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A Qualitative Examination of Family and Educator Perspectives on Early Childhood Behavior Supports

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Abstract

Challenging behavior is an obstacle to social-emotional competence for young children. Function-based behavior support can promote positive outcomes for children and their families, and family collaboration is an important component of successful positive behavior support programs. However, little is known about how families and educators collaborate to support young children with challenging behaviors in early childhood settings. Using qualitative inquiry, we examined family members' and early childhood educators' experiences with the behavior support process. Focus groups were conducted with 12 family members and 11 educators to understand how they collaborate. Our findings highlight themes related to communication and building partnerships. Based on these findings, we present a model of family–professional collaboration and a discussion of technology-supported communication tools that may facilitate successful collaboration between families and educators during the behavior support process.

Keywords

behavior support, family, educator, qualitative, communication, collaboration, partnership

Challenging behavior is a major concern for early childhood educators and families (Bettencourt et al., 2018; Gleason et al., 2016). Young children with persistent, challenging behavior face a number of risks, including exclusion from effective instruction, expulsion from educational settings, and development of emotional and behavioral disorders (Hong et al., 2015). These risks can be more pronounced for children whose identities have been historically marginalized by education systems (e.g., low-income, racial/ethnic minorities, disabilities) or those at risk for disabilities. In addition, challenging behavior is associated with burnout and stress for families and educators (Brunsting et al., 2014; Joseph et al., 2003). Fortunately, function-based interventions, particularly within a tiered framework or system, provide individualized behavior supports that promote positive outcomes for children and families (Carr et al., 1999; Dunlap & Fox, 2011).

Early childhood educators and families are successful in preventing challenging behavior when they use function-based interventions and tiered frameworks (Fettig & Barton, 2014; Hemmeter et al., 2016). However, barriers tied to organizational structure, expertise, and partnership may prevent adoption of these practices by early childhood programs. First, the different contexts of early childhood settings (e.g., community childcare, public and private preschools, Head Start) have various structures for administration, staffing, and training. Second, effective implementation of individualized, function-based interventions requires expertise in a number of areas, such as early learning universal systems of support, organized teaming structures (i.e., coordination between educators and families), applied behavioral expertise, peer-based coaching, ongoing data-based decision-making, and opportunities for relevant professional development (Algozzine et al., 2019; Dunlap et al., 2013). Building competency in any one of these areas requires time and commitment (e.g., Maffei-Almodovar et al., 2017), and there is some evidence that early childhood professionals are not provided sufficient training to use function-based interventions systematically (Dickinson et al., 2020). Finally, partnerships between educators and families often fall short. Despite clear guidance emphasizing the importance of family–professional partnerships when developing individual child behavior support strategies (Division for Early Childhood [DEC], 2014), partnerships may lack critical components. For instance, when family-professional partnerships do not emphasize consistent,

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accessible communication; culturally responsive interactions; or shared decision-making, partnerships may be less likely to succeed (Bal et al., 2012; Henderson et al., 2007). In addition, an unwillingness by educators to position themselves as learners in their interactions with family members can negatively impact these partnerships (Domínguez, 2017).

Given that family–professional collaboration is necessary for success, but potentially challenging, there is a need to better understand collaboration that promotes children's positive behavior in early childhood contexts (Sheridan et al., 2017). A number of resources support educators in creating individual behavior supports (e.g., Dunlap et al., 2013; Fox et al., 2003), including online systems that guide the implementation of these support structures (Davis & Spaulding, 2016). However, the behavior support process often lacks family-centered approaches such as building family capacity or prioritizing families' strengths and needs. For example, individualized behavior support in an early childhood setting involves a child's primary educator and educational team, but it may not always include the child's family (e.g., Fronapfel et al., 2018). Because most program-based behavior plans occur in early learning settings (i.e., preschool), family involvement may require more intentional coordination by the educational team. This partnership is considered best practice (DEC, 2014) and may be critical to the ultimate success of behavior support plans for children. Thus, if the intentional involvement and centering of families in a school- or center-based behavior support program requires additional planning, or if there are logistical challenges to include families in the planning process, these concerns should be identified and addressed. A better understanding of how educators can support families in the behavior support process might contribute to more effective intervention development and address concerns regarding family–professional partnerships.

Conceptual Framework

We drew upon a long history of family-centered practice in early childhood special education, early intervention, and positive behavior support for this study. We built upon Dunst and Trivette's (2009) capacity-building paradigm for conceptualizing and implementing early childhood intervention and family support practices within individualized behavior supports. It integrates previous theories to arrive at five key features of family capacity-building we see as relevant to the development and implementation of function-based interventions: (a) enhancing family competence, (b) building upon existing skills while developing new competencies, (c) recognizing assets while strengthening functioning, (d) defining practices within a wide range of authentic settings, and (e) viewing professionals as agents of families rather than experts.

Many of these key features have come to be codified in the DEC's (2014) recommended practices. The recommended practices integrate family capacity-building alongside two complementary themes: family-centered practices and family and professional collaboration. The family role in positive behavior support is characterized by each of these themes. For example, family-centered practices within positive behavior support are predicated on treating families with dignity and respect, being responsive to a family's unique circumstances, and supporting informed family decision-making. Family capacity-building practices are participatory and strengthen existing family knowledge and skills, with the goal of enhancing family confidence and positive parenting. Finally, family–professional collaboration emphasizes the relationship-based ways families and professionals work toward mutual goals to support child development and learning.

We expanded upon Dunst and Trivette's (2009) work by including notions of family engagement and educational transformation. In particular, we drew upon the family engagement work of Ishimaru (2019) to alter the ways families and schools collaborate with one another. This model of family engagement moves beyond simple notions of parent participation. Rather, families are engaged as informed partners and decision makers in their child's education. Such frameworks are driven by the conceptualization of families as equal partners with deep expertise and funds of knowledge (e.g., Yosso, 2005). Rather than emphasizing the deficits of "hard to reach" parents, Ishimaru's work describes the transformation of "hard to access" systems. Whereas Ishimaru focuses on systemic inequity in schools and communities, we believe most individualized behavior support processes represent "hard to access" systems for families. We drew upon Ishimaru's (2019) argument that families are experts and "educational leaders who contribute and help shape the agenda" for educational change (p. 355).

