

Families' Experiences with Online Instruction and Behavior Support during Covid-19:

A Qualitative Inquiry

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**Abstract**

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In Spring of 2020, Covid-19 forced school buildings to close across the United States. As a result, many early learning programs and elementary schools serving children with challenging behaviors and their families, moved online. Families with young children receiving complex educational and behavioral services in traditional brick-and-mortar classrooms were suddenly required to work closely with educators to support their children's academic, social-emotional, and behavioral progress. This study used a qualitative approach to examine families' experiences with children's challenging behavior, online instruction, and behavior support during Covid-19 school building closures. Findings underscore important themes related to families' perceptions of child challenging behavior at home, challenges with access and participation in online instruction, and families' perceived responsibilities and priorities. Implications for educators, program administrators, and policy makers are discussed.

*Keywords:* Covid-19, early learning, families, qualitative, challenging behavior, family-professional partnership

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## **Dedication**

To Maeve, Eamon, and Matt, who taught me to truly know the meaning of the word *family*.

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## **Families' Experiences with Online Instruction and Behavior Support during Covid-19: A Qualitative Inquiry**

Challenging behavior is a common concern among families with young children of all abilities (Hemmeter et al., 2021). Behavior is considered “challenging” when it interferes with a child’s learning or social interactions, or when it is dangerous to the child or others (Fox et al., 2002; Powell et al., 2006). Studies aimed at understanding the family impact of parenting a child with challenging behavior consistently describe feelings of stress, isolation, and parental incompetence (Doubet & Ostrosky, 2015; Long et al., 2008; Powell et al., 2006). Families that have young children with challenging behavior face increased caregiving demands that may contribute to negative or coercive family interactions (Lucyshyn et al., 2002; Lucyshyn et al., 2018). These families often report negative impacts on their routines, family roles, and emotional well-being. For example, families may avoid community outings that are important to their family’s overall quality of life, like going to church or visiting friends, due to concerns about their child’s behavior (Fox, Vaughn, et al., 2002; Hayes & Watson, 2013).

Children who engage in challenging behavior face greater barriers to social-emotional well-being and academic achievement than those who do not (Dunlap et al., 2006; Fox, Dunlap, et al., 2002). Between 9.5% and 25% of young children have social-emotional or behavioral difficulties that interfere with their ability to learn (National Center for Children in Poverty, 2009; Webster-Stratton, 1997). These children have access to fewer academic learning opportunities and fewer opportunities to build positive social relationships with teachers and peers (Denham & Burton, 1996; Dunlap et al., 2006). The long-term impacts for children who continue to engage in challenging behavior beyond early childhood are concerning. These

children are more likely to fail or drop out of school, abuse drugs and alcohol, and be arrested as adolescents or adults (Kazdin, 1993; Tremblay, 2000; Walker et al., 1998).

Challenging behavior is also a concern for professionals and educators working with young children (Dunlap et al., 2006). Children with persistent challenging behavior are three times more likely to be expelled from early learning settings than K-12 students (Gilliam, 2005) and more likely to experience social and academic difficulties in later school years (Fox, Dunlap, et al., 2002). Challenging behavior is also associated with educator stress and burnout (Brunsting et al., 2014; Hastings & Brown, 2002; Joseph et al., 2003). Fortunately, there is ample evidence demonstrating the effectiveness of function-based interventions to help children engage in positive social interactions and access learning opportunities at school and home (e.g., Carr & Durand, 1985; Dunlap & Fox, 2011; Geiger et al., 2010).

Positive behavior interventions and supports (PBIS) is an approach to intervention that focuses on preventing child challenging behaviors in homes, schools, and community settings. PBIS also teaches children appropriate alternative behaviors that serve the same function as the behavior of concern (Fox, Dunlap, et al., 2002; Horner et al., 2015; Horner et al., 2010). Positive behavior supports address challenging behaviors and promote social skills through function-based assessment and intervention (Horner et al., 2017; Sugai et al., 2000). Function-based assessment is a process of gathering information from multiple sources (e.g., observations, interviews) about why a child is engaging in behaviors of concern. After the assessment, a team develops a hypothesis and designs interventions that specifically address the function of the target behavior (Sugai et al., 2000). Numerous professional organizations recommend using function-based assessment strategies to identify causes of challenging behavior and develop intervention plans for young children that are contextually and culturally appropriate (Division

for Early Childhood [DEC], 2014; National Association of School Psychologists, 2016; Center on Positive Behavior Interventions & Supports [PBIS], 2019). Furthermore, the 2004 reauthorization of the Individuals with Disabilities Education Act requires schools to conduct functional behavioral assessment and intervention when a child's behavior impedes on their learning or that of others (IDEA, 2004). Consistency, or implementation fidelity, is important for PBIS intervention plans to be most effective. Consistency in implementation is more likely to occur when families and professionals work closely together to design, implement, and evaluate plans (Blair et al., 2011; Duda, et al., 2008; Fettig & Barton, 2014; Sheridan et al., 2010).

### **From Parental Involvement to Family-Professional Partnerships**

Over time, researchers and family advocates have used several terms to describe the roles and relationships expected of families and professionals that come together to promote positive outcomes for young children. *Parent involvement*, *parent engagement*, and *family-professional partnership* are included among the most common terms (e.g., Barton et al., 2004; Ferlazzo, 2011; Hornby & Lafaele, 2011; Turnbull et al., 2015). Although these terms have etymological and practical differences, many use them interchangeably (Sheridan et al., 2019). To understand how to best support children with behavior challenges, it is important to understand these differences and describe current best practices.

The ways in which families and professionals work together to support children have evolved over the last half-century, moving from traditional notions of parental involvement defined by the school to authentic family-professional partnerships co-created by school teams and families. Parent involvement began with compulsory public education and related federal legislation (de Carvalho, 2001). Early notions of parental involvement conceptualized parents as passive participants in the educational process. Traditionally, educators were identified as

experts about their students who generally expected families to comply passively with decisions about their child's education. Educators identified the child's needs and goals and then told parents how to support them (Ferlazzo, 2011; Turnbull et al., 2015). The parental involvement approach also included expectations that parents participate in non-academic school functions primarily benefitting the school (e.g., bake sales to raise school funds; Ishimaru, 2020).

Over time, education leaders and family advocates called for a shift away from parental involvement toward a broader, more inclusive notion of parental engagement. The primary difference between involvement and engagement lies in the agency of the family role. According to Ferlazzo, "involvement implies *doing to*; while engagement implies *doing with*" (2011, p. 11). A school with a focus on parent involvement "leads with its mouth—identifying projects, needs, and goals and then telling parents how they can contribute" while a school aiming for engagement "tends to lead with its ears—listening to what parents think, dream, and worry about...not to serve clients but to gain partners" (Ferlazzo, 2011, p. 12). Ishimaru (2014) similarly criticized notions of parent involvement for its basis in deficit assumptions about families and argued for a replacement with equitable partnerships between families and schools co-constructed by both groups to benefit both groups. Despite calls for schools to authentically engage parents in the education process with a focus on including family voices and priorities through a model of parent engagement, parent involvement often remains the default paradigm in many schools (Ishimaru, 2020; Stefanski, 2016).

### **Family-Professional Partnerships**

Family-professional partnerships move beyond parental involvement and engagement to position families, not just parents, as equal partners who hold important expertise in the education process (Ishimaru, 2019; Ishimaru, 2020). Family-professional partnership is defined

as families and professionals working together to build upon each other's expertise, experience, and resources for the purpose of making and implementing decisions that will directly benefit a child (Turnbull et al., 2015). Successful family-professional partnerships are characterized by commitment, effective communication, mutual respect, trust, equality, and professional competence (Blue-Banning et al., 2004; Dunst et al., 2002; Turnbull et al., 2015). Several professional organizations recommend family-professional collaboration and the use of family-centered practices to support positive child outcomes (e.g., Council for Exceptional Children, 2021; DEC, 2014; National Association for the Education of Young Children, 2019; PBIS, 2019).

Effective family-professional partnerships promote important benefits for children, families, and schools. Partnerships are correlated with parental self-efficacy, parental well-being, and parent-child interactions (Trivette et al., 2010). For example, successful partnerships increase parental confidence and competence (Dunst & Dempsey, 2007) and decrease parental stress (Burke & Hodapp, 2014). Additionally, family-professional partnerships influence the relationships families make with one another outside of school (Hill & Taylor, 2004). Children also benefit from family-professional partnerships. Partnerships increase student attendance (Epstein & Sheldon, 2002) and academic achievement (Smith et al., 2020; Toldson & Lemmons, 2013). Partnerships also increase the likelihood that schools will provide high-quality inclusive educational experiences for students (Haines et al., 2015). In sum, effective family-professional partnerships provide important benefits to children, families, and schools.

### ***Family-Professional Partnerships in Early Childhood Special Education***

In early childhood special education, there is widespread acceptance of the family-professional partnership model built upon decades of research establishing it as best practice

(DEC, 2014; Dunn et al. 2012; Dunst & Trivette, 2009; Turnbull et al., 2015). Similar to K-12 education systems, the field of early childhood special education promoted a parent involvement approach prior to the 1980s, rooted in child and parent deficit assumptions (Dunst & Trivette, 2009; Turnbull & Turnbull, 1986). These deficit-based assumptions often resulted in early childhood intervention practices centered on “fixing” a child’s presumed deficits. The term *family-professional partnership* appeared in the mid-1980s with a textbook entitled *Families, Professionals, and Exceptionality: A Special Partnership* (Turnbull & Turnbull, 1986). This landmark text shifted the way in which higher education instructors taught early childhood educators to position the family role in the education process and include families in their child’s early learning. The text also emphasized the term *family* rather than parent, indicating that individuals other than parents (e.g., grandparents, siblings) were influential to a child’s learning and educational decision-making. The emphasis on family members offered more inclusive partnerships between professionals and nondominant (e.g., culturally and linguistically diverse, nonheteronormative) families. Family members were positioned as experts, suggesting that they had valuable knowledge to contribute to the family-professional partnership. Most importantly though, the textbook introduced a model of family-professional collaboration emphasizing shared decision-making between professionals and families, influencing a new generation of early childhood special educators to center families’ voices and priorities in the early learning process.

### ***Family-Professional Partnerships and Challenging Behavior***

Given the stress that is added and the opportunities that are lost when children engage in challenging behavior, family-professional partnerships are even more crucial for supporting these children and families (Doubet & Ostrosky, 2015; Trivette et al, 2010). Family members are

an enduring presence in a young child's life. They are their child's first teachers and have the longest lasting relationships with them. They are also the experts of their own family values, beliefs, and cultural practices. Family interactions can either promote challenging behaviors or reduce them; therefore, family members play a critical role in the trajectory of their child's behavioral repertoire and learning experiences. According to Dunlap and Fox (2008):

The collaborative model of behaviour support asserts that interventions will be more effective and more sustainable if they are designed and implemented by those individuals who are most regularly in direct contact with the focus child, who are most familiar with the child's characteristics and history, and who are most involved and invested in the change process (p. 275).

