A related but somewhat different dilemma about lack of family engagement was shared by an infant-toddler developmental therapist. She stated “My biggest dilemma is my families not being there. No shows. Me driving and they not being there, not telling me anything.” The therapist was disappointed because families are not consistently present during scheduled home visits and do not communicate with her in advance for cancellations and schedule changes. The therapist provided services in a rural county a great distance from her home and felt like parents are not invested in early intervention because of their inconsistent participation.

These dilemmas underscore the difficulties early interventionists face while trying to engage families in home-based services. Participants expressed parents prefer doing other activities during home visits. The early interventionists interpreted this as uninterested and uninvolved parents, not acknowledging that the parents may have needed that “free” time to a certain degree.

**Lack of family participation in school.** Teachers also expressed concerns regarding family engagement specifically the lack of parent participation in the IEP process. A preschool teacher shared that “95 percent of the time, parents don’t attend IEP meetings. And if so, IEPs are made without any parent input…we get into a routine, ‘oh the parent’s not here, let’s go.’” Another preschool teacher shared her concerns regarding lack of parent attendance in IEP meetings because of the scheduling constraints of the meetings. She stated: “IEP meetings are from 9:00am to 3:00pm. Most parents have difficulty attending them.” The teacher acknowledged that the meetings scheduled during the school day are extremely difficult for parents to attend during school hours because of parents’ work schedules and job demands. This
comment highlighted the teachers’ dilemmas in wanting to be family friendly, however, administrative or program policies were interfering with the implementation of family centered practices.

In addition to lack of participation in IEP meetings, preschool teachers also discussed their challenges with engaging families in the classroom on a regular basis. One preschool teacher shared the struggle to involve families who are immigrants:

I don’t feel like we’re doing as much to reach out to these different communities… helping those that can’t get what they need… Like for instance, we do have workshops to teach parents, this is how you can help your child. And so a common complaint is the ones who really need to be here to get this information aren’t here. Because they’re at work. Because they’re at work in the third shift. These people are making it a priority. Feeding their children and to pay the heating bill. So they can keep a roof over their head.”

A similar dilemma was shared by another public preschool teacher whose children are from mostly Spanish-speaking families. She stated:

I ask for family participation…but they just don’t have the time. A lot of my parents work first, second, third shift, so they don’t come in. I do have some parents that do and mostly the parents that are coming in are not working…but a lot of my families are Hispanic families and they work hard.

These dilemmas describe the beliefs teachers have about why families are unable to participate in their child’s classroom. They feel that many families simply to do not have the means to participate in the classroom because of the high work demands to provide for their families.
Head Start is one of the first child development programs to intentionally incorporate family engagement in all aspects of their program, including its leadership and governance. Yet family engagement continues to be a challenge even in programs that emphasize family engagement, such as Head Start. A Head Start teacher shared her dilemma stating:

Because I’m Head Start we have a parent committee. And I’m trying to get my parents to see that everybody is not where you are, on that journey because I do have parents who come in and say things to other parents about “why don’t I ever see you? How come no one is volunteering?”

The Head Start teacher shared her concern about the disconnect between families in their program, noting that some parents are actively involved through the parent committee while other parents are not able to participate due to a range of factors. She recognized that parents also expressed concerns regarding the lack of engagement of other families. In other words, parent interaction among families in their program was not consistent across all demographic groups.

In summary, dilemmas regarding family engagement in home-based early intervention differ from family engagement in classroom settings. Early interventionists discussed services they provide in the home, when parents are physically present. The challenges they experienced were related to trying to engage parents in the home visit developmental activities. They expected parents to actively participate. Classroom teachers acknowledged the importance of family engagement in their early childhood programs, yet they shared the challenges in getting families engaged in the classroom on a consistent basis. Unlike home-based services, teachers discussed the limited involvement with families, since children are in the care of teachers eight to ten hours per day, when many parents are working. The dilemma for teachers is determining
how to engage families more to build a stronger home-school partnership while understanding the limited amount of time many families have to participate during regular school hours.

**Dealing with Parent Denial.** Another challenge teacher participants identified is dealing with parents who they perceived to be “in denial” about their child’s disability or developmental delay. In their discussions, participants described parents as being in denial of their child’s disability or parent denial of their child’s developmental milestones relative to age and ability level. Participants’ perspective of parent denial was discussed in scenarios when practitioners and parents were not in agreement about a child’s disability label (e.g. autism), or when parents declined services and did not believe their child had a disability. Participants occasionally viewed these differing parent priorities and choices as denial, which created dilemmas for them in their practice as service providers.

A preschool teacher shared a dilemma she was experiencing related to a family with different priorities for their child’s schooling. She stated the following:

He’s getting ready to prepare for kindergarten and his parents are all concerned because this is their first child and they want to know what school is best for him. And they have a school in mind that is very well known and they come and they interview the child and they screen them, and they don’t take children with special needs, and they don’t take children who have behavior concerns. And this child very much so has a special need, and so while the interview process is going on they send me forms to fill out for the child, and she’s [mother] trying to help me with my words for what to put on the form so that he can be accepted, and I’ve shared my concerns because I’ve had him for two years and she knows that I don’t care for the school because they don’t take children with special
needs. They really want him to go to the school, primarily for the name. I talked to her about having him assessed, but, she doesn’t want a paper trail on him.

The teacher was concerned that the parents are in denial about the child’s abilities and his readiness for a competitive private school. The parents were willing to do whatever it took for the child to be accepted to the school, which the teacher fears will only set the child up for failure since there are no supports or services for children with special needs at this school.

Many of the participants working in early intervention also shared their frustrations with parent denial and how it sometimes hinders their relationships with families. One early interventionist discussed a family who appeared to be in denial of their child’s disability because the family seemed to overestimate the child’s developmental levels or competencies. She described her experience with this family as such:

The bulk of my case load is on the [autism] spectrum…well the most severe kid I have on the spectrum, the parents are in complete denial that anything’s wrong, they think there’s nothing wrong with my child, they’re convinced the child is talking in full sentences, and the child has no words. They’ll make sounds, and when they make a sound the parents will be like “aww he said he wants water”, and I’m looking like, because he said ‘wah?’ Yeah because he said ‘wah,’ and I’m like no, uh uh.

Concerns regarding parent denial were also shared by an early interventionist who was working with a family that believed prayer and faith will heal the child. She said:

Up until his third birthday they were like ‘we’re just praying that God’s going to heal him before he turns three and he’s going to be talking’ and you cannot tell them anything else. That’s what’s going to happen. And after he turned three they stopped doing his services. After he turned three they were still thinking that God is going to heal him.
The participant expressed her dilemma about what to do when the child no longer qualifies for the infant/toddler program and the family refuses to transition to IEP services because they believe he will be cured. During the conversation, another teacher participant provided an explanation for the family’s reluctance for services, stating that “Families are also still grieving, so they may be more resistant and still in denial. At three years old they are very much still in denial.” The participants felt families may be in denial of their children’s disabilities. Many understood that families are still coming to terms with their child’s diagnosis.

**Inadequate resources and lack of support.** The teacher participants expressed their concerns regarding helping families meet their basic needs and access resources and support systems in order to improve child outcomes. The previous issues noted regarding challenging interactions between families and teachers, the lack of family engagement, and dealing with parent denial lead to the struggles many teachers face regarding supporting family needs and accessing adequate resources.

An itinerant teacher in the exceptional children’s preschool program shared a challenge she had with a family who was receiving services from a local community-based support program for families of children with social-emotional, behavioral, and developmental concerns:

I have a very young mother on my case load, I am having trouble figuring out what I can do to support this mom because she is having a lot of difficulty at home. Bringing Out the Best *(a non-profit program to help families)* is already set up so they’re getting that service at home. This parent does not seem to have any progress in this area.

The teacher felt like this program was not enough for this young mother to meet her needs, and believed the lack of family participation in support groups was a challenge, particularly when the
child does not yet have an identified diagnosis for their disability or delay. She further elaborated:

If they have an undiagnosed syndrome…they just don’t know exactly where their child fits in, they don’t really want to. So to me that’s an aspect that’s missing from the parents. I mean, they have to try and reach out for it, but I just wish there was a better way to help them see the importance of [these programs], and I think they just feel overwhelmed and stressed.

Several of the teachers in the conversations mentioned that families of children with autism were more willing to join support groups than families with unknown or undiagnosed disabilities, stating “there is a unifying alliance because there’s now an autism community.” For other families, particularly in the case of a young single mother, accessing resources and supports is not as readily available or may be difficult for parents to embrace if they are dealing with the overwhelming and stressful demands of parenting a young child with special needs.

**Parents feeling overwhelmed.** Teacher participants also shared the strong need for families to receive support and resources as they struggle with the caregiving demands of their child with disabilities. A special education preschool teacher who works with medically fragile children shared her dilemma regarding families who need support:

Parents are not getting adequate support in helping to take care of their child. So often I get a child, when they come in at the age of three and parents are floundering because this is the first break they’ve had, they’ve never been able to leave this child with a babysitter, they’ve never been able to take this child to a daycare because nobody could ever handle them, and they’ve been in and out of the hospital, and they’ve just been through it, and this is the first time they’ve ever left their child with somebody.
This teacher identified the need for respite care for families due to the strains and emotional toll caregiving has on families. She explained that families are exhausted because they are the sole caregivers for their child around the clock, due to significant health needs. Families need resources and support from one another, but the teacher explained how family support groups that she works with are very difficult for parents to attend:

They don’t have anybody to take care of their child other than them, so they can’t leave to go to these meetings, because a lot of those meetings are adults only. And so you can’t leave your child with anybody so you can’t go to the meeting, especially if your child is medically fragile.

A preschool special education teacher shared a similar issue regarding families’ needs for resources, stating:

We have these parents who are struggling day to day, it definitely puts a strain on parental relationships, so you see families that are struggling to stay together, it puts a strain on other kids in the home because the parents are struggling trying to keep this child alive quite often. And if you have a family who is more middle income, they don’t qualify for Medicaid and medical expenses are atrocious, and so they really end up worse off than the low-income families in terms of trying to survive.

The teacher’s concern in this situation was dealing with parents who are struggling with financial resources due to the growing medical costs for their child. She identified the challenge that middle income families of children with disabilities experience when their income is too high to qualify for subsidized care, but not high enough to avoid a financial strain on their family. She mentioned how this situation affects the entire family system, and that resources and support for the family are needed. This was a dilemma for teachers because they saw the negative effects of
struggling families as they observed parents who were often flustered and stressed from trying to provide for their children and families. The teachers noticed this stress began to take a toll on family relationships and family functioning.

**Socioculturally Responsive Practice Dilemmas**

Dilemma themes were identified as participants discussed the challenges they experienced related to issues of diversity and socioculturally responsive practices. Socioculturally responsive practice dilemma categories were: (a) communication with linguistically diverse families, and (b) challenge with cultural differences. Below are examples of these themes from the participants’ conversations based on their self-identified practice dilemmas.

**Communication challenges.** Participants shared the dilemmas they experienced in communicating with linguistically diverse families who have limited English proficiency. Teachers often relied on interpreters to communicate, which they believed complicated their ability to form relationships with families and communicate effectively due to language barriers.

**Lack of qualified interpreter.** Teacher participants shared some of the concerns they have with relying on interpreters to communicate. A preschool teacher working in a public elementary school shared her experience, stating:

The translator wasn’t there. So they had to use the receptionist to translate. And on one sheet is about how he can go to the bathroom by himself, he feeds himself. He’s so independent; he plays well with the other children. And then you get to the other form, and it’s the exact opposite (i.e. translation was incorrect), and the opposite is what I’m seeing in my classroom.

The teacher was completing an evaluation for a child in their program, and during the parent interview the school’s translator was not available, so the teacher relied on the receptionist to
translate for the teacher and family. The teacher’s concern was that the questions were not interpreted clearly or accurately.

Similarly, a preschool teacher also conducted an evaluation interview with a family using an interpreter. The teacher was concerned that parent interpretation of translations to the questions were not understood successfully. For example, the teacher shared “We’re interviewing the family using the interpreter, the parents will answer ‘yes’ to bathroom and stuff. But their interpretation to our question is ‘do you have a bathroom’, instead of ‘is he successfully using the bathroom.’” The teacher is concerned that the interview responses are not accurate when questions are translated verbatim, but the meaning and context gets misconstrued and “lost in translation” due to cultural language differences. The teacher cannot ascertain how the family comprehended the questions when using translation. The lack of appropriate translation then leads to lower assessment scores and inaccurate child and family evaluations.

**Difficulty with ongoing communication.** Educators in early childhood programs communicate regularly with families throughout the day, whether it is during arrival and departure or through email and phone messages. However, for practitioners working with families who do not speak English fluently, ongoing communication can be a challenge. During the focus group discussions, participants shared their dilemmas about communicating with linguistically diverse families. They expressed the difficulty in establishing rapport with families due to language barriers. A developmental therapist shared the following dilemma:

I have to use a translator to call the mom to give a report about how the child is doing.

And the mother can’t openly call me and just converse with me. She has to call a Spanish line, leave a message, and when the interpreter can get it then they’ll communicate with me what mom said.
The participant noted the challenge she experiences with relying on a translation service, because it hinders informal and ongoing communication with families, which participants viewed as essential in developing family-professional partnerships. The participant elaborated her concern by explaining:

So if there’s something even that the mom’s excited about that she wants to share like, “guess what he said to his brother?” I might not know that for three days. But if we could communicate, I would know and can use it in my therapy the next time.

Many of the teachers emphasized how communication is important for building a relationship with the family. They shared that knowing about what happens in the home can help them incorporate those experiences into the services they provide, in “real-time” as things occur. This would help teachers to connect the home experiences with learning. Unfortunately, the language barrier with the families causes what one participant referred to as a “delay and disconnect.” A preschool teacher mentioned her experience with a related challenge, stating “I can’t talk directly to mom, I have to use a translator, and it sort of hurts the relationship. It puts somebody in between you that you’re depending on.”

These dilemmas emphasize the difficulty that teachers have with communication as a significant barrier to developing relationships with linguistically diverse families. Teachers also felt that the challenge in communication makes it difficult to streamline home and school experiences for children as a teaching strategy. The use of trained interpreters is one way to communicate with families, but as the dilemmas above illustrated, even when translators are utilized, teachers still find it difficult to develop relationships with families due to inaccurate interpretations of translations and the lag in response with use of translation services, which hinders effective relationships between teachers and families.
**Cultural differences.** Effective socioculturally responsive relationships between teachers and families depend on teachers’ abilities to understand and accept cultural differences with diverse families. Teacher participants shared challenges related to required curriculum themes that did not appear to be culturally appropriate for certain families and children. One teacher shared that she “can’t do this Christmas activity because this student is, you know, from another country. And they don’t do Christmas, they’re going to be offended.” The teacher was unsure of what to do regarding the planned activities because one child in the class does not celebrate Christmas, so the activity did not seem culturally appropriate. During the conversation another preschool teacher in a private childcare center shared a similar challenge, and said:

- Our team of three-year-old teachers decided that they were going to set the themes for every week. So this is very restrictive…But they brought me a list of activities they thought we should do. And they are all about gingerbread houses. My poor Hispanic children, the majority of them either live in the projects or in a mobile home. This gingerbread house has nothing to do with them. They don’t know anything about gingerbread. That’s European-German tradition.