Taken together, these theoretical underpinnings led us to a study that emphasizes family and educator voices in transforming individualized behavior supports as a current "hard to access" system (Ishimaru, 2019). As we sought to develop and refine a web-based application to support family and professional collaboration around individualized behavior support (ibestt, 2017), three research questions guided our inquiry:

Research Question (RQ1): What are the perspectives of families and educators in key areas of effective behavior support?
Research Question (RQ2): How does communication and collaboration between families and educators facilitate the behavior support process?
Research Question (RQ3): What supports do families and educators desire in the behavior support process?

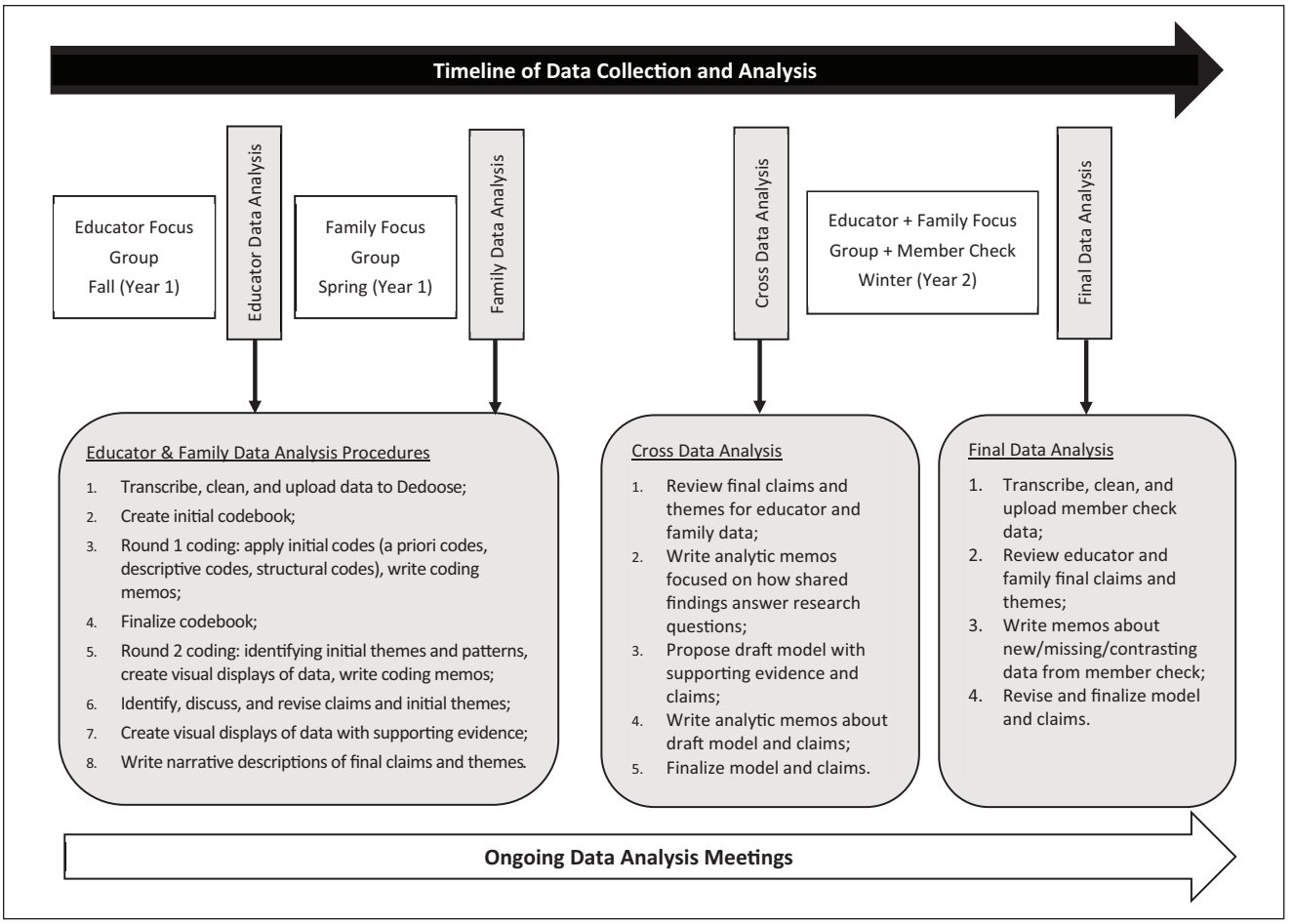

Figure 1. Timeline of data collection activities.

Method

This qualitative study was embedded within a 4-year multistage intervention mixed-methods design. The aim of this design is to embed qualitative data collection at multiple stages to inform subsequent intervention design and interpretation of effects (Fetters et al., 2013). The primary goal of this project was to design and test a web-based application that facilitates family–professional communication within the context of team-based behavior support for young children. The qualitative findings in this article will be used to inform the development of the technology intervention and subsequent testing of the efficacy of the application. This particular mixed-methods design is a good fit for longitudinal intervention research because it provides a mechanism for gaining rich contextual data regarding the design, implementation, and effects of a quantitative intervention (Fetters et al., 2013).

Setting and Participants

We collected qualitative data at three time points over a 14-month period in the Pacific Northwest (see Figure 1 for timeline). Because the web-based application is designed to guide the implementation of individual behavior support within a team, we purposefully sampled (Merriam & Tisdell, 2016) educators and families from organizations we knew were providing individualized behavior supports to young children. We brought participants together twice, once for focus groups (i.e., either educator or family) and then once for a combined focus group and member check (see Figure 1 for timeline).

Educator focus group participants. We recruited all educator participants via emails in English. Initial emails were sent to school districts that had previously collaborated on other projects with members of the research team. Interested educators then contacted us via email and were invited to participate after an eligibility screening. In total, 11 educators from three school districts and one behavioral health agency participated in the initial educator focus group (see Table 1). Five of these educators also participated in the combined focus group. To be included, educator participants had to be a current behavior specialist or educator in an early childhood

Table 1. Educator Participants.