Many of the characteristics of family-professional partnerships described earlier apply to professionals supporting families with children with challenging behaviors. Professionals should build trusting relationships and use effective communication regardless of the family. However, some additional considerations are important for professionals partnering with families of children with challenging behavior. For example, professionals must communicate with families about the behavior support process in ways that are family-centered, practical, and grounded in neutral, objective data (Kelly et al., 2021). They must also be able to communicate and respond appropriately to families when cultural differences arise in the identification and definition of challenging behavior (Beneke & Cheatham, 2016). Professionals who work with families historically marginalized by education systems (e.g., families from black or indigenous communities), in particular, may need to engage in additional trust- and relationship-building activities before families can safely and effectively collaborate with them (Ishimaru, 2020). Finally, professionals must collaborate with families to develop behavior strategies that are

culturally and contextually fit to the environment in which they are implemented (Dunlap & Fox, 2008; Gore et al., 2019; Lucyshyn et al., 2002).

Research indicates that interventions supported by strong family-professional partnerships positively impact children's social-emotional competence, behavior, and mental health (Sheridan et al., 2019; Smith et al., 2020). Families and educators also benefit from positive family-professional collaboration. For example, parents with depression that participated in a family-professional partnership intervention with early childhood educators engaged in more positive parent-child interactions during home visits (Sheridan et al., 2014). Educators that participated in the same intervention increased their collaborative problem-solving skills and use of positive behavior support strategies with students (Sheridan et al., 2018). Although research demonstrates the importance of family-professional collaboration to increase positive outcomes for children with behavior challenges and their families, traditional learning environments like brick-and-mortar classrooms and family homes are the most common research settings.

### **Study Context**

In the Spring of 2020, the Covid-19 crisis disrupted education for 55.1 million students across the United States (Peele & Riser-Kositsky, 2020). Seattle was the first US city to be significantly impacted by the virus (Baker & Fink, 2020). In response, Washington school buildings were closed, and Washington's Office of the Superintendent of Public Instruction (OSPI) required that schools provide continuous learning opportunities, largely resulting in a model of online learning in March 2020 (OSPI, 2020a). Many families with young children receiving complex educational and behavioral services in traditional brick-and-mortar classrooms were suddenly required to take on the role of their child's primary educator and many felt unprepared to do so without significant support from their child's school (e.g., Hill, 2020).

Four months into the school closures, OSPI issued guidance for districts and schools on building family partnerships and communication, supporting children's positive behavior in online learning settings, and supporting families with positive behavior interventions and supports at home (OSPI, 2020b). Although schools were mandated to provide special education and behavioral support, little is known what behavior support and instruction families received from early childhood educators or how families and educators partnered to support children's behavior and learning at home. Popular press reports suggest that special education and behavioral needs were not addressed, and many families encountered challenges to their unexpected new roles (e.g., Nelson, 2020). Thus, the circumstances forced by Covid-19 school closures offers researchers a unique opportunity to understand families' experiences supporting their young children's challenging behavior while participating in online learning at home.

Access to online education has increased in the last decade, though most students enrolled in this educational option attend secondary school. No statistics are available for public early childhood education programs; however, recent reports show that 3.4% of elementary schools in the US offered instruction to students entirely online (Department of Education, 2019). Prior to Covid-19, the majority of online instruction was delivered to students without IEPs or behavior challenges, therefore, little research existed exploring online learning impacts for this group of young learners and their families (e.g., Rice & Dykman, 2018). A small body of literature exists, however, investigating families' experiences with online education at the elementary and early childhood level for children without disabilities or challenging behavior. These studies suggest that successful online learning for young children requires increased family-educator communication and coordination (Dong et al., 2020; Smith et al., 2016),

supporting the idea that family-educator partnerships may be even more critical to the success of outcomes for online learners than for traditional learners.

### **Conceptual Framework**

This study draws upon two conceptual frameworks to describe families' perceptions of challenging behavior and their experiences with online learning and behavior support during the first several months of online instruction due to Covid-19 school building closures. First, Dunst & Trivette's (2009) family capacity-building framework was used to frame family roles and understand the impact of Covid-19 school closures on the whole family unit. It was also used to center families' experiences throughout the analysis process. The family capacity-building framework is a strengths-based model of early intervention focused on promoting family competence and confidence. This framework is built upon five existing theoretical frameworks: social systems (Bronfenbrenner, 1979), empowerment (Rappaport, 1981), family strengths (Stinnett & DeFrain, 1985), social support (Gottlieb, 1981), and help-giving (Brickman et al., 1983). Using these theories, Dunst & Trivette (2009) formulated a unique model reconceptualizing existing deficit-based models of intervention by centering the family role in family-professional partnerships and promoting family capacity-building strategies that emphasized the following guiding principles: (a) families are viewed as whole social units and families are intimately involved in facilitating a child's social success; (b) behavioral or educational intervention should focus on the family as a unit; (c) a goal of intervention should be family empowerment and increasing family skills, rather than a sole focus on reducing challenges; (d) families should identify the skills they want to work on, rather than professionals; (e) skill-building and empowerment should build upon existing family strengths; and (f) informal

social networks should be viewed as a primary resource for families and professionals to draw upon.

Dual capacity-building was the second framework used to guide this work. This framework was used to guide interpretation of families' educational recommendations and connect findings to implications for educators, program administrators, and policy makers. The dual capacity-building framework suggests that strong family-professional partnerships are established when *both* families and educators are provided with the requisite knowledge and ability to support one another and meaningfully collaborate together. In turn, these family-professional partnerships lead to positive child, family, educator, and program outcomes (Mapp & Bergman, 2019; Mapp & Kuttner, 2013). Key dual capacity-building framework components include a description of (a) partnership challenges, (b) process and organizational conditions necessary for building partnerships, (c) policy and program goals, and (d) capacity building outcomes. This framework suggests that when certain conditions are met and shared goals are identified, families and school staff are well-positioned to equitably collaborate and sustain long-lasting partnerships. Together, Dunst and Trivette's (2009) family capacity-building framework and the dual capacity-building framework, provide a foundation for understanding families' perspectives and experiences during Covid-19.

The purpose of this research study was to investigate families' experiences supporting their young children with online instruction and behavior support during the initial months of school building closures during the Covid-19 pandemic. The following research questions guided this study:

1. How did school building closures during Covid-19 affect young children with challenging behaviors and their families?

2. What educational and/or behavioral services did early learning programs and schools provide to families to support children with challenging behaviors and their families during Covid-19 school closures?
3. What support do families of young children with challenging behavior want from early learning programs and schools during Covid-19 school closures?

### **Methods**

This study used qualitative methodology to understand families' experiences with early learning and behavior support during initial school building closures due to Covid-19. A phenomenological perspective was used to help make meaning of families' lived experiences. Because I did not withhold my own personal or previous experience and knowledge to understand and make meaning of families' experiences, however, this study did not invoke a pure phenomenological approach (Patton, 2015). A qualitative approach with a phenomenological perspective allowed me to understand, describe, and make meaning of families' complex lived experiences and interactions with education settings during the Covid-19 crisis. Additionally, I used my own personal experiences as the parent of two young children engaged in the online learning process during Covid-19 school building closures, to help me identify and understand the context of family participant experiences.

### **Researcher Positionality**

Qualitative researchers are the primary instrument of data collection and analysis; therefore, it is important to acknowledge the role that the researcher plays in influencing the phenomena under study (Merriam & Tisdell, 2016). I acknowledge that my personal experience as a parent to two young children (one with challenging behavior) during Covid-19 school closures influenced my position as a researcher. To understand my positionality in relation to this

topic, I engaged in a process of reflexivity throughout the research process by documenting and discussing my own experiences as a parent, my preconceived assumptions about other parents' experiences, and the similarities and differences between my participants' experiences and my own. This process allowed me to better identify and analyze the complexity of participants' experiences and acknowledge my own participatory role in the research process.

### **Sampling**

Purposeful, or nonprobability, sampling is the primary method of sampling in most qualitative studies (Merriam & Tisdell, 2016). This is because the goal of qualitative research is to “solve qualitative problems, such as discovering what occurs, the implications of what occurs, and the relationships linking occurrences” (Honigmann, 1982, pp. 84). I used purposeful sampling to obtain diverse, information-rich participants to provide in-depth knowledge about family experiences with school closures.

I identified potential family participants for this study based on their previous participation in university research activities regarding their child's challenging behavior and family experiences with behavior support in early learning settings. Their experience signaled that they were comfortable with and capable of reflecting on and sharing information about their families' early learning experiences. Based on their previous experience, each family participant had also already spent time analyzing their families' experiences prior to school closures. This suggested the possibility that they were “key knowledgeable” (Patton, 2015, pp. 284), capable of providing valuable insights beyond other possible participants.

### **Participants**

#### ***Recruitment***

Families were identified for recruitment from an existing participant recruitment database within a university-based research unit. Recruitment began after research approval was obtained from the University of Washington Institutional Review Board. I recruited family members by sending a short email in their preferred language (English or Spanish) as indicated in the recruitment database, inviting them to participate in the study. See Appendices A and B for recruitment language in English and Spanish. Five family members responded to the initial recruitment email via phone or email. All five family members that responded were screened for eligibility. See Appendix C for screening questions. The screening process allowed me to determine if the family met inclusion criteria and if the family had existing resources to participate in interviews via technology (e.g., web-connected device with stable internet, webcam). Family members were included as participants in the study if (a) they had at least one child enrolled in an early learning program or elementary school between March and June 2020, (b) their child had an individualized education plan (IEP) with at least one goal related to social-emotional learning or behavior, (c) their child engaged in challenging behavior at home between March and June 2020, and (d) their child was between 3 and 8 years old at the time of the study. All five families met study inclusion criteria.

### ***Family Members***

Five families participated in this study. One family member was identified as the primary participant for each family: Anna, Paul, Louisa, Piper, and Katrina. Each participating family had between one and five children living in the home. All five family members described themselves as a parent of at least one child with challenging behavior and an IEP with behavioral and/or social-emotional goals, between the ages of 3 and 8 years old. Four family members identified as biological parents to children that qualified them to take part in this study. One family member

was the biological aunt and adoptive parent to two qualifying children and biological mother to one qualifying child (Anna). Four participants identified as women, and one identified as a man. Their annual incomes ranged from \$30,000 to over \$150,000. Education levels ranged from less than a high school degree to Master's degree. Four participants identified as white, and one identified as Black. One participant also identified as Latina. See Table 1 for a summary of family member demographic information.

### ***Children***

The five participating family members had eight children with characteristics that qualified them to participate in the study. Anna had three qualifying children and Paul had two qualifying children. Louisa, Piper, and Katrina each had one qualifying child. According to family member report, qualifying children were diagnosed with a range of disabilities including attention deficit hyperactive disorder, fetal alcohol syndrome, sensory processing disorder, hypotonia, chromosomal abnormalities, oppositional-defiant disorder, language delays, obsessive-compulsive disorder, emotional-behavioral disorder, and/or autism spectrum disorder. Four children were multiply diagnosed, while two children did not have any reported formal diagnoses. Children had a range of challenging behaviors including lack of cooperation, tantrums (e.g., crying screaming flopping on the ground), aggression (e.g., hitting, pushing, biting), property destruction, taking items from others without permission, feces smearing, and elopement. All eight children attended public early learning programs or elementary schools from three different school districts. Three children had documented functional behavior assessments and individualized behavior intervention plans. See Table 2 for a summary of child demographic information.