The above issues described teachers’ concerns regarding socioculturally sensitive practices. Teachers acknowledged that certain curriculum themes were inappropriate because they do not consider the socioeconomic and cultural diversity of the children and their home environments. Teachers felt implementing this type of activity may be offensive to some families due to their religious and ethnic difference, but is also not sensitive to diverse socioeconomic considerations in the classroom. The teachers seemed unsure of whether to incorporate the holiday into their activity planning while also respecting the cultural diversity of their students.
Socioculturally responsive practice emphasizes the need to respect the cultural diversity of all children and families. A suggested step toward socioculturally responsive teaching involves an awareness of biases, assumptions, and stereotypes about people and groups that are unfamiliar to our own identities and experiences (ED-HHS, 2016). Examples from the conversations indicated that teachers and early interventionists sometimes struggle with negative views of culturally diverse families. A public preschool teacher described her perceptions about low-income homeless families as such:

Families that are in the homeless shelter… you think, “Where did their SSI check go? Why were you evicted if both of you were working fulltime?” And it’s hard not to be a little bit resentful…I filled out the disability form, I was ready to call them (speaking about referral for evaluation). But they didn’t want him labeled in school. They didn’t want him to get help, they didn’t want him to get services. But then [when] I got [them] the packet for social security disability… I was like, “whoa, you’re okay with him being labeled for a check?”

The teacher shared that the family initially did not want the child to be receiving services or labeled for a disability, but agreed to it soon after learning that there were financial resources available with Social Security Disability. The teacher also appeared to judge the family about their inability to manage their finances, noting that both parents work, there is SSI income, but yet the families are in a homeless shelter. The teacher was skeptical of the family’s intentions regarding obtaining a diagnosis and services for their child so they could receive a check from the government.
Other challenges about biases and negative stereotypes revealed in the conversations were related to family diversity. An early interventionist discussed her hesitation to serve a same-sex parent household.

I didn’t know it at the time the referral came in but it was a family of two fathers. And I had never conducted a home visit with a father alone. I had always done mom and dad, or single moms. Um… had never had a same sex couple before and I absolutely flipped out. I refused to go into the home, I refused to conduct the home visit, it was not something I was comfortable with.

Another participant working in early intervention also shared her hesitations with entering the home of a family whose culture was unfamiliar, describing:

The family was a nudist. I walked in, and the dad and the kids were naked. At first I tried to not pay any attention, but I couldn’t do the whole session, I had to leave and cut it short. And in this field, we were taught that we need to respect their culture, but I as an individual, I also have my culture and my values, and my beliefs that also need to be respected. Like, you can’t always, bow down. I mean you need to be there for them, but there are some things, like that to me would be nonnegotiable.

The participants discussed how uncomfortable they felt going in to homes with different family structures and diverse norms. They acknowledged that they have biases about these families, and that engaging in the families’ home environments were sometimes extremely difficult. During the conversations, the interventionists were candid in their reflection that best practices encourage professionals to respect all families and cultures. However, the participants also felt that their beliefs and culture also needed to be considered. Thus, they did not know how to find
a balance between respecting the families’ choices and cultures, but also acknowledging that they have cultural beliefs that should be valued.

In summary, challenges regarding socioculturally responsive practices were shared as they related to communication challenges with linguistically diverse families and overcoming negative stereotypes and biases about family diversity. Within this theme, the dilemmas revealed teachers are concerned about communicating with linguistically diverse families, and support the need for resources to help families and professionals communicate. In their dilemmas, participants were empathetic to the language needs of families. Similarly, teachers struggled with implementing culturally sensitive curricula, yet they acknowledged the need for activities that are responsive to diverse religious and socioeconomic backgrounds. Since language, religion, and socioeconomic status are common diversity categories many teachers experience in their practice, their conversations centered around ways to be open, understanding and accepting of those cultures in the classroom. In contrast, participant responses to dilemmas about interactions with diverse family structures and unfamiliar norms was vastly different. The examples of refusing to conduct a home visit with same-sex parents and the example of ending a visit early with a nudist family illustrated the challenge participants faced in respecting the family’s culture. This could be due to the greater level of societal stigmas about sexual orientation and public nudity. The participants were more uncomfortable with the interactions they encountered with certain families and appeared to be unwilling to compromise on their personal biases about diverse families, particularly diversities that are socially stigmatized.

Early childhood professionals struggled with various school, classroom, and early intervention issues hindering their ability to engage in family centered and socioculturally responsive practices with all families and young children. These included: a) difficult
interactions with families; b) challenges forming relationships with parents; c) family engagement issues; d) dealing with parent denial; e) supporting families with resources; f) communication issues; and g) respecting cultural differences. As shown in the previous examples, the dilemmas described reflect differences in parent and professional priorities. When it came to relationships with families, establishing rapport, and encouraging family engagement, most participants perceived that families were unwilling to participate in the classroom or in early intervention settings as their greatest challenge. They believed this was due to their perceptions of parents being in denial about their child’s disability, or because parents refused to accept services and resources that potentially would help them. Early interventionists often mentioned the importance of being responsive to family needs and accepting families where they are. Teachers, however, seemed less willing to do so as they were more rigid about their classroom curriculum and how they chose to communicate with families, specifically related to parent volunteers and other challenging interactions in the classroom. Participants readily acknowledged that they need to accept and understand family differences, but the examples they provided in their conversations suggested they struggled with translating belief to practice. As participants engaged in these collaborative conversations about the issues and challenges mentioned above, they also shared some of the problem-solving strategies to address their practice dilemmas.

**Problem Solving Strategies**

In response to the challenges discussed above, participants collaboratively shared multiple viewpoints to these dilemmas and provided tangible strategies they have used to address similar issues. Problem solving strategy themes included: a) positive interactions; b) family
engagement; c) sharing information and resources; d) communication; and e) respecting cultural differences.

**Interactions.** To address issues concerning challenging interactions with families, participants’ problem-solving strategies focused on communicating with families and setting ground rules and clear expectations for parents. In terms of working with parent volunteers in the classroom, a teacher shared, “We have a volunteer confidentiality form that’s filled out at the beginning of the school year. And apart from confidentiality, it states kind of “do’s” and “don’ts” in the classroom.” The teacher suggested giving this form to parents to set the ground rules for appropriate parent interaction, so that all parents know what to expect before volunteering in the classroom. However, another teacher challenged this approach, stating that it might not be appropriate to send a letter home. She shared:

I think it needs to be done together and not sent home, so that you can have the opportunity to ask, “Do you have any questions?” Or, “do you need clarification of that?” Or you could just individually say, “Sometimes this happens, that’s why we have this rule” and give examples. I think it’s much better than sending a document home. And especially if she’s a Spanish-speaking person. Do you have it in Spanish?

Setting ground rules and clear expectations were also shared by interventionists who experienced challenges with families who are not present at the home during scheduled visits or who have difficulty keeping appointments and communicating cancellations with the service providers. One of the therapists shared that her strategy to deal with this issue is making sure to communicate with the family the night before their scheduled appointment, stating “I text the night before. Or even that morning, and I tell them, I’m just like, ‘are we still good for tomorrow?’ And most of them say yes or no.” Another interventionist shared that she
communicates these rules with families at their first visit, stating “I tell them at the first visit. This is my no-show policy. This is my cancellation policy, I need 24 hours in advance.” She then explained how noncompliance with this policy results in dismissal from her case load and a loss of services.

The disadvantage of the above strategies concerning challenging interactions, however, is that they appeared to be unilateral, and at the sole discretion of the professional. Although these strategies were shared to address these dilemmas, they did not seem to be very family friendly or responsive to individual family needs. All participants shared that they would deal with challenging interactions by setting firmer rules and enforcing their policies. This power dynamic between the practitioner and parent may possibly hinder family-professional partnerships due to perceived lack of consideration of the family’s perspectives.

**Family engagement.** In addition to dealing with challenging parent-professional interactions, engaging families during home visits and in the classroom was discussed. Participants shared some of the ways they partnered with families to encourage engagement during therapy and participation in the school.

**Encouraging parent participation.** Participants discussed ways they communicate with families and encourage parent participation during home visits. In addressing the dilemma of engaging families in the home when there are many distractions such as noise and parents’ preoccupation with other tasks, another participant with similar experiences shared her strategy:

I tell them, every family that I meet, I’m working with you, this is our time. I’m going to help you help your child. You know, my hour doesn’t count for much. It’s your time with your child. So by the second visit they turn it down, they turn the sound off (TV), trying to get them to engage.
An early interventionist shared her problem-solving strategy to engage parents who seemed uninterested in her home-based strategies. She was able to encourage parent participation by modeling basic sign language with a toddler and slowly scaffolding this progress with the family, stating:

And mom and dad started to do it. Because they saw it made a result. You know, I said, we’re looking for any progress, ANYTHING. So if we want her to do this, and she does that, we’re going to take that task. And she’s progressed to where she’s doing it consistently. I said okay now we can add, she needs to do (sign) for “more, please.”

Then the mom texted me: She was signing it this week! And they were resistant to signing even, because they thought that meant she wasn’t going to talk.

The same participant shared another strengths-based approach to encourage family engagement:

Always try to find whatever it was … so if the kid mentioned mom, I would tell her and I would make sure I made a big deal out of every little thing… even if he said one sentence about her that day, I will tell her the sentence, word for word, what time he did it, what was going on, so I’m not lying about what he did, but she’s getting every bit, I’m emphasizing every detail just to make that parent feel special.

These problem-solving strategies also illustrated how many of the interventionists worked to engage families slowly, so as not to overwhelm them, and gave them the tools to encourage participation by modeling strategies for the families to continue implementing on their own.

These strategies also focused on using family strengths to get families engaged.

Continuum of family engagement. In their dilemma discussions, participants regularly noted the challenges they faced with engaging families in early intervention and classroom settings. Teachers mentioned the need for more families to come to school and volunteer their
time or participate in school-based activities. Interventionists stated that they would like families to be actively participating alongside the therapist during home visits. During the discussion, several participants recognized that parent and family engagement comes in many forms, and described how it can be more than just participation in the classroom. When an interventionist was sharing her concern about families who seemed uninterested in their child’s educational services, another participant shared an example of how working to provide heat, clothing, food, and shelter is also part of family engagement in care. She shared the following strengths-based example with a family she was serving, stating “You know, they had a kerosene heater in the middle of the floor, I mean, I could see the positive is that they were trying to keep warm, and the dad was trying to keep them away.”

Regarding parent engagement in schools, a teacher shared her strategy with parents who are unable to come to the classroom often but still want to be involved:

Because they work. You know, so sending her something home. Parents ask ‘Hey what can I do at home that will help you? You want me to cut laminating stuff? Laminate, send it home, and I’ll cut it out’ so that she can participate by doing things at home.

Another teacher shared how she partners with parents who cannot participate in the class to help in other ways, describing how parents ask the teacher “What’s on your wish list? Can I buy you something? Do you need a Walmart gift card? I’ll get you that.”

**Sharing information and resources.** Participant problem-solving strategies in response to parent denial of a child’s disability involved ways that practitioners shared information with families to help them understand their child’s development. In the case of a family who did not agree with a teacher’s concerns, another participant suggested that “It might be helpful if she would videotape her class and show the difference between what these other children are able to
do, and what they’re doing, and how her daughter fits in.” An early interventionist added that showing families what you are doing and explaining the progress the child is making also helped to encourage families to participate. She shared the following strategy:

One way that I try, is just showing them and explaining. Especially if they’re sitting there willing to listen, or even if they’re doing something really cool that they didn’t do before… so keep encouraging what you’re seeing here and try to set up situations where they’re going get to practice that as much as possible.

The participant also discussed a similar experience with parents in denial of their child’s communication skills, and were hesitant to try basic sign language with their toddler because the family believed sign language would further delay the child’s speech. She explained to the families how communication through sign does not delay speech, and she slowly modeled basic signs with the family to use with their child. The family began to incorporate the signs with their child and proudly told the therapist that their child had been communicating more with the help of sign language.

These strategies provided information to families in ways that they were able to understand, along with specific strategies families could use with their children, which encouraged family participation in early intervention services.

For classroom teachers, strategies for information and resources included providing information about support groups and helping families acquire resources. Many teachers shared the difficulty they experienced helping families access local organizations and support groups, particularly for parents who have children with complex care needs. An early childhood special education teacher in one group suggested:
What I’m doing is telling parents about online groups they can join that are supporting parents now because you can get support groups for anything even if you’re the only child within 5 counties that has this diagnosis, you can find an online community of 50 parents that have this same diagnosis across the country and compare ideas and talk and say. Because that’s something they can do at home. They can do it at 3am when they’re, you know awake with their kid, from their cell phone, and most families have a cell phone with internet access at this point. The majority do, even if they don’t have a computer, they have a cell phone with internet.

This strategy illustrated how some teachers are using new ways to share information with families when other forms of support in the community are not accommodating to families’ needs. Teachers found a way to share technology and social media as tools to help parents connect with one another, especially related to support and information for parents who have difficulty attending face to face meetings.

In addition to sharing information through documents and online supports, teachers shared their experience partnering with colleagues and other families to help provide material resources to children and families in the classroom. One teacher discussed her collaboration with a colleague to provide resources to an immigrant family of a child with disabilities:

I finally went in a different direction and contacted our preschool social worker, who’s bilingual, and I said I just feel like there are things that you know that this family’s needs. And so she contacted the family and although she didn’t say directly, she did report back to me that they are able to work around things and be able to apply for different sources of support.
In addition to collaboration with colleagues, teachers shared the ways they partnered with other families to help provide resources to other parents and children in the class. A special education teacher discussed ways she provided resources to families through donations:

I have one student whose mom brought me a box of stuff when she came for her conference yesterday and he doesn’t eat because he has a G-tube. She brings me snacks, because I was having to buy snacks for my students, and so she says “you know that’s not fair” so she provides us with extra diapers and wipes for my kids. Out of my 8 students, 6 of them are on free lunch. So they don’t have much.

A special education teacher with similar experiences also shared “I end up trying to supply formula and diapers and things like that for families that can’t, we are fortunate that we often get donations and things that I’m able to pull from.” In these scenarios, teachers partnered with families to support one another in meeting the classroom and children’s needs for resources.

**Communication strategies.** Dilemmas regarding challenging communication with families most often focused on the difficulty communicating with dual language learners and parents with limited English proficiency. Teachers expressed the disconnect they felt with families due to language barriers. In their conversations to address these challenges, participants identified problem-solving strategies to communicate with linguistically diverse families.