Participant	Focus group	Race/ethnicity	Gender	District	Role	Years in role	Certification	Highest level of education
Educator 1	Educator	White	Female	Ashland	Behavior specialist	3–4	Administrator	Master's
Educator 2	Educator, combined	White	Female	Lakeland	Behavior specialist	3–4	ECE, SpEd	Master's
Educator 3	Educator, combined	White	Female	Lakeland	EC educator	13–14	NBCT, Administrator	Master's
Educator 4	Educator	White	Female	Ashland	EC educator	9–10	NBCT	Master's
Educator 5	Educator	White	Female	Lakeland	Behavior specialist	3–4	Teacher, BCBA	Master's
Educator 6	Educator, combined	White	Female	BHA	Behavior specialist	3–4	BCBA, LBA	Master's
Educator 7	Educator, combined	White	Female	Lakeland	EC educator	7–8	SpEd, Gen. Ed	Master's
Educator 8	Educator	Asian	Female	Bayland	EC educator	<1	ECE, SpEd	Bachelor's
Educator 9	Educator	Two or more races	Female	Ashland	EC educator	3–4	Elementary education, SpEd	Master's
Educator 10	Educator, combined	White	Female	Lakeland	Behavior specialist	9–10	None	Associate's
Educator 11	Educator	White	Female	Lakeland	EC educator	5–6	Teacher	Master's

Note. BHA = behavioral health agency; EC = early childhood; ECE = early childhood education; SpEd = special education; NBCT = nationally board certified teacher; BCBA = board certified behavior analyst; LBA = licensed behavior analyst.

setting and have experience providing behavior support to young children with challenging behavior.

Family focus group participants. We recruited all family participants via emails and flyers in English and Spanish. We sent recruitment emails to districts, behavioral agencies, and parent advocacy groups that served young children with challenging behavior and their families. Interested family members were screened for eligibility and invited to participate. Six family members participated in the initial family focus group (see Table 2). Two of these family members also participated in the combined focus group. Because we wanted similar numbers of educator and family participants in the combined focus group, we recruited six additional family participants. To be included, family participants had to be a parent or guardian of a child who received or self-identified as eligible to receive behavior support in early childhood.

Data Collection

The design of each focus group was informed by our conceptual framework, with questions and discussion prompts based on key elements of successful positive behavior support as identified in the literature. Each focus group included whole-group framing; semi-structured, small group conversations; exit activities for participants to provide written feedback (full list of focus group questions available from the authors); and demographic surveys. Transcripts of audio recordings and written feedback and notes were our main sources of data from the three focus groups. Participants were provided US$175 for the first workshop and US$100 for the second two workshops.

Fall (Year 1) educator focus group. We designed the educator focus group to solicit educators' perceptions of key elements of the behavior support process, with a focus on family and team collaboration. Educator participants attended a half-day workshop that included an opening session describing the agenda and goals for the day followed by focus groups. Participants were assigned focus groups on two of the four topics that included (a) teaming, (b) family collaboration, (c) coaching, and (d) classroom contexts. Each focus group included three to four educators, was facilitated by a member of the research team, lasted 45 min, and was audio recorded for later transcription. Focus groups began with a 2- to 3-min framing of the topic, including operationally defining key terms. Then, the facilitator prompted the group through a series of questions on the topic. For example, educators were asked, "How do you engage families in supporting children's positive behavior in your setting?" and "What works well in your setting for collaborating with families around behavior?"

Spring (Year 1) family focus group. We designed the family focus group to elicit families' perceptions of their experience partnering with educators to support their child's behavior. Family participants attended a workshop that used the same

Table 2. Family Participants.

Participant	Focus group	Preferred language	Parent race/ethnicity	Age of child (years)	Child IEP	Child BSP	Education setting	Suspension	Expulsion
FM 1	Family	English	White	8	No	Yes	PP	Yes	No
FM 2	Family, combined	English	White	5	Yes	Yes	CB, C, PP, PuP	No	No
FM 3	Family	Spanish	Latino	5	Yes	Yes	HB, HS	NR	NR
FM 4	Family, combined	English	Black	5, 3.5	Yes	Yes	HS, PuP	No	No
FM 5	Family	English	NR	6	Yes	Yes	CB, PuP, B-3	Yes	No
FM 6	Family	Spanish	Hispanic/Latino	5	Yes	Yes	CB, FF, PuP	Yes	No
FM 7	Combined	English	Black	7	Yes	Yes	CB, FF, PuP (SpEd)	Yes	No
FM 8	Combined	English	White	5	Yes	Yes	HB, CB, HS/ECEAP, PuP	No	Yes
FM 9[a]	Combined	Spanish	Hispanic	12	Yes	No	HS/ECEAP	Yes	Yes
FM 10[a]	Combined	Spanish	Hispanic	12	Yes	No	HB, HS/ECEAP, PuP	Yes	Yes
FM 11[b]	Combined	Spanish	Hispanic	21	Yes	No	FF, HS/ECEAP	No	No
FM 12[b]	Combined	Spanish	Hispanic	11	No	No	HB, FF, HS/ECEAP	No	No

Note. FM = family member; NR = not reported; IEP = individualized education plan; BSP = behavior support plan; CB = center-based childcare; FF = friend or family childcare; HB = home-based childcare; ECEAP = early childhood education and assistance program; HS = head start; PP = private preschool; PuP = public preschool; C = camp; B-3 = birth-3 services.
[a]Parents of same child. [b]Parents of same child.

structure as the educator workshop. However, the topics and questions for the focus groups were specific to families and included discussion of their experience with (a) behavioral referral and support, (b) behavior planning and implementation, (c) partnerships, and (d) technology. For example, we asked families, "What does it look like when things are going well between you, your child, and your child's teachers?" The final topic, technology, was included to more directly inform the development of the web-based application and broader project goals. Each family participated in two of the four discussion topics.

Winter (Year 2) focus group and member check. The third and final focus group served as both a member check of the findings from the first two focus groups and an additional data collection opportunity. Eight family members and five educators attended a half-day workshop. Seven of the participants had participated in previous focus groups (two family members, five educators) and six of the participants were new. The workshop included a member check of information from the first two focus groups and an activity designed to solicit feedback on how our web-based application could support family collaboration (approximately 60 min each). During the member check, we assigned educators and families to role-alike groups and asked participants to provide feedback on our claims around family-centered communication, behavioral expertise and data, and practicality of the behavioral support process. We used the following questions to elicit participant feedback on each topic: (a) What do you agree with regarding this general conclusion? (b) What do you disagree with? (c) What would you add to our understanding of this topic? and (d) What are you concerned about? We gave participants a packet when they arrived at the workshop that included an agenda, slides from each session, and role-specific prompts. We encouraged participants to provide verbal, visual, and written feedback throughout the workshop.