### **Data Collection**

A hallmark of qualitative research is its use of multiple data sources to get a rich depth of understanding about a particular phenomenon (Creswell, 2013). I collected data from multiple data sources, specifically participant interviews, document artifacts, and researcher observation notes and analytic memos. Additionally, I collected basic demographic information from 4 of 5 participants via an online survey using Qualtrics Survey Software. Qualtrics is a software platform used to design and distribute online surveys. I collected demographic data from the fifth participant at the beginning of the interview via Zoom video conferencing software based on the participant's request. Following interviews, each participant received a \$100 gift card as compensation for participation.

### *Interviews*

I used semi-structured interview questions informed by my conceptual framework and the family-practitioner partnership literature to elicit focused information about families' educational and behavior support experiences during Covid-19 school closures. I asked families about their children's challenging behavior at home and at school prior to and during school building closures, their experiences with instruction and behavior supports prior to school building closures, and their experiences with instruction and behavior supports during Covid-19 school building closures. I also asked about non-school services they received during school building closures. See Appendix D for an English language interview protocol and Appendix E for a Spanish language interview protocol. At the beginning of each interview, I asked family members to identify and describe the child that qualified them for the study. Two families identified more than one qualifying child. For example, one participant (Anna) had five children total, three of whom qualified her for the study. While she described experiences related to her three qualifying children, she also discussed experiences with her oldest son (i.e., non-qualifying

child). Another participant (Paul) had three children, but only two of his children qualified him for the study. Paul rarely mentioned his non-qualifying child during the interview.

All interviews were conducted using FERPA-compliant Zoom video conferencing software. Interviews were video- and audio-recorded and transcribed via Zoom. A member of the research team (either myself or a research assistant) reviewed each interview transcript for accuracy. Each interview was conducted in the participants' preferred language. Four were conducted in English, one was conducted in Spanish. The Spanish language interview was transcribed in Spanish and translated to English prior to coding. Interviews ranged from 1.40 to 1.68 hours total, with an average of 1.55 hours.

### ***Artifacts***

Personal participant documents provide insight into a phenomenon of interest, but also indicate what is of interest to the participant (Merriam & Tisdell, 2016). I asked families to share any documents or email communications collected between March and June of 2020 that may contribute to my understanding of the information they shared in interviews. I provided the following suggestions about what types of artifacts would be useful to share: email correspondence between family members and anyone at their child's school, IEPs, functional behavior assessment (FBAs), behavior intervention plans (BIPs), and examples of academic or social-emotional written and/or visual materials. The majority of document artifacts were email communications between families and programs, however, artifacts also included IEPs, FBAs, BIPs, and visual supports. Family members provided a total of 68 pages of artifacts.

### ***Observation notes and analytic memos***

Researcher generated notes and analytic memos are products of the data analysis process. They provide a space for the researcher to make meaning of the data, serve as a guide for

ongoing data analysis, and offer a prompt for researcher reflection (Saldaña, 2016). Two researchers (myself and another doctoral candidate with expertise in special education, behavior analysis, and qualitative research) generated 23 pages of research notes and analytic memos throughout the study. We engaged in note taking following interviews, throughout the coding process (i.e., during first and second round coding, and code mapping), and during analysis meetings. We also generated analytic memos at three points in time: following participant interviews, first round coding, and code mapping activities.

### **Data Analysis**

Data sources yielded a total of 150 pages of transcripts, 7.73 hours of video files, 68 pages of artifacts, and 23 pages of researcher notes (see Appendix F for a summary of data sources). I uploaded transcripts and artifacts into Dedoose, a software program designed to support qualitative analysis. My colleague and I coded and analyzed the data over four months, meeting biweekly to discuss progress and make analysis decisions.

Data analysis occurred in several steps. First, either myself or a research assistant reviewed each Zoom-generated transcript for accuracy and made edits to ensure transcripts matched recording samples. Simultaneously, I developed a preliminary codebook to use during first-round coding that consisted of *a priori* codes (i.e., codes developed prior to analysis) based on the conceptual framework and research questions. The preliminary codebook included 17 initial codes with detailed descriptions. Examples of initial codes include “Closures affecting caregivers”, “Family empowerment”, and “Informal support network”. See Appendix G for the full list of *a priori* codes.

Following codebook development and initial research team meetings, my colleague and I began first round coding by independently coding transcripts and artifacts using a structural

coding process (Saldaña, 2016). Structural coding is an appropriate coding method for interview transcripts that uses “a content-based or conceptual phrase representing a topic of inquiry to a segment of data that relates to a specific research question used to frame the interview” (Saldaña, 2016, p. 98). During first round coding, we applied *a priori* structural codes while allowing for additional, inductive codes. This resulted in a combination of deductive and inductive coding using structural, descriptive, and values codes (Saldaña, 2016). As we coded, we generated research notes and analytic memos which we shared at each biweekly meeting to further develop the coding scheme and reorganize codes. For example, following first round coding of three transcripts, we collapsed the codes “Families as educators”, “Family advocates”, “Family empowerment”, “Family-identified needs”, and “Family-identified strengths” under a single “parent” code called “Family expertise”. This iterative analysis process helped us compare codes and check for consistency and accuracy of code application, while simultaneously identifying any disconfirming evidence (Patton, 2015). Following first round coding, we each wrote an analytic memo noting the following: (a) What emergent patterns, categories, themes, concepts and/or assertions might you start to make after this second round of coding? (b) Do the artifacts on their own, tell a story? What is the story? (c) How did the artifacts provide corroborating evidence for the participant’s interview statements? and (d) How did the artifacts show conflicting evidence for the participant’s interview statements? (Saldaña, 2016).

I prepared for second round coding by independently code mapping to visually reorganize, restructure, and make meaning of the data (Saldaña, 2016). My colleague did not independently engage in code mapping or second round coding. Instead, following first round coding, we continued to meet biweekly so she could review analysis themes and initial findings to provide critical feedback. I used the free online platform, Padlet, to visually display, organize,

and restructure the data throughout two rounds of code mapping. Specifically, I used versus code mapping to organize and make meaning of the tensions that arose between families and programs in the data and the differences between families' experiences. Versus coding is a process of code organization that visually positions binary codes in conflict next to one another, so a deeper analysis of the conflict can be conducted to aid theme development (Saldaña, 2016). I also wrote an analytic memo describing my own personal experiences with my children (ages 5 and 8) attending public school online during Covid-19 school closures. This memo allowed me to identify and acknowledge my own relationship to the phenomena and describe my potential biases during data analysis.

Following code mapping, I developed a preliminary operational model diagram to visually display analytic categories and evidence to make meaning of families' experiences. See Figure 1 for the preliminary operational model diagram. The combination of multiple rounds of versus code mapping and operational model diagramming resulted in the development of broad themes and claims. These broad themes and claims were frequently shared with my colleague and "shop talked". Shop-talking, a method of discussing evidence, claims, and/or implications with a trusted colleague, increases the opportunity for both evidence confirmation and critique, increasing trustworthiness and credibility of the findings (Patton, 2015).

Finally, I grouped codes from the first-round coding and code-mapping processes to conduct second round structural coding (Saldaña, 2016). This coding process allowed me to further develop themes, confirm initial claims, and search for disconfirming evidence. For a visual of the data coding process, see Figure 2. I continued this iterative process of coding, theme development, shop-talking, and organizational model diagram revising until I reached analysis

satiation (i.e., no new confirming or disconfirming evidence could be found in the data; Patton, 2015).

### **Trustworthiness and Credibility**

I used several methods for establishing and maintaining the trustworthiness and credibility of my findings (Brantlinger et al., 2005). First, I used triangulation by collecting evidence from multiple data sources such as interviews and artifacts. I requested artifacts at the end of every interview specifically aligned to interview discussion content in order to analyze artifacts for confirming and disconfirming evidence. Second, I engaged in researcher reflexivity throughout the data analysis process by writing about my own experiences with online education and behavior support, with an emphasis on how my experiences, assumptions, and biases contributed to the research process. Because I had similar experiences to my participants, it was particularly important that I regularly reflect on how my experiences influenced my interpretation of participant data. Third, I used collaborative work with a trusted colleague familiar with the data and the phenomenon under study throughout first-round coding. My colleague and I continued to meet and debrief bi-weekly during follow-up coding cycles, theme development, and the initial writing process. During meetings, I always asked my colleague to review my themes and findings to confirm or disconfirm evidence.

### ***Member Check***

Member checking is a critical method for enhancing the trustworthiness of qualitative data (Brantlinger, 2005; Patton, 2015). I used a modified five-step synthesized member check (SMC) process to enhance the credibility of my findings (Birt et al., 2016). SMC is designed to validate research findings, while also allowing participants additional opportunities to change or add to findings. The five steps of the SMC process include: (a) preparing a synthesized summary

of major research themes, (b) checking on participant availability to complete the SMC, (c) distributing the SMC with an explanation of the overall purpose, (d) gathering responses and analyzing any new data, and (e) integrating new evidence into the findings. Four family members completed the survey online using Qualtrics. One family member completed the survey over the phone based on personal preference. See Appendix H for a list of SMC survey questions.

The member check process resulted in one minor and one major change to the findings. First, I made a minor change in language describing family members' challenges accessing meaningful online instruction and behavior support. Originally, the findings reported a *lack of access* to online education and behavior support, and this was changed to *challenges with access*. Second, based on comments from multiple participants, I removed a family recommendation regarding online instruction, decreasing the number of recommendations from three to two. The member check process also provided me with additional evidence supporting existing claims about families' experiences with online learning and behavior support that were then integrated into the findings.

### **Findings**

All family members reported Covid-19 school building closures beginning in March 2020 impacted the academic, social-emotional, and behavior supports their children received from school programs. In turn, these changes in services impacted children and family as a whole. Data analysis revealed several themes related to family member's perceptions of their children's challenging behavior while at home, family experiences with online learning, and family recommendations for online instruction. To remain conceptually consistent with Dunst and Trivette's (2009) original family-capacity framework and to honor the importance of all

family members in children's lives, adult participants are consistently referred to as *family members* throughout the findings and discussion.

### **Families' Perceptions of Challenging Behavior**

Family members described their children's challenging behavior in unexpected ways. Initially, when asked what challenging behaviors their children engaged in, many family members described a child's difficulty with communication or an important routine. For example, Paul's first response to this question was "[My daughter] had very limited communication. She also had... she wasn't able to write or read." He went on to describe the difficulties his family encountered with both his daughters' communication and academic skills. Katrina mentioned a lack of self-advocacy as one of her son's biggest challenging behaviors and Anna initially described her daughter, Shannon's, difficulty with waking up in the morning. After additional probing, however, most family members revealed further behaviors traditionally seen as significantly "problematic" by school staff like aggression, elopement, feces smearing, and lack of cooperation with adult instructions.