**Providing information in native language.** A preschool teacher working in a laboratory school that regularly seeks parent participation in research shared her strategy of providing information to families in their native language, noting “I have Spanish information that I give them about what the study is going to be about, how you can help, how you can come in and do things to help me do all the lessons.” A public preschool teacher who works in an elementary school that is 90 percent Hispanic and 5 percent Vietnamese shared that she makes sure to label
everything in the classroom with signs in the native languages of the families so they can understand. Although these strategies were shared as examples of using written forms of families’ language to communicate with families, they did not address the challenge with ongoing, oral communication with parents that were expressed by the participants in their conversations.

*Personal communication.* In addition to providing written materials to families in their native languages, participants discussed strategies to communicate face-to-face with families. A teacher shared that although her school has interpreters as a resource, they are only available for meetings and special events, not ongoing throughout the regular school day when parents come in to the classroom. She shared that for the informal face-to-face interactions with families, she relies on “getting another parent that’s bilingual who is willing to help out a lot” to communicate. A public preschool teacher shared a similar approach, stating:

> I use family members, I use their cousins. I use the janitor at my school, he helps me out so much, and you know, he’s illiterate himself but at least he can translate what I’m telling him, so I help him and he helps me. I also use a lot of gestures.

*Respecting Cultural Differences.* In addition to language strategies used with culturally and linguistically diverse children and families, participants shared strategies that were responsive to the diverse cultural differences of children and families. Regarding the dilemma a participant shared about inappropriate curriculum activities in her program, fellow participants shared ways to respect cultural differences in the classroom. A teacher discussed how one strategy to address this issue is through being mindful of assumptions made about traditional family structures and homes, saying “We don’t always have to draw a house with a family of
four and a puppy. Like some people’s houses look different, some people’s holidays look different. And most teachers don’t recognize that until someone different comes in to the class.”

In the dilemma shared by a teacher who could not incorporate Christmas activities in the classroom to avoid offending non-Christian families, but still wanted to honor the holiday season for other children, a teacher suggested the following strategy:

Everyone has different traditions in the family. Thanksgiving especially is a really good one to get the ball rolling... there’s not a religious connotation … and some of the parents want us to be doing some of the traditional holiday things. But you know you can still have fun. You can make snowflakes. We read folk tales.

In this scenario participants suggested choosing a holiday that was not religiously affiliated that most families can relate to, which was more appropriate for the diversity of her classroom.

Alignment of Findings with DEC Recommended Practices

The DEC recommended practices “provide guidance to practitioners and families about the most effective ways to improve the learning outcomes and promote the development of young children, birth through five years of age, who have or are at-risk for developmental delays or disabilities” (DEC, 2016; p. 3). Family centered and socioculturally responsive practices are embedded within all DEC recommended practices to support diverse families with young children. Early childhood practitioners’ dilemmas and problem solving strategies were examined through third space theory framework to address the cultural “bumps” practitioners encounter with diverse families. More specifically, the researcher was interested in evaluating whether the specific problem solving strategies participants used in their dilemma discussions were related to recommended practices. Ideally, highly qualified early childhood professionals would rely on evidence-based recommended practices to inform decision making in their practice. Results
from this study specific to participants’ problem solving strategies were compared to DEC recommended practices focused on family centered practices. These specific recommended family practices are presented in Table 5.1.

<table>
<thead>
<tr>
<th>Recommended Practice</th>
<th>Examples</th>
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<tbody>
<tr>
<td>F1: Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socio-economic diversity.</td>
<td>An occupational therapist brings along an interpreter on her visits so that the family who does not speak English understands the strategies she’s suggesting.</td>
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<td>F2: Practitioners provide the family with up-to-date, comprehensive and unbiased information in a way that the family can understand and use to make informed choices and decisions.</td>
<td>A Head Start program director makes the parent newsletter available in several formats and in the major languages of families in the program.</td>
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<td>F3: Practitioners are responsive to the family’s concerns, priorities, and changing life circumstances.</td>
<td>A service coordinator assists the family in identifying and connecting to both formal and informal supports and resources, such as babysitting or respite care with family, friends, and neighbors.</td>
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<td>F4: Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family’s priorities and concerns and the child’s strengths and needs.</td>
<td>An Individualized Education Program (IEP) team leader works with the family and other professionals to develop IEP documents that address the needs expressed by the family.</td>
</tr>
<tr>
<td>F5: Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities.</td>
<td>A developmental specialist focuses on sharing information and providing support so that the family feels confident they can assist their child in-between visits.</td>
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<tr>
<td>F6: Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family’s preferences.</td>
<td>A speech language pathologist tailors the information that she provides to the family’s level of understanding using the best evidence available.</td>
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<tr>
<td>F7: Practitioners work with the family to identify, access, and use formal and informal resources and supports to achieve family-identified outcomes or goals.</td>
<td>A service coordinator provides the family with information about state regulations in written form prior to the eligibility evaluation and discusses the implications with the family.</td>
</tr>
<tr>
<td>F8: Practitioners provide the family of a young child who has or is at risk for developmental delay/disability, and who is a dual language learner, with information about the benefits of learning in multiple languages for the child’s growth and development.</td>
<td>An early interventionist learns some basic vocabulary words in the child’s and family’s primary language and uses them throughout the intervention visit to acknowledge the importance of multiple languages. The materials are written in the family’s home language and in a comfortable format for the family.</td>
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<tr>
<td>F9: Practitioners help families know and understand their rights.</td>
<td>A parent educator works with families to design a variety of methods to provide resources and supports to all families, including written and electronic newsletters, bulletin board displays, verbal exchanges, and informational meetings.</td>
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<tr>
<td>F10: Practitioners inform families about leadership and advocacy skill-building opportunities and encourage those who are interested to participate.</td>
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In their collaborative conversations, participants provided several problem-solving strategies to address their dilemmas. The majority of the problem solving strategies aligned well with DEC recommended practices (DEC, 2016). For example, in dealing with a family who was perceived to be in denial of their child’s abilities at school, one participant presented the idea of videotaping the child at the school and showing it to the family to help them understand their child’s development. This suggestion is consistent with recommended practice F2: Practitioners provide the family with up-to-date, comprehensive and unbiased information in a way that the family can understand and use to make informed choices and decisions (DEC, 2016; p. 17).

Showing the family a video example of the child in the classroom illustrates an unbiased way of presenting information to the parents so they can then decide if they would like to proceed with having the child evaluated for special education services. Another example of sharing information with families was illustrated by an early interventionist’s strategy to get families more involved during home visits which included modeling for the parents and encouraging them to build on the child’s strengths to continue therapy skills outside of scheduled times. She discussed how she encouraged families to keep trying and build on the child’s skills, which could empower families to continue working with their child. These strategies are supported by F5: Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities (p. 18) as well as F6: Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family’s preferences (p. 18). A similar problem solving strategy was shared in the dilemma discussion about parents who were in denial of their child’s abilities and hesitant to use the interventionist’s strategies. The
family was hesitant to use basic sign language with their toddler because they believed it would further delay the child’s oral language. The participant shared how she modeled basic signs with the child and family to use, explaining to the family that for very young children use of signs can help language and communication skills. In the discussion, the participant shared that she slowly worked with the family to teach the basic signs and use them consistently with the child. Over time, the family saw the benefits of the interventionist’s strategies and reported that the child was beginning to communicate using basic signs, even outside of therapy time. This approach aligns with *F2: Practitioners provide the family with up-to-date, comprehensive and unbiased information in a way that the family can understand and use to make informed choices and decisions* (p. 17).

Teachers also discussed their strategies to provide information and resources to help families meet their basic financial, medical, and emotional support needs, which is consistent with *F7: Practitioners work with the family to identify, access, and use formal and informal resources and supports to achieve family-identified outcomes or goals* (p. 18). For example, participants discussed ways they gathered donations to supply families with diapers and formula, and they identified community agencies that can help the families struggling with growing medical costs for their children. The benefit of this strategy is also supported by research indicating family access to secure housing, adequate healthcare and access to basic necessities has positive effects on children’s outcomes (HHS-ED, 2016).

Strategies for communicating with linguistically diverse families were also shared in the dilemma conversations. One participant discussed how she made sure to send materials and correspondence home to families in translations of their native language, and that she tried to label all materials in her classroom in the multiple languages of the children and families.
Participants also discussed using interpreters to help communicate regularly with families. These problem-solving strategies exemplify recommended practice *F1: Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socio-economic diversity* (p. 16).

**Conclusion**

Study results also indicated practitioners were easily able to identify many practice dilemmas and share their challenges in collaborative conversations. Identifying problem-solving strategies was more difficult as the participants more readily discussed their dilemmas than their problem solving strategies. Several dilemmas participants shared did not have corresponding problem solving strategies, such as challenging interactions with families in unsafe home environments and dealing with cultural differences. In the example of the interventionist providing therapy in a home with suspected drug activity, strategies for dealing with this dilemma were not provided. The participants who discussed difficulty conducting home visits with same sex parents and nudist families did not share strategies to address their dilemmas in a family centered or socioculturally responsive way. However, of the strategies that were presented, analysis of the findings suggests that those problem solving strategies identified aligned well with DEC recommended practices. Each of the problem-solving strategies discussed in this chapter was supported by recommended practices. This indicated that practitioners are considering professionally recommended, evidence-based strategies to inform their practice.
CHAPTER FIVE: DISCUSSION

This study explored early childhood teachers’ self-identified practice dilemmas and corresponding problem solving strategies related to socioculturally responsive and family centered practices. Study results revealed how these dilemmas and problem solving strategies relate to Skilled Dialogue through third space theory and DEC recommended practices specific to families and culture. DEC has defined family-centered practice as:

Practices that treat families with dignity and respect; are individualized, flexible, and responsive to each family’s unique circumstances; provide family members complete and unbiased information to make informed decisions; and involve family members in acting on choices to strengthen child, parent, and family functioning (DEC, 2016; p. 16).

Socioculturally responsive practice involves building on families’ strengths and cultural knowledge as a part of practice. Socioculturally competent professionals engage in respectful, reciprocal, and responsive interactions. Respect, responsiveness, and reciprocity include specific communication strategies that are effective in facilitating third space dialogue that is socioculturally responsive (Barrera & Corso, 2002). Vygotsky’s sociocultural theory was used in the literature review to inform the researcher’s understanding of cultural competence and socioculturally responsive practices, but was not as helpful in examining the data as much as third space, Skilled Dialogue and the connection to DEC recommended practices.

This chapter will first provide the interpretation of findings and discuss participants’ use of a hybrid third space in their dilemmas through the Skilled Dialogue framework of respect,
responsiveness, and reciprocity. Implications for practice and personnel preparation will be
discussed, followed by limitations of the study and recommendations for future research.

**Interpretation of Findings through Third Space and Skilled Dialogue**

**Respect.** Participants shared their dilemmas about issues related to partnering with
families in the home and at school. Respect entails honoring families’ cultures, choices and
avoiding judgement of experiences (Barrera & Kramer, 2014). Respect does not require total
agreement with families, but emphasizes that families’ cultures and choices should be honored
by professionals, even if there is disagreement (Barrera & Kramer, 2014; Barrera & Corso,
2002). Through the dilemma conversations, results indicated a perceived lack of respect for
family preferences and cultures in some situations. For example, one participant discussed her
difficulty conducting a home visit in the home of a nudist family. Her lack of respect was
exemplified as she discussed leaving early because she felt uncomfortable by the family’s
choices and decided to abruptly end the home visit. Similarly, another participant’s dilemma
exhibited lack of respect for diverse cultural experiences when she refused to conduct a home
visit in a same-sex parent household.

Other examples which highlighted lack of respect involved teacher dilemmas regarding
parent denial and different parent-professional priorities for their child. An early interventionist
discussed her dilemma with a parent who believed that her child is speaking and using words to
say “water,” although the participant explained the child only said “wah” and not “water.” In her
focus group discussion, the participant expressed frustration about the parent’s perceived denial
of the child’s verbal communication delays and mocked the parents for what she believed were
unrealistic views about their child’s abilities. Hence, this interventionist showed disrespect and
lack of understanding of the family’s perspectives. A similar issue was raised with one
participant who shared that she felt a family was in denial of their child’s disability and refused to accept services after age 3 because they believed God was going to heal the child and cure him from autism. The participant judged the family in a way that dismissed their beliefs, which showed lack of respect for family choice in educational services for their child. In summary, participants sometimes acknowledged in their statements the need to respect families because that is what “best practice tells them to do,” but they did not know how to translate that into practice through actions that exemplify respect.

During these dilemma conversations, participants had difficulty identifying problem-solving strategies that would indicate respecting family cultures and choices in these instances. In the dilemma regarding celebration of religious holidays, fellow participants discussed strategies that were inclusive of families for which the religious activities were inappropriate, and they provided strategies for modifying the activity that showed respect for families’ diverse cultures and preferences for holiday celebrations. This was an example of positive respect for family preferences, which is consistent with skilled dialogue and third space theory. Again, you need to use the literature to provide guidelines/discussion of how to show respect for the above example families (nudist and same gender).

**Responsiveness.** The appreciation and respect professionals display for an individual’s culture, values, and language to assist in meeting their needs is characterized as responsiveness (Barrera & Kramer, 2012). Responsive practices help families meet their basic needs to support overall family well-being. During their conversations, participants often shared challenges in providing resources to families to help meet their basic educational and care needs for their child and family. A teacher who works with medically fragile children shared that her main dilemma in working with families is the lack of resources and support that many families need to be able
to provide the necessities for their child such as diapers and formula, the need for respite care, and the need for emotional support. The teacher showed responsiveness to families’ needs by doing what??, but admitted that finding ways to meet families’ needs can be difficult.