Data Analysis

Our data sources from the three focus groups included 229 pages of transcribed data from 11.3 hr of audio files, and 112 pages of other artifacts collected during each focus group (e.g., participant surveys, exit slips, feedback packets). We uploaded all data into Dedoose, a software program designed to store and organize qualitative data. We analyzed the data separately by focus group, and then collectively both before and after the member check process (see Figure 1). Data analysis included multiple, iterative rounds of independent coding, analytic memoing, and ongoing team analysis and consensus meetings. We used both inductive and deductive approaches to analysis (Miles et al., 2014). We replicated the analysis procedures for both the educator and family data sets. Our cross-data analysis and

final data analysis activities involved different analytic approaches.

Educator and family data analysis. After both the educator and family focus groups, we created a preliminary code book. First, we met to discuss potential codes based on the goals of the project and extant literature, operationally define each code, and create a preliminary code book to use during initial coding. We organized codes under the categories of (a) roles (i.e., behavior specialist, early childhood educator, families), (b) topics of interest (situated within the context of promoting positive behavior), and (c) goals (based on key features of successful implementation of positive behavior supports). For example, one of the initial codes under "Topics of Interest" was "Family Collaboration," which we defined as "When educational professionals partner with families, communicate with families, and/or build relationships with families to achieve shared goals that promote students' behavioral success." This initial coding tree served as the starting point for our subsequent analysis activities.

Next, we coded each focus group transcript, assigning at least two research team members per transcript. As we independently coded, we wrote memos with suggestions for how to further revise the codes. These memos were brought to weekly or bi-weekly analysis meetings, which involved discussing questions that arose from coding, identifying new codes, modifying definitions of old codes, and streamlining codes (e.g., reorganizing, collapsing). Once the coding tree was finalized for each data set, we used it for first- and second-round coding. During first- and second-round coding, we applied both our a priori deductive codes and allowed for additional inductive codes. During first-round coding, this resulted in a combination of a priori codes and inductive structural and descriptive codes (Saldaña, 2013). Throughout first-round coding, we all wrote coding memos that were shared in team meetings to further clarify our understanding of the data. For example, in one team meeting, we discussed how the data in codes "clearly defined roles" and "role boundaries" addressed a similar idea but in a slightly different way. After exploring the data in each code, we decided to keep both codes, but clarify that "role boundaries" was a challenge when "clearly defined roles" were not present. Thus, "role boundaries" was moved under the parent code "challenges" and "clearly defined roles" stayed under "teaming." Our ongoing coding memos and weekly analysis meetings helped us refine our coding scheme and discuss any coding challenges or questions.

After the first round of initial coding, we met to discuss second-round coding which involved identifying initial themes and patterns in the data (Saldaña, 2013). During this second round of coding, we created visual displays of the data, known as data networks (Miles et al., 2014). For the educator data set, we built data displays by putting all first round codes on Post-it notes and reorganizing them visually by category, creating a series of codes with connections among them that suggested which codes were related and where hierarchies of codes and subcodes were needed (Miles et al., 2014). This involved discussing each code, looking at the scope of data for each code, and regrouping, renaming, or combining them as necessary. This process spanned multiple meetings and resulted in a display of final coding categories, themes, and ideas about collaboration and positive behavior support. The final categories included key features, challenges, family collaboration, coaching, and classroom context, each with their own set of subthemes. For the family data set, our data displays involved trying to organize the themes in a relational way, visually depicting how categories and themes were connected. The final categories included communication, data, expertise, and challenges/barriers.

After identifying the themes in each data set, we began narrative description of the data (Miles et al., 2014). Each team member was assigned 1 to 2 categories per data set and wrote a narrative description for each set. These narratives described how the category was conceptualized in the data, referenced with subcodes and themes, and identified with evidence and codes from first cycle coding and the transcripts that supported our claims about that category. We shared these narrative descriptions at analysis meetings, and they became preliminary drafts of the findings.

Cross-data analysis. Once we independently analyzed both the educator and family data set, we began cross-data analysis. Our cross-data analysis involved reviewing final claims and themes for each group and integrating the findings to answer our research questions. First, we created a visual representation of our interpretation of the relationship among themes across groups. Each member of the team proposed their own visual display of the data, what Miles et al. (2014) refer to as a *model*, described it by writing an analytic memo explaining the connections across data sets, and then shared it with the team. We used these analytic memos to construct a collaborative model to display the key tenets of family–professional collaboration for positive behavior support, which we present in the discussion.

Final data analysis. Our final analysis involved integrating the new member-check data with our proposed model and claims. First, we transcribed and cleaned the data for review. We assigned team members to each data set to (a) read member-check data and (b) note any discrepancies, new data, or conflicting data. We each wrote a brief memo highlighting our findings and shared them with the group at the next analysis meeting. During this meeting, we noted points of consensus regarding what we learned or noticed from the

member-check data and incorporated the new learning into the findings.

Researcher Positionality

Our data analysis team consisted of five individuals (all the authors of this article) who met weekly or biweekly throughout the project. Our approach to collaboration focused on what Sandelowski and Barroso (2007) call "dialogical intersubjectivity" (p. 230). Instead of quantifying our consensus via a more positivist intercoder agreement approach (e.g., calculating how frequently we applied the same code to particular data), we met frequently to discuss the data, our codes, and came to a collective consensus or agreement on what claims we were making (Saldaña, 2013). This aligns more with our view of qualitative research as interpretive in nature, influenced by each individual's own positionality and the overall research aims.

The members of our research team included three special education faculty and two doctoral students in special education (four White females, one White male). All of us have previous experience as early childhood or K–12 special education teachers or service providers and engage in applied research focused on services for young children and students with disabilities. Our team includes both single case and qualitative researchers. We all share a commitment to strengthening partnerships between families and educators. Our varied backgrounds (i.e., early childhood providers, teachers, and board certified behavior analysts) and methodological training contributed to lively conversations throughout the project pertaining to our goals, processes, and findings. We believe the diversity in our experiences strengthened our dialogical intersubjectivity and allowed us to engage in a rigorous analysis process.

Trustworthiness and Credibility

We engaged in multiple procedures to strengthen the trustworthiness and credibility of our findings (Brantlinger et al., 2005). In addition to the formal member-check activity with families and educators, we used multiple forms of data to search for evidence of consistency or discrepancy across sources as a means of data triangulation. Whereas the focus group transcripts served as our primary analysis documents, other forms of data (e.g., written feedback) supported or expanded our findings. Engaging in analysis collaboratively with five researchers also served as a mechanism for strengthening trustworthiness and credibility. This team approach to analysis supported ongoing, critical conversations that contributed to our data interpretations.