Family members were recruited for this study because they identified as the parent of at least one child with challenging behavior and social-emotional or behavior IEP goals. Family members, however, did not appear to consider challenging behavior a primary identifier for their children. Though most families reported that their children still engaged in challenging behavior at home following closures, it didn't surface as their primary concern. Rather, most families described their children holistically and discussed challenging behavior as though it were another item to address on a long list of newly acquired family responsibilities following school building closures. They also suggested that challenging behaviors, like other things, were manageable given sufficient resources, time, and support. In general, families seemed more interested in

describing their experiences with online instruction and sharing concerns about issues such as online educational access, competing responsibilities, and maintaining their families' emotional well-being.

### **Families' Experiences with Online Learning**

Children were offered between 1 and 3 hours of teacher-directed daily online instruction (i.e., general or inclusive education and/or specially designed instruction [SDI]) from April 2020 to June 2020. All children participated in some online instruction during that time period, delivered by teachers trained in general or inclusive educational practices. Four of five children were offered SDI related to their IEP goals. Two family members reported their children were offered all of the SDI they were entitled based on their IEP. Two family members reported that they were offered some, but not all, SDI. One family reported not receiving any SDI.

Each family participant described a unique and complex experience with online education during the initial months of school building closures. Four major sub-themes related to families' experiences emerged from the data: difficulty accessing meaningful online instruction, increased family responsibilities, impact on the whole family unit, and a focus on prioritizing emotional family well-being. Additionally, all families shared suggestions for improving online instruction for children with behavior challenges, resulting in two broad recommendations for schools: providing "hands-on" materials and building family-professional partnerships.

#### ***Difficulty Accessing Meaningful Online Instruction and Behavior Support***

Family members found it challenging to access and participate in meaningful online instruction and behavior support for their children. Family participants reported district staff, program administrators, and educators responded quickly to the pandemic by setting up online instruction and providing the technology necessary to access online learning (e.g., laptop, tablet).

However, their children were often unable to participate in all of the instruction offered to them without family member assistance. When they did participate, family members sometimes found the instruction ineffective. One family member, Piper, said her son was eventually able to access instruction, but that it took “considerably more time and effort” to support her son’s meaningful participation.

Katrina’s family was able to sustain momentum for online learning during the month of April, but quickly burned out. While her son was able to participate in online classes with her support, it eventually exhausted her to the point that they dropped out of all but one, 30-minute class per week by the end of the year. She described it this way:

It took us about maybe two weeks to kind of get into a rhythm, and then I think April was great. I think we got about halfway through May, and then it was like, we were lucky if we got online learning done, if we followed the whole schedule.

Anna had multiple children participating in online instruction ranging from preschool through middle school. Online engagement was a challenge for all of her children. While she worked hard to support her children’s meaningful participation in online instruction, it was overwhelming for her. In describing her families’ overall experience, she said, “This online distance learning is too much for our family. It’s a fight every day.” Anna reported her family members frequently argued about the participation expectations in online instruction.

Some family members described concerns their child’s skill deficits prevented them from accessing the online learning environment. They were also concerned that their children’s lack of participation in academic instruction would increase the learning gap between them and their peers and possibly result in additional social-emotional or behavioral challenges over time. This concern was evident across all family members. Paul described this concern with his two

daughters, both diagnosed with autism spectrum disorder (ASD):

We will fall behind because of those behaviors, those challenges that they have. And so, we have to find a way to recover those and to help them to keep going, to keep learning. If they were coming to the school, there's no problem. I know the teachers will find a way, but now at home, the teachers are not able to come to us. The only way they'll come to us will be via video and there's nothing much they can do when the kid starts having something and runs away from the screen and we can't get it back, and the session is going on.

Family members reported an overall lack of behavior support during online instruction. Some children were provided with teacher-directed, social-emotional online instruction. Only one family member, however, believed online social-emotional instruction was beneficial for her child (Katrina). Louisa felt her young daughter, Alice, was learning the social-emotional skills she needed to be successful in social situations at school prior to Covid-19. When school buildings closed, Alice's educators continued to provide social-emotional instruction online. However, the opportunities that Louisa needed to practice social skills with peers in person was no longer available. This led Louisa to the conclusion that "...I feel like nothing virtual has helped [Alice] with the emotions, because Alice already knew what she has to do when she left school. But she wasn't able to practice it. And the virtual stuff doesn't teach her that."

### ***Increased Family Responsibility***

Family members felt increased responsibility for their children's academic and social-emotional learning during online instruction. All family members reported spending a lot of time and energy helping their children access online instruction, understand the learning schedule, navigate technology issues, engage in online learning activities, troubleshoot barriers to

engagement, and supplement online instruction with home-based activities. While some embraced their role as primary educator, others expressed concern that their new role's demands were beyond their capability and negatively affected family dynamics. Piper led her child's instruction at home from 9:00 AM to 2:00 PM every day, although her child attended online classes less than two hours per day. She delivered most of her son's instruction using a mix of teaching materials provided by the school and those she found online (e.g., worksheets from [www.education.com](http://www.education.com)). When Piper's son had difficulty engaging in class online, she reduced the number of hours he spent online, but increased home-based instruction. Piper prepared and delivered center-based activities and academic worksheets in addition to the online instruction that her son received. She organized each subject at home to prepare for instruction by developing three-ringed educational binders based on subject: "Want to see my... educational binders? So, these are sorted into subjects. These are my miscellaneous [subjects] like science, OT, speech, social skills and then I have math and writing. Yeah, so binders, that's my life." Additionally, Piper independently planned and implemented behavior support strategies at home (e.g., using visual supports, offering choices, embedding her son's preferred interests in learning activities) in order to prevent challenging behavior and support her son's engagement in home-based instruction.

Paul worked closely with his children's early learning educators to support their learning and positive behaviors at home. Paul's young daughters were both pre-verbal and one needed significant support with daily living skills (e.g., toileting). Rather than take up his daughter's instruction independently of the teacher-directed online instruction they received from their early learning program as Piper had done, he worked closely with their educators to modify and supplement it with social-emotional and academic learning activities based on his family's

needs, values, and priorities. Paul's educators honored his families' preferences and supported their learning goals by providing additional resources (e.g., written instructions, video models, visual supports) and hands-on materials delivered directly to their home. Paul felt grateful for the increased responsibility supporting his children at home, saying, "I don't say it's a good thing that this happen, and we are to spend time with them at home, but we got to know them more and we got to help them to try and enforce some of the things that they already know."

Louisa, Anna, and Kristina also felt increased responsibility supporting their child at home but found it more difficult to do so than Paul or Piper. All three were committed to helping their children learn but were unsure of how to fulfill the sudden role of primary educator. All of them reported a lack of competence and confidence supporting their children's learning. Louisa and Anna did not report receiving or seeking out additional hands-on instructional materials from the school or other sources like Paul and Piper. Kristina reported that for the first several weeks, she received a large packet of printed materials weekly from the school her son, Cailean, attended but did not receive instructions on how to use them to support his learning and quickly felt overwhelmed. Cailean's teachers did email worksheets and other printable materials that Kristina could use at home, but she did not have a printer at home which presented an access barrier for her and Cailean. In sum, several parents felt overwhelmed by their increased responsibility as educators in the home during online instruction for a variety of reasons. Perhaps Anna described this best when she said, "I'm not a teacher. I can't do what they do... You're gonna have to educate me before I can educate them."

### ***Impact on the Whole Family Unit***

Family members felt as though the shift to online education, and the increased responsibility they held for supporting their children in this new learning environment, impacted

their whole family. Some family participants described this impact negatively, reporting an increase in family stress and marital tension. Anna expressed concern about the change in dynamic between her husband and older son, saying “It's put fire between my husband and my son because my husband is not a learner like [Anthony], whereas I am.” She also described negative interactions between her and her older son when he was unable to complete online learning activities due to disability-related challenges. Anna shared that she was both frustrated with, and empathetic to, her children's inability to access online instruction. She disclosed that she, herself, had multiple disabilities including dyslexia, that prevented her from being able to manage her five children's online schedules and learning expectations.

All five families expressed strong emotions about their experiences. Most described ongoing frustration and exhaustion with supporting their child's online instruction. Louisa described this as “having a battery with no charge”, saying:

I feel like my husband and I don't have any more [energy]. We were very motivated because Alice was going to improve. And she made us feel tired, but we had other strategies, and she was improving. But now we're all the time with her, mainly my husband is all the time with her. So, my husband is very tired.

The exhaustion that Louisa and her husband felt supporting their daughter led to increased fighting between them. She recalled having a discussion about it with her daughter's pediatrician:

And this pediatrician always tells us, “You can't fight in front of her because she sees the violent behavior and learns and accepts it as natural.” But it's much more difficult to keep the peace of mind as a couple when we're so tired...

Katrina also felt exhausted trying to maintain a full day schedule for her son at home,

while working part time and caring for her younger daughter, saying:

We got weary. And it was kind of like, let's just, I don't know. Today, we're just going to watch TV and not stress out about, okay, from this time to this time we're doing this and we're doing that ...I got tired of managing all of it every day... There's a reason I don't homeschool my kids.

Unlike the other family participants, Piper suggested that the move to online learning had a positive impact on her family. Her son, Parkes, was in first grade and engaged in significant challenging behaviors at school prior to Covid-19. While he had a BIP in place at school, Piper questioned whether it was being implemented with fidelity. Parkes often came home from school feeling deflated and describing himself as a "bad kid". When the school building closed, Piper was able to provide home-based behavior support and academic instruction in addition to the online instruction that Parkes received from his teachers. She described how the shift impacted her family by saying:

[Parkes has] always been happier at home than at school. And so, he's been happy. I mean, he has his moments... But every kid has their struggles. And so, for us, it's been really good. And for me, it's been really good. ... [When Parkes was in school] it was a very difficult time and has been for three years, quite frankly.

### ***Focus on Prioritizing Family Emotional Well-Being***

While families showed concern about their child's ability to access and participate in learning during school building closures, all prioritized the emotional well-being of the family unit over child instruction. Families demonstrated this priority in different ways. For example, Katrina's son only attended one, 30-minute social-emotional lesson online per week by the end of the school year and no academic instruction. Anna also considered allowing her children to

stop attending online instruction based on the guidance of individuals within her formal and informal support networks to prioritize the emotional well-being of her family unit:

So [the counselor] was like, “You guys are crazy to keep going. Stop. You need to stop right now.” And then my cousin, who also helped with a lot of the schoolwork was like, “You need to stop... This is really unhealthy for you.” And so, with an outside family member and the counselor telling us that, I stopped. Because it was like [my family] could not have a relationship, we could not communicate. It made our whole house go from ice to fire.

Anna’s final decision to allow her oldest son to stop attending online instruction followed an email she sent to his IEP case manager that received no response. She summarized her commitment to family well-being by saying, “Coming from a family that has depression, anxiety, social-emotional delays, we've had to prioritize mental health over education in our home.”

Unlike Anna and Katrina, Louisa maintained her child’s attendance in online instruction through the end of the school year. However, when asked about her continued participation in online instruction into the following school year, Louisa shared the importance of her family’s mental and emotional well-being by saying:

I think that I’ll just try to have peace at home to help my daughter. So she can keep being happy with no emotional outbursts, and with no severe conflicts between the three of us.