Appreciation for individuals’ culture, values, and languages is also characteristic of responsive practice through third space, but some Teachers(NOT teachers early childhood providers) had challenges providing support for linguistically diverse families. As several teachers discussed in their dilemmas, communication with families is difficult when they must rely on interpreters. In some instances, participants shared the challenges with limited interpreters available, to which they resorted to using other staff or family members to translate for the teachers and families. In these dilemma conversations, the teachers were trying to be responsive to families’ language needs. They valued the home language of the children and families, and did not argue that families needed to assimilate to English. Although the teacher dilemmas showed their responsiveness to family needs and preferences, the issues in providing resources to families and meeting their language and communication needs stemmed from issues that were beyond the teachers’ control. Rather, lack of resources and support for families were due to inadequacies in the social services system or issues in school administration for not providing the adequate support that families needed. Participants recognized and responded to family needs to the best of their abilities, but felt helpless at times in a system that did not seem to have supports in place that are responsive to diverse family needs. For example, participants frequently shared that parents did not participate in IEP meetings or parent-teacher conferences regularly due to scheduling issues. Programs generally schedule these conferences during school hours when many parents are unable to attend because of their work schedules.
**Reciprocity.** Barrera and Corso (2002) defined reciprocity in Skilled Dialogue and third space as a process that aims to balance out power between individuals so that one point of view does not overshadow the other. Participants’ dilemmas and problem solving strategies revealed the lack of reciprocal interactions with families as one of the greatest challenges for teachers. Participants discussed their difficulty establishing rapport and forming relationships with parents due to challenging interactions. For example, a teacher discussed her frustration with a parent volunteer in her classroom who was making inappropriate distracting comments to children. Another teacher discussed her dilemma with parents who were perceived as “helicopter parents,” who she believed were lingering around the classroom at arrival and departure doing things for the children that the teacher felt the students needed to do independently. The teachers sometimes held narrow views about family engagement in their classroom. During the discussion, problem solving strategies included ways the teachers could set firmer policies and ground rules by giving parents a rule book for expected family participation in the classroom. The dilemmas and problem solving strategies related to family engagement showed a lack of reciprocity with the families. They did not seem interested in partnering with families to discuss mutually agreeable strategies for family engagement in the classroom. It is possible that participants do not know how, or did not have good models for positive family partnership. In these scenarios, the teachers continued to hold strict expectations of family engagement that allowed the teachers to maintain power in their interactions with families. As noted earlier in the literature review, teachers often learn to teach based on the way they were taught (Carrington & Selva, 2010; Hasslen & Bacharach, 2007). Teachers may have witnessed limited parent engagement in their schooling, which led them as teachers to also have narrow views about family engagement, as illustrated in the dilemma discussions.
Reciprocity in family interactions and communication was handled very differently by early interventionists during the dilemma discussions. One participant shared her dilemma with a family who was hesitant to use the strategies she was using related to sign language with a toddler. The therapist worked on balancing the power dynamic in the relationship with the family by saying to the family, “help me help you.” She found ways to engage the family as active participants and as valuable teachers for their child. The therapist’s willingness to slowly gain the trust of families allowed them to develop a mutually beneficial, reciprocal relationship that valued family engagement. Similar experiences were shared by other interventionists who discussed families’ initial hesitations to participate during home visits, but problem solving strategies illustrated ways therapists brought families in as equal partners in service delivery. For example, the scenarios might be different if parents were engaged in assessing the child and identifying needs, and were involved in a coaching model from the beginning rather than having the therapist do it all (Branson, 2015).

Research suggests that early childhood providers have difficulty effectively teaching and advocating for families who are culturally different from them, which places a challenge on culturally responsive practices (Espe-Sherwindt, 2008). Findings from this study were consistent with the literature discussed earlier which indicated that while early childhood professionals acknowledge the importance and benefits of diversity and partnering with families, they often have difficulty translating these beliefs into practice. For example, in this study participants shared many of the challenges they experience in working with families, but notably had fewer problem solving strategies to appropriately address their challenges. Therefore, participants in this study also had difficulty translating their beliefs into practice.
Implications for Practice

**Personnel support.** Use of Critical Friends Group format was a valuable strategy in helping teachers better understand the challenging experiences they deal with in their work with families and young children with disabilities. Critical Friends Group conversations allowed participants to confirm and challenge each other’s beliefs through collaborative conversations (National School Reform Faculty [NSRF], 2014. Most importantly, Critical Friends Group helped teachers feel supported and heard, particularly since many teachers feel isolated and unsupported. For university B, the use of dilemma and problem solving strategy discussions were modeled after Critical Friends Group conversations. However, Critical Friends Groups are ongoing discussions over an extended period of time, which did not occur at University B. The dilemma discussions included continuous responses from fellow participants such as “mmhmm”, “yeah”, and “exactly”, indicating agreement among participants and shared experiences and opinions about dilemmas and challenges that were discussed. The researcher’s field notes and session recordings revealed jovial conversation, which included laughing at occasional jokes related to their teaching dilemmas and head nodding of fellow participants in support and agreement of concerns. In fact, while the recording was still on during a session, one participant at the end of a session stated that the focus group was therapeutic for her, and that “it’s so nice to be able to talk to others who understand me, oftentimes I feel so alone working by myself in early intervention. This was like group therapy for me—much needed.” Preschool teachers who work in childcare centers or public schools may have fellow coworkers they can meet with to discuss dilemmas they encounter, or they may be a part of Professional Learning Communities (PLCs). Since many early interventionists work one on one with families in a home setting, they expressed during the sessions that they feel alone and unsupported many times. Having a
Critical Friends Group model for early interventionists and early childhood teachers to come together and share experiences can help them in their practice and feel supported. Practitioners can partner together to collaborate on strategies that are socioculturally responsive and family centered.

**Personnel preparation.** The participant dilemmas from the study suggest the need for early childhood teacher education programs to expand their focus on working with families and emphasize socioculturally responsive, family centered practices in their curricula. Many teacher education programs only have one specific class about families, since most classes are focused on curriculum and pedagogy (Chang et al., 2005). Family participation in early intervention services leads to parents’ positive views of services they receive (Bruder & Dunst, 2015). However, Bruder and Dunst (2015) found that professionals are not actively involving parents in early interventions services. Thus, teacher preparation programs should expand candidates’ experiences with families to more than one course, and incorporate considerations for working with families in field-experiences and methods courses to highlight the role of family centered practice throughout all areas of teaching. Also, inclusion of case studies that model the “sample dilemma worksheet” format can be a beneficial tool for teacher candidates to begin to analyze practice dilemmas and work to problem solve them in practice. Barrera and Corso’s (2002) Skilled Dialogue concepts could be introduced in early childhood education programs so that candidates gain the basic tenets of the three R’s: respect, responsiveness, and reciprocity. Study results showed that participants had difficulty examining their personal biases and perspectives about families related to their dilemmas. For example, there were several instances when participant dilemmas seemed judgmental about families’ choices that were different from their own and failed to respect the perspective of the families, which is an essential part of third space
and skilled dialogue. Therefore, personnel preparation programs should also incorporate more introspective and critical reflection activities so candidates can better understand their roles in these dilemmas in their coursework and field experiences, specifically reflection that focuses on respecting family perspectives and choices (Kidd, Sanchez, and Thorp, 2008). Also, personnel preparation and professional development programs can model the Critical Friends Group format by using sample vignettes and case studies about professional dilemmas related to socioculturally responsive family centered practices. Students should have the opportunity to critique and analyze their case study and vignette examples using DEC Recommended Practices to see whether the scenarios they are practicing align with recommended practices, and also whether the strategies for practice with families used skilled dialogue principles of respect, responsiveness, and reciprocity.

**Limitations**

Generalization of study findings must be made with caution due to sample size and uniqueness of the participant sample. Phase one of the study included 21 participants and only 9 graduates participated in phase two. Many of the graduates from phase one participated in the focus group sessions soon after completion of the program, whereas phase two graduates were invited to participate approximately five to seven years after completion of their degrees. Also, several of the phase two graduates responded to the invitation but indicated that they live out of the state, or are no longer practicing in the field of education. As a result, the sample size for the study was smaller than expected, with an unequal distribution of participants across the two universities and time since completion. Also, the uniqueness of the sample regarding participant demographics were not representative of the general teaching cadre, and were different across the two universities. In phase one of the study, participants were predominantly White, but in
phase two of the study most participants were Black and Native American. In addition, generalizability of findings to all early childhood professionals is a concern because participants in this study were all teachers who received an advanced Master’s degree and received specialized training in diversity. The intensive diversity and family-focused training they received could skew study findings to show that this group of graduates is more conscious of socioculturally competent and family centered practices than a teacher with standard early childhood professional development without a specialization focused on diversity. The participants were highly qualified and had between 5 and 20 years of teaching experience.

The use of the Critical Friends Group model for data collection was another limitation in this study. Critical Friends Group is customarily an ongoing professional development model, where practitioners meet as a group repeatedly over an extended period of time, often meeting for several months in a row. The ongoing professional development model for Critical Friends Group allows participants to revisit their dilemmas and problem solving strategies together over a period of time. In this study, focus group discussions using the Critical Friends Group design were not ongoing and was limited to only one meeting per group. It is possible that the dilemmas and problem solving strategies would evolve for the participants if they had the opportunity for ongoing discussion and professional development in true Critical Friends Group form. Hence, follow up focus groups with participants in this study would be helpful for ongoing professional development and to also continue the conversation about dilemmas and see how problem solving strategies might evolve over time. The researcher did not obtain information about whether graduates received professional development based on family centered practices after completing their degrees.
The positionality of the researcher must also be noted as a limitation to this study. Data analysis and interpretation of research findings were subjectively made by the researcher. As mentioned in chapter three, the researcher also had an active role in phase one of the study as the grant coordinator, and through phase two as a graduate of one of the cohorts and also as a current employee of university B.

**Future Research**

A possibility for future research would be to broaden the sample with additional participants. Future research studies could include a larger sample of teachers, and expand the sample to include graduates of programs across the state and region with varying degrees, levels of teaching experience, and diversity preparation. Examining the experiences of practitioners with early childhood credentials, associates degrees, and bachelor’s degrees would be noteworthy to understand whether level of education correlates to family centered practices and how dilemmas of practice are solved. Do teachers with higher levels of education and more experience teaching have increased competence in family centered practice? Thus, comparing the experiences of teachers with varying levels of education can help teacher education programs determine gaps in their curricula and support teacher candidates at all levels of their programs. Since early childhood programs are most often inclusive, research examining the experiences of related service providers (OT, PT, SLP, etc.) in interdisciplinary collaborative conversations of practice dilemmas would also be interesting to see how their dilemmas and problem solving strategies differ or relate to teachers. Teachers and related service providers could engage in dilemma and problem solving discussions which may facilitate greater interdisciplinary teaming and collaboration. Lastly, the research question did not compare groups, but through the analysis the researcher found herself comparing the experiences of classroom teachers with early
interventionists, as many dilemmas and problem solving strategies seemed to differ between teachers and early interventionists. Hence, future research analysis could also be conducted to specifically focus on comparing different groups of practitioners.

**Conclusion**

Overall, analysis of the study results showed that early childhood practitioners experience challenges in meeting the needs of families in ways that are family centered and socioculturally responsive. Participants identified several problem solving strategies that were consistent with DEC Recommended Practices such as communicating with families and providing information in a sensitive and respectful manner, helping families access resources, and building on family strengths. All of the problem solving strategies aligned well with DEC recommended practices. However, participants still experienced many dilemmas to which they were unsure of strategies to effectively address their issues. Specifically, some participants had trouble respecting family preferences that did not align with their beliefs about parenting or education. Participants often discussed how families seemed uninterested in participating in school activities and home-based services, or that families were in denial of their child’s disabilities. Participants did not consistently recognize the continuum of family engagement, which suggests that there are many ways that families participate in their child’s education (NAEYC, 2009). For some families, providing clothing, food, and shelter for their family is considered family engagement. For other families, family engagement may involve volunteering in the school or sitting on the floor with a therapist during play. Family centered practice values family engagement as a way to build partnerships between home and school. Unfortunately, several participants in the study had negative and judgmental views of families regarding lack of family engagement. A few of the participants challenged these views of their peers, noting that many families are busy working to
provide for their household. They seemed to be more responsive to the unique family situations, particularly with socioeconomically and linguistically diverse families. Also, many participants were empathetic to family needs for resources in their dilemma discussions, and they easily identified tangible strategies to address these dilemmas.

However, dilemmas that dealt with challenging interactions with families, particularly in the case of differing cultural experiences, were difficult for participants to problem-solve. Participants discussed the need to respect cultural differences among families or differences in parent and professional priorities, however they were sometimes unable to translate these beliefs into practice through problem solving. Participants seemed to struggle the most with issues that required them to challenge their own beliefs, assumptions, biases, power, and privilege.

Findings from this study provided additional information about the challenges early childhood teachers experience related to meeting the needs of diverse children and their families. Participants’ dilemmas of practice emphasized the disconnect between knowing about socioculturally responsive, family centered practice and having the resources, support, and strategies to implement them in community based settings serving young diverse children and their families. Gaining a better understanding of the resources and supports teachers rely on and need to solve these dilemmas can inform teacher preparation programs to foster effective problem-solving skills and an increased sense of teacher efficacy (Bandura, 1977). This will help professionals meet the needs of children and families in ways that are socioculturally responsive and family centered. Understanding the dilemmas teachers encounter provides evidence for the need to support practitioners in addressing the issues they experience related to diversity—specifically supports that help teachers problem-solve their dilemmas effectively.
APPENDIX A: INVITATION LETTER (UNIVERSITY A)

Dear Diversity Grant Graduate:

We are writing to invite you to a Diversity grant reunion and focus group discussion. We are interested in reconnecting with you concerning your current challenges and successes in early childhood as well as receiving feedback from you regarding the Diversity specialization. We will be meeting on Saturday, December 8 from 10 am – 1 pm at [location of meeting] in [city].

We are specifically interested in hearing about your practice dilemmas in small groups of 6-8 graduates. For our session, we would like you to briefly prepare or think about your own practice dilemma. Also, we have included some specific Diversity grant planning questions for you to respond to that day. We will discuss these questions in the larger group. Please scroll down to the end of this letter for guidelines for thinking about the practice dilemma you choose to share and also for the planning questions.

With your permission, we would like to audiotape our discussions so that we can capture all the dilemmas and feedback you share with us. This is important information for our evaluation of this grant specialization.

We will provide food, a warm space, and an opportunity for you to reconnect with your friends and colleagues. We also will provide you with a stipend of $75 for your participation.

If you can attend, please email [name and email of coordinator] by December 4. Thank you – we are looking forward to seeing each of you.

Best,

[name of researcher]  [name of researcher]  [name of researcher]
November 28, 2016

Dear [name of program] Diversity Grant Graduate:

I am writing to invite you to a Diversity grant reunion and focus group discussion. I am a fellow [name of program] graduate and doctoral candidate at [name of university]. For my dissertation research, I am interested in learning about your current challenges in early childhood education.

I am specifically interested in learning more about your practice dilemmas in small groups of 3-4 graduates. For the session, I would like you to think about your own dilemma you currently experience in working with families. You will have the opportunity to share the specific challenges you may currently experience in your work with children, families and other professionals. Below you will see sample guidelines for thinking about the practice dilemma you choose to share.

I will provide food, a warm space, and an opportunity for you to reconnect with your friends and colleagues. For your participation you will also receive a $75.00 Target gift card.

Two focus groups sessions are planned for the following dates: Saturday December 10th and Saturday December 17th from 9:30-11:00 at the new School of Education Building at [name of university].

If you can attend one of these days, please email me at [researcher email] and indicate the session you are interested in. Please respond by December 7th. If the dates for these sessions are not suitable for you, and you are interested in participating, please email me with your availability. I look forward to seeing you soon.