Findings

Our analysis provided findings from all three focus groups. However, findings reported here do not represent the data analysis in its entirety. Because our analysis yielded multiple themes across a broad scope of qualitative activities within the context of our multi-year project, only those findings that relate to family collaboration are presented.

Families

Narrative from family focus groups provided evidence to suggest that communication between families and educators is essential in each step of the behavior support process. When communication was going well, it built and sustained partnerships between families and educators in support of positive family outcomes. Alternatively, poor communication prevented critical family–professional partnerships from developing or eroded existing partnerships. Families described three distinct communication components necessary for building and sustaining family–professional partnerships during the behavioral support process: (a) family-centered communication; (b) data-based communication, reflective of behavioral expertise; and (c) practical, efficient communication.

Family-centered communication. A key characteristic of effective partnership is enacted when professionals center the experiences of families and children in the behavioral support process. Communication that is family-centered employs a strength-based family and child perspective, and it prioritizes family input and is supportive of families' roles. Positive, family-centered communication supports families' agency and stands in contrast to the negative communication families sometimes receive, such as deficit-focused reports, policies, and procedures.

Family-centered communication embraces the strengths of the family, reflected through a professional lens centered on the wholeness and goodness of the child. Families valued when educators saw potential in their child's growth and engaged in responsive, caring, and individualized interactions with them. This is illustrated by Family Member 1 when speaking about her child's teacher, "She, bottom line, just really loved him, and saw the good in him, even when he was hard." When educators had positive responses to children's behavior, families felt that their child was loved, appreciated, and welcomed in their early learning programs. However, families generally characterized their experiences as being inconsistent with such positive, family-centered communication. Family Member 6 described learning about the educator's concerns regarding her child's behaviors during the behavior support process by saying, "the way you find out is usually not nice." Families craved more positive information from professionals, as described by Family Member 5 when she said, "I want to hear when my child has a good day. Can we have that?" Families experienced painful emotions when confronted with negative, dispassionate, or judgmental messaging about their child from professionals.

Families felt they were participating in effective partnerships when they engaged in reciprocal communication with professionals who were knowledgeable of families' home contexts and prioritized family input. For instance, they appreciated when professionals recognized the unique expertise they held in their role as parents, while also being aware of what challenges and successes families were experiencing at home. Families welcomed specific, tangible strategies that they could do at home to support their child's development. Family Member 2 described such a reciprocal relationship when she said, "Helping me to help him is a big part of that . . . when they help give me strategies and vice versa, that it's open both ways . . . proactive." Of equal importance was the ability for families to voice their concerns and meaningfully contribute to the behavior support process. Family Member 1 described such partnerships with professionals as "when I feel like . . . we all have equal input. And just the idea of having input at all, having a say, and feeling valued." The perception that professionals held high regard for family participation and agency was paramount to family-centered communication.

Finally, families often felt they lacked the support they needed from professionals to assuredly carry their child through the behavior support process. This lack of family–professional collaboration was a barrier to family-centered communication. Some parents described the need to advocate for their child and fight for resources when they felt they would have benefited from assistance. As Family Member 5 said,

> I feel as a parent we're the ones that have to advocate and do all of the work and the research, and we have to be the ones to make it happen. It's not like they, in my experience, have helped me along that process. It's me; it always falls on me.

Although a few parents considered participating in specialized training to increase their own knowledge of individualized behavior supports, not all parents felt comfortable directly advocating for their children. For example, they described a desire for professionals to reach out to them and invite them to share their thoughts. Family Member 4 described the importance of professionals asking families questions so that families might feel comfortable sharing and checking in: "But you know if you ask me a question, I would dig in and say 'well, let me remember. Let me try to tell what changes I'm seeing or behaviors I'm seeing.'" In this way, some parents preferred a more direct invitation from educators to enter the family–professional partnership.

Data-based communication, reflective of behavioral expertise. To effectively communicate with families throughout the behavior support process and build strong partnerships between school and home, professionals' communication must be data-based and demonstrate behavioral expertise. Families benefited most when professionals communicated about the behavior support process using information grounded in accurate, understandable, and meaningful data.

Families wanted information that had little jargon and was presented in accessible language. Family Member 2 relayed challenges with accessing interpretable information about her child when she said,

> Data is really important to me . . . not just anecdotes and not just the data floating around everybody's head, and what they think, because our team has a lot of opinions. I have had a lot of problems this year with getting data when I'm asking for it.

She went on to describe the challenge that posed in making data-based decisions about her child's education: "Decisions are being made without proof of what's happening . . . show me that it's happening this many times, at this time of day, [and] with this person or that." Family Member 5 described a similar lack of data for informing decisions and official communication:

> They have a psychologist to say all the right things and you know, the tri-annual evaluations or in the planning. So, they say what they need to say to sound like there's a functional plan in place. But it's not, really.

Without data, families were not sure that the choices made on behalf of their children were in their best educational interest.

Families were also concerned with the level of behavioral expertise held by professionals on their child's team, how it influenced the quality of their child's education, and how it affected their partnership. They wanted members of their child's behavior support team to be able to hold and apply such expertise to their child's education. Family Member 5 described this as follows:

> I wish that every school had a behaviorist that was on-site and part of the program, because that is a huge game changer. Like, looking at the functions of behavior and what is happening before they hit . . . and how can we come up with a plan that actually is specific to this kid? Not just some general goal. Like, what specifically can we do to help this child?

When the school team had behavioral expertise, parents felt that the responsibility for supporting their child's behavior was more evenly distributed between them and educators. With less professional behavioral expertise, families felt burdened to become the expert to help their child.

Families also felt partnerships were improved when there was explicit communication about each person's role in supporting their child. Family Member 11 described this as follows:

> This is what it looks like to get support from the team, or this is what my role looks like . . . And so I think that having that

> conversation over and over again about like, "This is what your role is" or, "This is what everyone's role is."

In summary, with respect to data, when education professionals came to the behavior support process with relevant knowledge to share and clearly defined roles, families felt more supported in the partnership.

Practical, efficient communication. Families identified practicality as the last critical communication component in an effective partnership. Family members considered communication practical if it was timely, efficient, bidirectional, and occurred consistently among all identified members of the behavior support team.