And I’ll keep moving forward with the academics, but that won’t be my priority.

### **Families’ Recommendations for Online Instruction**

All five family members provided recommendations for educators, administrators, and other educational leaders regarding online learning and behavior support should school building

closures persist long term or occur sometime again in the future. While a variety of suggestions were made, all five family members made recommendations broadly related to the following two categories: “hands-on” materials (e.g., visual supports [visual calendars, visual representation of behavior expectations during online learning], math manipulatives, organized learning kits, printed handouts with instructions for how adults should use them) and family-professional partnerships.

### ***“Hands-On” Materials***

Family members recommended more school-provided, “hands-on” (i.e., physical) materials that children could use at home to supplement online learning. Two families had access to physical materials throughout their experience and spoke positively about the benefits of these materials. Educators for Paul’s daughter, Makayla, delivered physical learning and behavior support materials to her home immediately following school building closures. They also frequently emailed individualized visual supports to Paul aimed at helping him increase Makayla’s understanding of online learning expectations and facilitate engagement in online social-emotional activities with peers (see Appendix I for an example of one such visual support). This strategy was effective for Paul as he had access to a printer and plenty of paper at home. Paul used these materials to help Makayla engage in learning activities during teacher-directed online instruction and home-based instruction. Despite his positive experience, he suggested that should online instruction persist long into the future, “it’s going to be challenging for us as parents, we would want more materials” during school building closures.

Piper felt that Parkes’s teachers did not provide sufficient physical materials necessary for supporting his individualized learning and recommended that schools spend more time gathering and delivering physical learning materials to students. She reported buying and

organizing all of the supplemental materials she believed Parkes needed to learn at home. She acknowledged this by saying:

And again, this refers to our capacity to do so, but I was buying materials to help him.

You know, like 10 frames and dots and all kinds of stuff to try to help him learn that they have access to in school that even I don't have.

Anna, Katrina, and Louisa agreed that young children, especially those with disabilities or challenging behavior that interfere with online engagement, needed access to supplemental “hands-on” materials. They added that along with materials, parents should be provided with instructions on how to help their children use the materials to maximize benefit. Katrina described these materials as simple “learning kits” that could be assembled and distributed to families. Even though she received some printed materials from her school district to supplement Cailean’s online instruction, she described these packets as “thick” and “indecipherable.” In sum, all families wanted access to physical materials with adequate instructions to help them support their children’s learning at home.

### ***Family-Professional Partnerships***

Family members recommended schools spend more time building positive, supportive partnerships with families when children attend school online. Family members described the importance of family capacity building as central to the concept of family-professional partnerships. Family capacity building was referred to in two ways: either as a school team member initiating communication with families to identify and provide individualized strategies to family members to help them support their children, or a school team member setting up opportunities for parent groups to convene and provide each other with advice and recommendations for navigating educational services.

Paul reported he received a lot of support from his daughter's educators and school family support team following school building closures. While reflecting on recommendations he would make to school leaders though, he said:

I would ask them to come up with a support system that helps parents with challenged kids. Besides helping them to learn at home, a way to help them feel comfortable or absorb all that pressure. There is going to be a lot of pressure because there's a lot of... we use a lot of energy with this kids.

Katrina suggested that schools could help families form parent support groups by arranging family member introductions. She didn't "think that the school can figure it out on their own", meaning that schools cannot and should not be solely responsible for shouldering a family's increased responsibility related to supporting young online learners with challenging behavior, but suggested that schools could facilitate social connections between families to establish informal support networks to "...just [be] able to talk to other parents and figure out how we can ease the burden for one another..."

Several family members suggested that their lack of educational expertise prevented them from offering their children all of the support they needed to be successful learners online. They emphasized the importance of partnering with educators to increase their capacity to implement these skills at home and recommended that educators and administrators spend more time developing plans to increase family skills and capacity. Anna, Piper, and Louisa all explicitly stated that educators and specialists had important training and skills that they did not. However, they followed these statements by saying that when their young children were learning from home, they fulfilled the primary educator role and thus, it was crucial for them to learn how to effectively educate their children. They believed that the best way to do that was to learn directly

from their children's educators and specialists. Anna described this by saying:

...I really learned that for me and my kids I learn so much from professionals... I pick up on what they're doing and I try to copy them. And so, even just doing something as a family to be out with them, or vice versa, pick up how they talk to them or what they're doing, or all of those things. I think that, I think it's something that we need as a family. It can't just be, here you go to school. Let me drop you off and take a break. However, I'm [grateful] for that. That's great. I love that. But that's not how our whole family learns.

Family members described the importance of effective and meaningful collaboration and communication with school staff to support their children. Several family members prefaced their family-school communication recommendation with descriptions of the challenges they had receiving timely, useful communication from educators and administrators about online learning schedules, expectations, and child progress. Anna, in particular, felt primarily responsible for initiating communication with her children's educators and administrators. She reported that she would often send emails or leave phone messages for educators that went unanswered. When she was able to reach them, the interaction was often brief and tense. When Anna requested additional information about helping guide her older son's online learning, she felt her questions were often left unaddressed and instead met with reports about his academic performance. Below is one such email correspondence. Anna began:

Good evening, Distance learning from the house is NOT working. ...do you feel like school was going well up until Covid? ... is there anything you can offer us to help... I know this is all hard for all of us. We are grateful for you. We have reached out to other families for tips and advice. Nothing is working.

Anthony's teacher responded:

Hi [Anna], Thank you. [Anthony] took the addressing the nation quiz, and the grade moved him into the passing range... The other item I wanted to discuss was his ELA Calendar...

Piper also described inadequate communication between her and her child's educators. She emphasized the importance of meaningful communication between family members and educators beyond the standard, "one-off, 20-minute, check the boxes" IEP meeting. When asked what that might look like, she said:

...talk with families in an in-depth conversation. Call the parents. If they don't answer the phone, go to their house. I don't know, make a plan. Make an individual plan. Look, this is the irony of it all, right? Make an *individual education plan*. That's what you should be doing.

### **Discussion**

The current study examined families' experiences with children's challenging behaviors, online instruction, and behavior support during the first three months of Covid-19 school building closures. Findings revealed important themes related to families' perceptions of challenging behavior, experiences with online learning, and recommendations for online instruction and improving family-professional partnerships. Implications for educators, program administrators, and policy makers are emphasized with an intent to impact future practices and policies that strengthen the quality of education services for families should an event like Covid-19 happen again in the future.

#### **Challenging Behavior in Context**

Family members identified and described their children's challenging behavior in unexpected ways. Their descriptions indicated differences between how family members and

educators may define challenging behavior. When asked to describe their children's challenging behavior, family members initially identified skill deficits such as delays in communication and academic performance. Only after multiple probes did they identify the types of behavior often labeled "challenging" by educators. Though somewhat surprising, this finding is consistent with a small body of literature examining family and professional definitions of challenging behavior (e.g., Lucyshyn et al., 2002; Turnbull & Ruef, 1996). It is likely that families and professionals are influenced by context and culture (their own and those of others) when identifying behaviors for intervention. Early childhood classrooms are not culturally neutral environments; they are constructed around sets of norms, values, and expected behaviors just as home environments are. Low tolerance levels and expectations may influence the kinds of behaviors professionals identify and prioritize for intervention (e.g., aggression; Banks & Obiakor, 2015). On the other hand, family members may identify problematic behaviors as those that interfere with family functioning, daily routines, or overall family well-being (e.g., social anxiety, lack of cooperation; Cheatham & Santos, 2011; Turnbull & Ruef, 1997). Future research should broadly focus on differences between family members' and educators' definitions and perceptions of challenging behavior, and how those differences impact positive behavior support implementation fidelity across environments. Future research should also explore how changes in instructional environments (i.e., changes from traditional, in-person instruction to online instruction) influence the identification and prioritization of behavior for intervention.

Interestingly, following focused questioning about challenging behavior, most family members generally avoided describing their children's challenging behavior as central to their experiences during Covid-19 school building closures. Rather, they tended to focus their discussions on the impact that the shift from traditional to online instruction had on their

families, the subsequent increased responsibility they felt for supporting their children's academic and social-emotional learning, and the effort they made maintaining their families' emotional well-being. There are several reasons for why families may have leaned toward describing their experiences in this way. First, it is possible that the shift family members made from primary caregivers to primary caregivers and educators was more stressful than their child's challenging behavior and therefore, more salient of a discussion issue for them. Similarly, it is possible that other stressors associated with Covid-19, but unrelated to child challenging behavior, increased simultaneously with family members' new educator roles, resulting in cumulative stressors that impacted overall family functioning and well-being. For example, several participants reported that they or other family members living in the home started telecommuting, were furloughed, or lost their jobs entirely during the pandemic. This is consistent with some family stress models that suggest one major event (i.e., Covid-19) can result in a pile up of stressors that affect the whole family social system (e.g., Cherry, 1989; Perry, 2005). Families may have perceived Covid-19 stressors unrelated to their child's behavior, to be more impactful on their daily functioning at the time of this study, and thus more important to emphasize during interviews, than their child's behavior.

Most families said their children engaged in similar challenging behaviors prior to and during Covid-19 school building closures. One family member mentioned her son engaged in fewer challenging behaviors and one family member reported her son engaged in more and greater intensity behavior at home immediately following school building closures, but the behaviors lessened over time. Family members, however, did emphasize the stressful impact of the change in educational settings and frequently mentioned the skill deficits that they believed limited their child's participation in online instruction. Therefore, it is possible that because their

child's challenging behavior did not significantly change following Covid-19, families did not perceive it to be an additional stressor at the time of the study above and beyond what they were already experiencing prior to Covid-19. Additionally, families' concerns about their children's inability to access and participate in online instruction may have caused them to emphasize skill deficits over other challenging behaviors.

### **Family Responsibilities and Well-Being**

Covid-19 school building closures had a profound impact on families' lives by shifting the balance of their roles and responsibilities. Similar to other emerging studies exploring family members' experiences during Covid-19 (e.g., Dong et al., 2020; Garbe et al., 2020), most family participants in this study seemed to feel somewhat unprepared for their new roles and responsibilities during school building closures. In response, families tended toward a "survive and then thrive" approach to managing their new demands by prioritizing family well-being over their children's academic learning (Garbe et al., 2020, p. 57). Families' responses are consistent with well-known psychological models that suggest people tend to concentrate on meeting basic needs and building secure relationships before prioritizing their own individualized learning (Bloom, 1956; Maslow, 1943). In other words, they took a "Maslow before Bloom" approach to online education by prioritizing the well-being of their family unit before their child's formal education.

Prior to Covid-19, schools provided the time, space, and materials for educators and other school community members to deliver essential social supports (e.g., positive social interactions, community-building events) and services (e.g., meal and clothing distribution, health services, mental health screenings; Doucet et al., 2020). These services, however, are likely secondary to the central mission of providing formalized education. Covid-19 school closures underscored the

importance of considering context when identifying and prioritizing critical educational services. Because families are likely to prioritize their children's online learning only after their basic physiological and psychological needs are met, in the future, when contextual events like Covid-19 preclude school systems from providing immediate, equitable formalized education to all children; educators, administrators, and policy makers may consider prioritizing the delivery of social supports and services to meet families' needs. It is only after these basic needs are met that families can readily support the learning needs of their young children.