Regards,

[name of researcher]
Diversity Specialization Reunion and Focus Group Discussion – December 2016

Please consider this sample dilemma as you think and prepare for your own practice dilemma:

My dilemma involves the curriculum aspect of where I am teaching right now. My dilemma is when the curriculum is not developmentally or culturally appropriate and my school mandates that you have to teach a certain way, specifically from a boxed or scripted curriculum. I teach kindergarten and I have a cluster of students who are English Language Learners (ELLs) in my classroom. A third of my class is nonnative English speakers. My dilemma is that the curriculum doesn’t meet their needs as well as children who have not been to preschool. It’s only a curriculum that targets average, middle of the road – middle class kids."

1) What is your dilemma? (It can be related to children, school climate, working with parents and/or colleagues, or whatever is most concerning to you)

2) Consider the multiple viewpoints (e.g., teacher’s, students’, parents’, and colleagues’) within your dilemma;

3) Why is this dilemma important to you?

4) What questions might help colleagues better assist you as they consider the dilemma with you?
APPENDIX C: IRB CONSENT FORMS

PHASE ONE CONSENT FORM

Consent to Participate in a Research Study
Adult Participants

Consent Form Version Date: ______________________________

IRB Study # 12-2340

Title of Study: Diversity and Disability Evaluation Study
Principal Investigator: [name of PI]
Principal Investigator Department: School of Education
Principal Investigator Phone Number: (xxx)xxx-xxxx
Principal Investigator Email Address: [email of PI]

What are some general things you should know about research studies?
You are being asked to take part in a research study. To join this study is voluntary. You may refuse to join, or you may withdraw your consent to be in the study, for any reason, without penalty.

Research studies are designed to obtain new knowledge. This new information may help people in the future. You may not receive any direct benefit from being in the research study. There also may be risks to being in research studies.

Details about this study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study.

You will be given a copy of this consent form. You should ask the researchers named above, or staff members who may assist them, any questions you have about this study at any time.

What is the purpose of this study?
The purpose of this research is to obtain evaluation information from the Diversity Specialization graduates of the Masters program in Early Childhood Intervention and Family Support through their descriptions of their teaching practice dilemmas in their work settings and their feedback regarding the program specialization via a focus group format, referred to as Reconnect and Recharge (R&R) sessions.

Are there any reasons you should not be in this study?
You should not be in this study if you were not a part of the Diversity Specialization and/or if you did not graduate from the Masters program in Early Childhood Intervention and Family Support.

How many people will take part in this study?
If you decide to be in this study, you will be one of approximately 30 educators in this research study.

How long will your part in this study last?
Your participation in this study requires no more than three hours of your time.

What will happen if you take part in the study?
- You would participate in a focus group on the date of the scheduled session in December.
- You will be asked to note below your consent to use the materials gathered as part of the R&R seminar for the purposes of this research. This information includes:
  - Audiotapes of seminar sessions;
- Demographic data forms;
- Seminar meeting notes

**What are the possible benefits from being in this study?**
Research is designed to benefit society by gaining new knowledge. This research will help further understanding of the practice dilemmas experienced by today’s teachers and the impact of teacher discourse groups in addressing those challenges. This research will also help evaluate the Diversity Specialization to inform future practice in personnel preparation programs.

**What are the possible risks or discomforts involved from being in this study?**
There are no known risks or discomforts involved in being in this study. We will make every effort to help you feel comfortable and at ease in the focus group seminars. There may be uncommon or previously unknown risks. You should report any problems to [information of principal investigator].

**How will your privacy be protected?**
Participants will not be identified in any report or publication about this study. Although every effort will be made to keep research records private, there may be times when federal or state law requires the disclosure of such records, including personal information. This is very unlikely, but if disclosure is ever required, [university] will take steps allowable by law to protect the privacy of personal information. In some cases, your information in this research study could be reviewed by the representatives of the University, research sponsors, or government agencies for purposes such as quality control or safety. Your privacy and confidentiality will be protected. The principal investigator listed at the top of this form is the only person who will have access to the research data. All collected data, such as focus group audio recordings, will be stored in a locked office and on a secure computer. Your name will be replaced by a pseudonym in all write ups of the data. Audiotaped data will be transcribed, using pseudonyms. All of the information will be destroyed within five years of data collection.

**What if you want to stop before your part in the study is complete?**
You can withdraw from this study at any time, without penalty. The investigators also have the right to stop your participation at any time. This could be because you have had an unexpected reaction, or have failed to follow instructions, or because the entire study has been stopped.

**Will you receive anything for being in this study?**
You will receive seventy-five dollars ($75.00) in compensation for participating in the research study.

**Will it cost you anything to be in the study?**
It will not cost you anything to be in the study.

**What if you have questions about this study?**
You have the right to ask, and have answered, any questions you may have about this research. If you have questions about the study (including payments), complaints, concerns, or if a research-related injury occurs, you should contact the researcher listed on the first page of this form.

**What if you have questions about your rights as a research participant?**
All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights as a research subject, or if you would like to obtain information or offer input, you may contact the Institutional Review Board at xxx-xxx-xxxx or by email to [IRB email address]
Participant’s Agreement One:
I have read the information provided above. I have asked all the questions I have at this time. I voluntarily agree to participate in this research study.

Signature of Research Participant __________________________ Date __________________________

Printed name of Research Participant ______________________________________________________

Participant’s Agreement Two:
I have read the information provided above. I have asked all the questions I have at this time. I voluntarily agree to participate in this research study. I have checked below my consent to use the following information gathered as part of the R&R seminar for research purposes:

☐ audiotapes of seminar discussions
☐ meeting notes seminar discussions
☐ demographic data form

Signature of Research Participant __________________________ Date __________________________

Printed name of Research Participant ______________________________________________________

Signature of Person Obtaining Consent __________________________ Date __________________________

Printed Name of Person Obtaining Consent ______________________________________________________
PHASE TWO CONSENT FORM

[Name of University]
Consent to Participate in a Research Study

IRB Study # xx-xxxx
Consent Form Version Date: November 9, 2016

Title of Study: Exploration of Dilemmas and Problem Solving Strategies Early Childhood Teachers Use in the Implementation of Family Centered Practices
Principal Investigator: [name of researcher]
[university] Department: School of Education Deans Office
Co-Investigator: [faculty advisor]
Study Contact: [researcher name], [researcher email], [researcher phone number].

What is the purpose of this study?
The purpose of this research study is to obtain information from the Diversity Specialization graduates of the Birth-Kindergarten: Interdisciplinary Studies in Education and Development Master’s program through their descriptions of the dilemmas in their teaching practice via a focus group format.

How many people will take part in this study?
If you decide to be in this study, you will be one of approximately 35 educators in this research study.

How long will your part in this study last?
Your participation in this focus group will last approximately one and a half hours.

What will happen if you take part in the study?
You would participate in a focus group on the date of the scheduled session.
- You will be asked to note below your consent to use the materials gathered as part of the research study. This information includes:
  - Audiotapes of seminar sessions;
  - Demographic data forms;
  - Seminar meeting notes and;
  - Debriefing forms

What are the possible benefits from being in this study?
Research is designed to benefit society by gaining new knowledge. This research will help further understanding of the practice dilemmas experienced by today’s teachers and the impact of teacher discourse groups in addressing those challenges. This research will also inform future practice in personnel preparation programs.

What are the possible risks or discomforts involved from being in this study?
There are no known risks or discomforts involved in being in this study. We will make every
effort to help you feel comfortable and at ease in the focus group seminars.

**How will information about you be protected?**
Every effort will be taken to protect your identity as a participant in this study. You will not be identified in any report or publication of this study or its results. Your name will not appear on any transcripts; instead, you will be given a pseudonym code. The list which matches names and code numbers will be kept in a locked file cabinet. After the focus group tape has been transcribed, the tape will be destroyed, and the list of names and numbers will also be destroyed.

**Will you receive anything for being in this study?**
You will receive seventy-five dollars ($75.00) in compensation for participating in the research study.

**Will it cost you anything to be in this study?**
There will be no costs for being in the study.

**What if you are a [university] employee?**
Taking part in this research is not a part of your University duties, and refusing to participate will not affect your job. You will not be offered or receive any special job-related consideration if you take part in this research.

**What if you have questions about this study?**
You have the right to ask, and have answered, any questions you may have about this research. If you have questions, or concerns, you should contact the researchers listed on the first page of this form.

**What if you have questions about your rights as a research participant?**
All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights as a research subject you may contact, anonymously if you wish, the Institutional Review Board at xxx-xxx-xxxx or by email to [IRB email].

**Participant’s Agreement One:**
I have read the information provided above. I have asked all the questions I have at this time. I voluntarily agree to participate in this research study.

______________________________  ______________________________
Signature of Research Participant     Date

______________________________
Printed name of Research Participant

**Participant’s Agreement Two:**
I have read the information provided above. I have asked all the questions I have at this time. I voluntarily agree to participate in this research study. I have checked below my consent to use the following information gathered as part of the R&R seminar for research purposes:

- ☐ audiotapes of seminar discussions
- ☐ meeting notes seminar discussions
- ☐ demographic data form
☐ debriefing sheets

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APPENDIX D: SAMPLE DILEMMA WORKSHEET

Please consider this sample dilemma as you think about and prepare for your own practice dilemma:

My dilemma involves the curriculum aspect of where I am teaching right now. My dilemma is when the curriculum is not developmentally or culturally appropriate and my school mandates that you have to teach a certain way, specifically from a boxed or scripted curriculum. I teach kindergarten and I have a cluster of students who are English Language Learners (ELLs) in my classroom. A third of my class is nonnative English speakers. My dilemma is that the curriculum doesn’t meet their needs as well as children who have not been to preschool. It’s only a *curriculum that targets average, middle of the road – middle class kids.*”

1) What is your dilemma? (It can be related to children, school climate, working with parents and/or colleagues, or whatever is most concerning to you)

2) Consider the multiple viewpoints (e.g., teacher’s, students’, parents’, and colleagues’) within your dilemma;

3) Why is this dilemma important to you?

4) What questions might help colleagues better assist you as they consider the dilemma with you?
APPENDIX E: DEMOGRAPHIC DATA FORM

Diversity Specialization Focus Group

Demographic Information Sheet
Age: _______________
Race: _______________
Gender: _______________
Month & Year Graduated: _______________
Years Experience in Early Childhood: _______________

Please describe your classroom and work setting:
Age Range of Children you work with:

- _______ Age 6 or above
- _______ Kindergarten aged
- _______ Preschool aged (3-5)
- _______ Infants/ Toddlers (3-5)

Public School: Yes _______  No _______
Head Start Setting: Yes _______  No _______
Infant/Toddler or Early Head Start Program: Yes _______  No _______

Is your classroom/work setting primarily inclusive (children with and without disabilities)?  Yes _______  No _______

Other: (Please describe)
________________________________________________________________________
________________________________________________________________________

Numbers of Children You Serve: _______________
Numbers of Children with Disabilities: _______________
Numbers of Children from Diverse Backgrounds: _______________

Other Characteristics of your Work Setting you wish to describe:
Hello All – we are glad you made it back to [name of city] today to help us evaluate our Diversity Specialization but also for an opportunity for us to reconnect and recharge among friends and colleagues. Our format for today will be to separate into groups of 6-8 where we will discuss our practice dilemmas. Please feel free to share any dilemma that is most concerning to you now and please do not use personal identifiers (school, student, or colleagues’ names). Each person will have an opportunity to share their dilemma and there should be ample time to problem solve with your friends about possible solutions. Please keep in mind that all dilemmas are important and everyone’s dilemma is important. Each group will have a facilitator that will help move the group discussion along to ensure each person has equal time to share and discuss their dilemma.

After our dilemma discussions – we will convene again as a larger group and ask you some questions specifically regarding the Diversity specialization.

1) What is your dilemma? (It can be related to children, school climate, working with parents and/or colleagues, or whatever is most concerning to you)
2) Consider the multiple viewpoints (e.g., teacher’s, students’, parents’, and colleagues’) within your dilemma;
3) Why is this dilemma important to you?
4) What questions might help colleagues better assist you as they consider the dilemma with you?
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<th><strong>Build family and community partnerships.</strong></th>
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<td>Develop an understanding of how their own family backgrounds and experiences may influence their own interactions with families</td>
<td>Demonstrate respectful, reciprocal relationships with families and communities.</td>
</tr>
<tr>
<td></td>
<td>Develop skills in communicating, reflective listening, and establishing rapport with families from various sociocultural backgrounds</td>
<td>Prepare for teaching and learning by connecting with ALL young children with and without disabilities including those at-risk and their families</td>
</tr>
<tr>
<td></td>
<td>Ensure that all families are included in all aspects of their children’s early intervention programming</td>
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<tr>
<td></td>
<td>Demonstrate a family centered or guided approach to child assessment and intervention</td>
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<tr>
<td></td>
<td>Engage in collaborative interactions with family members focused on facilitating the child’s development and strengthening the family’s role in nurturing their young child with disabilities</td>
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<tr>
<td></td>
<td>Advocate for family centered principles with professional team members and administrators</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Use established linkages with other community based programs and schools to help families access appropriate resources to support their children</td>
<td></td>
</tr>
<tr>
<td><strong>Socioculturally &amp; Linguistically Responsive</strong></td>
<td><strong>Gain information about the ways individual families define their own race, religion, home language, culture, and family structure.</strong></td>
<td><strong>Understand the central concepts, tools of inquiry, and structures of the discipline(s) they teach and can create classroom environments and learning experiences that make these aspects of subject matter accessible, meaningful and culturally relevant for diverse learners.</strong></td>
</tr>
<tr>
<td>Interdisciplinary Collaboration and Leadership</td>
<td>Provide information to families in a language and manner families can understand;</td>
<td>Counter potential bias and discrimination by treating all children with respect and consideration;</td>
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<td>------------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
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<tr>
<td></td>
<td>Understand how students’ cognitive, physical, socio-cultural, linguistic, emotional, and moral development influences learning and address these factors when making instructional decisions.</td>
<td>Acknowledge and understand that diversity exits in society and utilize this diversity to strengthen the classroom environment to meet the needs of individual learners.</td>
</tr>
<tr>
<td></td>
<td>Initiate activities and interactions with children encouraging positive self-identity and the valuing of differences among children and families;</td>
<td>Reflective practitioners who are committed to educational equity.</td>
</tr>
<tr>
<td></td>
<td>Implement curriculum and interventions reflecting responsiveness to home values, beliefs, experiences, and language;</td>
<td>Promote child development and learning for ALL young children with and without disabilities, including those at risk.</td>
</tr>
<tr>
<td></td>
<td>Provide children with a variety of opportunities and materials to build their understanding of diversity in culture, family structure, ability, and language;</td>
<td>Support the learning of ALL young children with and without disabilities, including those at risk.</td>
</tr>
<tr>
<td></td>
<td>Understand the challenges of second language acquisition for young children with disabilities and their families;</td>
<td></td>
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<tr>
<td></td>
<td>Become aware of community based resources to assist families who are experiencing poverty.</td>
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<tr>
<td></td>
<td>Value learning with and from other interdisciplinary professionals;</td>
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</tbody>
</table>