The issue of timeliness, including how quickly and how frequently communication was initiated by families and professionals, was an important one for family members when judging the quality of communication among the team. Family members consistently reported wanting teachers to communicate with them immediately, as opposed to waiting for children's behaviors to escalate. Family Member 3 expressed this when she said, "Anything [professionals] see, no matter how small it is, these behaviors it's very concerning for [families], they should just tell us right away." Family Member 2 built upon this sentiment saying, "You know, like all of a sudden your son needs all of this support, and I was like, 'Well where were we 3 months ago? How come we didn't know this?'" Without immediate and timely communication, parents felt confused when suddenly confronted with information about their children that they believe could have been provided sooner. Families also suggested that how communication is shared influenced whether or not it was acknowledged in a timely manner. As Family Member 9 said, "At first, we were just doing letters, and they were saying they were not getting them. So, we started doing emails, and we have everything on record." Emails and texts provided documentation of communication that families felt influenced teachers' responsiveness and accountability.

In addition to favoring timely communication, families expressed a desire for communication to be shared among all members of their child's team, including principals, educators, transportation personnel, and themselves. This allowed all individuals on the team to be included and informed about important events or changes in their child's life. Family Member 1 highlighted this vision for team-wide communication and information-sharing when she said, "It's important to really have everyone have a full picture." Similarly, when talking about his child's educators, Family Member 4 described the value of sharing an open line of communication with his child's educators, through which they could inform one another of significant information about his child's challenging behavior by saying,

> If the teacher said something like "Oh I did see her do that" but I didn't take it as a concern, maybe the teacher is seeing something else at school related to this. And let's have a look at this. Let me tell them what I saw.

Educators

During educator focus groups, educators and behavior specialists shared their experiences related to teaming, family collaboration, coaching, and classroom contexts. Only themes directly related to family collaboration are reported: specifically communication and building partnerships.

Communication. Educators emphasized the importance of *how* to communicate with families during the behavior support process. They considered the timing and modality of communication as important as the content. Communication strategies included information gathering to learn more about families' preferred modes of communication with the professional team, asking about the types of strategies that seemed most successful to motivate children, and learning about children's preferences. When possible, starting this communication as early as possible helped educators establish a positive relationship with families, making it easier to address any problems that might arise later related to a child's behavior in the classroom. Educators were willing to communicate with family members in whatever ways families preferred, via communication applications, text messaging, or phone calls. Several educators agreed when Educator 9 noted as follows:

> Lots of my parents talk or chat text [me] at least once or twice a day. And it's not any hardship for me because it's just on my phone . . . I mostly use Bloomz which is kind of like Class Dojo but it's more that I can chat with them, accepting text messages throughout whenever . . .

Educators attempted to communicate in various ways to establish frequent, positive interaction with their young learners' families. Educators emphasized the importance of in-person meetings to help ensure clear and accurate understanding of families' ideas and positions. As Educator 11 commented, "Sometimes phone conversations or emails, things can get misinterpreted. And so meeting in-person, face-to-face, just really helps build a better relationship and be on the same page." Families that transported their child to and/or from school had more time and access to in-person communication with educators. This suggests that communication about a child's behavior may often be informal and opportunistic.

Educators also described challenges when considering *who* on their team was best positioned to communicate with families. Some educators suggested behavior support teams should identify a single person on the behavior support

team to be the primary point-of-contact for families, an idea grounded in the concept that families develop relationships with specific educators rather than all members of a school- or program-based behavior support team. Educators acknowledged a need for better training to ensure everyone on the behavior team had the minimum amount of expertise needed to participate fully in the behavior support process and communicate with families. As Educator 5 indicated, ". . . more standardized knowledge and training around behavior [is necessary] just so we even have the same language. Everyone has at least that basic tool kit . . . that would be hugely important." Educator 6 emphasized the importance of a minimum, consistent standard of knowledge by stating as follows:

> Well, I do think it can be challenging in our district because depending on what, where you are geographically, you're going to get different people doing that FBA that have different levels of expertise . . . it is pretty startling . . . the professionals involved and the different levels of expertise, that can be pretty challenging and pretty frustrating that there's no standard.

Finally, educators considered *what* they should communicate to families during the behavior support process. They described the necessity of focusing on positive aspects of student behavior when communicating with families. Focusing on appropriate behaviors and successful interactions made it easier for educators to communicate with families about challenges related to a child's behavior. Educator 2 reflected on this when she described coaching another teacher to support a child's behavior intervention plan:

> And about 3 weeks ago I said, you really need to write in your notes to the parent what they [the child] did right. And they said, "He hasn't done anything right today." And I said, "He's done something right. He sat in his chair for one minute. He did something."

All educators acknowledged the importance of communication with families to build effective and positive behavior supports. Educator 7 exemplified this by saying, "Engaging families in supporting positive behavior. It really begins with communication and honest conversations."

Building partnerships. According to educators, building partnerships with families required more than just strong communication strategies. It required time, resource sharing, and intentional community-building activities inside and outside of the classroom. Educators who shared lesson plans and behavior support resources with families believed they were building positive family–professional partnerships. Many educators created resources for families to use at home, including picture communication icons, social stories, and token boards. Educators who conducted home visits also contributed to building family partnerships. Although home visits required a significant time commitment, many educators were dedicated to conducting home visits as a way to build rapport and empathy with families, including Educator 8 who noted as follows:

> I found that in the past, home visits were very helpful because [children] could talk about their home life; but until you see it, you can't really imagine some of the things that they're talking about. So, when you see something happening, it's just more like, okay I understand where you're coming from now.

Some educators experienced structural or administrative barriers to home visiting. Regardless of whether home visits or other relationship-building activities were possible, all educators believed building a meaningful relationship with the families of their children was important to the success of children's behavior support plans.

Educators described community-building activities as a contribution to family–professional partnerships; these activities were intentionally designed to foster partnerships and help families establish informal peer support networks. Educators understood that building communities where families were welcome to bring their young children, no matter what else was happening in their lives, was critical to the success of the whole family and by proxy, the professional team. Educator 4 described this idea by saying, ". . . the more you feel valued as part of a community, the less challenging behaviors you're going to see in your classroom." They recognized that both family–professional partnerships and informal peer support networks could provide families with the skills needed to navigate "hard to access" educational systems such as the behavior support process.