### **Implications for Educators**

Extended school building closures were uncommon occurrences prior to Covid-19 and US educational systems were likely unprepared for extended school building closures that occurred as a result of the pandemic (Wong, et. al, 2014). Educators' ability to provide access to general education for students of diverse abilities, SDI, positive behavior support, and family capacity-building strategies during this event was likely hindered by the suddenness of school closures and lack of preparation for such an event at the leadership level. Emerging evidence on the impacts of Covid-19 school closures, however, suggests educators can take measured steps to narrow learning opportunity gaps for children with disabilities and challenging behavior by increasing effective family-school communication and family-capacity building strategies (Garbe et al., 2020); both of which strengthen family-professional partnerships. Educators can initiate this process by (a) meeting with family members (formally or informally) to gather information about their priorities for their young children's behaviors and learning during online instruction and prepare for this meeting ahead of time by letting family members know what they will be asking and inviting them to bring questions to the meeting, and (b) identifying how SDI and positive behavior support priorities have changed from in-person learning to online learning by

asking family members questions such as “What is the most important thing you wished your child knew how to do when Covid-19 hit?” and “What is the most important thing for your child to learn at home right now?”. If educators receive answers that indicate families are able to address their child’s educational needs (i.e., they have met Maslow’s hierarchy of needs and are ready to support learning), educators may use this information to increase family capacity by (a) providing family members with knowledge about how to use everyday family routines and experiences to support their educational and behavioral priorities, (b) combining teacher-directed online instruction with family-guided support, when appropriate (e.g., inviting family members to attend an online, class wide book reading activity and preparing them to ask comprehension questions as they reads aloud), or (c) continuing to provide teacher-directed online instruction and relevant behavior supports, when appropriate (i.e., family members are capable, but do not want to assume an educator role), while communicating with families about their child’s progress. This process can and should be revisited and renegotiated as often as educators and families need.

### **Implications for Program Administrators**

A challenge for online special education service delivery is that family members are tasked with supporting their children’s learning but may not have the necessary training for effectively delivering SDI, individualized learning accommodations, or positive behavior support. If families are expected to serve as home-based instructional assistants during crisis learning they must be provided with information about effective instructional strategies, behavior support, and data-based decision making. Additionally, family members must learn how to perform their new role while simultaneously meeting other increased responsibilities due to Covid-19-related factors. While these challenges present obstacles to online instruction and

behavior support delivered in the home environment, they also present opportunities for program administrators to re-evaluate their existing teacher-directed instruction and family-professional collaboration practices. Covid-19 school building closures highlighted awareness of existing gaps in family-professional partnerships, but it also imposed the opportunity conditions necessary for building strong family-professional partnerships (e.g., increased home-school communication and coordination between families and educators, families and educators sharing a collective space [i.e., online environment] to support young learners; Mapp & Kuttner, 2013). Program administrators should use Covid-19 conditions to re-examine existing family-professional collaboration practices and develop new, authentic, equitable models of partnership. Covid-19 offers program administrators a fresh opportunity to “lead with [their] ears—listening to what parents think, dream, and worry about.... not to serve clients but to gain partners” (Ferlazzo, 2011, p. 12), by adopting program-wide, family-professional partnership initiatives that allow educators to center families’ values and priorities, position family members as key decision-makers in the educational process, and transform family member agency (Ishimaru, 2020).

It would also be beneficial for program administrators to consider preparing for future disruptions to education by building strong school-community partnerships. In a crisis, it is impossible for early learning programs and schools to deliver all of the critical services that young children with disabilities and challenging behaviors, and their families, may need. Program administrators can work with local agencies (e.g., organizations that provide occupational therapy, speech therapy, therapies based on applied behavior analysis, family counseling, respite care) to set families up with individualized wrap-around services less likely to be disrupted or delayed by events such as the pandemic. They should keep in mind, however,

that helping families access these services often requires a “warm hand off” (i.e., an introduction that extends the trust and rapport the family has developed with the administrator or educator to the new service provider) to help ease access barriers and help families feel comfortable accepting and participating in services with new providers (Young et al., 2020).

### **Implications for Policymakers**

Findings regarding family member challenges with online instruction access and participation highlight the difficulty of our education system to respond to the needs of all learners during exceptional events such as Covid-19. Prior to Covid-19, children with disabilities and behavior challenges already received fewer learning opportunities than their peers (Denham & Burton, 1996; Dunlap et al., 2006) and Covid-19 school closures likely increased that opportunity gap (Azevedo et al., 2020). Young children with disabilities and behavioral challenges enrolled in public early learning and elementary school programs lost important, in-person special education services and accommodations (Neece et al., 2020), some of which are difficult for educators to provide online. For example, children may not be able to practice important social skills with their peers (i.e., identifying and responding to nonverbal social cues) in an online environment, though they are entitled to individualized social-emotional instruction and meaningful learning opportunities. Though events like the global pandemic are rare, there is always the possibility of similar future events disrupting traditional educational routines and services. Because events like this are likely to happen again, educational policymakers should immediately prepare by developing contingency plans for comprehensive family support and educational programming that meets the needs of all students in alternative (i.e., online) learning environments. When developing these plans, policy makers should consider prioritizing services built upon a hierarchy of need, starting with educator, school staff, and family (a) basic

physiological and safety needs, (b) psychological needs, and (c) learning needs. Instruction should be prioritized for the most vulnerable populations (e.g., young children with disabilities and behaviors that interfere with learning). While these plans should invite input from all families, leaders should make exceptional efforts to include family members who are most likely to be disproportionately impacted by a sudden change to educational service delivery (i.e., families with young children with disabilities and behaviors that interfere with learning, other families from historically marginalized communities).

### **Limitations**

The findings of this study should be interpreted with respect to the following limitations. First, this study was conducted immediately following Covid-19 school building closures. While temporal context was intentionally considered throughout the study's design and implementation, family members' limited experiences with online learning at the time of the study likely impacted their responses to interview questions. At the time of this study, there were still many uncertainties about Covid-19 (e.g., when vaccines would be developed) and school closures (e.g., when schools would open again, what re-opening looked like). It is possible that given a longer time period with similar circumstances, families would respond differently to questions about their child's challenging behavior, online instruction, and recommendations for school supports. Second, family members provided varying amounts of artifact data. This prevented me from cross-analyzing transcript and artifact data equally across participants, possibly limiting the scope of data triangulation. Additional data collection and analysis of artifacts or similar data sources would likely increase the trustworthiness and credibility of the findings. Finally, due to the descriptive nature of this study, it is unclear whether families with children with disabilities and challenging behaviors experienced greater difficulties than other

families. Future research should explore the impacts of Covid-19 school closures on families with and without children with IEPs and challenging behaviors to identify Covid-19-related educational inequities.

### **Conclusion**

This study describes families' experiences helping their young children with challenging behaviors participate in online education during initial Covid-19 school building closures. The findings underscore the following themes: family perceptions of challenging behavior, challenges with online educational access and participation, increased family responsibility, and family emotional well-being. The findings offer promising information about what families may need to more effectively support young children's learning at home. In turn, better understanding families' experiences and listening to their recommendations may help policymakers prepare for future disruptions to traditional education systems for our most vulnerable student population (i.e., young children with disabilities, young children with behaviors that interfere with learning) by designing policies that center family needs and priorities. Similarly, administrators and educators at the program level can prepare for future disruptions, and strengthen existing programs, by taking up initiatives that build strong family-professional partnerships and increase family capacity.

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**Table 1***Family Member Demographic Characteristics*

Family member	Ethnicity/ race	Gender	Age	Level of education	Household income	Primary occupation	Number of children living in the home	Number of children with IEPs
Anna	White	Woman	35	Less than high school degree	\$30,000-39,000	Stay-at-home mom	5	4
Louisa	White, Latina	Woman	37	Master's degree	\$70,000-79,999	Research technician	1	1
Katrina	White	Woman	34	Master's degree	\$70,000-79,999	Dance teacher	2	1
Piper	White	Woman	35	Bachelor's degree	\$150,000+	N/A	1	1
Paul	Black	Man	44	Some college, but no degree	\$40,000-49,999	Chef	3	2

*Note.* IEP = Individualized education plan

\*IEP status reported by family member

**Table 2***Child Demographic Characteristics*

Family member	Child	Child grade level	Disability*	Challenging behavior*	BSP
Anna	Aston	ELP	OCD, EBD	Cooperation refusal, tantrums, difficulty with peer interactions	No
	Shannon	ELP	ADD, ADHD, NAS	Cooperation refusal, hyperactivity	No
	Sarah	ELP	FASD, ODD	Feces smearing, limited communication	No
Louisa	Alice	Kindergarten	Unspecified	Tantrums, aggression toward peers and adults (e.g., hitting), property destruction, inappropriate language	Yes
Katrina	Cailean	Kindergarten	Unspecified	Tantrums, cooperation refusal	No
Piper	Parkes	First grade	16p11.2 microdeletion, ASD, ADHD, SPD, language delay, hypotonia	Difficulty with peer interactions, aggression toward peers and adults (e.g., hitting, pushing)	Yes
Paul	Makayla	ELP	ASD	Cooperation refusal, tantrums, limited communication, difficulty with peer interactions, taking items without permission, elopement, aggression (e.g., biting, pushing)	Yes
	Trinity	ELP	ASD	Limited communication, taking items without permission, feces smearing, elopement	No

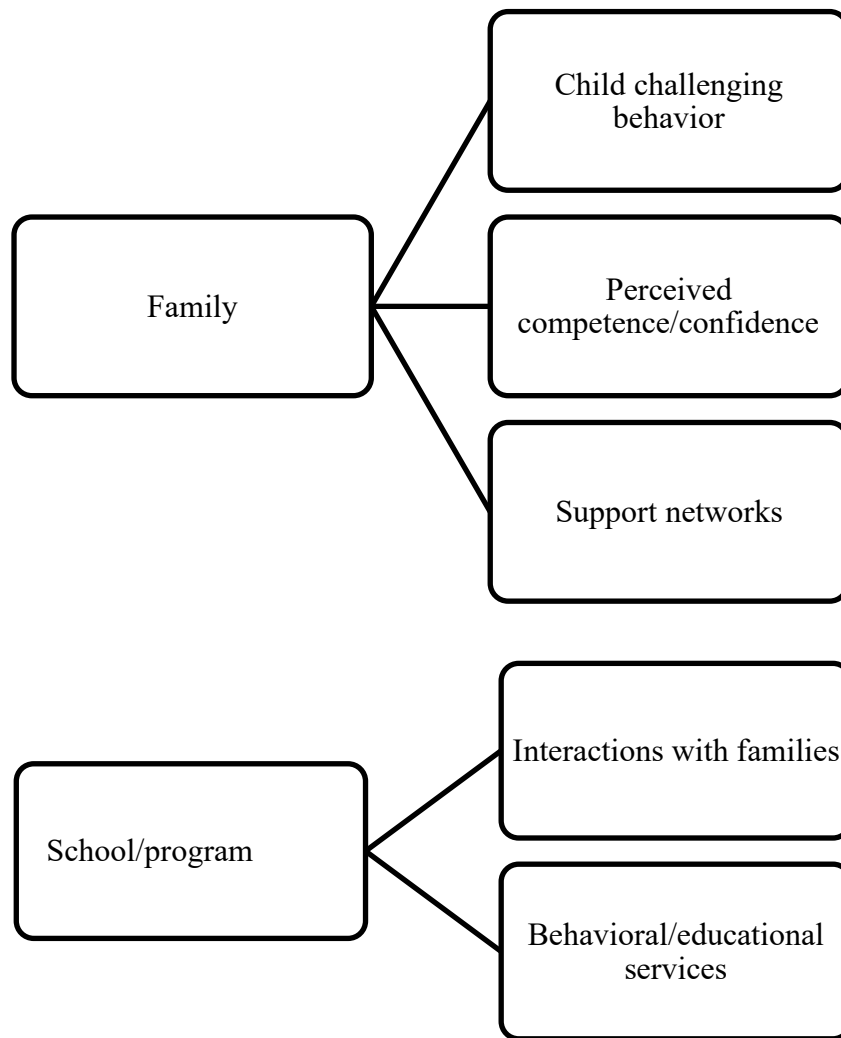
*Note.* N/A = Not applicable; BSP = Behavior support plan; ELP = Early learning program; OCD