<p>| Learn and value the various disciplines involved in early childhood intervention service delivery including professionals with expertise in second language acquisition and/or culturally/linguistically diverse children and families; | work collaboratively to develop linkages with parents/caretakers, school colleagues, community members and agencies that enhance the educational experiences and well being of diverse learners. |
| Develop an awareness of their own values, biases, interpersonal, and team membership styles | demonstrate leadership by contributing to the growth and development of their colleagues, their school and the advancement of educational equity. |</p>
<table>
<thead>
<tr>
<th>Evidence Based Practices</th>
<th>Understand the relative strengths and weaknesses of different evidence based research strategies</th>
<th>prepare for teaching and learning by conducting appropriate, on-going formal and informal assessment.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Access and critique the research regarding effective interventions for young children with disabilities</td>
<td>prepare for teaching and learning by creating and integrated curriculum and responsive environment.</td>
</tr>
<tr>
<td></td>
<td>Apply research based interventions in their own classrooms and clinic settings;</td>
<td>understand assessment processes including their goals, benefits, and uses.</td>
</tr>
<tr>
<td>Advocate for the use of evidence based interventions for young children with disabilities with professional and family team members</td>
<td></td>
<td></td>
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<tr>
<td>Engage in collaborative research to effect positive change for children with disabilities in early intervention settings</td>
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</tbody>
</table>
### APPENDIX H: CODEBOOK OF THEMES WITH DEFINITIONS

**Codebook with Definitions of Themes and Subthemes**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Definition</th>
<th>Subtheme</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Challenges with establishing</td>
<td>Relating to families by establishing rapport and consistent communication</td>
<td>Family Priorities</td>
<td>Comments about family preferences for communication and participation</td>
</tr>
<tr>
<td>relationships with families</td>
<td></td>
<td>Lack of trust</td>
<td>Comments about families hesitant to participate with unfamiliar people</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Parent denial</td>
<td>Comments about parents unwilling to accept diagnosis of disability. Unrealistic views of child’s abilities</td>
</tr>
<tr>
<td>Challenging Interactions</td>
<td>Encounters with families that affect participation and engagement</td>
<td>Unsafe home</td>
<td>Comments about parents neglect, abuse, or illegal activity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>environments</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of trust</td>
<td>Comments about families hesitant to participate with unfamiliar people</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Expectations of</td>
<td>Rules about volunteering and visiting class. Rules about active participation in home visits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>parent participation</td>
<td></td>
</tr>
<tr>
<td>Family Engagement</td>
<td>Participation/involvement of family members in home and school activities</td>
<td>Lack of participation in early intervention</td>
<td>Uninterested in home visit, completing other tasks</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inadequate resources</td>
<td>Families do not have proper financial, emotional, medical/health support</td>
<td>Need for resources</td>
<td>Families do not have basic needs (information, support, material goods, economic resources)</td>
</tr>
<tr>
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<td>-------------------------------------------------</td>
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<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Communication Challenges</td>
<td>Difficulty with written and spoken communication with families</td>
<td>Parent vs. professional priorities for communication</td>
<td>Different types of communication preferences (Phone, email, written, social media)</td>
</tr>
<tr>
<td>Lack of qualified interpreter</td>
<td></td>
<td></td>
<td>Use of untrained individuals for interpretation (other staff, family members)</td>
</tr>
<tr>
<td>Cultural differences in translation</td>
<td></td>
<td></td>
<td>Inaccurate translations of assessment and conversation</td>
</tr>
<tr>
<td>Challenge building rapport/daily communication</td>
<td></td>
<td></td>
<td>Ongoing informal communication about family and child (ELL)</td>
</tr>
<tr>
<td>Family Priorities Regarding home language</td>
<td></td>
<td></td>
<td>Preferred languages at school and home are different</td>
</tr>
<tr>
<td>Cultural Differences</td>
<td>Participants’ cultural identities and preferences conflict with families’ cultures in home and school</td>
<td>Appropriateness of curriculum/activity</td>
<td>Not sensitive to all cultures in classroom (religion, SES, language, nationality)</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Biases/assumptions</td>
<td></td>
<td>Negative views of diverse cultural characteristics (Religion, SES, family structure)</td>
<td></td>
</tr>
</tbody>
</table>
**APPENDIX I: DATA ANALYSIS OF THEMES WITH SAMPLE TEXT**

**RQ1**: What problems of practice (i.e. dilemmas) do early childhood teachers experience related to working with diverse families?

<table>
<thead>
<tr>
<th>Competency Area</th>
<th>Theme</th>
<th>Subcategories/Codes</th>
<th>Sample Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Centered</td>
<td>Challenges with establishing relationship with families</td>
<td>Family priorities, Lack of trust</td>
<td>of course, they’re going to rely more heavily on their doctor than their teacher. I mean they respect the teacher. But when you have a child with a lot of medical things, brain or feeding tube, I can understand why they sort of feel like I’m going to do what the doctor says instead of what the teacher says (P1-S1-G2)</td>
</tr>
<tr>
<td></td>
<td>Difficulty relating to parent experiences</td>
<td></td>
<td>I have no idea what it’s like to be a parent…I just know child development and I know how to be a teacher. And like all the parenting stuff…And that’s the reality of my life in that situation. It doesn’t make me worse or better a teacher. It’s just my perspective, you know, that I don’t, that’s my lens. (P1-S1-G1, 160)</td>
</tr>
<tr>
<td></td>
<td>Lack of trust</td>
<td></td>
<td>So maybe they think that, that you’re questioning their opinion…That was pretty much where it came across here. I am the new person and I came in and, they spent a lot of time doing this IEP before I got there. Because I bet you that’s what it is. That they didn’t know me and said, I had a different thinking about the situation (P1-S1-G2, 453)</td>
</tr>
<tr>
<td>Dealing with Parent Denial</td>
<td>Differences regarding what is best for child</td>
<td></td>
<td>I have a child he’s getting ready to prepare for</td>
</tr>
<tr>
<td>Parent denial of developmental delay</td>
<td>kindergarten and his parents are all concerned because this is their first child and they want to know what school is best for him. And they have a school in mind that is very well known and they come and they interview the child and they screen them, and they don’t take children with special needs, and they don’t take children who have behavior concerns. And this child very much so has a special need, and so while the interview process is going on they send me forms to fill out for the child, and she’s (mother) trying to help me with my words for what to put on the form so that he can be accepted, and I’ve shared my concerns because I’ve had him for 2 years and she knows that I don’t care for the school because they don’t take children with special needs. They really want him to go to the school, primarily for the name. (P2-S1, 7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Differences regarding what is best for the child</td>
<td>I’m comfortable with the mom and at least she knows how I feel about the school, so at the end of the day, I hope it goes well for him. But if it doesn’t, she knows, it’s not like I lied to her, and they come back in September like “we never knew he’s having all these problems”. So that’s been my dilemma for the past few months. Just trying to help</td>
<td></td>
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</table>
that child and send him to a school where I know he’ll flourish and be great like I know he can be, but I want him to be able to go to a school that will appreciate and make that decision, because I’m not his momma. (P2-S1-G1, 29)

| Parent denial of disability | the bulk of my case load is on the spectrum, different degrees. well the most severe kids I have on the spectrum the parents are in complete denial that anything’s wrong, they think there’s nothing wrong with my child, they’re convinced the child is talking in full sentences, and the child has no words. They’ll make sounds, and when they make a sound the parents will be like “aww he said he wants water”, and I’m looking like, cause he said “wah”. Yeah because he said ‘wah’, and I’m like no, uh uh (P2-S1, 692) |

<p>| Parent denial of disability | They pulled him out, they were mad, so I started seeing him at home, and he turned 3 in august, and up until his 3rd birthday they were like “we’re just praying that God’s gonna heal him before he turns 3 and he’s gonna be talking” and you cannot tell them anything else. That’s what’s gonna happen. And after he turned 3 they stopped doing his services. After he turned three they were like “God’s gonna heal him” (P2, S3, 957) |</p>
<table>
<thead>
<tr>
<th>Parent denial (grief cycle)</th>
<th>families are also still grieving, so they may be more resistant and still in denial. At 3 years old they are very much still in denial. (P2-S2, 800)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent denial</td>
<td>Parents just… they were refusing (services) up until literally last week (P1-S1-G3, 98)</td>
</tr>
<tr>
<td>Parent denial</td>
<td>I have this student who has a genetic disorder and it’s not like he’s going to be catching up or getting better, I mean this is lifelong. In my heart and in my head I kept thinking this family needs support. They should be applying for social security disability, they should be able to get diapers, they should be able to get access to you know groups that will sell two different size shoes, um and so forth. And I’m trying to um feed them this information. They are actively not doing anything (P1-S2-G1, 509)</td>
</tr>
<tr>
<td>Parent Denial</td>
<td>And they’re afraid that the county is just going to stick them in a classroom or institutionalize her. It’s kind of their vision. And so they fight, they fight for it. And next year they want her to go first grade. And I mean, we can say potty and we can say, hi and bye that we’re starting to push on her. Her language skills are so limited. I mean I would say one, she plays peek-a-boo during the day. She can repeat counting words. … And the parents are getting other</td>
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<tr>
<td>Topic</td>
<td>Subtopic</td>
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</tr>
<tr>
<td>Parent denial</td>
<td></td>
</tr>
<tr>
<td>Challenging Interactions with family members</td>
<td>Parents mocking children</td>
</tr>
<tr>
<td>Expectations for parent volunteering</td>
<td></td>
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</tbody>
</table>
that’s good for the kids to hear because a lot of my kids are from Spanish-speaking homes. **But there are times when their conversation is distracting from child learning.** I’ve tried to keep the conversation education-centered. And it’s important to me because I don’t want to hurt her feelings or make her feel unwelcome. I want her to continue to be in classroom and support the kids (P1-S1-G1; 20)

| Parent disregards professional opinion | they make my case worker fill out a report. I mean she has to fill out a kindergarten report card for her. So she gets the lowest score on everyone. The parents only [00:16:00] it. The teacher fills it out, she hands it to him, they’ll look at it. And they just laugh and throw it away (P1-S1-G2, 207) |
| Lack of trust for professional?? | |
| Parent disregards professional opinion | when I’m teaching I always tell the parents we use positive reinforcement, but I know that when the kids go home it doesn’t carry over (P2-S1, 1156) |
| Differences regarding what is best for child | I want my parents to do that with their kids too, but I don’t want them to linger around all the time, and help them put their backpack up when the kid can do it himself (P2-S3, 587) |
| Helicopter parent | |
| Unsafe home environment | this family, I’m coming in and I kid you not, the both sides of the door, littered with beer cans, LITTERED with beer cans. At least the whiskey empty bottles are up on the barbecue. And I saw a |
| Difficulty trusting family | |
marijuana bug on the floor, I had one parent ask me “do you want to finish this?” if you’re around smoking and people who are getting high you can’t take care of that child, and see my problem is what if police come and raid this place, because I realized halfway into this visit that this family had moved to a new place. I realized halfway through the visit, that I was doing therapy in the drug den. I wasn’t focusing on the people coming in and out (P2-S1, 1247)

<table>
<thead>
<tr>
<th>Unsafe home environment</th>
<th>Difficulty trusting family</th>
</tr>
</thead>
<tbody>
<tr>
<td>it is exactly an <strong>ethical dilemma</strong>; do you report it (drug use/unsafe environment) and taint the relationship? (P2-S1, 1311)</td>
<td></td>
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<thead>
<tr>
<th>Family Engagement</th>
<th>Child custody issues interfering with parent participation</th>
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<tbody>
<tr>
<td>we came to the conclusion that because he brings her (mom) up, that he wants his mother there. And I believe dad has custody but I don’t know all the details…the <strong>dilemma I’m dealing with right now is the dynamics of his family and knowing how to deal with him missing his mom because we know that’s a key piece and we know that’s why he’s having so much anxiety</strong> and how if something happens and he gets in his feeling and he cries (P2-S1, 497)</td>
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<table>
<thead>
<tr>
<th>Lack of family participation in early intervention</th>
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<tbody>
<tr>
<td>the families that I’m working with now, it, it’s more divided on income level, I want to say, because the more educated or upwardly mobile, the more engaged they are, the lower on the SES they are, it’s like, I</td>
</tr>
<tr>
<td>Lack of parent participation in early intervention</td>
</tr>
<tr>
<td>Program constraints/challenge engaging families</td>
</tr>
<tr>
<td>Program constraints/challenge engaging families</td>
</tr>
<tr>
<td>Different parent and professional priorities</td>
</tr>
<tr>
<td>Lack of family participation in programs</td>
</tr>
<tr>
<td>Different parent and professional priorities</td>
</tr>
<tr>
<td><strong>understand what’s going on.” Kinda blew off it. She just really wasn’t all that worried about it or concerned</strong> (P1-S1-G2, 149)</td>
</tr>
</tbody>
</table>
I see them more willing to do because there is a unifying alliance so I see them do that one because there’s now an autism community. Whereas my family support network families especially if they have an undiagnosed syndrome or they just don’t know exactly where their child fits in, they don’t really want to get with that. So to me that’s an aspect that’s missing from the parents. I mean, they have to try and reach out for it, but I just wish there was a better way to help them see the importance of that, and I think they just feel overwhelmed and stressed (P2-S2, 768)