Discussion

We conducted a series of focus groups with educators and families of young children who exhibit persistent, challenging behavior that places these children at risk for exclusion from educational settings and opportunities. The responses provided by family members during these focus groups emphasized the importance of communication for building family–professional partnerships. When effective, this communication is family-centered, data-based within the context of behavioral expertise, and delivered with timeliness and efficiency. The educators in our focus groups also noted the important role of effective communication in building partnerships with the families of the young children in their classrooms and early childhood settings. Notably, educators emphasized the necessity of considering how to communicate (frequently, in-person, before problems arise), what to share (child successes in addition to behavioral concerns, strategies for families to use at home), and who should connect with families (teachers with behavioral knowledge who

can also make data accessible to those with less expertise). When any of these communication elements are not in place for families or educators, collaboration may break down, eroding family–professional relationships.

A Model of Family–Professional Communication

To better understand how these key concepts intersect, we propose a model of family–professional communication that emphasizes how the themes of *family centeredness, behavior expertise*, and *practicality* fit together, as supported by our findings and informed by the family capacity-building conceptual framework described previously (Dunst & Trivette, 2009). When working well, team-based support for children exists within this multifaceted framework of communication and partnership. However, the strength and success of this model depends on the unique interconnection of the different elements; if any communication component is missing, relationships between families and educators may come apart, putting the partnership at risk.

For example, a conventional approach to providing behavior support for a child with persistent, challenging behavior may focus on the specific problem, discuss how the behavior interferes with the learning environment, and ensure an intentional, individualized plan is implemented with fidelity. Yet, if this approach fails to emphasize the strengths and competencies of the child, families may feel disconnected, criticized, or frustrated. Many families of young children with persistent challenging behavior experience daily negative interactions with school staff. Fortunately, when teams recognize and address this communication challenge, a more successful partnership may develop. Another problem can occur when teams lack sufficient behavioral expertise, a situation that can weaken the family partnership by implementing ineffective strategies. Finally, the absence of positive communication early in the family–professional relationship might prevent families' willingness to engage educators in difficult conversations about instances of their child's challenging behavior. Given the perspectives of both families and educators, strategies for building solid communication systems may be not only foundational but also imperative to the success of family collaboration during the behavior support process.

Creating More Accessible Systems

An exciting aspect of our conceptual framework is the notion of educational transformation that might occur if schools and early learning programs embrace full family partnership in the behavior support process. Family collaboration occurs when educators authentically center families as equal partners in the decision-making, planning, and implementation of behavior supports (Weist et al., 2017). Educators primarily collaborate with families during the behavior support process by establishing effective communication systems and building relationships. Although educators are committed to collaborate with families in these ways, centering families in the behavior support process can be difficult. Existing education systems tend to promote a conventional idea of family–professional partnership, where educators play the role of "expert" whereas families are "consumers" (Ishimaru, 2019). To center families' voices and promote authentic family partnerships, educators must consider families' active and equal collaborators.

Using Technology to Transform Systems

Well-designed education systems facilitate accessible, ongoing communication structures between educators and families and can avoid perpetuating inequitable collaboration during the behavior support process. Our findings indicate that text messaging and communication applications (e.g., Bloomz, Class Dojo) facilitate frequent family communication about children's behavior, narrowing the communication opportunity gap for families that cannot access educators in person. The results from our study emphasize the value of effective communication between educators and families within the positive behavior support process for young children. They have also informed a broader project goal of expanding an existing web-based application that guides the implementation of team-based, individual child behavior support to include families as active partners in the process. Our focus group data helped us reconceptualize how the technology tool itself might be used as an intervention to increase family–professional collaboration, improving behavior support implementation. Instead of simply providing families with a login to access information about their child's behavior program, a more effective approach might embed elements related to collaboration, communication, and buy-in from families and educators. In this way, a landing page showing progress monitoring data expands to a place where information about a child's strengths is shared, a picture of the family is added, or a photo showing the child's artwork for the day is attached. Instead of viewing a screen with a behavior intervention plan, a family might also access a resource library detailing accessible, jargon-free intervention strategies. By rethinking technology in this manner, the system becomes transformed, allowing a more family friendly partnership with open, data-based, practical communication.

Limitations

There are several caveats to our findings. First, we did not identify and recruit family member and educator participants who were connected by the same child. Because of this, we are not able to directly link findings from our

families to those of our educators (i.e., draw direct lines between a family member who commented on the importance of individualized interactions with a school or program and an educator who emphasized the value in creating resources for families to use at home). Recruiting family member–educator dyads may have provided compelling triangulation and aided interpretation; however, our findings present common themes about barriers and pathways to effective communication despite this lack of alignment. Future research should explore matched family–educator dyads engaged in the behavior support process to understand experiential differences. This research could be extended further by studying culturally and linguistically diverse family–educator matched dyads to understand how they negotiate differences interpreting and responding to children's challenging behavior.

Although not a limitation, it is important to note a few parameters of our qualitative research approach. Our study does not presume to claim broad representation of all families and educators of young children receiving behavior support in early childhood contexts. Instead, the issues, concerns, and perspectives described are necessarily those of the family members and educators who participated in our research through purposive sampling methods. Our findings are intended to provide in-depth, comprehensive understanding of communication among families and educators in ways that can be useful for strengthening these partnerships within the context of positive behavior interventions and support.

Conclusion

Whereas our findings generated examples of how insufficient communication during the behavior support process can hinder collaboration between families and educators, our aim is not to further divide these two groups. Rather, we encourage educators, administrators, and staff to reconceptualize how they meaningfully and effectively communicate and partner with families to provide positive behavior support to young children. By doing so, we have the opportunity to disrupt hard to access systems that have historically created family engagement barriers, instead of building meaningful relationships, leveraging family and child strengths, and centering family perspectives to create and sustain long-lasting, positive partnerships.

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References

Algozzine, B., Barrett, S., Eber, L., George, H., Horner, R., Lewis, T., Putnam, B., Swain-Bradway, J., McIntosh, K., & Sugai, G. (2019). *School-wide PBIS Tiered Fidelity Inventory* [Office of Special Education Programs Technical Assistance Center on Positive Behavioral Interventions and Supports]. https://mimtsstac.org/evaluation/fidelity-assessments/school-wide-pbis-tiered-fidelity-inventory-swpbis-tfi

Bal, A., Thorius, K. K., & Kozleski, E. (2012). *Culturally responsive positive behavioral support matters*. The Equity Alliance.