= Obsessive-compulsive disorder; EBD = Emotional-behavioral disorder; ADD = Attention deficit disorder; ADHD = Attention deficit hyperactive disorder; NAS = Neonatal abstinence syndrome; FASD = Fetal alcohol spectrum disorders; ODD = Oppositional-defiant disorder; SPD = Sensory processing disorder; ASD = Autism spectrum disorder

\*Reported by family member participant

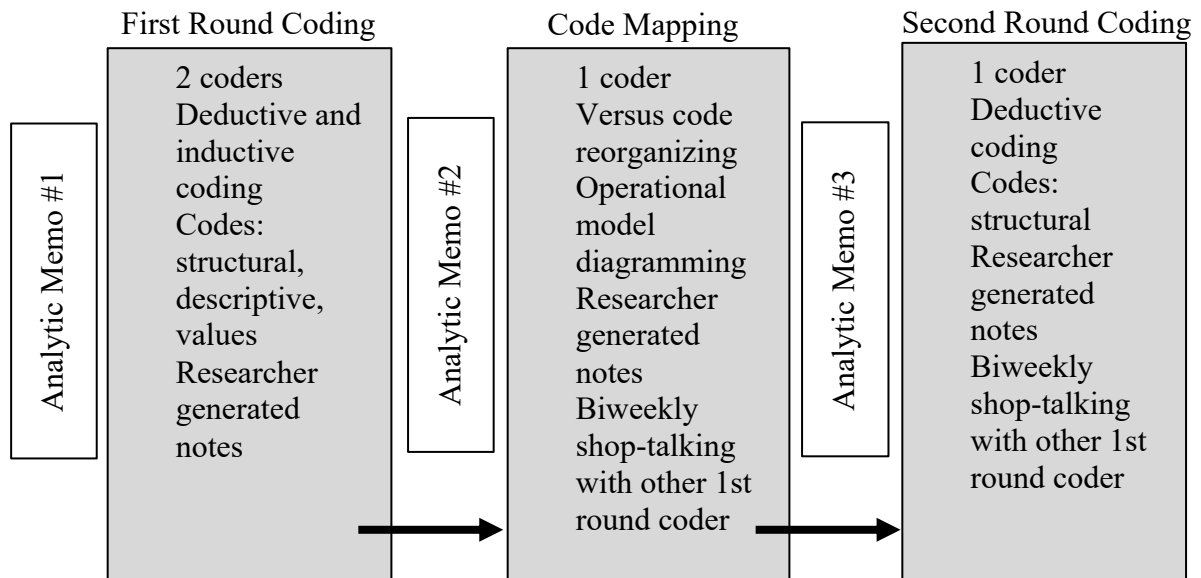
**Figure 1**

*Preliminary Operational Model Diagram*



**Figure 2**

*Coding Process Diagram*



**Appendix A****Recruitment Email in English**

Dear \_\_\_\_\_,

I would like to invite you to participate in a follow-up research study at the University of Washington, College of Education. This study is related to previous focus groups that you participated in with researchers in the College of Education regarding behavior supports for your young child. The purpose of this study is to learn about your child's behavior support experiences during school building closures in Spring 2020 and how they affected your family. The study includes one interview that will take 60-90 minutes total. You will also be asked to share school-related emails and documents. Finally, following the interview, you will be given the opportunity to read through the written transcripts to clarify or remove anything that you'd like. The entire study will take place virtually using Zoom video conferencing, email, and phone; therefore, you will need access to a device with an internet connection and a camera to participate. You will receive a \$100 gift card at the end of the study.

If you are interested in this study, please let me know by responding to this email. I invite you to ask me any questions you have before committing to the study!

Best,

Beth Kelly, M.Ed., BCBA  
UW Project Director for ibestt-EC  
206-685-4547

**Appendix B****Recruitment Email in Spanish**

Estimado(a) \_\_\_\_\_:

Quisiera invitarlo a participar en una investigación de la Universidad de Washington. Esta investigación está relacionada con grupos de enfoque anteriores en el que usted ha participado con investigadores en la Facultad de Educación sobre apoyos del comportamiento para su hijo(a) joven. El objetivo de esta investigación es aprender sobre las experiencias de su hijo(a) con apoyo del comportamiento durante el cierre del edificio escolar en la primavera de 2020 y cómo esto afectó a su familia. La investigación incluye una entrevista que tendrá una duración total de 60 a 90 minutos. También se le pedirá que comparta documentos y correos electrónicos relacionados con la escuela. Por último, luego de la entrevista, tendrá la oportunidad de leer las transcripciones escritas para aclarar o retirar lo que desee. Toda la investigación se llevará a cabo de manera virtual mediante videoconferencia en Zoom, correo electrónico y teléfono, por lo tanto, necesitará acceso a un dispositivo con conexión a Internet y a una cámara para participar. Recibirá una tarjeta de regalo con \$100 al final de la investigación.

Si le interesa esta investigación, infórmenos respondiendo este correo electrónico. Pregunte todas las dudas que tenga antes de comprometerse con la investigación.

Atentamente,

Beth Kelly, M.Ed., BCBA  
El director de ibestt-EC proyecto  
(206) 685-4547

## Appendix C

### Screening Questions

1. Is your child (or children) between the ages of 3-8 years?
2. Was your child enrolled in an early learning program or elementary school from January 2020-May 2020?
3. Did your child receive, *or* do you believe that your child should have received, behavior supports in their school or early learning program before Covid-19 school closures?
4. Did your child have challenging behaviors at home this past Spring or over the summer?
5. Do you have access to a device (for example, a computer or tablet) with a stable internet connection?
6. Have you used Zoom video conferencing before? (If not, please let me know if you would like to schedule a meeting before our interview to go over how to use Zoom.)
7. Do you have access to a device that can scan or take pictures of documents (for example, an iPhone or scanner)?

## Appendix D

### English Language Interview Protocol

*Opening script:* Thank you so much for being with me here on Zoom today. The purpose of the interview and any follow up communication we have is to understand your families' experiences with school during Covid-19, specifically related to your child's behavior and behavior supports that the school may or may not have provided, but we might also talk about other aspects of your families' experiences during Covid-19. Our primary goal is to put together a document with the information you and other parents provide and share it with educational leaders to inform policies about how to best educate young children with disabilities and/or challenging behaviors during school building closures should Covid-19 continue or should another situation like it happen again in the future. Before we begin, I just want to make sure that you feel good about using Zoom. Have you used Zoom before? *[Depending on response, decide how much/little to share about Zoom features.]* Great, let me show you what's available to you in Zoom during our time together. *[Share features of start/stop video, muting self, chat, screen share, reaction buttons. Invite participant to use any of these features at any time. For example, if there's a time where participant wants to stop video, they are welcome to do so.]* What questions do you have about using Zoom? Next, I just want to check in and see what questions you have about the consent form. *[If participant hasn't signed consent form before interview, inform them they will need to sign, scan/photograph, and email to you before proceeding.]* What other general questions or things you would like for me to know before we get started? Please don't hesitate to let me know if you need to take a break at any point to get water, go to the bathroom, or take care of something for your family. I want to make sure this is as accommodating and flexible for you as you need it to be. Ok, now that we've gone over all of the logistical pieces, I'd love to start by

just asking you about your child: What is his/her name? Where does he/she go to school/preschool? Tell me what he/she is like. [*Probe for strengths of the child.*]

*Interview questions:*

1. What kinds of challenging behaviors was your child having in the year before Covid-19 hit?

Exploratory questions: What did it look like? Where were they happening? In your home? In school? Both?

2. What was the school doing to help your child with their behavior before school buildings were closed?

Exploratory questions: How did the school support your child's behavior at home before school building closures? What was working well? What was not working well?

3. How has your child's behavior changed since school buildings were closed?

Exploratory questions: What does it look like now? How do you feel about it?

4. How did your child's behavior impact the instruction they received from school?

Exploratory questions: What did this look like during in-person learning? What did this look like when your child was learning at home?

5. What behavior supports has the school provided to help you and your child during school building closures?

Exploratory question: How has that affected your family?

6. What do you wish school would have done differently for your child or family?

7. What positive things have happened related to your child's behavior as a result of school building closures?

Exploratory questions: What challenging things have happened related to your child's behavior as a result of school building closures? How has that affected your family?

8. What other professional supports, if any, have helped your child's behavior during Covid-19 school closures? For example, applied behavior analysis, occupational therapy, or another kind of therapy service?

Exploratory question: How has that affected your family?

9. Suppose that school building closures continued over the next few years. How would you want school to support your child long term?

Exploratory questions: How would you want school to support your family long term?

Are there specific skills that would have made your child more successful during the school closure that you would have liked the school to address?

10. (Optional, time dependent) What do you expect your role to be in your child's education this Fall?

Exploratory question: What support do you need to be in that role?

*Closing script:* Thank you so much for spending time telling me about your families' experiences today. I really appreciate the opportunity you've given me to hear about what you've been through. As I mentioned at the beginning of the interview, my goal is to use the information to make things better in the future for families like yours. There's just one more thing I need to request of you and that's any documentation or communication between your family and the school/early learning program that you think would help me understand in even more depth what you've shared with me today. For example, you mentioned [*email communication, IEP, BSP, visual schedules, etc.*] during the interview and it would be very helpful for me to have a copy of that. What else do you think might be written documentation that would help me understand your

families' experiences? Would you be willing to forward/scan/take a picture of those documents with your device/phone and send them to me in the next few days? I can send you an email reminder of the documents we talked about right when we get off if you find that helpful. Thank you again for all of your time and willingness to share this information with me today! I will be spending time reviewing the transcripts and coming to some conclusions about all of the information that you and other parents share with me over the next several weeks and will send you a follow up email with some of that information, asking you to look it over and see if there's anything you agree or disagree with, basically if I interpreted your answers during our conversation correctly, or if there's anything you'd like for me to leave out, for any reason, after you've read through it. Also, please be on the lookout for your \$100 Tango gift card in your email inbox in the next day or two! Have a wonderful rest of your night/day!