Different parent and professional priorities

[Talking about IEP] some of these things are 15 pages long, I mean that’s a lot of reading, even if I give it to them a week ahead to go through it and see what they think about it... A lot of parents don’t want to miss therapy time. I had a parent tell me this year “I really don’t want to meet with you anymore, I don’t want to miss any more sessions”... And he was like “okay well this is the last meeting we’re having then because I don’t want you to miss therapy time” and I understand that but I don’t think he understands that this meeting with him affects what I’m going to be doing with the child, its so much more important to me than that session that I would
<table>
<thead>
<tr>
<th>Perception</th>
<th>Different Parent and professional priorities</th>
<th>Lack of family engagement in early intervention</th>
<th>Lack of family participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need for parent education</td>
<td>because I’m a play therapist and they (parents) think what does that do? And also my dilemma is a lack of parent education, they just don’t understand that kids learn through play. They’re toddlers, they’re infants and toddlers, how else are they supposed to learn? That’s how they’re learning, so they look at me like ‘oh you don’t really do anything with them for an hour, you know it’s pointless’. So it’s very frustrating. They ask me “when is my child gonna talk?” I don’t know, I can’t tell you that. No one can tell you that. But they’re looking at me like ‘oh make my child talk.” It’s been 5 months, they haven’t said a word (P2-S3, 711)</td>
<td>My biggest dilemmas is my families not being there. No shows. Me driving and they not being there, not telling me anything (P2-S3 512)</td>
<td>This parent never sends anything to help the class (P1-S1-G2, 678)</td>
</tr>
</tbody>
</table>
| | | | I don’t feel like we’re doing as much to reach out to these different communities, not just socioeconomic, diversity within language, like our ESL, you know. I feel like, really, to this middle class, you know,
<table>
<thead>
<tr>
<th><strong>Note: Continuum of family engagement</strong></th>
<th>helping those that can’t and that have what they need. Or not going the extra distance to bring those who don’t have to the surface, so to speak. Like for instance, <strong>we do have workshops to teach parents, this is how you can help your child. And so a common complaint is the ones who really need to be here to get this information aren’t here. Because they’re at work. Because they’re at work in the third shift. These people are making it a priority. Feeding their children and to pay the heating bill. So they can keep a roof over their head.</strong> (P1-S1-G3, 337)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of family participation in programs</td>
<td>I haven’t had any families who have jumped at it. See so that’s like really hard for me also, as a former Pre-K teacher, that, that’s what I’m used to. You know so like we did 4 conferences a year, 2 of them are at you know the child’s house, getting to know the family, seeing the mom and dad every day and as a kindergarten teacher you don’t see them …. ever. Like we have one parent teacher conference coming up in about a week. And that’s the only time like I’ll probably ever see them. I try to email them, I call them, I try to send home notes, but it’s not the same thing</td>
</tr>
<tr>
<td>Lack of family participation in programs</td>
<td>So some of the children, all the children have to meet um NCPK requirements and some of them have to meet Head</td>
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<tr>
<td>Lack of family participation (attendance issues)</td>
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<tr>
<td>It’s almost like they’re not taking their particular piece of parental involvement seriously for their child to participate in the program. Attendance was a huge thing for me last year. I started seeking out my administration and things like that to start having conversations with parents that, unless I go pick up the child at the home, you know how are they going to get there? We provide bus service, if they decline the bus service then it becomes their responsibility for transportation. But then like my attendance was astronomical. And in the paperwork it says, they’re required to participate 90 % of the month. So my whole thing was going back to my</td>
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</table>
administration and saying “YOU need to reinforce that.” If that means removing the child from the program, and I don’t want that because the child needs the program, but at some point in time somebody needs to take something serious and it almost seems like the same type of thing for in-kind that they’re not taking, …. It’s not…enforced so they are not taking it serious and then you guys are struggling to get the in-kind hours documented and it’s, it’s a very frustrating (P1-S2-G2, 122)

| Lack of family participation in Early Intervention | A lot of them want to leave. One of the parents was like, oh can I go get a haircut? No. you have to be present in the home while I’m here. You’re actually supposed to be sitting and interacting with us. One takes it as “oh I’m gonna go do work on the computer while you’re here, this is my hour, this is my free hour”. They look at me as a babysitter. They look at me and go “oh I’m gonna go do all these things around the house that I don’t have time to when you’re not here” (P2-S1, 733) |
| Lack of investment | |

<p>| Lack of family participation *Note: Continuum of family engagement | I ask for family participation, so that’s not a problem but they just don’t have the time. A lot of my parents work first, second, third shift, I mean, or they don’t come in. I do have some parents that do and mostly that parents that are coming |</p>
<table>
<thead>
<tr>
<th>Resource</th>
<th>Support needs</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of family participation</td>
<td>Lack of investment</td>
<td>You know, are you working with them at home? That would help. You know, let’s partner and be a team, but they put it all on me and I’m only there 1 hour a week, so… (P2-S3, 721)</td>
</tr>
<tr>
<td>Lack of family participation</td>
<td>Lack of investment</td>
<td>I have one parent that wakes up, opens the door, then goes back to sleep. And I have to wake her up to say that I’m leaving so the child won’t be unsupervised (P2-S1, 1358)</td>
</tr>
<tr>
<td>Inadequate resources and lack</td>
<td>Challenge helping families access resources</td>
<td>My dilemma is parents not getting adequate support in helping to take care of their child. <strong>So often I get a child, when they come in at the age of 3 and parents are floundering because this is the first break they’ve had, they’ve never been able to leave this child with a babysitter, they’ve never been able to take this child to a daycare because nobody could ever handle them, and they’ve been in and out of the hospital, and they’ve just been through it, and this is the first time they’ve ever left their child with somebody</strong>. And, there is not enough support out there for these families, both before the age of 3 and after, NC there are 2 Medicaid waiver programs for children and then adults with special needs…</td>
</tr>
<tr>
<td>of support</td>
<td>Family need for support</td>
<td></td>
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<tr>
<td>Challenge helping families access resources</td>
<td>we have these parents who are struggling day to day, it definitely puts a strain on parental relationships, so you see families that are struggling to stay together, it puts a strain on other kids in the home because the parents are struggling trying to keep this child alive quite often. And if you have a family who is more middle income they don’t qualify for Medicaid and medical expenses are atrocious, and so they really end up worse off than the low-income families in terms of trying to survive (P2-S2, 60)</td>
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<tr>
<td>Family need for support</td>
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<tr>
<td>Lack of parent knowledge/skill</td>
<td>I have a lot of Latino families that didn’t know what to do for school, even though I would give them stuff to do, one family, she was illiterate herself, her and her husband, so there was nothing I could do and the child is now suffering in kindergarten (P2-S1, 611)</td>
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<tr>
<td>Family need for support</td>
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<tr>
<td>Challenge helping families access resources</td>
<td>they don’t have anybody to take care of their child other than them, so they can’t leave to go to these meetings, because a lot of those meetings are adults only. And so you can’t leave your child with anybody so you can’t go to the meeting, especially if your child is</td>
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<tr>
<td>Communication Challenges</td>
<td>Teacher’s lack of confidence</td>
<td>Parent vs. Professional priorities for communication</td>
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<td>lack of administrator support</td>
<td>I got a family resource room going in our school. No support from the principal, now it’s no longer there. I had a family team that we made a resource room- we did all this stuff. But I had an administrator who didn’t believe families should be walking around schools using computers (P1-S1-G1, 523)</td>
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<td>I still don’t feel comfortable talking with parents. I think I just didn’t have enough experience with it. I feel like I can talk at them, but when there’s confrontation it’s really, it’s hard. I think it’s easy to sit back and say, “well, this is what I would do”. But I think it’s hard because you don’t want to offend them. (P1-S1-G1, 180)</td>
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<td>I have a parent who didn’t want a notebook. I have a communication notebook that I use with most of my children, I’m one of the ones that writes a lot in there. I try not to use the child’s time, I try to finish with them and then write really quickly because I don’t want to take up therapy time for that, so I write a note usually, sometimes communicate through text, and sometimes we make phone calls, that’s just the way we go back and forth. I just don’t know if he didn’t want the annoyance</td>
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| Culturally Responsive | Communication Challenges with linguistically diverse families | Lack of qualified interpreter | Difficulty establishing rapport
Lack of Communication |
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<td>of having to read through a notebook or whatever so he was just like “could you please text me every day after each session” and I said I can’t do that (P2-S2, 705)</td>
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<tr>
<td>Understanding child’s and family’s EI history</td>
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<td>When he was in threes, I don’t think they had a very good experience with teachers. And I think the parents thought that they were going to be asked to leave. Which is something you can do… counseled out even though it’s not easy and shouldn’t be done. So there’s this background, this friction I think that they’re… worried. (P1-S1-G3, 520)</td>
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<td>the translator wasn’t there. So they had to use the receptionist to translate. And on one sheet is about how he can go to the bathroom by himself, he feeds himself. He’s so independent; he plays well with the other children. And then you get to the other form, and it’s the exact opposite. And the opposite is what I’m seeing in my classroom (P1-S1-G2, 14)</td>
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<td>Some information you can get from a casual conversation with the parent. So you can understand what their philosophy on parenting is. But you can’t get that because you can’t communicate just casually, calmly, like ‘how was your weekend? Did he enjoy his birthday party?’ Or ‘we talked about buses. Did you see a bus this weekend?’</td>
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Then you sort of can get a picture of what home is even without really asking that question. And you totally miss that piece with the family that you can’t communicate with as easily (P1-S1-G2)

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<tr>
<th>Lack of qualified interpreter</th>
<th>I can’t talk directly to mom, have to use a translator, and it sort of hurts the relationship. It puts somebody in between you that you’re depending on to make sure. (P1-S1-G2, 34)</th>
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<tr>
<td>Cultural differences in translation</td>
<td>we’re interviewing the family using the interpreter, the parents will answer ‘yes’ to bathroom and stuff. But their interpretation to our question is maybe ‘do you have a bathroom’, instead of ‘is he successfully using the bathroom’ (P1-S1-G1, 47)</td>
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<tr>
<td>Challenge with building rapport/daily communication</td>
<td>you can’t have the daily communications with the mom to say you know, this is there, this is how the day went. That she might not even have a real grasp of what his day to day is like. (P1-S1-G2, 84)</td>
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<tr>
<td>Challenge with building rapport/daily communication</td>
<td>I have to use a translator to call the mom to give a report about how the child is doing. And the mother can’t openly call me and just converse with me. She has to call a Spanish line, leave a message, and when the interpreter can get it then they’ll communicate with me what mom said. So if there’s something even that the mom’s excited about that she wants to share like, “guess</td>
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146
what he said to his brother?” I might not know that for three days. But if we both spoke the same language, I would know and can use it in my therapy the next time that I went. So there’s definitely a delay and disconnect. (P1-S1-G2, 107)

<table>
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<tr>
<th>Lack of assessment and curriculum accommodations for children who are DLL</th>
<th>ELL assessment issues</th>
<th>On the play-based assessment, it says that when he refuses, he says ‘no’. It doesn’t say whether he says it in English or in Spanish. (P1-S1-G2, 68)</th>
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<tbody>
<tr>
<td>ELL assessment issues</td>
<td>I do have a few um children that are from China and I have to give them the same exact test, and the little boy just looks at me and says “yes, yes” it just breaks my heart that, he wants to please me so bad and he’s really putting himself out there, and he’s making great progress, but the tests just not fitting in with his strengths. and there’s no accommodations for him. Yeah everything is timed. (P1-S2-G1, 100)</td>
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| ELL EI/educational planning issues | I wish there was a way that, I wish there was a way that we could develop some kind of system so that the class….the teachers are utilizing all the teachers in the classroom. specifically for our English Language Learners. We do have obviously an ESL person that focuses just on our Pre-K students, but you know if you’re just coming in only once a week, and you know that’s not to her fault at all, it’s just everything she has to do, the kids aren’t
| **Cultural Differences** | **Curriculum/activity not appropriate**  
(Spelling)  
**ELL family priorities regarding home language** | **Oh I can’t do this Christmas activity because this student is you know, from another country. And they don’t do Christmas, they’re going to be offended.”** (P1-S1-G2, 676)  
<p>| <strong>Different family and professional priorities</strong> | a family that found out last minute that mom and dad were here undocumented and were concerned with being deported, we had a meeting with DSS and the family had been sending bags and bags and bags of candy and cookies and chips and all of this wonderful sweet yummy junk food, that you know and bottles of coke to share with the children and we kept sending home notes you can’t do this you can’t do this. And we never sat that family down to talk to them about |</p>
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<th>Topic</th>
<th>Description</th>
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<td>why we couldn’t be doing this and mom came to me at the DSS meeting, saying you don’t understand, we don’t know if we are going to be here next week so we want her to have all this wonderful experiences and exposures to this food and stuff (P1-S2-G1, 474)</td>
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<td>Parent’s mistrust of professionals</td>
<td>I have a family from Morocco, issues with that because their child, at the end of the day, lied and could have gotten me and my co-teacher in trouble...And both parents speak great English, but they did not speak any English to their child, so it was a language barrier from the jump. And he was their first born, and he was a boy, so it was just a lot there...story he told was not true...He said that my co-teacher put him in the closet, but he said it was me, but pointed to her... But this is the thing, like, every day when he got in the car, parent asks “how was school? Did someone do something to you?”, so it’s almost like she (mom) was feeding him as if she was trying to catch something (P2-S1-368)</td>
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<tr>
<td>Curriculum/activity not appropriate (Socioeconomic status)</td>
<td>Bless their hearts. My Hispanic children. Our team of three-year-old teachers decided that they were going to set the themes for every week. So this is very restrictive. And for me, that’s like, oh just forget it to start with. But they brought me a list of activities they thought</td>
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we should do. And they are all about gingerbread houses. Majority of my children either live in a projects or in a mobile home. This gingerbread house has nothing to do with them. They don’t know anything about gingerbread. That’s European-German tradition. So they’re looking at this like, ‘what in the world?’ (P1-S2-G2, 728)

| Biases/assumptions about family (Socioeconomic status) | I have two of my families now that are in the homeless shelter. And the bus goes by and picks up their kids. Because both families have children who gets services. You think, ‘Where did their SSI check go? Why were you evicted if both of you were working fulltime?’ And it’s hard not to be a little bit resentful. I had one boy last year. I filled out the disability form, I was ready to call them. But they didn’t want him labeled in school. They didn’t want him to get help, they didn’t want him to get services. But then I got the packet for social security disability. And I was like, ‘whoa, you’re okay with him being labeled for a check?’” (P1-S1-G2, 934) |
| Biases/assumptions about family (same sex parents) | I didn’t know it at the time the referral came in but it was a family of two fathers. And she had never conducted a home visit with a father alone. She had always done |
mom and dad, or moms. Not two moms but just the mom or a mom and dad situation. Um, had never had a same sex couple before and she absolutely flipped out. Um and refused to go into the home, refused to conduct the home visit, um it was not something she was comfortable with (P1-S2-G1, 451)

Biases/assumptions about family (nudist families)

The family was a nudist. I walked in, and the dad and the kids were naked, at first I tried to not pay any attention, but I couldn’t do the whole session, and in this field, we were taught that we need to respect their culture, but I as an individual also have my culture and my values, and my beliefs that also need to be respected. Like, you can’t always, bow down, I mean you need to be there for them, but there are some things, like that to me would be nonnegotiable (P2-S3, 386)

RQ2: What problem solving strategies do teachers consider in addressing their dilemmas?