Bettencourt, A. F., Gross, D., Ho, G., & Perrin, N. (2018). The costly consequences of not being socially and behaviorally ready to learn by kindergarten in Baltimore City. *Journal of Urban Health*, *95*(1), 36–50. https://doi.org/10.1007/s11524-017-0214-6

Brantlinger, E., Jimenez, R., Klingner, J., Pugach, M., & Richardson, V. (2005). Qualitative studies in special education. *Exceptional Children*, *71*(2), 195–207. https://doi.org/10.1177/001440290507100205

Brunsting, N. C., Sreckovic, M. A., & Lane, K. L. (2014). Special education teacher burnout: A synthesis of research from 1979 to 2013. *Education and Treatment of Children*, *37*, 681–712. https://doi.org/10.1353/etc.2014.0032

Carr, E. G., Horner, R. H., Turnbull, A. P., Marquis, J. G., McLaughlin, D. M., McAtee, M. L., Smith, C. E., Ryan, K. A., Ruef, M. B., & Doolabh, A. (1999). *Positive behavior support for people with developmental disabilities: A research synthesis* (D. Braddock, Ed.). American Association on Mental Retardation.

Davis, C. A., & Spaulding, S. A. (2016, August). *Technology as an implementation strategy* [Conference session]. Office of Special Education Programs Project Director's conference, Washington, DC, United States.

Dickinson, S., Shaffer-Hudkins, E., & Raffaele Mendez, L. M. (2020). Treatment for challenging behaviors: Are IDEA part C interventionists using functional interventions? *Journal of Early Intervention*, *42*(1), 31–48.

Division for Early Childhood. (2014). *DEC recommended practices in early intervention/early childhood special education 2014*. http://www.dec-sped.org/recommendedpractices

Domínguez, M. (2017). "Se hace puentes al andar": Decolonial teacher education as a needed bridge to culturally sustaining and revitalizing pedagogies. In D. Paris & S. Alim (Eds.), *Culturally sustaining pedagogies: Teaching and learning for justice in a changing world* (pp. 225–246). Teachers College Press.

Dunlap, G., & Fox, L. (2011). Function-based interventions for children with challenging behavior. *Journal of Early Intervention*, *33*(4), 333–343. https://doi.org/10.1177/1053815111429971

Dunlap, G., Wilson, K., Strain, P., & Lee, J. (2013). *Prevent-teach-reinforce for young children: The early childhood model of individualized positive behavior support*. Brookes.

Dunst, C. J., & Trivette, C. M. (2009). Capacity-building family-systems intervention practices. *Journal of Family Social Work*, *12*(2), 119–143. https://doi.org/10.1080/10522150802713322

Fetters, M. D., Curry, L. A., & Creswell, J. W. (2013). Achieving integration in mixed methods designs: Principles and practices. *Health Services Research*, *48*, 2134–2156.

Fettig, A., & Barton, E. E. (2014). Parent implementation of function-based intervention to reduce children's challenging behavior: A literature review. *Topics in Early Childhood Special Education*, *34*(1), 49–64. https://doi.org/10.1177/0271121413513037

Fox, L., Dunlap, G., Hemmeter, M. L., Joseph, G. E., & Strain, P. S. (2003). The teaching pyramid: A model for supporting social competence and preventing challenging behavior in young children. *Young Children*, *58*(4), 48–52. https://doi.org/10.1080/15240750902774718

Fronapfel, B., Dunlap, G., Flagtvedt, K., Strain, P., & Lee, J. (2018). Prevent-teach-reinforce for young children: A program description and demonstration of implementation in an early childhood setting. *Education and Treatment of Children*, *41*(2), 223–232. https://eric.ed.gov/?id=EJ1176318

Gleason, M. M., Goldson, E., & Yogman, M. W., & Committee on Psychosocial Aspects of Child Family Health. (2016). Addressing early childhood emotional and behavioral problems. *Pediatrics*, *138*(6), Article e20163025.

Hemmeter, M. L., Snyder, P. A., Fox, L., & Algina, J. (2016). Evaluating the implementation of the Pyramid Model for promoting social emotional competence in early childhood classrooms. *Topics in Early Childhood Special Education*, *36*, 133–146. https://doi.org/10.1177/0271121416653386

Henderson, A. T., Mapp, K. L., Johnson, V. R., & Davies, D. (2007). *Beyond the bake sale: The essential guide to family-school partnerships*. The New Press. https://doi.org/10.1080/15582159.2012.702045

Hong, J. S., Tillman, R., & Luby, J. L. (2015). Disruptive behavior in preschool children: Distinguishing normal misbehavior from markers of current and later childhood conduct disorder. *The Journal of Pediatrics*, *166*(3), 723–730. https://doi.org/10.1016/j.jpeds.2014.11.041

ibestt. (2017). *Integrating behavior support and team technology* (Version 3.4) [Web app]. University of Washington. https://www.education.uw.edu/ibestt/

Ishimaru, A. M. (2019). From family engagement to equitable collaboration. *Educational Policy*, *33*(2), 350–385. https://doi.org/10.1177/0895904817691841

Joseph, G. E., Strain, P. S., & Skinner, B. (2003). *Early care and education professionals' beliefs, practices and skills regarding young children with challenging behavior: A survey* [Unpublished raw data]. University of Colorado at Denver.

Maffei-Almodovar, L., Feliciano, G., Fienup, D. M., & Sturmey, P. (2017). The use of behavioral skills training to teach graph analysis to community-based teachers. *Behavior Analysis in Practice*, *10*(4), 355–362. https://doi.org/10.1007/s40617-017-0199-3

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation* (4th ed.). John Wiley & Sons.

Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis: A sourcebook* (3rd ed.). SAGE.

Saldaña, J. (2013). *The coding manual for qualitative researchers* (2nd ed.). SAGE.

Sandelowski, M., & Barroso, J. (2007). *Handbook for synthesizing qualitative research*. Springer.

Sheridan, S. M., Moen, A. L., & Knoche, L. L. (2017). Family-school partnerships in early childhood. In E. Votruba-Drzal & E. Dearing (Eds.), *The Wiley handbook of early childhood development programs, practices, and policies* (pp. 289–309). Wiley Blackwell.

Weist, M. D., Garbacz, S. A., Lane, K. L., & Kincaid, D. (2017). *Aligning and integrating family engagement in Positive Behavioral Interventions and Supports (PBIS): Concepts and strategies for families and schools in key contexts*. Center for Positive Behavioral Interventions and Supports (funded by the Office of Special Education Programs, U.S. Department of Education), University of Oregon Press.

Yosso, T. (2005). Whose culture has capital? A critical race theory discussion of community cultural wealth. *Race Ethnicity and Education*, *8*, 69–91. https://doi.org/10.1080/1361332052000341006