## Appendix E

### Interview Protocol in Spanish

*Opening script:* Muchas gracias por estar conmigo hoy aquí en Zoom. El propósito de la entrevista y cualquier comunicación de seguimiento que tengamos es entender las experiencias de sus familias con la escuela durante Covid-19, específicamente relacionadas con el comportamiento de su hija y apoyos para el comportamiento que la escuela puede o no haber proporcionado, pero también podríamos hablar sobre otros aspectos de las experiencias de su familia durante Covid-19. Nuestro objetivo principal es armar un documento con la información que usted y otros padres proporcionan y compartirlo con los líderes educativos para informar las políticas sobre cómo educar mejor a los niños pequeños con discapacidades y/o comportamientos desafiantes durante los cierres de edificios escolares en caso de que Covid-19 continúe o si otra situación como ella vuelva a suceder en el futuro. También quiero recordarle que todos los nombres que se mencionen durante esta conversación van a ser cambiados por seudónimos para mantener toda la información de manera confidencial. Antes de empezar, sólo quiero asegurarme de que se sienta cómoda usando Zoom. ¿Ha usado Zoom antes? [*Dependiendo de la respuesta, decida cuánto/poco compartir sobre las características de Zoom.*] Genial, déjame mostrarte lo que está disponible para usted en Zoom durante nuestro tiempo juntos. [*Compartir características de inicio / detener vídeo, silenciar a sí mismo, chat, pantalla compartida, botones de reacción. Invite al participante a utilizar cualquiera de estas funciones en cualquier momento. Por ejemplo, si hay un momento en el que el participante quiere detener el video, esta bienvenido a hacerlo.*] ¿Qué preguntas tienes sobre el uso de Zoom? A continuación, sólo quiero saber si tiene preguntas sobre el formulario de consentimiento? ¿Qué otras preguntas generales o cosas le gustaría que yo sepa antes de empezar? Por favor, no dude en hacerme saber

si necesita tomar un descanso en cualquier momento para obtener agua, ir al baño, o cuidar de algo para su familia. Quiero asegurarme de que esto sea tan cómodo y flexible para usted como usted necesita que sea. Ok, ahora que hemos repasado todas las cosas de logística, me encantaría empezar preguntándole sobre su hijo: ¿Cómo se llama? ¿Dónde va a la escuela/preescolar?

Dígame cómo es.

### *Interview Questions*

1. ¿Qué tipo de comportamientos desafiantes estaba teniendo su hija (durante el año escolar?) antes que Covid-19 empezara?  
Sondas de seguimiento: ¿Cómo se veía? ¿Dónde estaba pasando? ¿En su casa? ¿En la escuela?  
¿Ambos?
2. ¿Qué estaba haciendo la escuela para ayudar a su hija con su comportamiento antes de que se cerraran los edificios escolares?  
¿Cómo estaba apoyando la escuela el comportamiento de su hija en casa antes del cierre de las escuelas? ¿Qué funcionaba bien? ¿Qué no funcionaba bien?
3. ¿Cómo ha cambiado el comportamiento de su hija desde que se cerraron los edificios escolares?  
¿Cómo se ve ahora? ¿Cómo se siente al respecto?
4. ¿Cómo tuvo un impacto el comportamiento de su hija en la instrucción que recibía de la escuela?  
¿Cómo se veía esto durante el aprendizaje en la escuela? ¿Cómo era esto cuando su hijo estaba aprendiendo en casa?
5. ¿Qué apoyos de comportamiento ha proporcionado la escuela para ayudarlo a usted y a su hija durante el cierre de los edificios escolares?  
¿Cómo ha afectado eso a su familia?

6. ¿Qué desearía que la escuela hubiera hecho de manera diferente por su hija o familia?
7. ¿Qué cosas positivas han sucedido relacionadas con el comportamiento de su hija como resultado de los cierres de edificios escolares?  
¿Qué cosas desafiantes han sucedido relacionadas con el comportamiento de su hijo como resultado de los cierres de edificios escolares? ¿Cómo ha afectado eso a tu familia?
8. ¿Qué otros apoyos profesionales, si los hay, han ayudado al comportamiento de su hijo durante los cierres escolares de Covid-19? Por ejemplo, análisis de comportamiento aplicado (ABA), terapia ocupacional u otro tipo de servicio de terapia?  
¿Cómo ha afectado eso a su familia?
9. Supongamos que los cierres de edificios escolares continuaron en los próximos años.  
¿Cómo desearía que la escuela apoyara a su hija a largo plazo?  
¿Cómo querría usted que la escuela apoyara a su familia a largo plazo? ¿Hay habilidades específicas que habrían hecho que su hija tuviera más éxito durante el cierre de la escuela que le hubiera gustado que la escuela abordara?
10. (Optional, time dependent): ¿Cuál espera que su papel sea en la educación de su hija este Otoño/nuevo semestre que va a empezar en Septiembre?  
¿Qué apoyo necesita para desempeñar ese rol?

*Closing Script:* Muchas gracias por hacer un poco de tiempo para hablar conmigo sobre las experiencias de su familia hoy. Realmente aprecio la oportunidad que me ha dado de escuchar lo que ha pasado. Como mencioné al principio de la entrevista, el objetivo de Beth, la investigadora principal de este estudio, es usar esta información para mejorar las cosas en el futuro para familias como la suya. Hay una cosa más que necesito solicitarle y eso es cualquier documentación o comunicación entre tu familia y el programa de aprendizaje

temprano de la escuela y la escuela que cree que me ayudaría a entender con aún más profundidad lo que ha compartido conmigo hoy. Por ejemplo, usted mencionó [*comunicación por correo electrónico, IEP, BSP, horarios visuales, etc.*] durante la entrevista y sería muy útil para mí tener una copia de eso. ¿Qué más cree que podría ser documentación escrita que me ayudaría a entender las experiencias de su familia? ¿Estaría dispuesto a reenviar / escanear / tomar una foto de esos documentos con su dispositivo / teléfono y enviarlos a mí en los próximos días? Puedo enviarle un recordatorio por correo electrónico de los documentos de los que hablamos tan pronto como terminemos si le resulta útil. Gracias de nuevo por todo su tiempo y la voluntad de compartir esta información conmigo hoy! Beth pasara tiempo revisando las transcripciones y llegando a algunas conclusiones sobre toda la información que usted y otros padres compartan en las próximas semanas y Beth le enviara un correo electrónico de seguimiento con parte de esa información, pidiéndole que lo mire y vea si hay algo con lo que esté de acuerdo o con lo que no esté de acuerdo, básicamente si ha interpretado tus respuestas durante nuestra conversación correctamente, o si hay algo que quiera que deje fuera/excluyamos, por cualquier razón, después de que lo haya leído. Además, ¡esté atenta a su tarjeta de regalo Tango de \$100 en inbox de correo electrónico en el día siguiente o dos! ¡Que tenga un buen día!

**Appendix F**  
**Data Source Table**

Participants	Interviews		Artifacts	Researcher notes
	Number of pages	Video file (hrs)	Number of pages	Number of pages
Anna	31	1.40	8	
Louisa	28	1.57	3	
Katrina	28	1.52	1	
Piper	26	1.57	19	
Paul	37	1.68	37	
<b>Total</b>	<b>150</b>	<b>7.74</b>	<b>68</b>	<b>23</b>

## Appendix G

### Initial Codes

Related to	Code name	Detailed description
RQ1	Closures affecting children	Description of how school building closures affected children behaviorally, emotionally, socially, or academically during Covid-19
RQ1	Closures affecting caregivers	Description of how school building closures affected caregivers behaviorally, emotionally, socially, or academically or their relationships with their children during Covid-19
RQ2	Lack of/Educational services	Any description of educational supports and/or services during school building closures
RQ2	Lack of/Behavioral services	Any description of behavioral supports and/or services for families during school building closures
RQ3	Future supports for families	Description of behavioral and/or academic supports that families would like from schools in the future during continued school closures
Conceptual framework	Lack of/Family as a unit	Educator or school language (or parent reference to educator/school language) that references or requests information about the needs of caregivers or family as a whole.
Conceptual framework	Lack of/Increasing family skills	Reference to supports or instruction provided by educators/school that helps family members learn skills necessary to help child(ren).
Conceptual framework	Lack of/Family empowerment	Reference to family members' knowledge/skills or desire for knowledge/skills to better manage and negotiate daily living or child behavior in ways that positively affect child's well-being and/or family member well-being.
Conceptual framework	Lack of/Informal support network	Reference to informal social support network during school building closures (e.g., family members, neighbors, friends)
Conceptual framework	Lack of/Formal support network	Reference to other professional supports or services that families accessed during school building closures (e.g. ABA, OT, social skills group)
Conceptual framework	Lack of/Family-identified needs	Needs of child or family as identified by educators or family members
Conceptual framework	Lack of/Family identified strengths	Strengths of child or family as identified by educators or family members

*Note.* RQ = Research question

## Appendix H

### Member Check Survey Questions

1. Consider this statement: "I had difficulty accessing meaningful online instruction and behavior supports for my children." Does this match your experience from March through June of 2020?
2. Consider this statement again: "I had difficulty accessing meaningful online instruction and behavior supports for my children." What do you want to add or change about it?
3. Consider this statement: "I felt increased responsibility for my children's academic and social-emotional learning during online instruction." Does this match your experience from March through June of 2020?
4. Consider this statement again: "I felt increased responsibility for my children's academic and social-emotional learning during online instruction." What do you want to add or change about it?
5. Consider this statement: "I feel as though the move to online education, and my increased responsibility helping my child, impacted my whole family." Does this match your experience from March through June of 2020?
6. Consider this statement again: "I feel as though the move to online education, and my increased responsibility helping my children, impacted my whole family." What do you want to add or change about it?
7. Consider this statement: "I focused on prioritizing my family's emotional well-being." Does this match your experience from March through June of 2020?

8. Consider this statement again: "I focused on prioritizing my family's emotional well-being." What do you want to add or change about it?
9. Do you agree or disagree with this statement? "I recommend schools spend more time building relationships, providing family support, and partnering with families when children are expected to attend school online."
10. Do you agree or disagree with this statement? "I recommend schools spend more time creating and distributing hands-on materials (for example, materials for a science experiment or art supplies) when children are expected to attend school online."
11. Do you agree or disagree with this statement? "I recommend schools spend more time creating pre-recorded videos that families can use to help teach their children, when children are expected to attend school online."
12. What else would you like to share while reflecting on your experiences with online schooling during the initial months of Covid-19 and school building closures?

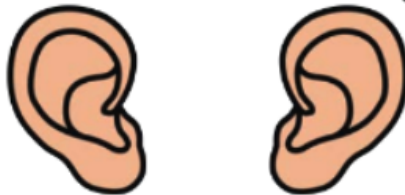
Appendix I

Visual Support Example

**1. Eyes looking**



**2. Ears listening**



**3. Mouth quiet**