<table>
<thead>
<tr>
<th>Competency Area</th>
<th>Theme</th>
<th>Subcategories/Codes</th>
<th>Quote</th>
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<tbody>
<tr>
<td>Family Centered Practices</td>
<td>Establishing Rapport/relationships &amp; trust</td>
<td>Broadening perspectives through home visiting</td>
<td>If we are doing home visits we can broaden our horizons (P1-S2-G1, 502)</td>
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<td>Informal interactions with family</td>
<td>I think she feels like she needs to continue to apologize. But I give her hugs and I’m like you know it’s all good, cool, you know I still got my job (laughs), my co-teacher got her job, cause if</td>
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<tr>
<td>Supporting family in Early Intervention or Educational Setting</td>
<td>Encouraging parents to be advocates</td>
<td>I try to explain to them and let them know, ‘your kid’s being pulled out for this amount of time. And a lot of times too, when they’re pulled out during reading then they’re missing math. Or you know, there’s a whole other scheduling thing that sometimes they’re missing an entire subject everyday, like never get science. I try to tell parents that kind of stuff, and I encourage them, “You need to be an advocate, you need to ask your kid what’s happening in their…” (P1-S1-G1, 353)</td>
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<tr>
<td>Giving parents information</td>
<td></td>
<td>It might be helpful if she would videotape her class and show the difference between what these other children are able to do, and what they’re doing, and how her daughter fits in (P1-S1-G2, 390)</td>
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<td>Parent Education</td>
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<td>So I was just explaining to the dad, …That’s one way that I try, is just showing them and explaining. Especially if they’re sitting there willing to listen, or even if they’re doing something really cool that they didn’t do before, hey look at this, they did this that they weren’t doing last week, so keep encouraging what</td>
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<tr>
<td>Parent Education</td>
<td>You’re seeing here and try to set up situations where they’re gonna get to practice that as much as possible (P2-S1, 1183)</td>
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<tr>
<td>Parent Education</td>
<td>but I emailed her and said hey there’s a document and I emailed them foundations (the foundations for early learning document). I said this is just the expected. This is just the broad spectrum of what kids are typically expected to do, and I said because she was young she was premature I said that even has her adjusted age I said look at what’s going there, and you could see that she’s somewhere in between that adjusted age and her chronological age, what she was supposed to be. And that really helped the parents just sharing that information that they were able to process. (P2-S1, 1210)</td>
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<td>Giving parents information</td>
<td>You can make riding in the car into an activity. And so is it a matter of, if you give them the idea of when you are riding in the car, picking out environmental print. Is it a matter of them, actually, and you don’t know unless you are riding in the car with them, but, is it a matter of them actually doing the activity or is it the way in which they are expected to record? (P1-S2-G2, 75)</td>
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<td>Giving parents information</td>
<td>we had a conference with one of the guy’s parents yesterday and talked about how the system, even though we’ve only been using it two weeks, is not really working for this one. And they have heard the words ADD associated with their child probably from before, from last year’s teacher. So they’re not defensive about it. And we talked with them about the charts, and they said, “well we’ll…” The mom took a copy of one and said, “We’ll talk with him about it.” And you know, just say that we have all had this conversation and we’re all trying to figure out a way to make you more productive in the classroom because he’s not getting work done because he’s too distracted, by everything that’s going on around him. So that’s what we’re trying to pull that in. (P1-S1-G3, 677)</td>
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<tr>
<td>Finding Resources &amp; Support</td>
<td>I finally went in a different direction and contacted our social worker, our preschool social worker, who’s bilingual, and I said I just feel like there are things that you know that this family’s needs. And so she contacted the family and although she didn’t say directly, she did report back to me that they are able to work around things and be</td>
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<td>Acquiring Resources to help families</td>
<td>I have one student who is, who’s mom brought me a box of stuff when she came for her conference yesterday and he doesn’t eat because he has a G-tube, I mean he’s like, but she brings me snack, because I was having to buy snack for my students, and so she says “you know that’s not fair” so she provides us with extra diapers and wipes for my kids. Like out of my 8 students, 6 of them are on free lunch. So they don’t have, you know. I’ve been to their house… X and I are working on a grant through Altrusa to try and get books sent home to their house just to get what they need at home (P1-S2-G2, 375)</td>
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<tr>
<td>Acquiring resources to help families</td>
<td>I end up trying to supply formula and diapers and things like that for families that can’t, we are fortunate that we often get donations and things that I’m able to pull from (P2-S2, 158)</td>
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<tr>
<td>Giving parents information</td>
<td>what I’m doing is telling parents about online groups that they can join that are supporting parents now because you can get support groups</td>
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<td>Relying on colleague to provide resources</td>
<td>We have one person in our whole department that has studied traumatic brain injury. So I mean it’s very limited on what we know about it. I think they had a meeting last week, just between the teacher and the parents, which I think is better. And I think that the teacher was able to talk to them about like, what if I find some options and I kind of vet them and kind of see are within the county (P1-S1-G2, 314)</td>
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<tr>
<td>Encouraging parents to be advocates</td>
<td>It was Hispanic family, they didn’t know any better. They think, ‘oh my gosh multiplication tables.’ They don’t realize he can’t ask, he can’t say ‘I’m good’ or ‘how are you doing?’ he</td>
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for anything even if you’re the only child within 5 counties that has this diagnosis, you can find an online community of 50 parents that have this same diagnosis across the country and compare ideas and talk and say. Because that’s something they can do at home. They can do it at 3am when they’re, you know awake with their kid, from their cell phone, and most families have a cell phone with internet access at this point. The majority do, even if they don’t have a computer, they have a cell phone with internet.
couldn’t answer that. Well, we gave him, we gave them the language, the tools to be advocates. He moved to (name of county). They moved to xxxx county because of a job. And xxxx county got a hold of this child first day and said, ‘we don’t’ know what to do with him.’ And he said, ‘okay, so what are you going to do for him? If you can’t do it, what school’s going to?’ So now he’s going to a year-round school which will be better for him because it’s more structured. He gets transportation. I mean, and he came back to the teacher and said, ‘you gave us the tools to do that.’ He became an advocate for his child. And parents have to do that. And I do agree with that, parents have to do that (P1-S1-G3, 291)

<table>
<thead>
<tr>
<th>Communication</th>
<th>Using multiple modes of communication with family</th>
<th>You can do phone conferences once in a while (P1-S1-G1, 577)</th>
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<tbody>
<tr>
<td>Communicating child and family strengths</td>
<td>it should be a partnership…I would always try to find whatever it was, the silliest stupidest thing that they might have done well, and just really focus on that, so if the kid mentioned mom, I would tell her and I would make sure I made a big deal out every little thing… even if he said one sentence about her that day, I will tell her</td>
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<td>the sentence, word for word, what time he did it, what was going on, so I’m not lying about what he did, but she’s getting every bit, I’m emphasizing every detail just to make that parent feel special</td>
<td>(P2-S3, 643)</td>
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<tr>
<td>Being flexible based on family routines</td>
<td>It can be overwhelming, when you’ve a job and you get home and it’s, like my kids in my class don’t get home till like 4 or 4:15, then you are doing dinner, and bath and then all of a sudden you realize that you’ve got these papers that you have to fill out. So I thought x’s idea about putting it by the sign in sheet, but even like having that conversation with your parents like from a non-confrontational sort of standpoint because you want to them to be on your team, just sort of saying what’s the barrier here? What can, how can we make this easier for you to do? And it seems like the parent committee was your steps trying to move towards that but you might even have to take it down to the parent by parent. (P1-S2-G2, 143)</td>
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<td>Communicating classroom expectations for parent volunteers</td>
<td>And even invite possibly that person with you to talk to the parent. And maybe get another parent in that volunteers that you could maybe set some kind of</td>
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<tr>
<td>Communicating child and family strengths</td>
<td>I try to find one positive thing the kid did and just elaborate on that. Like here they weren’t doing this before now they’re doing this (P2-S1, 1202)</td>
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<tr>
<td>Using multiple modes of communication (technology/cell phone)</td>
<td>I text the night before. Or even that morning. And I’ll tell them. I’m just like, are we still good for tomorrow? And most of them say yes or no (P2-S3, 531)</td>
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<td>Being honest with parents</td>
<td>I tell them at the first visit. This is my no-show policy. This is my cancellation policy, I need 24 hours in advance (P2-S3, 542)</td>
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<tr>
<td>Communicating expectations/ground rules</td>
<td>We try to keep it professional and keep it during school hours. If a parent texts me at 11pm I don’t answer. I can easily see it getting out of hand (P2-S2, 743)</td>
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<tr>
<td>Communicating expectations/ground rules</td>
<td>We have a volunteer confidentiality form that’s filled out at the beginning of the school year. And apart from confidentiality, it states kind of “do’s” and “don’ts” in the classroom. Maybe I can make a copy of that and send it home again? (P1-S1-G1, 82)</td>
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<tr>
<td>Communicating expectations/ground rules</td>
<td>I think it needs to be done together and not sent home, so that you can have the opportunity to ask, “Do you have any questions?” Or, “do you need clarification of that?” Or you could just individually say, “Sometimes this happens, that’s why we have this rule” and give examples. I think it’s much better than sending a document home. And especially if she’s a Spanish-speaking person. Do you have it in Spanish? (P1-S1-G1, 87)</td>
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<tr>
<td>Communicating with families about their preferences</td>
<td>it’s a conversation you have with parents and say you know we have given you these activities, are these easy to do and you ask them and they say “yes we do them” you tell them well we want to record that so what’s the best way for YOU for us to get that information recorded? And see if there’s a way that you can tweak the form so that it’s easier for them to fill out (P1-S2-G2, 89)</td>
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<tr>
<td>Communicating expectations/ground rules for attendance</td>
<td>This year whenever I sat down and enrolled them, like I pretty much had them sign a paper that said “I will adhere to the attendance policy requirements for participating in the program. If not my child WILL BE removed from the program” and they</td>
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<tr>
<td>Family engagement</td>
<td>Encourage parent participation</td>
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<td>signed it. And knock on wood, I have had every child in my room every day. (P1-S2-G2,135)</td>
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I tell them, so the second visit they turn it down. I was working, we were going in increments, they turn the sound off, so that was fine, and trying to get them to engage, because I tell them, every family that I meet, I’m working with you, this is our time, I’m going to help you help your child, you know, my hour doesn’t count for much. It’s your time with your child (P2-S1, 754)

Modeling intervention for parent participation

she’s like “I just want her to talk”. I said so I’ll push it as far as I can, and you know, the first two sessions it was screaming. But I didn’t let her go hysterical, I would give in. But the more comfortable she got with me, the more I insisted. And mom and dad started to do it. Because they saw it made a result. You know, I said, we’re looking for any progress, ANYTHING. So if we want her to do this, and she does that, we’re gonna take that task. And she’s progressed to where she’s doing it consistently. I said okay now we can add, she needs to do (sign) for “more, please”. And I’m like, then the mom texted me: She was signing it this week! And they were resistant to signing even
| Encouraging parent participation | I had to do this with a parent once - ‘I know she does this for you. And I totally, I completely believe that she does this for you. She knows all her letters and everything. But when she’s in class... for me she has to show me something. She’s showing me something different. Would you come in and help me figure out what it is that’s different, for me than for you?’ And I wonder if they would respond to that |
| Acknowledging parent expertise | So we tried to solve the dilemma by FaceTime-ing mom. We started that this week. And umm., he hasn’t asked about her much this week, so maybe that did help, but he has a birthday coming up so she’s coming to see him...I guess his mother is coming in for his birthday, she’s coming on Sunday, so we’re going to have some dialogue about that and see what we can do to incorporate her more into to school because I know dad talks to her via phone (P2-S2, 500) |
| Individualizing parent participation | |
| Understanding continuum of family engagement | I think it’s taking the perspective of the families. Because I know, and I might be even willing to say that I bet most teachers, most professionals have some kind of support from |
family. It might have been just mom, it might have been just dad, it might have been grandparents. But I’d be willing to bet most professionals, most teachers have some support. I can’t imagine my parents not being there. So how are these children that don’t have parents because of whatever reason. (P1-S1-G3, 478)

Understanding continuum of family engagement

get asked on a regular basis “Why can’t you come in and volunteer in my classroom?” Well… Because I work. You know so sending, like I sent her teacher something home, like “Hey what can I do at home that will help you? You want me to cut laminating stuff? Laminate, send it home, and I’ll cut it out so that she can, you know. What’s on your wish list? “can I buy you something?” “Do you need a Walmart gift card? I’ll get you that.” (P1-S2-G2, 203)

Culturally Responsive Practices

Communication with linguistically diverse families

Providing information in family’s native language

since I have mostly Spanish students, I have Spanish information that I give them about what the study is going to be about, how you can help, how you can come in and do things to help me do all the lessons or, you know, things like that (P2, S1, 328)
Utilizing qualified interpreter I have that resource (interpreter), just not all the time. But, it’s mostly there though. Only now and again do we have to use gestures, or getting another parent that knows, that’s bilingual, that helps out a lot (P2-S3, 340)

Utilizing qualified interpreter Labeling materials and documents with pictures, gestures, other languages have labels, labels, label, label, a cousin that comes with them “hey! Help me tell daddy something, or tell daddy something” I use what I got, I use family members, I use the janitor at my school, he helps me out so much, and you know, he’s illiterate himself but at least he can translate what I’m telling him, so I help him and he helps me. We have diverse nights so I’ll use that time to use the translators that are there, but we don’t have Vietnamese translators, it’s just my janitor who speaks Spanish, and we have 3 or 4 Spanish translators because the majority of my school is Spanish, like 90 percent so we got those, all the letters that the families get school information when their child is starting I have it in 3 languages English, Spanish, and Vietnamese. But believe it or not, and I have Montagnard, and they speak English at school, so I use their cousins but mommy and daddy don’t speak English so I use a
| Respecting Cultural Differences | Diverse family structures | So we don’t always have to draw a house with a family of four and a puppy. Like some people’s houses look different, some people’s holidays look different. And the teachers are not ever going to have to say that unless there’s somebody different in the classroom. (P1-S1-G2, 721) |
| Religion | Everyone has different traditions in the family. Thanksgiving especially is a really good one to get the ball rolling... there’s not a religious connotation that I think some of my colleagues… and some of the parents want us to be doing some of the traditional holiday things. But you know you can still have fun. You can make snowflakes. Some of the kids, we read folk tales. |
| Understanding multiculturalism | the tricky thing about the culture that we’re talking about now is that it’s not obvious, as much as, you know, it’s not the color of anyone’s skin, or the language that they speak. It’s within our own, America, I mean not our own… it’s not the diversity that people on the street think of. (P1-S1-G3, 435) |
| Understanding multiculturalism and | in handling it, it didn’t go real well the first few |
different family structures

hours with a conversation. But the next day we kind of came back together and we talked through it a little bit more um I came away with a better understanding of where this young lady had come from, with her fears and of her concerns of going into the home, um where there was not a female figure um but we talked about it from the aspect of family and families look very different. You know we have different combinations of families. We have children being raised by grandparents, children being raised by foster families, children being raised by two moms, two dads, you know um interracial families, families of other languages. And kind of how is that different from any of the other experiences that thing young lady had. So we talked about it, but she never had that opportunity before (P1-S2-G1,456)

| Socioculturally diverse families | you know they had a kerosene heater in the middle of the floor. I mean, I could see the positive is that they were trying to keep warm, and the dad was trying to keep them away (P2-S1, 133) | Continuum of family engagement |
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